Clinic Number

Date

Check Audit Form

Email completed Check Audit form to WIC Coordinator within 5 days of voiding checks

Participant ID Participant Name

Select the void reason used in the computer. Select from Drop Down List
(Void reason must match check history.)

List all checks that were voided when the check itself was not available.
(Check number voided must match check history.)

Check number used	Please explain why the check was voided [*Idaho WIC Program Policy Manual, Chapter 7*]. Be as detailed as possible.

Comments:

List all checks issued	**Formula intolerance**
New check number issued (must match check history)	Formula returned to WIC office? ◯ Yes ◯ No
	Number of cans of formula returned =
	Name of formula being returned =
	Number of cans of new formula issued =
	Name of new formula issued =

Staff User ID: Registered Dietitian User ID (formula intolerance)
(The User ID is the unique identifier used to log in to the WIC computer system and begins with HWC)

WIC is an equal opportunity provider. For the full nondiscrimination statement and contact information to file a complaint, please visit the Idaho WIC website at www.wic.dhw.idaho.gov.