



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/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/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
Attempt to sell or donate or exchange WIC issued and owned multi-user breast pumps	<input type="checkbox"/> No action: unsubstantiated or unintentional <input type="checkbox"/> Warning Letter/Counseling (no property loss) <input type="checkbox"/> Report to law enforcement <input type="checkbox"/> Value of Pump: _____
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/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/Counseling <input type="checkbox"/> Disqualification for _____ months

WIC Staff Fraud/Abuse	Action Taken
Discourteous treatment and/or customer service problem	
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	
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:
Statement	
Date: <input type="checkbox"/> Participant <input type="checkbox"/> Retailer <input type="checkbox"/> Staff	