



Local Agency Profile

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ATTENTION WIC DIRECTORS:
Contact your RNC with any login
questions.

Local Agency Name: *

Regional Nutrition Consultant: *

Local Agency Overview

Consolidated Human Services Agency: ?

☐ Yes

☐ No

Federally Qualified Health Center's Director

Name:

Title ?

Credentials:

Direct Office Phone Number

Must include area code and dashes (ex: 919-555-5555). Accepts extensions as x1234.

Work Cell Phone Number:

Must include area code and dashes (ex: 919-555-5555). Accepts extensions as x1234.

Email Address:

Confirm Email Address:

☐ Permanent ☐ Interim

FQHC's Director's Status? ☐ Permanent ☐ Interim

Is the Health Director the WIC Director's direct supervisor?

☐ Yes

☐ No

Nursing Director/Supervisor Information

Nursing Director/Supervisor
Name:

Nursing Director/Supervisor ☐ Permanent ☐ Interim
Status?

Is the Nursing Director the WIC Director's direct supervisor?

☐ Yes

☐ No

WIC Director Information

WIC Director Name:

Credentials:

Local Agency Class Specifications:**Direct Office Phone Number:**

Must include area code and dashes (ex: 919-555-5555). Accepts extensions as x1234.

Work Cell Phone Number:

Must include area code and dashes (ex: 919-555-5555). Accepts extensions as x1234.

Email Address:**Confirm Email Address:**

WIC Director's status? ☐ Permanent ☐ Interim

**Provide emergency contact information for the WIC Director should t
contact him or her outside of business hours.**

WIC Director's Supervisor's Information**WIC Director's Supervisor Name:****Credentials:**

Title

Direct Office Phone Number:

Must include area code and dashes (ex: 919-555-5555). Accepts extensions as x1234.

Email Address:

Confirm Email Address:

Budget/Fiscal Officer Information

Budget/Fiscal Officer Name:

Email Address:

Confirm Email Address:

Phone Number:

Must include area code and dashes (ex: 919-555-5555). Accepts extensions as x1234.

Maternal Child Health Services

Maternal Child Health Services Provided by the Local Agency:
(select all that apply) ?

- | | |
|---|--|
| ☐ Care Management for At-Risk Children (CMARC) | ☐ Care Management for High-Risk Pregnancies (CMHRP) |
| ☐ Child Health | ☐ Dental Services |
| ☐ Family Planning | ☐ Immunizations |
| ☐ Medical Nutrition Therapy | ☐ Prenatal Care |

WIC Program Information

Enter the requested information for each required position in the local agency.

Does your local agency use the State Office Of Human Resources (OSHR) for human resources management?

- ☐ Yes
☐ No

Does your agency receive funding for operations in addition to WIC funds provided via Agreement Addendum 403 & 415?

- ☐ Yes
☐ No

Please indicate your source of additional funding.

Breastfeeding Program Management

**Breastfeeding Support Phone
Number:**

*Must include area code and dashes (ex: 919-555-
5555). Accepts extensions as x1234.*

Breastfeeding Coordinator

Breastfeeding Coordinator Name:

Credentials:

Email Address:

Confirm Email Address:

**Does the Breastfeeding Coordinator serve as the Peer Counselor
Coordinator?**

☐ Yes

☐ No

Peer Counselor Coordinator

Peer Counselor Coordinator Name:

Credentials:

Email Address:

Confirm Email Address:

Vendor Coordinator

Vendor Coordinator Name:

Email Address:

Confirm Email Address:

Phone Number:

Must include area code and dashes (ex: 919-555-5555). Accepts extensions as x1234.

WIC Farmer's Market Nutrition Program

Does your local agency operate a WIC Farmer's Market Nutrition Program?

- ☐ Yes
- ☐ No

Local Agency Texting Messaging

Has your local agency implemented two-way texting?

- ☐ Yes ☐ No

Which platform(s) do you use currently to text participants?

