

## 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](mailto:CNS.CustomerService@DHHS.nc.gov) Fax: 984.236.8263

CNSS Representative:	Date Received	Initials	Approved Date	Tracking #
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