

# Verification of Certification (VOC) Request Form

Both PART A and PART B must be completed prior to a VOC.

Please have participants complete PART A to the best of their ability and fax to corresponding agency.

## PART A

I am hereby requesting a Verification of Certification (VOC) so that I may transfer my current WIC service provider.

From _____ (Name of agency where I receive WIC services)
_____ (Participant Signature)
_____ (Print Name)
_____ (Date)
Participant Address on Record _____ _____ _____
Participant Phone Number _____

To _____ (Name of agency I am transferring to)	
Family members on WIC and/or household members to be transferred:	
Name _____	Date of Birth _____
_____	_____
_____	_____
_____	_____
Participant ID Number _____	

The participant named above has made this VOC request and signed in my presence. I have verified the participant's identity.

Staff Signature _____	Title _____
Print Name _____	Date _____
Agency Name _____	Agency Phone Number _____

## PART B

To be completed by Local Agency where participant is currently receiving WIC services.

Date of last WIC appointment _____	Certification end date _____
Any unredeemed WIC food instruments? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, check NGB dates _____
Participant ID # _____	_____
Staff Signature _____	Title _____
Print Name _____	Date _____
Agency Name: _____	Agency Phone Number _____