How to Request a Fair Hearing

If you are not in agreement with the New Hampshire WIC program’s decision regarding you or your child’s eligibility, suspension, or disqualification from participation in the NH WIC Program, you as a WIC participant/payee have a right to request a fair hearing. To request a fair hearing, you must send a written request within 60 days of receiving notice of a denial of enrollment, suspension or disqualification. Your written request shall identify the issues you plan to present at the hearing that support your argument that the program does not have valid grounds and/or legal authority to not enroll, to suspend or to disqualify you or your child as a NH WIC participant. Your request shall be sent to:

NH Department of Health and Human Services, Office of Program Support
Administrative Appeals Unit
105 Pleasant Street
Concord, NH 03301

You can reach the Administrative Appeals Unit at 271-4292 if you have any questions about the fair hearing process. The Administrative Appeals Unit will notify you as to the date of the hearing upon receiving your written request for a fair hearing. The Administrative Appeals unit will provide you notification of the fair hearing time and place within 10 days of the hearing date. The fair hearing will be conducted within 3 weeks of your first request for the fair hearing. Notification of the fair hearing decision will be provided to you within 45 days of your request for a fair hearing. You will have the right to review the case record prior to the fair hearing. NH Administrative Rule He-C 200 and 7 CFR 246.9 of the Federal WIC Program Regulations set forth your right to a fair hearing and the steps which will be followed should a fair hearing be requested. The Request for a Fair Hearing for non-enrollment, suspension or disqualification in the NH WIC Program will be final unless you send a written request for a fair hearing within sixty (60) days of receiving notice of the non-enrollment, suspension or disqualification in the NH WIC Program.

Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible State or local Agency that administers the program or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant’s name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or

(2) fax:
(833) 256-1665 or (202) 690-7442; or

(3) email:
program.intake@usda.gov

This institution is an equal opportunity provider.

NDS 2015/Updated 01.2021; 07.2022