

# Request for WIC Farm Direct Nutrition Program Replacement Checks

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

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

- I was mailed the original booklet and never received it.
- 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 original booklet was destroyed in a natural disaster (wild fire, flood, or earthquake.)

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

**I understand that using the original checks 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 checks.**

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

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

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

## WIC Use Only

Local Agency Address

WIC ID#: \_\_\_\_\_

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