

Repayment Agreement

I, _____, will make restitution in the amount of \$_____ to the West Virginia WIC Program in order to avoid disqualification from WIC for _____ months. I will make this restitution in minimum monthly payments of \$_____ until the full amount has been repaid. I understand the following:

- By making the agreed upon payments my WIC benefits will continue uninterrupted.
- If a payment is missed, the original sanction will immediately be imposed,
- Payments must be made by check or money order made payable to Office of Nutrition Services; cash cannot be accepted.
- Payments may be dropped off to the clinic, mailed to the clinic at the following address,
_____,
or mailed to Office of Nutrition Services, 350 Capitol Street, Room 519 Charleston, WV 25301.

 Participant Printed Name and WIC ID

 WIC Staff Printed Name

 Participant Signature

Date

 WIC Staff Signature

Date