ILLINOIS WIC PROGRAM SANCTIONS DUE TO PROGRAM VIOLATIONS **Notification Letter**

As a WIC participant, parent/quardian/caretaker you have certain rights and responsibilities. It has come to our attention that you or

| your proxy has not up | held your responsibil | ities in the following | way(s): | | • |
|--|--|--------------------------|-----------------------------------|--------------------------|----------------------|
| Altering WIC E | lectronic Benefit Transf | er (EBT) Card/Food Be | enefits (any amount) | | |
| Attempting to exchange or buy WIC Electronic Benefit Transfer (EBT) Card/Food Benefits | | | | | |
| | Electronic Benefit Trans efit Transfer (EBT) Card | | Benefits reported as lost, stoler | n, or destroyed and the | replacement WIC |
| Participating in | more than one WIC pr | ogram (Dual Participat | tion) | | |
| Providing false information to obtain WIC benefits | | | | | |
| | ed of selling or attemptir ocial media websites) | ng to sell WIC foods, fo | rmula or Electronic Benefit Tı | ransfer (EBT) Card/Foo | d Benefits |
| Selling or exch | anging WIC foods (this | includes social media | websites) | | |
| Selling, exchar | iging or buying WIC Ele | ctronic Benefit Transf | er (EBT) Card/Food Benefits (| this includes social med | lia websites) |
| Verbally threat | ening harm to clinic or v | endor staff | | | |
| Physically abus | sive to clinic or vendor s | taff | | | |
| Other | | | | | |
| SUSPENSION Card/Food | Value Benefit. | | d REPAYMENT of the value of | the Electronic Benefit | Transfer(EBT) |
| Participant ID# | First Name | Last Name | Participant ID# | First Name | Last Name |
| 1. | | | 5. | | |
| 2. | | | 6. | | |
| 3. | | | 7. | | |
| 4. | | | 8. | | |
| This information was (circle one). | reviewed with: | | | on// | in Person / on Phone |
| Staff Signature | | | Job Title | | Date |

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