NEBRASKA WIC INTEGRITY SCREENING FORM

Date incident reported: Name of Complainant:			Response desired: yes/no Anonymous: yes / no	
Address:			Phone#:	
Participant Name:	icipant Name: Responsible Party Name:			
Participant Address:			Phone#	
Store Name/#:				
Store Address:				
Detailed description of	of incident: (Date:)(Time:) (Place:)	
Persons who observed or	were involved in incident	(Name, address, & phone#):		
Check # (if applicable):				
Signature of staff taking init	ial information:		Date:	
Clinic Services Integrity	Vendor Integrity	Participant Integrity	Discrimination Complaint	
(green follow/up sheets)	(purple follow-up sheets) (See back of pag	(pink follow-up sheets) ge for examples)	(yellow follow-up sheets)	

Clinic Services Integrity (some examples could include):

- Concerns regarding specific policies or procedures
- Concerns about WIC food packages or formula approval
- Concerns about scheduling appointments
- Concerns about rude staff (if not considered discrimination)
- Concerns about fraud/abuse involving WIC staff

Vendor Integrity (some examples could include):

- Concerns regarding cleanliness of store
- Concerns regarding store workers (if not considered discrimination)
- Concerns regarding specific foods purchased at store
- Concerns regarding availability of WIC foods in store
- Concerns regarding vendor acceptance of WIC check prior to first date to use or after last date to use
- Concerns regarding a vendor altering a WIC check
- Concerns regarding vendor accepting a presigned WIC check
- Concerns regarding store failure to clearly mark purchase price for WIC foods
- Concerns regarding price of WIC foods
- Concerns regarding vendor allowing shopper to purchase non-eligible foods with WIC check
- Concerns regarding vendor allowing substitutions for infant formula
- Concerns regarding vendor requiring WIC shopper to pay the difference or return the prescribed items when the actual purchase price exceeds the maximum purchase amount
- Concerns regarding vendor accepting WIC checks designated to another store (w/o approval)
- Concerns regarding vendor offering rain checks to the WIC shopper
- Concerns regarding vendor requiring shopper to sign the WIC check before the purchase price is completed and/or failing to record purchase price on check at time of purchase
- Concerns regarding vendor collecting sales tax on WIC food purchases
- Concerns regarding vendor exchanging cash or credit for WIC checks
- Concerns regarding vendor receiving WIC checks from unauthorized persons
- Concerns regarding vendor exchanging non-food items such as soap, beer, paper goods for WIC check.

Discrimination Complaints:

• Discrimination due to race, color, nationality, sex, or disability

Participant Integrity/Participant Abuse: (Possible sanctionable actions)

- Purchase of non-allowable foods with WIC checks
- Physical abuse
- Misrepresentation of information given to qualify for WIC
- Sale or exchange of WIC checks for money or food
- Dual participation
- Redeeming checks reported as lost or stolen
- Altering a WIC check
- Redeeming a WIC checks before the first date to use or after the last date to use
- Exchange of formula without prior approval
- Pre-signing WIC checks
- Redeeming WIC checks at incorrect store
- Verbal abuse