



Department of Health and Human Services
Maine Center for Disease Control and Prevention
286 Water Street
11 State House Station
Augusta, Maine 04333-0011
Tel.: (207) 287-8016; Fax: (207) 287-9058
TTY Users: Dial 711 (Maine Relay)

Authorized representative name
Participant Mailing Address
City, ME Zip

Date

Dear Authorized Representative name,

On date, give details of situation.

It has come to our attention that give details of what has happened

You are required to pay the Maine CDC WIC Nutrition Program \$xxx.xx. Failure to pay this amount may result in your disqualification from participation in the WIC Program. If necessary, you may request a repayment schedule that includes a frequency of payment and the amount you are able to pay. All payments must be made by either check or money order made out to **Treasurer, State of Maine**.

You may contact me at the phone number below to set up a payment plan or to pay the full amount of \$xxx.xx. **You must contact me within 30 days of receipt of this letter.**

If you believe this information concerning summary of situation is incorrect, you may appeal the required repayment of \$xxx.xx. Please see the instructions in the attached document, **Notification of Appeal Procedure**.

Sincerely,

SA Representative Name
Maine CDC WIC Nutrition Program
11 State House Station
Augusta, Maine 04333
Phone: 207-xxx-xxxx



Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

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Participant	Check number	Food items	Total spent	Date processed at bank	Total of checks spent
Name	xxxxxxx	Food items	\$xx.xx Signature on check Name of signer	date	\$xxx.xx
	xxxxxxx	Food items	\$xx.xx Name of signer	date	
Name	xxxxxxx	Food items	\$xx.xx Name of signer	date	\$xxx.xx
	xxxxxxx	Food items	\$xx.xx Name of signer	date	