



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 DIVISION OF COMMUNITY & PUBLIC HEALTH  
 WIC AND NUTRITION SERVICES

**CORRECTIONS FOR PARTICIPANT DATA (MOWINS/PROD)**

**Section 1. AGENCY INFORMATION**

AGENCY NAME	AGENCY PHONE NUMBER	AGENCY #
REQUESTOR'S NAME	DATE	

**Section 2. PARTICIPANT INFORMATION**

CHANGE(S) REQUIRED IN:  PROD  MOWINS (*Agencies can make changes to MOWINS demographic information*)

PARTICIPANT'S STATE WIC ID ( <b>MOWINS</b> )	PARTICIPANT'S HOUSEHOLD ID ( <b>MOWINS</b> )	PARTICIPANT'S DCN ( <b>PROD</b> )
PARTICIPANT'S FULL NAME AS IT APPEARS IN <b>MOWINS</b>		PARTICIPANT'S FULL NAME AS IT APPEARS IN <b>PROD</b>

**Section 3. CHANGES TO BE MADE IN THE PARTICIPANT INFORMATION**

PARTICIPANT'S NAME CHANGE FROM: (LAST, SUFFIX, FIRST, MIDDLE)	DATE OF BIRTH
PARTICIPANT'S NAME CHANGE TO: (LAST, SUFFIX, FIRST, MIDDLE)	ETHNICITY – HISPANIC / LATINO <input type="checkbox"/> Yes <input type="checkbox"/> No
RACE CODE <input type="checkbox"/> 1. White <input type="checkbox"/> 4. American Indian / Alaskan <input type="checkbox"/> 2. Black / African American <input type="checkbox"/> 5. Asian <input type="checkbox"/> 6. Native Hawaiian / Pacific Islander	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female

**Section 4. DUPLICATE SWID INFORMATION IN MOWINS**

SWID	HH#	LAST DATE TO USE ON LAST SET OF CHECKS
SWID	HH#	LAST DATE TO USE ON LAST SET OF CHECKS

**Section 5. DUPLICATE DCN INFORMATION IN PROD**

PARTICIPANTS NAME (LAST, SUFFIX, FIRST, MIDDLE)	DCN 1	DCN 2
PARTICIPANTS NAME (LAST, SUFFIX, FIRST, MIDDLE)	DCN 1	DCN 2

COMMENTS

Please send this form to:  
 E-mail: [WICHelpDesk@health.mo.gov](mailto:WICHelpDesk@health.mo.gov) or Fax: 573-526-1470  
 Please contact the WIC Help Desk for questions  
 800-554-2544 or [WICHelpDesk@health.mo.gov](mailto:WICHelpDesk@health.mo.gov)