

How to Appeal a WIC Decision

Appeal Rights and Overview

If the WIC program does not enroll you/your child or disqualifies you/your child and you feel the decision was unfair, you have the right to appeal the decision. You have 60 days from the date you are notified of the decision to request a fair hearing. If 60 days have passed, you may not request a hearing. Your request can be made without fear of harassment or penalties. Fair hearing information is available at all WIC sites and on the Vermont Department of Health's website:

<https://www.healthvermont.gov/family/wic/usda-nondiscrimination-statement#wicappeals>

If you have been denied WIC benefits due to a participant violation and were notified by letter, your request for a Fair Hearing must be made within sixty (60) days from the date the decision is postmarked, or you are notified in writing of the decision.

Fair Hearings are held by the Vermont Agency of Human Services Human Services Board (HSB). You may make a request for a Fair Hearing in person, by phone, or by mail or email to the State or local agency.

Translation services will be provided, and appeal information may be requested in other languages: Albanian, Arabic, Burmese, Chinese (simplified, PRC), Chinese (traditional, Taiwan), Dari, French (Middle East and Africa), Kirundi, Nepali, Pashto (Afghanistan), Somali, Spanish (Latin America), Swahili, Vietnamese.

How To Request a Hearing

Appeal requests for a Fair Hearing and/or Local Office Conferences may be made in person, by phone, mail or email to the WIC State Office, the Human Services Board or your local WIC office. Complete an [Appeal Form](#) for each Fair Hearing and/or Local Office Conference request. The appeal form is available in paper and electronic formats. When your request is made in person, a paper copy of the form will be provided. If you need help filling out the form you may ask for assistance and ask staff to scan and email the paper form to WIC@Vermont.gov (email for the State WIC Office) and the Human Services Board (HSB) at contact.hsb@vermont.gov.

If you complete the electronic appeal form, you should save a copy to your computer and either email it to the addresses above, or mail to the State WIC Director:

State WIC Director
Vermont WIC Program
280 State Drive
Waterbury, VT 05671-8360

What is a Fair Hearing?

At a **Fair Hearing**, you can ask questions and explain in your own words why you feel the decision is wrong or unfair. You may choose to represent yourself, or you may choose to have someone else represent you, such as a relative, friend, legal counsel, or other spokesperson.

You may also ask for a Local Office Conference. You can request a Local Office Conference at any time, including at the same time that you ask for a Fair Hearing. A Local Office Conference is not mandatory. A Local Office Conference is a meeting between you, the local office supervisor, and the State WIC director or representative. You may choose to bring a representative, such as a relative, friend, legal counsel, or other spokesperson, to the Local Office Conference. The Local Office Conference will be held within 10 business days of your request at your local WIC office or by video conference. A Local Office Conference may allow you to resolve the issue before the Fair Hearing takes place or is completed. If you do not want a Local Office Conference, or you are dissatisfied with the outcome of the Local Office Conference, you may request a Fair Hearing.

Your request for a Fair Hearing may be denied if:

- 1) You do not submit your request for a Fair Hearing within sixty (60) days;
- 2) You, or your representative, withdraws your request for a Fair Hearing in writing;
- 3) You or your representative fails, without providing good cause, to appear at the Fair Hearing;
or
- 4) You were previously denied participation by a Fair Hearing and cannot provide evidence that your circumstances relevant to you or your child's eligibility have changed in such a way which justifies another Fair Hearing.

Notification of Appeal Outcome

The HSB must notify you in writing of the decision within 45 days after you told WIC you wanted a fair hearing. If the HSB decides that you should be getting benefits, the benefits must start immediately. You will have an opportunity to appeal this decision to the Vermont Supreme Court.

If you need more information or have questions, you may call the Vermont State WIC Office at 1-800-649-4357 or the Human Services Board at 802-828-2536.

WIC Appeal Form

Vermont Department of Health WIC Program

Please complete this form to request a Local Office Conference, Fair Hearing, or both.

If you need more information or have questions, you may call the Vermont State WIC Office at 1-800-649-4357 or the Human Services Board at 802-828-2536.

1. I am asking for the following, as provided in the WIC Program regulations:

Local Office Conference

Fair Hearing

Both

2. Please explain, in your own words, why you feel the decision to deny WIC benefits is incorrect or unfair based on the standards for WIC eligibility.

3. Full Name
(First, Middle Initial, Last)

4. Mailing Address:

5. Email:

6. Phone Number:

7. If you are asking for a fair hearing on behalf of children in your family who have been denied WIC benefits, please list their full names and birthdate(s) below.

Full Name: _____ Birthdate: _____

Full Name: _____ Birthdate: _____

Full Name: _____ Birthdate: _____

Full Name: _____ Birthdate: _____

7. If you would like to bring a representative to attend the hearing with you, please list their name, address, email and/or telephone number.

Name: _____

Address: _____

Email: _____

Telephone: _____

8. Would you like an interpreter or translator to be present at the hearing? Yes No

7. If yes, what language is needed: _____

8. Date completed: _____

Complete the form, save it and mail to the WIC Director:

State WIC Director
Vermont WIC Program
280 State Drive
Waterbury, VT 05671-8360

Or, you may save it and email the form to WIC@Vermont.gov (email for the State WIC Office) and/or the Human Services Board at contact.hsb@vermont.gov.

This institution is an equal opportunity provider.

For all other FNS nutrition assistance programs, state or local agencies, and their subrecipients, must post the following Nondiscrimination Statement:

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/ad-3027.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

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