

NOTICE: Change in Your WIC Benefits



Date: _____

Dear _____:

_____ will no longer receive WIC benefits after _____.

Other family members on WIC may still get services.

The reason for this change is:

- You have breastfed for one year – great job! We cannot serve women more than one year past delivery but we encourage you to continue breastfeeding as long as you like.
- We serve non-breastfeeding moms only up to 6 months past delivery. We will continue to provide WIC services for your baby.
- Your child is or will be 5 years old.
- The person listed above did not keep scheduled appointment(s). Please call if you would like to reapply for WIC.
- Your household income is over the Oregon WIC income standard. Services are ending for all family members on WIC.
- Other: _____

If you would like to reapply for WIC, please call for an appointment. You may also 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 (971) 673-0040
 PO Box 14450 TTY: (503) 731-4031
 Portland, OR 97293-0450 FAX: (971) 673-0071



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/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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;
- (2) fax: (833) 256-1665 or (202) 690-7442; or
- (3) email: 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.**