



Conflict of Interest

This form must be completed by all WIC staff or individuals coding time to WIC that have contact with applicants and participants. This form should be reviewed by staff as needed in order to maintain updated information.

I have read and understood the following Idaho WIC Program policy regarding possible conflict of interest. By signing below, I agree to the following:

1. I will not determine eligibility for or certify applicants/participants that are immediate family members, close friends, or myself.
2. I will not show any favoritism, by oral or written communication, towards any WIC applicant or client, including those known to me or related to me.
3. I will declare and notify my supervisor, as soon as it is known to me, of any immediate family member or close friend who is planning to apply for or has applied for WIC services at this agency or who is currently participating in WIC at this agency.
4. I will notify my supervisor of any potential conflict of interest between myself, an immediate family member, or close friend with an Idaho WIC authorized vendor.
5. I will neither endorse nor discourage the use of any Idaho WIC authorized vendor or show any favoritism by oral or written communications towards an Idaho WIC authorized vendor.

Please complete the section below and any additional information declaring possible conflict of interest. If you do not have any conflict of interest to disclose, please put N/A or none.

Name:	Relationship:	FID/PID or WIC authorized Vendor:	Comments:

WIC Staff Name (print full name) & Employee Job Title

WIC Staff Signature

Date

By signing below, I affirm that I have reviewed the chart(s) of the WIC participant(s) mentioned above to ensure no conflict of interest has occurred. If conflict of interest has occurred, staff training was provided and documented.

WIC Supervisor Signature

Date