

## Notice of WIC Ineligibility



Date: \_\_\_\_\_

Dear \_\_\_\_\_:

After talking with you about your/your child's health, diet and household information, we find that \_\_\_\_\_ is not eligible to participate in the WIC Program.

(Name)

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### The reason is checked below.

Your household income is over the Oregon WIC income standard.

Other: \_\_\_\_\_

If you would like to reapply for WIC, please call for an appointment. You may be eligible for other health services in our clinics. Ask any WIC staff person about services you may qualify for. If you have any questions or disagree with this decision, please call us at:

(WIC clinic phone number, address or message)

You have the right to request a fair hearing within 60 days if you feel you do meet the requirements for WIC. You may call or write to the State WIC Office at:

Oregon WIC Program  
PO Box 14450  
Portland, OR 97293-0450

**Phone:** (971) 673-0040  
**TTY:** (503) 731-4031  
**FAX:** (971) 673-0071



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(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](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider. **If you need this information in large print or an alternate format, please call 971-673-0040 or TTY 800-735-2900.**

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