



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

| Participant Violations (*Federally Required) | Action Taken/Sanction |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Intentional misrepresentation of circumstances to obtain benefits* Offense: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd | <input type="checkbox"/> No action: unsubstantiated or unintentional <input type="checkbox"/> Warning Letter and/or Counseling <input type="checkbox"/> Value of Benefits Mis-used: _____ <input type="checkbox"/> Disqualification (months): <input type="checkbox"/> 3 or <input type="checkbox"/> 12 |
| Dual Participation* | <input type="checkbox"/> No action: unsubstantiated or unintentional <input type="checkbox"/> 12-month disqualification <input type="checkbox"/> 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* Offense: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd | <input type="checkbox"/> No action: unsubstantiated or unintentional <input type="checkbox"/> Warning Letter and/or Counseling <input type="checkbox"/> 12-month disqualification |
| Threatening to harm or physically harming clinic, farmer or vendor staff* | <input type="checkbox"/> No action: report could not be validated, or act was determined unintentional <input type="checkbox"/> 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) | <input type="checkbox"/> No action: unsubstantiated or unintentional <input type="checkbox"/> Warning Letter and/or Counseling (no property/financial loss) <input type="checkbox"/> Report to law enforcement (pump only) <input type="checkbox"/> Value of Pump: _____ <input type="checkbox"/> Value of Benefits: _____ |
| Verbal abuse or harassment of clinic, farmer or vendor staff Offense: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd | <input type="checkbox"/> No action: unsubstantiated or unintentional <input type="checkbox"/> Warning Letter and/or Counseling (no property loss) <input type="checkbox"/> 12-month disqualification |
| Other violation (describe): | <input type="checkbox"/> No action: unsubstantiated or unintentional <input type="checkbox"/> Warning Letter and/or Counseling <input type="checkbox"/> Disqualification for ____ months |

| WIC Staff Fraud/Abuse | Action Taken |
|-----------------------------------------------------------|--------------|
| Verbal abuse or discourteous treatment to WIC participant | |
| Program Abuse/Fraud (describe): | |



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| Retailer Violations (*Federally Required) | Action Taken/Sanction |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Conviction or occurrence of trafficking WIC benefits* | <input type="checkbox"/> No action: unsubstantiated or unintentional <input type="checkbox"/> Disqualification: <input type="checkbox"/> 1yr. <input type="checkbox"/> 6yrs. <input type="checkbox"/> Permanent |
| Overcharging participants* Offense: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd | <input type="checkbox"/> No action: unsubstantiated or unintentional <input type="checkbox"/> Written notice, CAP and mandatory training <input type="checkbox"/> 3-year disqualification |
| Charging the WIC Program for foods not received by the participant* Offense: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd | <input type="checkbox"/> No action: unsubstantiated or unintentional <input type="checkbox"/> Written notice, CAP and mandatory training <input type="checkbox"/> 3-year disqualification |
| Providing unauthorized foods in exchange for WIC benefits* Offense: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd | <input type="checkbox"/> No action: unsubstantiated or unintentional <input type="checkbox"/> Written notice, CAP and mandatory training <input type="checkbox"/> 1-year disqualification |
| Providing credit or non-food items in exchange for WIC food benefits* Offense: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd | <input type="checkbox"/> No action: unsubstantiated or unintentional <input type="checkbox"/> Written notice, CAP and mandatory training <input type="checkbox"/> 3-year disqualification |
| Failure to stock any WIC items in <u>three or more required food categories</u> Offense: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd | <input type="checkbox"/> No action: unsubstantiated or unintentional <input type="checkbox"/> Written notice, CAP, mandatory training, and verification that insufficient inventory has been corrected within 30d. <input type="checkbox"/> 1-year disqualification |
| Failure to meet min. stock of WIC foods Offense: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th | <input type="checkbox"/> No action: unsubstantiated or unintentional <input type="checkbox"/> Written notice; <i>and</i> <input type="checkbox"/> Training: <input type="checkbox"/> offered <i>or</i> <input type="checkbox"/> mandatory <input type="checkbox"/> CAP Required <input type="checkbox"/> Verification that inventory has been corrected within 30 days <input type="checkbox"/> 1-year disqualification |
| Contacting WIC participant in attempt to recover funds for WIC benefits not reimbursed or overcharges were requested Offense: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th | <input type="checkbox"/> No action: unsubstantiated or unintentional <input type="checkbox"/> Written notice; <i>and</i> <input type="checkbox"/> Training: <input type="checkbox"/> offered <i>or</i> <input type="checkbox"/> mandatory <input type="checkbox"/> CAP Required <input type="checkbox"/> 1-year disqualification |
| Failure to provide WIC participant itemized receipt for foods purchased with WIC benefit Offense: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th | <input type="checkbox"/> No action: unsubstantiated or unintentional <input type="checkbox"/> Written notice; <i>and</i> <input type="checkbox"/> Training: <input type="checkbox"/> offered <i>or</i> <input type="checkbox"/> mandatory <input type="checkbox"/> CAP Required <input type="checkbox"/> 1-year disqualification |
| Giving change in a WIC transaction or requiring cash to be paid in whole or in part to redeem WIC benefits Offense: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th | <input type="checkbox"/> No action: unsubstantiated or unintentional <input type="checkbox"/> Written notice; <i>and</i> <input type="checkbox"/> Training: <input type="checkbox"/> offered <i>or</i> <input type="checkbox"/> mandatory <input type="checkbox"/> CAP Required <input type="checkbox"/> 1-year disqualification |
| Verbal abuse or discourteous treatment to WIC participant Offense: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th | <input type="checkbox"/> No action: unsubstantiated or unintentional <input type="checkbox"/> Written notice; <i>and</i> <input type="checkbox"/> Training: <input type="checkbox"/> offered <i>or</i> <input type="checkbox"/> mandatory <input type="checkbox"/> CAP Required <input type="checkbox"/> 1-year disqualification |
| Store failed to post "We Accept WIC" decal Offense: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th | <input type="checkbox"/> No action: unsubstantiated or unintentional <input type="checkbox"/> Written notice; <i>and</i> <input type="checkbox"/> Training: <input type="checkbox"/> offered <i>or</i> <input type="checkbox"/> mandatory <input type="checkbox"/> CAP Required <input type="checkbox"/> 1-year disqualification |



Program Compliance Form

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