



## Idaho WIC Program Integrity: Potential Fraud & Violation Reporting

To submit completed form: Use 'Submit Form' button or submit to [faiellam@dhw.idaho.gov](mailto:faiellam@dhw.idaho.gov) or fax to 208-332-7362

Section I: Reporting Party		
<b>Request To Be Anonymous:</b> <input type="checkbox"/> <b>Y</b> <input type="checkbox"/> <b>N</b> <i>To report anonymously, select the appropriate box above and skip to section II.</i>		
<b>Name:</b>	<b>Number:</b>	
<b>Contact information (phone #, email etc.):</b>	<b>Relationship:</b>	
Section II: Responsible Adult or Participant(s) Names	Family or Participant ID Number	
Section III:		
<b>A.) Allegations or Claims of Abuse (Please check all that apply)</b> <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 checks/CVVs' 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"/> <b>Y</b> <input type="checkbox"/> <b>N</b>	
Section IV: Staff Use Only (if applicable)		
<b>Actions taken (if applicable):</b>		
<b>Local Agency Name:</b>	<b>Clinic Number:</b>	<b>Date:</b>
<b>Employee Name:</b>	<b>Title:</b>	

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](http://www.wic.dhw.idaho.gov).