

# APPEAL OF THE LOCAL AGENCY FAIR HEARING DECISION REQUEST FORM

Mail this request to: **Michigan Department of Health and Human Services**  
**Director, WIC Program**  
**Lewis Cass Building**  
**320 S. Walnut St.**  
**Lansing, MI 48913**

My name is: \_\_\_\_\_

Telephone/Message phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

I go to this WIC clinic: \_\_\_\_\_

I want a fair hearing because: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

An interpreter can help you if you do not speak or understand English well or if you are hearing impaired. This service is free of charge.

## Please mark all that apply:

- I do not speak or understand English well and would like an interpreter.
  - I speak \_\_\_\_\_
- I plan to bring a witness who does not speak or understand English well. I would like an
  - Interpreter for my witness.
  - The witness speaks \_\_\_\_\_
- I am hearing impaired and would like an interpreter.
- I plan to bring a helper who is hearing impaired and would like an interpreter for my
  - Helper.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. 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](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 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). This institution is an equal opportunity provider.