**Request for WIC Farm Direct Nutrition Program**

**Replacement Vouchers**

To receive replacement Farm Direct Nutrition Program Vouchers, complete this affidavit and return it to your WIC clinic or mail it to the address below.

**I am requesting a booklet of replacement vouchers because (select one):**

□ I was mailed the original booklet and never received it.

□ My original booklet was destroyed in a natural disaster (fire, flood, or earthquake.)

**□** My original booklet was damaged beyond use and I must return the damaged booklet – or send a photo of the damaged booklet – to WIC.

□ My safety would be compromised if I attempt to retrieve my original booklet.

**By signing below, I am stating I have not spent any of the WIC Farm Direct vouchers the WIC program originally gave me, and I am requesting replacement vouchers.**

**I understand that using the original vouchers after I have received replacements for them is considered misuse of Farm Direct Nutrition Program funds. I may be subject to penalties if I spend the original vouchers.**

Name of Participant on WIC:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Participant or caregiver:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WIC Use Only**

Local Agency Address

Address Line 1

Address Line 2

Address Line 3

WIC ID#: -----------

Serial Numbers of Original Vouchers Issued: \_\_\_\_\_\_\_\_ through \_\_\_\_\_\_\_\_