

DUAL PARTICIPATION/PARTICIPANT ABUSE REPORT

Participant's name(s)	ISIS family/individual ID number(s)

Corrective Actions Taken

<input type="checkbox"/> Warning letter	Date			
<input type="checkbox"/> Temporary disqualification	Date NOA issued	Effective date	Number of months disqualified	Date participant may return to program
	Local agency temporarily disqualified from			
<input type="checkbox"/> Permanently disqualified	Date NOA issued	Local agency(s) permanently disqualified from		
Date approved by WIC Branch	Approved by—name			

Explanation of Abuse (Describe in detail.)

(Continue on page 2, if needed)

Report Completed By	
Local agency name	Date
Staff person's name	Title

DUAL PARTICIPATION/PARTICIPANT ABUSE REPORT (continued)