Refusal of Hematological Screening

I refuse to have a hematological screen completed for ____________________________

(Applicant/Participant Name)

by the ____________________________ WIC Program as a means for determining

(Local Agency Name)

WIC Program eligibility as required by federal regulations (USDA 7 CFR Part. 246.7 e,1.).

Reason for Refusal: __________________________________________________________

Signature: ________________________________ Date: ____________________

(Participant/Parent/Guardian)

Signature: ________________________________

(WIC Staff Member)

USDA Non-Discrimination Statement

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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:

(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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