



Maine WIC Nutrition Program Repayment Agreement Form

Client Name			
Participant ID #		Household ID #	
Local Agency Name		Repayment Amount Due	\$
Payment Plan Created?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		
Repayment Schedule	\$ _____ Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other <input type="checkbox"/>		

Summary:

The undersigned Responsible Person accepts and agrees to fully abide by the terms and conditions for repayment referenced herein.

Signature of Responsible Person	Printed Name of Responsible Person	Date
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The undersigned members of the DHHS WIC Program accept the terms and conditions of repayment referenced herein.

Signature WIC Representative (LA Director or SA Staff)	Printed Name WIC Representative	Date
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Make checks payable to: Treasurer State of Maine
Send Payment to: Financial Manager
Maine WIC Nutrition Program
286 Water St., 6th Floor
11 State House Station
Augusta, ME 04333

Funds not repaid to the Department will be referred to the DHHS Fraud and Investigation Unit for recovery.

USDA Non-Discrimination Statement

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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:

(1) Mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410;	(2) Fax: (202) 690-7442; or (3) Email: program.intake@usda.gov
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This institution is an equal opportunity provider.

