



CARD AND BENEFIT REDEMPTION ISSUE FORM

Store Name: _____

Store Address: _____

Participant Initials: _____

Participant ID #: _____

eWIC Card #: _____ eWIC Transaction #: _____

Date of Incident: _____ Time of Incident: _____

Name(s) of Personnel Involved: _____

Register #, Aisle # or other identifying information on incident: _____

Error Message (if applicable): _____

Product Information (brand, size, name, UPC): _____

Description of incident (Provide as many details as possible... *“won’t go through”* does not tell us enough. Where is the issue happening? In the app? At the register? Was the participant able to enter their PIN? Did the card swipe? Did the item go through at the register at all? Did any items go through at the register?):

Include a brief summary of what steps you have taken to resolve/research the issue in each of the following StarLINC, WICShopper, and WICConnect and your assessment of where it seems the issue is occurring:

WIC STAFF NAME: _____

Date: _____

If available, attach photos of receipts and products and fax to 271-4779 or email to WIC@dhhs.nh.gov