

Texas WIC Client Dispute Form

Clinic Staff contact TSSD at 800-650-1328 to obtain a **WIC EBT Card Read**. Please e-mail completed dispute form and any store receipts (pictures or screenshots are acceptable) to IRM-policy@hhs.texas.gov and advise client not to use WIC EBT card until the dispute has been resolved.

Client Name: _____

PAN/FID: _____ Client Phone: _____

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

Clinic Staff: _____ LA/Site: _____

Clinic Phone/Email: _____ Date Reported: _____

Did issue occur during last clinic visit? Yes No Was card modified at clinic visit? Yes No

If yes, provide date and brief explanation: _____

Vendor Name: _____ Vendor Phone: _____

Vendor Address/City: _____

Date/Time Shopped: _____ Register/Lane: _____

Did client attempt to purchase WIC items? Yes No If yes, please list:

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

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

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

1st shopping trip of the month? Yes No Was card pulled early from the reader? Yes No

Who made purchase? Client Other: _____

Was any part of the transaction voided? Yes No If yes, what message did the client receive?

Did client leave with WIC items? Yes No If yes, please list:

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)



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