

**Arizona WIC Program  
Lost/Stolen Food Instrument Report**

Lost  Stolen  Police Report Yes  No

Date Reported \_\_\_\_\_ Reported By \_\_\_\_\_

**Participant's Name**

Last \_\_\_\_\_ First \_\_\_\_\_

Participant's ID # \_\_\_\_\_

Food Package \_\_\_\_\_ FI Type \_\_\_\_\_

FI Serial Numbers \_\_\_\_\_ Issue Date \_\_\_\_\_

**Action Taken (with Participant)**

Verbal Warning  Written Warning  Disqualified

Local Agency Number \_\_\_\_\_ Clinic Number \_\_\_\_\_

**Comments**

Completed By \_\_\_\_\_ Date \_\_\_\_\_

*(Name of Clinic Staff)*