

# WIC FARMERS' MARKET NUTRITION PROGRAM INCIDENT REPORT

Today's Date: \_\_\_\_\_

Report from Clinic Site: 01 02 03 04 05 06

WIC FMNP Report

Document Issue Site: 01 02 03 04 05 06

Others

Date of Incident: \_\_\_\_\_

**A. Type of Contact:**  Clinic visit  Admin. office visit  Phone call  Written  
 Other (specify) \_\_\_\_\_

**B. Authorized Representative Information ( minimum information )**

Print Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_ SS#: \_\_\_\_\_

**C. WIC FMNP Coupon Information:**

No	Participants Name	FMNP Coupon Nos.	Valid Dates	WIC ID No.
1				
2				
3				
4				
5				

**D. Incident Status: (WIC Authorized Representative view of the problem)**

Returned FMNP Coupons (briefly state reason for return): \_\_\_\_\_

Not Returned FMNP Coupons (briefly state problem): \_\_\_\_\_

Other Problem(s) (specify): \_\_\_\_\_

**(TO BE COMPLETED BY WIC STAFF ONLY BELOW THIS LINE)**

**E. Indicate ONE of the Following Problems**

**1. Clients:**

- Destroyed FMNP coupons
- Lost FMNP Coupons
- Returned FMNP Coupons (past valid date)
- Client disqualified
- Other client problem(s)  
(specify): \_\_\_\_\_

**2. Clinic**

- Clerical error
- Change in client status
- Other clinic problem (s)  
(specify): \_\_\_\_\_

**3. Administrative**

- Coupon numbers not in sequence
- Other problem(s)  
(specify): \_\_\_\_\_

**F. Instruction, Explanation or Courtesy provided for FMNP Participant/Caretaker:**

- Instruction on better care of WIC FMNP Coupons
- Any WIC FMNP Coupons recovered must be turned in to WIC
- Re-instruction on valid dates
- Re-instruction about not tampering or altering WIC FMNP Coupons in any way
- Explanation of reason(s) for delay
- Other (specify) \_\_\_\_\_

**G. Action(s) Taken for WIC Participant/Caretaker:**

- Replaced WIC FMNP Coupons
- Can not replace WIC FMNP Coupons
- WIC FMNP Coupons voided on GWIS  
Date Coupons Voided: \_\_\_\_\_
- Terminated from WIC participation
- Other service provided (specify): \_\_\_\_\_
- Client file updated
- Other (specify) \_\_\_\_\_

**H. Signature of WIC staff contact person:** \_\_\_\_\_

**Signature of WIC FMNP participant/caretaker:** \_\_\_\_\_