D H E C

PROMOTE PROTECT PROSPER

Clinic Stamp Here

Date:_____

I, _____, certify that voucher #(s) _____

_____ are not in my possession due to the following circumstance:

- ❑ Fire (attach report completed by fire department)
- ❑ Theft (attach report completed by law enforcement)
- ❑ Vouchers still in possession of the biological parent of a child for whom I am providing foster care.
- ❑ Vouchers in a location that is a potential threat to my well-being (attach report completed by law enforcement or contact information for the agency/shelter providing emergency care)
- ❑ Lost in the mail (clinic staff must verify date of mailing)

By signing my name below, I am acknowledging that I agree with the following statements:

- *I am asking for vouchers to replace those listed above.*
- *I understand that if the vouchers listed above are redeemed by me or by my designated proxy, my family may be suspended or disqualified from the WIC Program.*
- *I understand that if the vouchers listed above are cashed by me or by my designated proxy, I may be required to pay back to the Department of Health and Environmental Control the value of the vouchers.*

Signature:_____Relationship to participant:_____

"This institution is an equal opportunity provider"

FOR OFFICE USE ONLY

Participant Name: _____ Participant ID Number: _____

Was verification made that the above checks have not been redeemed? YES or NO (circle one)

By whom?: _____

Replacement Voucher Numbers: _____

_____

Signature of Clinic Staff Member taking this report: _____

Request for Voucher Replacement

(Instructions for Use)

Purpose

This form is used to ensure that WIC food instruments are replaced according to policy and as verification that participants are aware of penalties resulting from fraud. If multiple members of a family require replacement vouchers, a form must be completed for each member.

Item-by-Item Instructions

Date: Enter the date that the form is completed by participant/guardian.

Name: The participant or guardian who is requesting voucher replacement should state his/her name in the space provided.

Voucher #: The participant or guardian who is requesting voucher replacement should write the numbers of the vouchers needing to be replaced.

Circumstance: The participant or guardian must state why the vouchers should be replaced. Those circumstances printed on the form are the only ones for which vouchers may be replaced. When required, documentation **MUST BE PRESENTED AND COPIED FOR THE WIC RECORD.**

Signature: The participant or guardian should affix his/her signature to this form as verification that it has been read and understood.

FOR OFFICE USE ONLY:

Participant Name: The clinic staff member assisting the participant/caregiver should write the participant's name in the space provided.

Participant ID: The participant's CARES identification number should be listed in the space provided by the clinic staff.

Verification: Indicate with "yes" or "no" as to whether or not the WIC Online Banking system was checked prior to issuing replacement vouchers.

By Whom: If the WIC Online Banking system was used, list from whom the information was obtained.

Replacement Voucher #: List the vouchers being issued on this day to replace the ones listed at the top of the form.

Signature: The clinic staff member who reissues vouchers should sign here.

A copy of this form is to be sent to WIC Central Office, attention Program Integrity. The original must be filed in the participants WIC record and maintained for a period of three years.