NEVADA WIC APPENDIX

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

APPENDIX ID
XX: XX

TITLE
Nevada WIC Benefit Replacement Attestation Form

APPLIES TO
Nevada WIC Participants

EFFECTIVE DATE
##/##/####

Nevada WIC Benefit Replacement Attestation Form

Participant Name: _____ Family ID: _____

I attest that WIC food benefits purchased during the current month were:

- ◯ Lost
- ◯ Damaged
- ◯ Destroyed

as a direct result of a disaster or emergency.

Date and description of the disaster or emergency:

Briefly describe what happened to the WIC food benefits:

I understand that

- Only WIC food benefits purchased in the current month may be replaced.
- WIC food benefits purchased in the previous months cannot be replaced.
- The information I provided is true and accurate to the best of my knowledge.
- The amount of replacement benefits is determined by the Nevada WIC State Office, based on the circumstances of the loss, damage, or destruction of the food benefits, by the totality of the evidence submitted in this form, and dependent upon available WIC funding.

I certify that the information provided on this form is true and accurate and that my WIC food benefits were lost, damaged, or destroyed as a result of the disaster or emergency described above.

_____ _____

Participant/Head of Household Signature Date