

WIC MISUSE POLICY - TABLE OF CONTENTS

Misuse/Participant Violation Definition	2
Misuse Detection Methods.....	3
Steps to Prevent Misuse	4
Steps for Reporting & Documenting Misuse	5
Incident Report Form Completion	7
Incident Report Form	8
Participant Violations & Sanction Tables	10
State Office Quality Assurance Specialist Review Criteria	12
State Office Review for Cash Repayment Benefit Criteria.....	13
General Complaint	14
General Complaint Form – Handwritten	15
General Complaint Form – Computerized	16
Employee Fraud & Abuse	17
Misuse Form Letter	18
Notice of Program Misuse.....	19
Statement of Restitution.....	20

Misuse

Misuse is the abuse of WIC practices and/or the mishandling of WIC checks. Policy was developed to provide guidelines for determining and handling of program misuse by the participant, the payee, the alternate, the retailer or the WIC employee.

Participant Violation – Federal Regulation 246.2

Any intentional action of a participant, parent or caretaker of an infant or child participant, or alternate that violates Federal or State statutes, regulations, policies, or procedures governing the Program. Participant violations include intentionally making false or misleading statements or intentionally misrepresenting, concealing, or withholding facts to obtain benefits; exchanging cash-value vouchers, checks or supplemental foods for cash, credit, non-food items, or unauthorized food items, including supplemental foods in excess of those listed on the participant's check; threatening to harm or physically harming Local Agency or Retail staff; and dual participation.

Misuse Detection Methods

- Bank audit of WIC checks.
- Information received from retailers, WIC Staff, other WIC participants or the general public.
- Dual participation reports/internal audits.
- Self declarations by a participant/payee/alternate during a WIC certification or nutrition appointment, when picking up checks or when redeeming checks.
- Information or investigations from other State or Federal Agencies.

Steps To Prevent Misuse

- Ask applicants/participants/payees if they are on any other WIC Program.
- Explain participants' rights and responsibilities, ask applicants/participants to read (or read to them) the participant agreement and provide as much information to the applicants/participants as possible regarding program requirements.
- Ensure Food Shopping Guide & use of WIC checks education within the retailer environment has been provided.
- Ask the participant/payee if they have any questions about the program guidelines and procedures for purchasing foods and using WIC checks.
- Explain what is considered violation of program rules and the sanction points that may be assigned.
- Explain to the participant/payee that they are required to provide education to their alternates regarding the WIC program & how to use WIC checks & that they (the participant/payee) will be sanctioned for violations by their alternate.
- Have participants/payees review checks prior to signing register to verify they are signing for the same number of checks & the same check numbers as shown on the register.
- Explain that anyone can report violations of the WIC program including WIC staff, other participants, retailers or the general public.

Steps for Reporting and Documenting Misuse

Contact the State Office Quality Assurance Specialist for any questions regarding violations of the WIC program or how to proceed with a misuse situation.

1. **Receipt of Information:** When receiving information regarding an alleged violation of the WIC program, staff should gather as much information as possible about the situation: specifics about alleged offender, other people or places involved & their relationship to the alleged offender, date & time of alleged violation, details of the alleged violation, etc. Document all information received on the Incident Report Form *immediately* & forward to appropriate WIC staff (see [Incident Report Form Completion - Distribution](#)).
 - If a retailer calls a Local Agency to report a violation, forward the call to State Office Vendor Manager/Retail Coordinator (if not available, contact other State Office staff).

2. **Investigate the situation:**
 - If participant/payee/alternate is involved, the Local Agency Health Professional staff must make contact with the participant/payee *immediately*, preferably in person or by phone (If not, a letter or email must be sent), to inform them of the alleged violation, discuss the incident in question, get the participant/payee's input regarding the details of the incident & document the findings. **This needs to be completed prior to participant/payee receiving additional program benefits.**
 - Discussion should be fact finding & may include:
 - Explanation of the report.
 - Did they do what was reported?
 - If so, why they did what was reported?
 - Were they aware action was a violation of the WIC program?
 - Any other information they want to share about the situation.
 - If the violation cannot be substantiated by the participant/payee/alternate's admission or other evidence, sanctions will not be assessed.
 - The Local Agency Health Professional should contact the Quality Assurance Specialist if they have questions or concerns regarding investigation results.

