

ATTEMPTED PROGRAM ABUSE

Date _____ 20 _____
Time _____ a.m. _____ p.m.

EBT Card Number _____

Customer's Full Name (if available) _____

- Entered our store and:
- Requested cash for eWIC benefits
- Requested unauthorized items for benefits
- Tried to exchange WIC items for cash or non-WIC items
- Was abusive in store
- Other, please describe:

Store Name: _____

Nutrition Services Vendor ID: _____

Telephone Number: _____

Please mail this form directly to:

Chickasaw Nation Nutrition Services
Program
Attention: Katrina Lewis
1001 N Country Club Road
Ada, OK 74820

Submitted By: _____

This institution is an equal opportunity provider.