

FAX TRANSMITTAL SHEET

WIC Program

WOMEN, INFANTS & CHILDREN (WIC)
 Helpdesk: 919-707-5795 WIC FAX: 919-870-4863

TO: Nutrition Services (NSB) Helpdesk

FAX: (919) 870-4863

NUMBER OF SHEETS: 1

SUBJECT: WIC PATIENT MASTER DATE OF BIRTH CHANGE REQUEST FORM

MESSAGE: The NSB Helpdesk cannot make changes to any participant’s date of birth in the Patient Master record in WIC/ADP without the permission of the local agency WIC Director. Please do not sign these forms until AFTER they have been completed.

WIC DIRECTOR NAME: _____

WIC DIRECTOR SIGNATURE: _____

COUNTY & WIC AGENCY NAME: _____

PROGRAM and SITE NUMBER (ex 6201, 8402): _____

FAX NUMBER: _____

PHONE NUMBER: _____

DATE: _____

Please provide for us the complete participant first and last name as well as the incorrect date of birth, the 9-digit Patient Master ID number (not the 6-digit WIC ID) and the corrected date of birth.

Please change the date of birth for the following participant(s):

9-digit Patient ID	Last Name	First Name	Incorrect DOB	Corrected DOB

For NSB Helpdesk Use Only

Initials	Date Changed	Screenshots	Remedy Ticket	Created Notification Letter	Faxed/Emailed	XLS

If you have any questions, please call the NSB Helpdesk at 919-707-5795, press 1 for WIC.



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