3. **Educate/Warn:**
 - The Local Agency Health Professional will educate participant/payee about WIC program rules specific to the violation & review the participant agreement. This may be done:
 - During Initial Investigative Contact (In Person, Phone Call, Email or Letter).
 - During an appointment with participant/payee/alternate if violation occurred or was reported that day.
 - Sending a letter or email (see [Misuse Form Letter](#)) if unable to make contact in person or by phone within two business days after receiving the report.
 - If the alleged violation is a misunderstanding, the Local Agency Health Professional will educate the participant/payee to clarify the misunderstanding & warn that continued violation of the program rules may lead to further action.
 - If the alleged violation is supported by facts received, the Local Agency Health Professional will educate the participant/payee to prevent future occurrences of the violation and warn that information gathered will be reviewed by the WIC program & further action may be taken.
 - If the violation included Local Agency staff error, the Incident Report Form should include:
 - Completion of *Local Agency Information*.
 - Reasons for the staff error.
 - Documentation that the error was reported to the Regional Manager/Nurse Consultant.

- A plan of action staff will take or have taken to prevent error from happening in the future.
 - The Local Agency Health Professional will document on the Incident Report Form the investigation results & the education given to participant/payee & forward completed report to appropriate State Office staff (see [Incident Report Form Completion - Distribution](#)).
4. **Follow-Up:** After receiving completed report, State Office staff will review initial follow-up (see [Quality Assurance Specialist Review Criteria](#) or [State Office Review for Cash Repayment](#)). State Office will determine if sanctions, disqualification or repayment for benefits received will be assessed & contact appropriate Local Agency Health Professional for additional follow-up if needed.
 5. **Completion of Follow-Up Documentation:** The Local Agency Health Professional will complete additional follow-up requested, document under “Additional Follow-Up/Comments” section of the Incident Report Form & forward completed report to appropriate State Office staff (see [Incident Report Form Completion - Distribution](#)).
 6. **State Office Review:** State Office will review/approve all phases of the Incident Report Form to assure action taken is complete and appropriate. If not already indicated, Quality Assurance Specialist will determine if previous misuse has occurred & document on Incident Report.
 7. **Approval of Final Report:** If all required follow-up & documentation is complete, State Office staff will approve report & forward final copy to Local Agency.

Incident Report Form Completion

- **Type:** Check all that apply: Participant, Payee, Alternate, Retailer, Local Agency, State Office.
- **Received By:** Complete with Staff Name, Local Agency, Method of Receipt, and Date Received.
- **Received From:** Complete with Name, Address and Phone of the person reporting.
- **Participant Information:** If participant, payee or alternate is involved in the incident, complete with Participant Name, Payee Name, Alternate Name, Local Agency, Client ID, Family ID, Address and Phone.
- **Retailer Information:** If retailer is involved in the incident, complete Retailer Name, Retailer Location and Retailer WIC ID Number (State Office staff will enter ID number).
- **Local Agency Information:** If Local Agency staff is involved in the incident or violation is the result of Local Agency staff error, complete Local Agency, Staff Name(s) and Phone.
- **State Office Information:** If State Office staff is involved in the incident or violation is the result of State Office staff error, complete Staff Name(s) and Phone.
- **Distribution:** Check all that apply and enter name(s) of person(s) the report is being sent to. Send report as email attachment to those designated.
 - **Participant, Payee or Alternate Violation:** Quality Assurance Specialist, Local Agency Health Professional Staff
 - **Retailer Violation or Retailer Involvement:** Quality Assurance Specialist, Retail Coordinator, Vendor Manager
 - **Local Agency Error/Involvement:** Quality Assurance Specialist, Regional Manager
 - **State Office Staff Error/Involvement:** Quality Assurance Specialist, WIC Director
- **Details of Incident:** Provide details of the incident as requested. Be as thorough as possible when describing the incident. Enter staff signature, title and date.
 - **Previous Incident:** Complete if participant has had an Incident Report in the past. If not known, Quality Assurance Specialist researches this prior to approving the final report.
- **Local Agency Follow-Up:** To be completed by Local Agency Health Professional staff. Check all that apply and record summary of the action taken, staff signature, title, and date. Add additional Follow-Up/Comments as appropriate.
- **State Office Administration:** To be completed by State Office Staff as appropriate for final evaluation of incident.

