# Welcome to the North Carolina WIC Program Notice Template

Date: _____

Name: _____

Address: _____

City: State: ZIP:

Dear _____,
(Participant first and last name)

Thank you for participating in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).

Your current WIC certification starts _____ and ends on _____.
(Date) (Date)

During your certification, the local agency will make health services, nutrition education and breastfeeding support available to you, and you are encouraged to participate in these services.

___ **Nutrition Education.** WIC makes nutrition education available in person, in classes, and online. We encourage you to participate!

___ **Mid-Certification**. If available, please bring your recent measurements from the health care provider to this appointment. If no recent measurements are available, WIC staff can gather measurements in the clinic.

The certification for _____ will end on _____.
(Participant first and last name) (Date)

After this time, you *may* be eligible for continued benefits with a subsequent certification if you are pregnant, an infant, or a child under 5. Contact your local agency to schedule a subsequent certification appointment for staff to review your eligibility!

___**Subsequent Certification.** At this appointment, please bring proofs of income, residence, and identity along with recent measurements from the health care provider, if available. If no recent measurements are available, WIC staff can gather measurements in the clinic.

At the end of the current certification period, your participant category is not eligible for continued benefits:
___Non-breastfeeding women: 6 months after the pregnancy ended.
___Breastfeeding women: one year after the baby was born or at the time breastfeeding stops if the baby is 6 months or older.
___Children: 5 years old and above

If at any time during your WIC certification you move outside of our service area or are no longer income-eligible, please notify your local WIC agency.

If you disagree with a decision made by our staff which affects your eligibility for the WIC Program, you or a representative of your choice may request a fair hearing by asking our staff or by writing to: State WIC Director, Community Nutrition Services Section, 1914 Mail Service Center, Raleigh, NC 27699-1914. Your request for a fair hearing must be made within 60 days of the decision with which you disagree.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail**:
   U.S. Department of Agriculture
   Office of the Assistant Secretary for Civil Rights
   1400 Independence Avenue, SW
   Washington, D.C. 20250-9410; or
2. **fax:**
   (833) 256-1665 or (202) 690-7442; or
3. **email:**
   program.intake@usda.gov

This institution is an equal opportunity provider.