Dual Participation Between
Two WIC Agencies or Clinics

The Nebraska WIC records match show that the following client received benefits at two different agencies or clinics at the same time.

Name: _____ Date of Birth: _____

Category: ☐ Infant ☐ Child ☐ Pregnant ☐ Breastfeeding ☐ Not Breastfeeding

Sex: ☐ Male ☐ Female

Agency #1: _____ FID #: _____ WIC Clinic: _____

Authorized Representative Name: _____ Foster Child: ☐ Y ☐ N

Most Recent Certification: From _____ To _____

WIC Benefits Redeemed For the Following Months:

Year: _____

☐ Jan ☐ Feb ☐ March ☐ April ☐ May ☐ June ☐ July ☐ Aug ☐ Sept ☐ Oct ☐ Nov ☐ Dec

Year: _____

☐ Jan ☐ Feb ☐ March ☐ April ☐ May ☐ June ☐ July ☐ Aug ☐ Sept ☐ Oct ☐ Nov ☐ Dec

Benefits Have Been Issued, <u>But Not</u> Redeemed For The Following Month(s):

Year: _____

☐ Jan ☐ Feb ☐ March ☐ April ☐ May ☐ June ☐ July ☐ Aug ☐ Sept ☐ Oct ☐ Nov ☐ Dec

Year: _____

☐ Jan ☐ Feb ☐ March ☐ April ☐ May ☐ June ☐ July ☐ Aug ☐ Sept ☐ Oct ☐ Nov ☐ Dec

Next Appointment: _____ Type of Appointment: _____

Agency #2: _____ FID #: _____ WIC Clinic: _____

Authorized Representative Name: _____ Foster Child: ☐ Y ☐ N

Most Recent Certification: From _____ To _____

WIC Benefits Redeemed For the Following Months:

Year: _____

☐ Jan ☐ Feb ☐ March ☐ April ☐ May ☐ June ☐ July ☐ Aug ☐ Sept ☐ Oct ☐ Nov ☐ Dec

Year: _____

☐ Jan ☐ Feb ☐ March ☐ April ☐ May ☐ June ☐ July ☐ Aug ☐ Sept ☐ Oct ☐ Nov ☐ Dec

Benefits Have Been Issued, <u>But Not</u> Redeemed For The Following Month(s):

Year: _____

☐ Jan ☐ Feb ☐ March ☐ April ☐ May ☐ June ☐ July ☐ Aug ☐ Sept ☐ Oct ☐ Nov ☐ Dec

Year: _____

☐ Jan ☐ Feb ☐ March ☐ April ☐ May ☐ June ☐ July ☐ Aug ☐ Sept ☐ Oct ☐ Nov ☐ Dec

Next Appointment: _____ Type of Appointment: _____

Participant was dual participating ☐ YES ☐ NO

Dual Participation was found to be:

☐ Unintentional ☐ Intentional

Action Taken: ☐ Education/Documentation

☐ Sanction Points Assessed

☐ Disqualification

☐ Claim Assessed

Terminated from Agency #1, Effective: _____

Terminated from Agency #2, Effective: _____

Staff Name: _____ Date Completed: _____

Staff Name: _____ Date Completed: _____

NOTES:

Attach any documents, screenshots, or other information and send to State Clinic Services Coordinator and scan into the participant's Journey record.

Rev: 8/19/2026