INELIGIBILITY LETTER FOR NEBRASKA WIC/CSFP

Thank you for applying and/or participating in our program. Those named below have been found to be ineligible for ❑ WIC or ❑ CSFP for the reason(s) marked. Please reapply if any changes occur in your household that you feel may make you eligible for the program.

1)_____ ❑ 6 mo pp ❑ 5 yr **2)**_____ ❑ 6 mo pp ❑ 5 yr

3)_____ ❑ 6 mo pp ❑ 5 yr **4)**_____ ❑ 6 mo pp ❑ 5 yr

Address: _____ Phone: _____

INELIGIBILITY REASONS

- ❑ as a **CSFP** client you do not reside within the local agency service area.
- ❑ as a **WIC** client you do not reside in Nebraska.
- ❑ No nutritional/medical risk.
- ❑ you have an income that is too high for the program.
- ❑ you do not meet category requirements for the program.
- ❑ you have not picked up **CSFP** food for two months and are being dropped to make room for new clients.
- ❑ you have asked to be taken off ___ **WIC** ___**CSFP**.
- ❑ Other: _____

THE LAST MONTH CHECKS/FOOD WERE GIVEN FOR (MONTH/YEAR)	

_____ Staff Signature

_____ Date of Notice

REQUESTING A FAIR HEARING

If I am dissatisfied with any decisions made regarding the eligibility or receipt of benefits for my child or myself, the following procedure may be followed:

1. I may request a fair hearing by mail, verbally, or by giving a written request to the local program director. My request should be made within 60 calendar days from the date the local agency mailed or gave me the written notice of denial or termination of benefits.
2. Health and Human Services will notify me of the time, date and place of the hearing at least 10 days before the hearing.
3. If my representative or I cannot appear at the scheduled time and place, I may request the hearing officer to change it. I will be provided one opportunity to reschedule the hearing date upon written request submitted to Health and Human Services. If my representative or I do not appear for the hearing or if I request the hearing to be cancelled, it will be cancelled.
4. I may present my position personally or by a lawyer. A relative or friend may assist me. I may look at my WIC/CSFP records before and during the hearing and bring witnesses to the hearing.
5. I will be sent a written decision concerning the hearing within 45 calendar days after the hearing was requested.
6. If I do not agree with the decision at the hearing, I may appeal to the district court within 39 calendar days from the date on the written hearing decision.
7. The detailed Fair Hearing Procedures may be requested from your Local Program Director.