

**Georgia WIC Program
Department of Public Health
APPELLANT'S GEORGIA WIC RECORD SUMMARY**

SECTION I - IDENTIFICATION

District/Unit _____ WIC ID # _____

Applicant/Participant: _____

Appellant (if different from above): _____

Address: _____

Street Number and Name

City

State

Zip Code

Phone Number: _____

Representative: _____

Applicant/Participant's Race/Sex: (Circle item #)

Ethnicity:

- (1) Hispanic or Latino
- (2) Non Hispanic or Latino

Sex:

- (1) Male
- (2) Female

Race:

- (1) American Indian or Alaskan Native
- (2) Asian
- (3) Black or African-American
- (4) Native Hawaiian or Other Pacific Islander
- (5) White

County: _____ Date of Request: _____

Date of Appointment: _____ Date of Notification: _____

FOR STATE OFFICE USE ONLY:

Request number: _____ Date request filed: _____

Time limits Hearing shall be held within three (3) weeks from the date the State or local agency receives the request for hearing 7 C.F.R Section 246.9(j). The fair hearing decision shall issue within 45 (forty-five) days (7 C.F.R. Section 246.9 (k)(3)) of the date the request for hearing was received by the State or local agency.

SECTION II - TYPE OF AGENCY ACTION OR INACTION

A. Agency Action (Circle item number)

Participation denied/terminated because WIC applicant/participant:

- | | |
|---|-------|
| 1. Is not income eligible. | _____ |
| | Date |
| 2. Does not live in local WIC service. | _____ |
| | Date |
| 3. Has reached expiration of regulatory eligibility. | _____ |
| | Date |
| 4. Is not pregnant, postpartum, breastfeeding woman
or an infant/child under five (5) years old. | _____ |
| | Date |
| 5. Does not meet nutritional risk criteria. | _____ |
| | Date |
| 6. Failed certification appointment on: _____. | _____ |
| | Date |
| 7. Did not pick up vouchers for two (2) consecutive months. | _____ |
| | Date |
| 8. Violated WIC rules and was suspended for three
(3) months for: _____. | _____ |
| | Date |
| 9. Is in Priority ____ and WIC has funds to serve
only Priority(ies) _____. | _____ |
| | Date |
| 10. Other _____. | _____ |
| | Date |

B. Agency Inaction (Circle item number):

- | | |
|--|-------|
| 1. Failure of local agency to meet processing standards: (specify) | _____ |
| | _____ |
| 2. Other:(specify) | _____ |
| | _____ |
| | _____ |
| | _____ |
| | _____ |

**SECTION III - NARRATIVE SUMMARY OF AGENCY'S ACTION OR INACTION AND
PRINCIPAL ISSUES INVOLVED IN THE REQUEST FOR FAIR HEARING**

A. Basis for local agency's action or inaction (specify briefly):

B. WIC regulations applied by local agency:

C. Participant's income eligibility information:

Signature/Title of WIC Personnel

Signature of Nutrition Services Director

Name

Address

City

State

Zip Code

Telephone Number

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, audiotope, 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, 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
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Revised December, 2015