

JB Pritzker, Governor

Dulce M. Quintero, Secretary Designate

Participant Violations and Sanctions Notification Letter

Household ID:		
☐ Head of Household Name:	☐ Second Parent Name:	□Proxy Name:
Date:		
The WIC program must impose of procedures set forth in Federal Fincluding, but not limited to, the 246.2. It has been brought to ou	Regulations (<u>246.12(u)</u>) in re- violations listed in the defin	nition of participant violation in
☐ Sale of Electronic Benefit Tra☐ Alteration of Electronic Bene☐ Dual participation/Redempt	efit Transfer (EBT) Card or W	·
☐ Deliberately making a false concealing or withholding fact.	_	ntentionally misrepresenting,
☐ Derogatory or verbally abus☐ Theft or use of stolen Electron		cal agency or WIC food vendor.
☐ Physically abusive toward lo ☐ Other:	cal agency staff or WIC food	
According to Illinois WIC policy a following sanction(s):	nd Federal Regulations, the	above action(s) warrant the
\square Education and warning.		
Another violation will res	sult in suspension from the p	rogram and/or repayment.
\square 1 Year Suspension from the pr	rogram.	
Beginning	and er	nding
\square 1 Year Suspension from the p	rogram and repayment of p	rogram benefits.
Suspension beginning	and ending	
Repayment in the amou	nt of by	
Referral to law enforcement		

You may assign an approved Proxy to continue participation in the WIC Program for the follow participant's:

Participant ID	First Name	Last Name
1.		
2.		
3.		
4.		

You have a right to a fair hearing. Fair hearing procedures can be requested personally, or by a representative such as a relative, friend, legal counsel, or other spokesperson by contacting the Local Agency Administrator.

If you have any questions, you may contact the State WIC Program at 1-217-782-2166.

This information was reviewed with: _		on
☐ In Person ☐ On Phone		
WIC Staff Signature:		
Job Title:	Date:	

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; or
- 2. fax:

(833) 256-1665 or (202) 690-7442; or

3. email:

program.intake@usda.gov

This institution is an equal opportunity provider.