Local Agency Recordkeeping

All Incident Reports will be filed in the participant's chart behind the Family Record Sheet.

State Office Recordkeeping

All Incident Reports will be kept electronically in the State Office.

Participant Violations & Sanction Tables

Sanction points will be monitored by the Quality Assurance Specialist. Every Incident Report will be reviewed on a case by case basis & some discretion is allowed depending on the violation, the participant/payee response & the Local Agency staff input.

If a participant receives 20 sanction points within 12 months, they will be disqualified from the program for one year. If the disqualified person is the payee, a different payee will be required for the participant(s) to continue receiving benefits. Sanction points received will be entered into the Sanction Points box on the Family Card in ICDS & will apply to all family members linked through the same WIC Family ID number. Sanction points will be issued to the participant/payee for violations by their alternate.

Education is seen as an integral part of the sanctioning system & will be provided in every misuse situation. The education will help the participant understand the rules for WIC participation and prevent repeat occurrences that may be due to lack of knowledge.

The following tables show the sanction points that will be issued for the first occurrence of the violation. For multiple occurrences of the same violation, sanction points would be multiplied by the number of occurrences. For example, *Receiving change in cash from a WIC purchase* would be Type 2 – Sanction 5 Points for the first occurrence. For a second occurrence, the participant would be sanctioned 10 points, 3rd occurrence would be 15 points, etc. A total of 20 points or receiving sanction points for a type four violation would result in disqualification from the WIC program after receiving a 15 day notice (no 15 day notice required for dual participation).

TYPE TWO VIOLATIONS: SANCTION - 5 Points		
PARTICIPANT VIOLATION	LOCAL AGENCY ACTION	STATE OFFICE ACTION
Receiving change in cash from a WIC purchase.	Investigate – Review report & contact participant to discuss violation. Document participant response on Incident Report Provide Education & Document Complete Follow-Up & Document Forward documentation to State	Evaluate Report Assess 5 sanction points, if warranted, for first violation. Monitor for 12 months duration. Send Notice of Program Misuse letter if sanction points assigned & a copy to Local Agency. Monitoring of Sanction Points, Enforcement, and Support of Local Agency Staff
Picking up WIC checks for a WIC participant not in their care.		
Exchanging or attempting to exchange WIC formula.		
Allowing unauthorized person to redeem WIC checks.		
Dual Participation - Receiving benefits from 2 or more WIC agencies including South Dakota WIC & Indian Tribal Office WIC. Participant must be removed from one program immediately (15 day notice not required).		
Accepting WIC foods or formula from a person other than the WIC program.		
Receiving more than one set of benefits for the same time period (duplicate checks).		

TYPE THREE VIOLATIONS: SANCTION - 10 Points		
PARTICIPANT VIOLATION	LOCAL AGENCY ACTION	STATE OFFICE ACTION
Redeeming a WIC check reported as lost or stolen.	Investigate – Review report & contact participant to discuss violation. Document participant response on Incident Report	Evaluate Report Assess 10 sanction points, if warranted, for first violation.
Buying WIC checks, foods or formula from another person.		
Changing any information on the front of the check and /or redeeming a WIC check that has		

been altered.	Provide Education & Document Complete Follow-Up & Document Forward documentation to State Refer to Authorities, if appropriate.	Monitor for 12 months duration. Refer to Authorities, if appropriate. Send Notice of Program Misuse letter if sanction points assigned & a copy to Local Agency. Monitoring of Sanction Points, Enforcement, and Support of Local Agency Staff
Redeeming checks for more money than actual value of foods purchased.		
Redeeming checks that belong to someone else without authorization.		
Giving away WIC participants' WIC food or formula to someone else outside the immediate family for the second party's personal use, exchange or sale.		
Threat of or actual verbal abuse (including vulgar language) to any of the following: <ul style="list-style-type: none"> • Store Employees • Local Agency or State Office WIC Staff • Other WIC Participants or Alternates 		

