



VIOLATION FORM

For Staff use ONLY: Complete sections A, B, and D. the Responsible Adult will complete section C. Provide a signed copy to the Responsible Adult for their records.

Section A.) Personal Information

Date:	WIC ID #:
Responsible Adult Full Name:	Participant Full Name:
Address:	
Telephone Number:	

Section B.) Violation and Evidence

Select or fill in the appropriate program violation, see Idaho WIC Policy Manual Chapter 2, Section D.

1. We have reason to believe you committed an intentional program violation, which means you intentionally failed to follow a program rule:

- Attempted to sell food checks/CVV or supplemental food purchased with WIC food Check/CVV.
- Selling or giving away food checks/CVV or supplemental food purchased with WIC food Check/CVV.
- False statement or misrepresentation of income, name, residence, family size, medical data, pregnancy, or date of birth.
- Other: _____

2. We have the following evidence to support our case:

- Ad/Posting from a Media source.
- Investigation Unit was able to match your information to the content of the ad.
- Other: _____

3. You or your representative may look at this evidence at:

- The Local Agency and State Agency will maintain records per federal regulation to be viewed at the local clinic.
- You may request copies for your records; the clinic may provide the documentation within a reasonable timeframe.
- Other: _____

