

To qualify for WIC you must:

- Be:
 - a pregnant woman,
 - a woman who gave birth up to six months ago,
 - a breastfeeding mother of a baby up to age one year,
 - an infant or child up to age five years;
- Live in New York State;
- Have income at or below levels set by the federal government, or receive benefits from food stamps (SNAP), Medicaid or Temporary Assistance for Needy Families (TANF);
- Have a medical or nutritional need;
- Have proof of identity.

If your application for benefits was turned down or your benefits stopped, you may ask for a meeting to change (appeal) the decision. This meeting is called a conference. If the problem is not solved at the conference, you have a right to a fair hearing. A fair hearing is a chance for you to tell a judge why you think the decision is wrong.

Conference

You, or someone speaking for you, may ask (in person or in writing) the WIC local agency for a conference. You have to ask for the meeting within seven days of when your application was turned down or when you were told your benefits will stop. If you don't ask within the seven days you will lose the chance for a conference.

Once you make the request, the WIC local agency will let you know the date, time, and location of the conference. You, or the person speaking for you, may tell your side at the conference. The person speaking for you may be a relative, friend, lawyer or other person. The conference has to be held within ten days of your request.

At the conference, you may ask why your application was turned down, or why your benefits stopped. You may ask to see the information in your file. And you may bring information to show that the agency's decision was wrong.

Fair Hearing

You, or someone speaking for you, can ask (in person or in writing) for a fair hearing. You must ask for the hearing within 60 days of when your application was turned down or when you were told your benefits will stop. If you don't ask within the 60 days you will lose the chance for a fair hearing.

A certification period is how long you were going to get WIC benefits. If your benefits are stopped in the middle of the certification period and you ask for a hearing within 15 days, your WIC benefits will continue until the hearing result is known or until the end of the certification period, whichever happens first.

Ask for a hearing at the WIC local agency (staff will assist you) or contact the NYS WIC Program:

mail: WIC Program Director
NYSDOH, Riverview Center
Room 650, 150 Broadway,
Albany, NY 12204

phone: (800) 522-5006;
fax: (518) 402-7348; or
email: NYSWIC@HEALTH.NY.GOV

You will be sent the date, time, and location of the hearing. A fair-minded judge will be in charge of the hearing. The judge will decide if the decision to turn down your application or stop your WIC benefits was right. You, or the person speaking for you, may tell your side at the hearing. The person speaking for you may be a relative, friend, lawyer or other person.

Before and during the hearing you, or the person speaking for you, may look at the information that shows why the decision was made against you. During the hearing you may speak, bring witnesses and evidence, question or prove false what you hear or see, and question witnesses. The hearing will be conducted in English. If you need an interpreter, one will be provided free to you if you ask the Department at least ten days before the hearing. If you don't go to the hearing, either in person or by a lawyer, your right to a hearing will be given up.

For additional information refer to 7 CFR § 246.7; 7 CFR § 246.9; 10 CRR-NY 60-1.1 to 1.6; NYS WIC Program Manual #1047, #1100, #1130, #1136.

Women, Infants and Children (WIC) Fair Hearing Request

If your application for benefits was turned down or your benefits stopped, you have the right to a Fair Hearing. A fair hearing is a chance for you to tell a judge why you think the decision is wrong. You must ask for the hearing within 60 days of when your application was turned down or when you were told your benefits will stop. If you don't ask within the 60 days, you will lose the chance for a fair hearing.

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NYSDOH, Riverview Center	fax: (518) 402-7348; or
Room 650, 150 Broadway	phone: (800) 522-5006;
Albany, NY 12204	email: NYSWIC@HEALTH.NY.GOV

Please complete the information below

Date _____

Applicant/Participant Name (print) _____

Address _____ WIC ID # (if applicable) _____

Telephone: (_____) _____ - _____

Local Agency Name _____

Address _____ Telephone: (_____) _____ - _____

Reason for Hearing Request (optional) _____

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

fax: (202) 690-7442; or

email: program.intake@usda.gov