TYPE FOUR VIOLATIONS: SANCTION – 20 Points (Disqualification from the program after 15 day notice)		
PARTICIPANT VIOLATION	LOCAL AGENCY ACTION	STATE OFFICE ACTION
Intentional destruction of property at WIC Local Agency or authorized WIC retailer by an adult participant, payee or alternate.	Investigate – Review report & contact participant to discuss violation. Document participant response on Incident Report Provide Education & Document Complete Follow-Up & Document Forward documentation to State Refer to Authorities, if appropriate.	Evaluate Report Assess 20 sanction points, if warranted. Refer to Authorities, if appropriate. Disqualify for 12 months. Send Notice of Program Misuse Letter with 15 day notice of disqualification & information regarding the Right to a Fair Hearing. Send copy to Local Agency. Monitoring of Sanction Points, Enforcement, and Support of Local Agency Staff
Intentional Dual Participation - Receiving benefits from 2 or more WIC agencies including South Dakota WIC & Indian Tribal Office WIC. Participant must be removed from both programs immediately (15 day notice not required).		
Using WIC checks to purchase alcohol or tobacco.		
Stealing WIC checks from a Local Agency, other participant or retailer.		
Misrepresenting information, concealing or withholding facts, or making false or misleading statements to receive more WIC foods than eligible to receive or to become eligible for the Program.		
Sale or exchange of WIC food, formula or checks for cash or credit.		
Threat of or actual physical abuse to any of the following: <ul style="list-style-type: none"> • Store Employees • Local Agency or State Office WIC Staff • Other WIC Participants or Alternates 		

Any WIC applicant/participant, or his or her parent or caretaker has a right to a Fair Hearing. They can appeal a decision made by WIC staff concerning the denial of participation, disqualification from the program, or repayment for the cash value of improperly issued benefits. All notification letters must include information regarding the Right to a Fair Hearing. Participants who request a fair hearing within 60 days of the notification date will continue to receive WIC benefits until the hearing decision has been made or the certification period expires, whichever occurs first.

State Office Quality Assurance Specialist Review Criteria

- Review all reports as they are submitted.
- Contact the Local Agency where participant receives services either by phone or email to discuss the situation if:
 - Information is missing from the report.
 - The report has not been sent to all staff required to do appropriate follow-up.
 - There are any further directives to be given to the staff handling the misuse.
- If it is determined that no further directives are needed, the report will be placed in a pending file waiting for follow-up.
- Reports will be reviewed to assure they have been handled per program policy. Review will include:
 - Assurance that all follow-up and documentation is complete:
 - Education was provided to all involved (i.e. participant, payee, alternate, retailer, Local Agency staff, etc.).
 - If Local Agency staff error involved, the Regional Manager/Nurse Consultant has been made aware of the situation & is working with the Local Agency staff involved on a plan of action to prevent future errors of this type.
 - Determination if further follow-up is needed.
 - Assurance that all appropriate attachments are included with the report (e.g., copy of misuse letter sent)
- Once the report has been reviewed, one of the following will take place:
 - Reports requiring no further action will be approved and placed on file in the State Office.
 - If further action is necessary (i.e. sanction points are assigned, a new payee is required, etc.) information will be documented in the State Office section of the Incident Report Form and returned to the staff involved for immediate follow-up.
- All final, approved reports will be sent to the Local Agency to be placed in the participant file.

