

WIC PROGRAM LOST OR STOLEN CHECK REPLACEMENT AGREEMENT

Name(s) of participant(s) issued checks that were reported lost or stolen:

Family ID Number:

Provide details of how WIC checks were lost or stolen. Include place, dates, police reports, etc. if available.

Participant's WIC checks for _____ to _____ (enter first-date-to-use and last-date-to-use) have been replaced. Listed below are the first-date-to-use and the check numbers for all original and replacement checks.

FIRST-DATE-TO-USE	ORIGINAL CHECK NUMBER	FIRST-DATE-TO-USE	REPLACEMENT CHECK NUMBER

I certify that the WIC checks reported above were lost or stolen from me. If the checks are found, I will return them to the WIC office. If these checks are used by myself or my proxy, I understand that I will have to pay money back to the WIC Program for food I should not have received.

WIC Participant/Parent/Proxy (please print)

SIGNATURE – WIC Participant/Parent/Proxy	Date Signed
SIGNATURE – Local WIC Agency Representative	Date Signed
WIC Project Name	WIC Project Number

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