



**State of Connecticut  
Department of Public Health  
WIC Program**

**NOTICE OF PARTICIPANT ACTION**

**Date of Notice:** \_\_\_\_\_

|   |   |
|---|---|
| <b>NAME</b>   | <b>WIC ID or DOB</b>  |
| <b>ADDRESS</b>  |   |
| <b>CITY/ZIP</b>   | <b>PHONE # (    )    -</b>  |
| <p><b>INELIGIBILITY/TERMINATION SECTION</b></p> <p><input type="checkbox"/> You or your infant/child are not eligible for the WIC Program for the following reasons:</p> <p><input type="checkbox"/> You or your infant/child are no longer eligible (terminated) from the WIC Program for the following reasons:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Income is too high for the WIC Program.</li> <li><input type="checkbox"/> Not in a WIC-eligible category (pregnant, postpartum, breastfeeding woman infant or child up to 5 years of age).</li> <li><input type="checkbox"/> Postpartum woman 6 months past your delivery date.</li> <li><input type="checkbox"/> Breastfeeding woman that discontinued breastfeeding before one year.</li> <li><input type="checkbox"/> Breastfeeding woman that reached WIC eligibility limit of 12 months.</li> <li><input type="checkbox"/> Child turning five (5) years old.</li> <li><input type="checkbox"/> Do not have a medical/nutritional health condition.</li> <li><input type="checkbox"/> Certification appointment for the Program was missed.</li> <li><input type="checkbox"/> Voluntary withdrawal from the Program.</li> <li><input type="checkbox"/> Other _____</li> </ul> |   |
| <p><b>DISQUALIFICATION SECTION</b></p> <p>You are being suspended from the WIC Program for _____ because you broke the following WIC Program rule(s):<br/>(amount of time)</p> <p>_____</p> <p>_____</p>  |   |
| <p><b>FAIR HEARING SECTION</b></p> <p>You have the right to a fair hearing if you do not agree with the reason for your ineligibility, termination or disqualification. A request for a fair hearing must be made within 60 days of the date of this notice. Fair hearing requests should be addressed to:</p> <p><b>State of Connecticut - Department of Public Health-WIC Program</b><br/> <b>Attention: State WIC Director</b><br/> <b>410 Capitol Avenue MS # 11WIC</b><br/> <b>P.O. Box 340308</b><br/> <b>Hartford, CT 06134-0308</b></p> <p>The local WIC Program staff will assist you in preparing the fair hearing request form if you ask for help. Written rules for fair hearings are included on the fair hearing request form.</p>   |   |
| <p>_____</p> <p><b>PARTICIPANT/PAYEE SIGNATURE</b></p>  | <p>_____</p> <p><b>WIC PROGRAM REPRESENTATIVE SIGNATURE/TITLE</b></p> |

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