**State Office Review for Cash Repayment Benefit Criteria –
Federal Regulation 246.12 & 246.24**

Criteria used by State Office when considering cash repayment of benefits:

- **If a participant has received more benefits than they are entitled to receive, sanction points will be assigned & a warning will be issued; if there is a second offense and the amount is over \$100.00, sanction points will be added to existing points & cash repayment will be requested. Restitution may not include offsetting the claim against future program benefits.**
- Each cash repayment situation will be handled on a case by case basis.
- The Local Agency will be asked to submit the information needed for identifying the WIC checks involved in the cash repayment situation.
- The Quality Assurance Specialist will work with the Vendor Manager/Retail Coordinator to handle all cash repayment situations.
- When an investigation has proven participant misuse and actions for disqualification or cash repayment are to be taken, the State Office will issue a Notice of Program Misuse letter to the participant/payee involved and will handle all repayment.
- A claim must be established for any amount of money. This is done by sending a Statement of Restitution along with the Notice of Program Misuse letter.
- Once claim has been established the State Office will send the notification by certified mail to the offender. This will include sending a Statement of Restitution and the Notice of Program Misuse letter. The notification will advise the participant that failure to pay the claim may result in disqualification and will provide information on how the participant can request a Right to a Fair Hearing.
- The State Office is responsible for working with the offender for cash repayment of the benefits. The Local Agency may be asked to work with the State Office to assure cash repayment of funds.
- If cash repayment has been requested and not received, consideration will be given to the cost effectiveness of pursuing further collection methods following the State of South Dakota Debt Collection Policy.
 - If cash repayment is \$100.00 or more and full restitution has not been received, or a repayment schedule has not been agreed upon within 30 days of establishing the claim, participant will be disqualified for one (1) year.
 - If it is a second or subsequent claim, or a result of intentional dual participation, participant will be disqualified from the Program for one (1) year.
 - An exception to the one (1) year disqualification would be if the participant is an infant, child or under age 18. Local Agency staff should contact State Office if there are questions regarding assigning a new payee.
- Once the cash repayment process is complete, all documentation such as the Statement of Restitution and final status of cash repayment will be distributed to:
 - Original: Participant/Parent/Guardian
 - Copy: Local Agency Participant File
 - Copy: State Office

General Complaint

A General Complaint is a procedure through which an individual would request action to review any complaint against a Local Agency or the WIC program. These may include complaints regarding policy and procedure or about a Local Agency and/or staff. This excludes complaints specific to civil rights (see [Civil Rights Complaint Handling](#)).

General Complaint Handling

- Any person with a complaint against a Local Agency and/or the Program has a right to file a general complaint.
- Any general complaint received, verbal or written, requires the attention of the Local Agency and State Office.
- All General Complaints shall be accepted.
- The Local Agency/State Office must acknowledge any clear expression of a participant/applicant's complaint.
- Acceptance of general complaints may be done on the following forms but not limited to:
 - General Complaint Form (handwritten) – Local Agency staff will give the individual the form to complete & mail to State Office staff directly.
 - General Complaint Form (computerized) - Verbal Statement From Applicant/Participant: Local Agency or State Office Staff will take verbal statement from applicant/participant and complete a computerized General Complaint Form. Local Agency will submit completed report to the State Office Quality Assurance Specialist & Director.
 - Letter From Applicant/Participant: A person may submit a complaint letter to Local Agency or State Office.
- General Complaints will be sent to:

South Dakota Department of Health
WIC Program
600 E. Capitol Ave.
Pierre, SD 57501
Phone: (605) 773-3361 Fax (605) 773-5683
- Local Agency staff will document the circumstances relating to the complaint in the participant's chart in Progress Notes or on a separate sheet. Documents pertaining to a general complaint will be filed in the participant's chart behind Family Record Sheet.

General Complaint Follow-Up

Progress/complaint handling documentation can be completed via email and must be maintained at the State Office in the complaint handling log.

**SOUTH DAKOTA DEPARTMENT OF HEALTH
WIC PROGRAM
GENERAL COMPLAINT FORM**

I am submitting this complaint because I feel that I or someone in my family has not been treated fairly by the South Dakota WIC Program because I/we: (Check all that apply)

- Are upset with something that happened at the WIC Office
- Are upset with the WIC Program
- Other reason: Please explain below.

