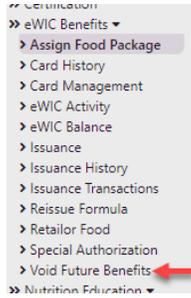




Void Future Benefits

1. Expand: eWIC benefits on participant summary page
2. Click: Void Future Benefits



3. Enter: Reason for voiding benefits (a)
4. Click: Box for month(s) benefits are to be voided
 - o Shaded box: voiding not allowed because some benefits were redeemed (b)
 - o Check: box of first month to be voided (following months will auto check) (c)

Void Benefits

Why are you voiding Benefits?*

MD - Lactose intolerance
a

Select the month(s) you want to void:

Void	First Use	End Use	Issuance Month	Benefit Status	Food Package
b <input type="checkbox"/>	08/01/2020	08/31/2020	July, 2020	Currently Active Benefit	FP 5
c <input checked="" type="checkbox"/>	09/01/2020	09/30/2020	August, 2020	Future Active Benefit	FP 5
<input checked="" type="checkbox"/>	10/01/2020	10/31/2020	August, 2020	Future Active Benefit	FP 5
<input checked="" type="checkbox"/>	11/01/2020	11/30/2020	August, 2020	Future Active Benefit	FP 5

d

VOID BENEFITS CANCEL

5. Click: Void Benefits (d)





IDAHO DEPARTMENT OF
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DIVISION OF PUBLIC HEALTH



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