

Nebraska WIC Program Lost or Stolen Check Report

Client ID Number: _____ **Family ID Number:** _____

Client last name: _____

Client first name , Middle Initial: _____

I certify that the following checks were: Lost Stolen

Check Numbers (List Individually)	
Original Checks	Replacement Checks
Date of Issue: _____(MM/YY)	Date of Issue: _____(MM/YY)

If I receive replacement checks and the lost/stolen checks are found, I will not use the previously lost/stolen checks at the store and will return them to the clinic to be voided.

Responsible Party Signature/Date

Authorized WIC Staff Signature

Check One: Benefits until next appointment have been replaced.
 Benefits have not been replaced.