



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.

USDA Non-Discrimination Statement

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](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD3027) 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

This institution is an equal opportunity provider.

_____ 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., 4th floor
Augusta, ME 04333

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