



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 DIVISION OF COMMUNITY AND PUBLIC HEALTH  
 WIC AND NUTRITION SERVICES  
**WIC NOTIFICATION OF INELIGIBILITY OR TERMINATION**

NAME OF PARTICIPANT OR APPLICANT	WIC STATE ID	EFFECTIVE DATE
----------------------------------	--------------	----------------

The individual above is ineligible for the Missouri WIC program for the following reason(s):

- Is not at nutritional risk.
- Exceeds WIC program income guidelines and is not adjunctly eligible for services.
- Does not live, work or receive healthcare in Missouri.
- Is not categorically eligible.
- Other: \_\_\_\_\_

If you are not satisfied with the above decision made regarding you or your child's participation in the Missouri WIC program, you may request a fair hearing by telephone from the Fair Hearing Officer at 800-392-8209 or by writing to:

**WIC Fair Hearing Officer**  
**WIC Program**  
**PO Box 570**  
**Jefferson City, MO 65102-0570**

[NOTE] Hearings requests must be received within 60 days from the date the adverse action notice is mailed or given to the participant.

AGENCY NAME	AGENCY ADDRESS
-------------	----------------

NAME AND TITLE OF STAFF DETERMINING INELIGIBILITY	SIGNATURE OF STAFF DETERMINING INELIGIBILITY	DATE
NAME OF PARTICIPANT, PARENT OR GUARDIAN	PARTICIPANT, PARENT OR GUARDIAN SIGNATURE	DATE

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992.

Submit your completed form or letter to USDA by:

- 1) **Mail:** U.S. Department of Agriculture  
**Director, Office of Adjudication**  
 1400 Independence Avenue, SW  
 Washington, D.C. 20250-9410;
- 2) **Fax:** (202) 690-7442; or
- 3) **Email:** [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.