Program Compliance Form

Instructions:
1) Program Complaint Form will be used to document any issue regarding the WIC Program
2) Program Complaint Form is sent to the State Office Integrity Staff for review and follow-up
3) State Staff will complete research and document findings on this form, send copy of this form, Program Complaint Form and back-up documentation to Local Agency Staff for necessary follow-up actions and/or documentation purposes.

Date Reported: ______________ Name of Local Agency or Store: ____________________

Complaint Against (name): _______________ ID or Store# (if applicable): __________

Check One: □ WIC Participant □ WIC Staff □ Retailer

<table>
<thead>
<tr>
<th>Participant Violations (*Federally Required)</th>
<th>Action Taken/Sanction</th>
</tr>
</thead>
</table>
| Intentional misrepresentation of circumstances to obtain benefits* | □ No action: unsubstantiated or unintentional  
□ Warning Letter and/or Counseling  
□ Value of Benefits Mis-used: ________  
□ Disqualification (months): □ 3 or □ 12 |
| Dual Participation* | □ No action: unsubstantiated or unintentional  
□ 12-month disqualification  
□ Value of Benefits Mis-used: ________ |
| Receipt of, or attempt to receive, cash/credit toward unauthorized food/other item of value in lieu of authorized supplemental foods from a retailer* | □ No action: unsubstantiated or unintentional  
□ Warning Letter and/or Counseling  
□ 12-month disqualification |
| Threatening to harm or physically harming clinic, farmer or vendor staff* | □ No action: report could not be validated, or act was determined unintentional  
□ 12-month disqualification |
| Sell or donate (or attempt to sell or donate) a WIC issued and owned multi-user breast pump or WIC issued food benefits (card or food/formula products) | □ No action: unsubstantiated or unintentional  
□ Warning Letter and/or Counseling (no property/financial loss)  
□ Report to law enforcement (pump only)  
□ Value of Pump: ________  
□ Value of Benefits: ________ |
| Verbal abuse or harassment of clinic, farmer or vendor staff | □ No action: unsubstantiated or unintentional  
□ Warning Letter and/or Counseling (no property loss)  
□ 12-month disqualification |
| Other violation (describe): | □ No action: unsubstantiated or unintentional  
□ Warning Letter and/or Counseling  
□ Disqualification for _____ months |

<table>
<thead>
<tr>
<th>WIC Staff Fraud/Abuse</th>
<th>Action Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verbal abuse or discourteous treatment to WIC participant</td>
<td></td>
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</tbody>
</table>

Program Abuse/Fraud (describe): |
<table>
<thead>
<tr>
<th>Retailer Violations (*Federally Required)</th>
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| Conviction or occurrence of trafficking WIC benefits* | □ No action: unsubstantiated or unintentional  
□ Disqualification: □ 1yr. □ 6yrs. □ Permanent |
| Overcharging participants* | □ No action: unsubstantiated or unintentional  
□ Written notice, CAP and mandatory training  
□ 3-year disqualification |
| Charging the WIC Program for foods not received by the participant* | □ No action: unsubstantiated or unintentional  
□ Written notice, CAP and mandatory training  
□ 3-year disqualification |
| Providing unauthorized foods in exchange for WIC benefits* | □ No action: unsubstantiated or unintentional  
□ Written notice, CAP and mandatory training  
□ 1-year disqualification |
| Providing credit or non-food items in exchange for WIC food benefits* | □ No action: unsubstantiated or unintentional  
□ Written notice, CAP and mandatory training  
□ 3-year disqualification |
| Failure to stock any WIC items in three or more required food categories | □ No action: unsubstantiated or unintentional  
□ Written notice, CAP, mandatory training, and verification that insufficient inventory has been corrected within 30d.  
□ 1-year disqualification |
| Failure to meet min. stock of WIC foods | □ No action: unsubstantiated or unintentional  
□ Written notice; and  
□ Training: □ offered or □ mandatory  
□ CAP Required  
□ Verification that inventory has been corrected within 30 days  
□ 1-year disqualification |
| Contacting WIC participant in attempt to recover funds for WIC benefits not reimbursed or overcharges were requested | □ No action: unsubstantiated or unintentional  
□ Written notice; and  
□ Training: □ offered or □ mandatory  
□ CAP Required  
□ 1-year disqualification |
| Failure to provide WIC participant itemized receipt for foods purchased with WIC benefit | □ No action: unsubstantiated or unintentional  
□ Written notice; and  
□ Training: □ offered or □ mandatory  
□ CAP Required  
□ 1-year disqualification |
| Giving change in a WIC transaction or requiring cash to be paid in whole or in part to redeem WIC benefits | □ No action: unsubstantiated or unintentional  
□ Written notice; and  
□ Training: □ offered or □ mandatory  
□ CAP Required  
□ 1-year disqualification |
| Verbal abuse or discourteous treatment to WIC participant | □ No action: unsubstantiated or unintentional  
□ Written notice; and  
□ Training: □ offered or □ mandatory  
□ CAP Required  
□ 1-year disqualification |
| Store failed to post “We Accept WIC” decal | □ No action: unsubstantiated or unintentional  
□ Written notice; and  
□ Training: □ offered or □ mandatory  
□ CAP Required  
□ 1-year disqualification |
## Program Compliance Form

<table>
<thead>
<tr>
<th>State Staff Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Name:</td>
</tr>
<tr>
<td>Date Received:</td>
</tr>
<tr>
<td>Claim Amount:</td>
</tr>
<tr>
<td>Claim Letter Sent to Participant:</td>
</tr>
<tr>
<td>Payment Received:</td>
</tr>
<tr>
<td>Payment Schedule:</td>
</tr>
<tr>
<td>Date Sent to Local Agency:</td>
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<tr>
<td>Notes:</td>
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<tr>
<td>Staff Name:</td>
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<tr>
<td>Date Received:</td>
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<tr>
<td>Date Counseling Completed:</td>
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<tr>
<td>Documentation in Chart:</td>
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<tr>
<td>Date End of Cert./Notice of Ineligibility Provided (including Fair Hearing Information):</td>
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<td>Notes:</td>
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