



Memorandum

#16-065

TO: WIC Regional Directors
WIC Local Agency Directors

FROM: Amanda Hovis, Director
Nutrition Education/Clinic Services Unit
Nutrition Services Section

DATE: July 1, 2016

SUBJECT: The WIC EBT Client Dispute Form Stock #13-06-13134

This memo announces revisions to the subject form as follows. This form is effective July 1, 2016.

Summary of Revisions

The WIC EBT Client Dispute Form Stock #13-06-13134 has been updated to reflect all information and documentation needed to process a client dispute.

Below are the summary of changes:

- Initial Shopping List
- EBT Card Report
- Store Receipts

Staff should also provide additional information in regards to Vendor information, day of purchase or previous purchases made earlier in the month when available.

Revised form will be available through Business Ink.

Please be sure to attend the WIC EBT Client Dispute Training on the Texas WIC Training Website:

<https://txwictraining.adobeconnect.com/admin/show-event-catalog>

If you have any questions or require additional information regarding the WIC EBT Client Dispute Process please contact KeShana Odom, Program Specialist III, Keshana.odom@dshs.state.tx.us or (512) 341-4569.

WIC EBT Client Dispute Form

Please fax to 512-341-4452. Call 877-341-4491, press option 6 and then option 4 after information is faxed.

The following items must be faxed with this completed form:

- Initial Shopping List and Current Shopping List
- EBT Card Report
- Store Receipts

Staff _____ **Local Agency/Site** _____

Phone Number _____ **Date Reported to Staff** _____

Did the issue occur during clinic visit? Yes No *If yes, please explain in 'Description of Dispute' below.*

If vendor is not involved, when was the last time the client was in the clinic? _____

Is there only a partial package on card? Yes No Has client shopped prior to clinic visit? Yes No

Client _____ **Phone Number** _____

PAN _____

Vendor(s) _____

Vendor Address (City/Zip) _____

Vendor Phone _____

Vendor Contacts (*Cashier/Managers who assisted with transaction*) _____

Date(s) Shopped _____ Time(s) Shopped _____

Register/Lane(s) Transaction Occurred _____

What WIC items did the client attempt to purchase? _____

Date _____ Item _____ Qty _____ Date _____ Item _____ Qty _____

Date _____ Item _____ Qty _____ Date _____ Item _____ Qty _____

Date _____ Item _____ Qty _____ Date _____ Item _____ Qty _____

First shopping trip of the month? Yes No Who made purchase? Client Other: _____

Has card been reported lost or stolen? Yes No *If yes, date reported to clinic:* _____

Was card pulled early from the reader? Yes No Is the current month wiped? Yes No

Did client receive receipts? Yes No *If yes, please attach.*

What message did the client receive? _____

Was any part of the transaction voided? _____

What WIC items did the client leave the store with? _____

Date _____ Item _____ Qty _____ Date _____ Item _____ Qty _____
Date _____ Item _____ Qty _____ Date _____ Item _____ Qty _____
Date _____ Item _____ Qty _____ Date _____ Item _____ Qty _____

Description of Dispute: (Please include any information about the transaction not provided above) _____

WIC EBT Client Dispute Form
Revised 2016.03.10

13-06-13134