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**. Payments may be given to the WIC Director or a WIC staff member at your local WIC clinic or mailed to the State WIC office at the following address:

Maine CDC WIC Program

11 State House Station

Augusta, Maine 04333

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,

State Agency Staff Member Name

Title

Maine CDC WIC Program

286 Water Street 4th Floor

Augusta, Maine 04333

Phone: 207-287-3991

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

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To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ocio.usda.gov/sites/default/files/docs/2012/Complain_combined_6_8_12.pdf), (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](mailto:program.intake@usda.gov)

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