



Idaho WIC Program Integrity: Potential Fraud and Violation Reporting

To send completed form, use submit button, email to michele.gillingham@dhw.idaho.gov or fax to 208-332-7362

Section I: Reporting Party		
Request to be anonymous: <input type="checkbox"/> Y <input type="checkbox"/> N <i>To report anonymously, select the yes (Y) box above and skip to Section II.</i>		
Name:	Number:	
Contact information (phone #, email, etc.):	Relationship:	
Section II: Responsible Adult or Participant Names	Family or Participant ID Number	
Section III:		
A.) Allegations or Claims of Abuse (please check all that apply) <i>See IWPPM Ch. 2, Section D for further details</i>		
<input type="checkbox"/> Dual participation (using benefits from two WIC programs/agencies in the same month)	<input type="checkbox"/> False statement or misrepresentation (income, name, residence, family size, medical data, pregnancy, or date of birth to obtain WIC benefits)	
<input type="checkbox"/> Cashing WIC benefits when infant/child not in custody	<input type="checkbox"/> Exchanging WIC food checks/CVVs for credit or unauthorized food items.	
<input type="checkbox"/> Cashing WIC food checks/CVVs reported lost or stolen	<input type="checkbox"/> Altering WIC food check/CVV date, quantity, or type of food	
<input type="checkbox"/> Attempting to sell or give away supplemental food that was purchased with WIC food checks/CVVs	<input type="checkbox"/> Selling or giving away supplemental food that was purchased with WIC food checks/CVVs	
<input type="checkbox"/> Attempting to sell WIC food checks/CVVs	<input type="checkbox"/> Selling WIC food checks/CVVs	
<input type="checkbox"/> Other		
B.) Explanation of Abuse (please describe in detail)	C.) Support Documentation: <input type="checkbox"/> Y <input type="checkbox"/> N	
Section IV: Staff Use Only (if applicable)		
Actions taken (if applicable):		
Local Agency Name:	Clinic #:	Date:
Employee Name:	Title:	