Name of person filing complaint: _____ Date sent: _____

Name of the person who the complaint is being filed for (if not for yourself): _____

Address: _____
(Street/Box) (Town), (State) (Zip Code)

Phone: _____ (Home) _____ (Work)

Name of Office and/or Person you have a complaint against: _____

What date did this event happen: _____

Please tell us what happened to make you feel this way:

Signature

Date

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."

**Send to:
Rhonda Buntrock, Director
South Dakota Department of Health
WIC Program
600 East Capitol Avenue
Pierre, SD 57501
Phone: (605)773-3361 Fax (605)773-5683**

**SOUTH DAKOTA DEPARTMENT OF HEALTH
WIC PROGRAM
GENERAL COMPLAINT FORM**

I am submitting this complaint because I feel that I or someone in my family has not been treated fairly by the South Dakota WIC Program because I/we: (Check all that apply)

- Are upset with something that happened at the WIC Office
- Are upset with the WIC Program
- Other reason: Please explain below

Name of person filing complaint: _____ Date sent: _____

Name of the person who the complaint is being filed for (if not for yourself): _____

Address: _____ (Street/Box)

_____ (Town), _____ (State) _____ (Zip)

Phone: _____ (Home) _____ (Work)

Name of Office and/or Person you have a complaint against: _____

What date did this event happen: _____

Please tell us what happened to make you feel this way: _____

Signature

Date

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**Send to:
Rhonda Buntrock, Director
South Dakota Department of Health
WIC Program
600 East Capitol Avenue
Pierre, SD 57501
Phone (605) 773-3361 Fax (605) 773-5683**

Employee Fraud & Abuse – Federal Regulation 246.2

The intentional conduct of a State, Local Agency or Clinic employee which violates program regulations, policies or procedures.

- This includes, but is not limited to:
 - Misappropriating or altering checks or cash value vouchers.
 - Entering false or misleading information in case records.
 - Creating case records for fictitious participants.
- Alleged fraud and abuse by WIC employees shall be reported to appropriate personnel staff for investigation and resolution.
- Policies are in place to prevent employee fraud and abuse such as:
 - Procedures for enrolling WIC staff as WIC participants.
 - Procedures for separation of duties of WIC staff.
 - Storage, security and access of WIC checks.
 - Documentation of issued, redeemed and voided WIC checks.
 - WIC computer system security.
 - Follow-up on complaints regarding WIC staff.

**SOUTH DAKOTA DEPARTMENT OF HEALTH
WIC PROGRAM**

(Date)

(Participant/Payee Name)
(Street Address)
(City, State Zip)

Dear (Participant/Payee Name),

The goal of the WIC Supplemental Nutrition Program is to provide women, infants and children with nutritious foods and nutrition education. This can only be accomplished through the cooperative efforts of WIC participants, their families and alternates, the WIC store and the Local Agency.

It has been brought to my attention (Add information regarding the alleged violation. Be sure to include as many details as possible to make it clear to the participant what the situation is).

You signed a Participant Agreement during the certification process for each member of your family participating in the WIC Program. The Participant Agreement advises you of your rights and responsibilities to the WIC Program. You agreed to (Insert the information that clarifies which part of the agreement applies to the alleged violation).

Failure to follow your rights and responsibilities as listed on the participant agreement may result in sanction points being assigned, possible disqualification from the program or pay back for benefits received.

We need to discuss this matter and agree upon a solution. An appointment has been set for you:

DATE:
TIME:
LOCATION:

You may call or write the WIC office if you have questions or need to reschedule this appointment.

