Selling WIC Items Investigation

Participant Identification

- ☐ Verify participant name(s).
- ☐ Confirm all FID numbers involved.

Date Report Received:
Local Agency:
Clinic:

Screenshot(s) of Family Panel(s)

Summary of Report/Allegation

Person Making Report (if other than WIC Staff)

Person's Contact Information

- ☐ Telephone number
- ☐ Address
- ☐ Email

Screenshot(s) of Social Media Posts/Text Messages

Timeline

- ☐ Confirm dates of WIC enrollment

Screenshot of Certification Panel(s)

Benefit & Participation Review

- ☐ Check for issuance of the same benefits that were posted/sold
  Year/Months issuance occurred

  Year/Months purchases occurred

  Value (dollar amount) of benefits:

Is value over $1000?

- ☐ No, no further claim action necessary
- ☐ Yes, continue with claim process

Screenshots of Archive panel showing issuance, purchases for affected months for all participants.

Screenshots of Appointment History when necessary.

Determination

- ☐ Finalize determination
  - ☐ No Fraud, Selling of formula unfounded
  - ☐ Fraud

- ☐ Document rationale supporting determination

Required Actions

Not Intentional:

- ☐ Contact State or Local Agency staff.
- ☐ Add appropriate alerts to Journey record(s).

  Screenshot of alert(s)

- ☐ Add or update AR designation as applicable.
- ☐ Add appropriate alerts to Journey record(s).
- ☐ Deactivate eWIC card if required.

Intentional:

☐ Send completed form and documentation to Clinic Services coordinator

☐ State -- Send a disqualification letter by certified mail with a return receipt.

☐ State -- Scan letter into Journey record and send to the local agency.

Completed By:

Date:

10-21-2026