

AFFIDAVIT ATTESTING TO WIC FOOD BENEFIT LOSS IN _____
 (NAME of Disaster/ Personal Misfortune)

Family ID _____ Family Issue Date _____

The North Carolina WIC Program may replace *current* food benefits for the month of (_____) that were redeemed but damaged or destroyed due to (_____) *Month / Year*. WIC benefits are current if the Last Date to Spend (LDTs) is equal to the current day or is in the future. If the LDTs is in the past, the benefits are expired and cannot be replaced.

I understand that by signing and dating this form I am certifying that redeemed food benefits were lost due to (_____) *Name of Disaster*.

 (Participant/Parent/Guardian/Caretaker Signature) (Date)

 (Staff Signature) (Date)

Lost Benefits:

Food Category	Food Subcategory	Container Size	Amount

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
 Office of the Assistant Secretary for Civil Rights
 1400 Independence Avenue, SW
 Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov

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