KANSAS WIC PROGRAM LOST OR STOLEN CHECK REPLACEMENT AGREEMENT

Name(s) of client(s) issued checks that were reported lost or stolen:	Client ID Number:

Provide details of how the WIC checks were lost or stolen. Include place, dates, police reports, etc. if available.

Client's checks for _____to_____ (enter first-date-to-use and last-date-to-use) have been replaced. Listed below are the first-date-to-use and the check numbers for all original and replacement checks.

FIRST-DATE-TO-USE	ORIGINAL CHECK NUMBER	FIRST-DATE-TO-USE	REPLACEMENT CHECK NUMBER

I certify that the checks reported above were lost or stolen from me. If the checks are found, I will return them to the WIC office. If these checks are used by me or my proxy, I understand that intentionally making a false or misleading statement or intentionally misrepresenting, concealing, or withholding facts may result in paying the State agency, in cash, the value of the foods I should not have received and may subject me to civil or criminal prosecution under State and Federal law.

WIC Client/Caregiver (please print)

SIGNATURE – WIC Client/Caregiver	Date Signed
SIGNATURE – Local WIC Agency Representative	Date Signed
WIC Clinic	

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