

## Crossroads Duplicate Participant Records Form

Complete this form and fax to the Community Nutrition Services Section Customer Service Desk to have duplicate participant records processed.

| Participant Name | Correct Family ID | Correct Participant ID | Incorrect Family ID | Incorrect Participant ID | Participant's Agency and Clinic |
|------------------|-------------------|------------------------|---------------------|--------------------------|---------------------------------|
|                  |                   |                        |                     |                          |                                 |
|                  |                   |                        |                     |                          |                                 |
|                  |                   |                        |                     |                          |                                 |
|                  |                   |                        |                     |                          |                                 |
|                  |                   |                        |                     |                          |                                 |

\_\_\_\_\_  
**Staff Signature**

\_\_\_\_\_  
**Date Signed**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Direct Phone Number**

\_\_\_\_\_  
**Agency Name**

\_\_\_\_\_  
**Fax Number**

This form contains confidential information regarding your WIC participants. Do not email this form unless your electronic document is password protected to prevent viewing and opening. If sending electronically, send the password in separate correspondence. All communications to CNSS will be handled in a secure manner.

Email: CNS.CustomerService@DHHS.nc.gov                      Fax: (919) 870 - 4863

|                      |               |          |               |            |
|----------------------|---------------|----------|---------------|------------|
| CNSS Representative: | Date Received | Initials | Approved Date | Tracking # |
|----------------------|---------------|----------|---------------|------------|