

**WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR
WOMEN, INFANTS & CHILDREN (WIC)**

LOST OR STOLEN FOOD INSTRUMENT REPORT

Local Agency/Site Number: _____ Date: _____

Payee Name: _____ Family Number: _____

Recipient Number	Serial Numbers	Issue Date	Serial Numbers If Replacements Were Issued	Issue Date

State Agency Staff authorizing replacement: _____

Comments: _____

I hereby state that the above WIC Food Instruments have been ____lost ____stolen ____or destroyed.

I understand the following:

1. If I locate or recover the above mentioned Food Instrument(s), I will contact the WIC office.
2. Abuse of the WIC Program, such as redeeming or attempting to redeem Food Instruments that have been reported as stolen, will result in the termination of WIC benefits.
3. WIC reserves the right to not replace Food Instruments more than once in a certification period or twice in a year.

Signature of Participant/Payee/Proxy

Signature of Local Agency Staff

**WHITE - LOCAL AGENCY COPY
CANARY - STATE OFFICE COPY
PINK - PARTICIPANT COPY**