Sincerely,

(Staff Name)
(Street Address)
(City, State Zip)
(Phone Number)

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**SOUTH DAKOTA DEPARTMENT OF HEALTH
WIC PROGRAM
NOTICE OF PROGRAM MISUSE**

DATE: _____ FAMILY NUMBER: _____ LOCAL AGENCY: _____
PARTICIPANT/PAYEE NAME(S): _____
ALTERNATE NAME (if applicable): _____

YOU ARE HEREBY INFORMED THAT YOU HAVE FAILED TO FOLLOW THE WIC PROGRAM RULES FOR THE REASON(S) LISTED BELOW:

- Giving false facts or not giving all required facts to become eligible or to obtain benefits.
- Physical Abuse, Verbal Abuse or Threat of Abuse to Local Agency Staff, Participants or Retailer Employees
- Buying, Selling, Exchanging or Stealing WIC Checks or Foods
- Receiving program benefits from 2 or more WIC agencies or both WIC and Indian Tribal WIC Offices.
- Failure to Comply With other Rights/Duties (Rules)
- Other: _____

BRIEF DESCRIPTION OF ACTION TAKEN THAT IS CONSIDERED A VIOLATION OF THE WIC PROGRAM:

DUE TO THE ABOVE SITUATION: (Items checked explain action to be taken):

NOTICE OF SANCTION POINTS ASSIGNED

You are hereby informed that you have been sanctioned _____ points due to failure to follow the rule(s) above. You now have a total of _____ sanction points in your record. A total of 20 sanction points within 12 months will result in disqualification from the WIC program for one year.

NOTICE OF DISQUALIFICATION

You are hereby informed that in 15 days (Start Date _____) you will be removed from the South Dakota WIC Program due to failure to follow the rule(s) listed above.

- You will be eligible for the program on _____.
- You will be off the program until you meet eligibility requirements.

NOTICE OF REPAYMENT

If checked, see attached Statement of Restitution for the amount of money that you owe to the WIC Program.

You have the right to a Fair Hearing if you wish to appeal this decision. A Fair Hearing Request must be sent within 60 days from this notice. If you have any questions, contact the WIC Program at:

South Dakota WIC Program
600 East Capitol
Pierre, SD 57501
605-773-3361
Fax: 605-773-5683

YOUR UNDERSTANDING OF THE WIC PROGRAM AND EFFORT TO FOLLOW THE RULES ARE REQUIRED FOR THE STATE TO PROVIDE A QUALITY NUTRITION PROGRAM FOR WOMEN, INFANTS AND CHILDREN.

WIC PROGRAM STAFF: _____ DATE SENT: _____

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**SOUTH DAKOTA DEPARTMENT OF HEALTH
WIC PROGRAM
STATEMENT OF RESTITUTION**

When a month or more of WIC Food benefits are issued to someone who is not eligible to receive them, due to a false or misleading statement, or intentionally not giving all facts, we are required by federal rules 7CFR246.23(c), to collect the cash value of these improperly issued benefits.

It is alleged that you

- However, you will continue to be eligible for the WIC Program.
- Therefore, you are not eligible to be on the WIC Program.

Listed below are the WIC checks that were issued to you or a member of your family and the dollar amount they were redeemed for:

Check Number:	Date Processed by Bank:	Amount:\$
Check Number:	Date Processed by Bank:	Amount:\$
Check Number:	Date Processed by Bank:	Amount:\$
Check Number:	Date Processed by Bank:	Amount:\$
Check Number:	Date Processed by Bank:	Amount:\$
Check Number:	Date Processed by Bank:	Amount:\$

Total: \$

You are hereby required to repay \$_____ in check or money order, payable to: South Dakota Department of Health - WIC Program. Payment is due within 15 days of receipt of this notice. Please use the enclosed return envelope and include a yellow copy of this notice. Failure to pay this claim may result in disqualification.

You have the right to a Fair Hearing if you wish to appeal this decision. A Fair Hearing Request must be sent within 60 days from this notice. If you have any questions, contact the WIC Program at:

South Dakota WIC Program
600 East Capitol
Pierre, SD 57501
605-773-3361
Fax: 605-773-5683

STATE AGENCY USE ONLY	
Date Received:	Amount Received: \$
	Form of payment:
	Received by:

Distribution: Original - Participant
 Copy - State Office
 Copy - Local Agency Participant File

=====
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