- ☐ TeleTask
- ☐ Other

National Voter Registration Act (NVRA)

List your local agency's primary and second contacts responsible for NVRA forms.

Primary NVRA Contact Name:

Primary NVRA Email Address:

Confirm Email Address:

Second NVRA Contact Name:

Secondary NVRA Email Address:

Confirm Email Address:

Civil Rights

Please provide the name of your Civil Rights Coordinator:

(e.g. Title VI, Title IX, and Language Access Coordinator)

Does your local agency have 15 or more employees?

☐ Yes

☐ No

A designated Section 504 Coordinator is required for an local agency's with 15 or more employees. Provide the name of your local agency's designated Section 504 Coordinator:

Does your local agency have 50 or more employees?

☐ Yes

☐ No

A designated American Disabilities Act (ADA) Coordinator is required for an local agency's with 50 or more employees. Provide

the name of your local agency's designated ADA Coordinator:

How does your agency inform the public about their right to file a disc in WIC with the USDA?

What public notifications are posted in your WIC clinics? (select all that apply)

- ☐ And Justice For All (AJFA) Poster
- ☐ Multilingual Notice for Language Assistance
- ☐ Disability Rights Notice
- ☐ Other (please specify below):

How does your local agency ensure meaningful access to WIC services for Limited English Proficiency (LEP) applicants/participants, including but not limited to how your Agency provides qualified and competent language assistance services? (select all that apply)

- ☐ Bi-Lingual Staff Available
- ☐ Contract Interpreters
- ☐ Telephonic Language Line
- ☐ Translated Materials
- ☐ Others (please specify below):

WIC Outreach Network/Community Partners:
(select all that apply)

- ☐ Head Start
 - ☐ Division Social Services /Food Nutrition Service
 - ☐ Food Banks
 - ☐ Homeless Facilities
 - ☐ Medicaid
 - ☐ Private Health Care Providers
 - ☐ Other
 - ☐ Childcare Centers/Schools
 - ☐ Faith-based Organizations
 - ☐ Foster Parent Programs
 - ☐ Hospitals
 - ☐ Migrant Workers Organizations
 - ☐ Refugee Assistance Programs

Specify Other WIC Outreach Network and Community Partners:

Does your local agency participate in NCCARE360?

☐ Yes

☐ No

How does your local agency utilize NCCARE360?
(Select all that apply)

☐ Receive referrals

☐ Make referrals to community resources

☐ Participate in the community engagement team powered by Unite Us

Caseload Information

Current Caseload Assignment:

Average Monthly Participation Through:

(Enter the date and month for the most recent available data)

Month

Year

Enter the Average Monthly Participation Through the Month and Year Selected Above:

Enter the [Population at Risk](#) (PAR) for your agency:

(To look up your agency's PAR, use the linked table above and enter the number from the last / right-most column.)

To open in a new tab, right click on the link and select "Open Link in New Tab". This will allow you to stay in the Profile Form and separately open the PAR document.

Percent of PAR Served

(Select **Calculate** to Show the Percentage of PAR Served):

0%

Local Agency Staffing Profile

Positions Paid by WIC:

(select all that apply) ?

- | | |
|---|---|
| ☐ Nutritionist | ☐ Registered Nurse |
| ☐ Lab Technician/MOA | ☐ Management Support |
| ☐ Language Interpreter | ☐ Peer Counselor |
| ☐ Other | |

Specify Other Staff Paid by WIC:

Staff FTEs and Current Vacancies

Enter the total number (#) of budgeted positions, expressed in Full Time Equivalents (FTEs), for each staffing group funded by WIC, including WIC-BFPC funds. Additionally, indicate if there are any vacancies within each budgeted staffing group.

Nutritionist FTEs:

Of the FTEs listed, how many Nutritionist positions are currently
vacant?

Registered Nurse FTEs:

Of the FTEs listed, how many Registered Nurse positions are currently vacant?

Management Support FTEs:

Of the FTEs listed, how many Management Support positions are currently vacant?

Peer Counselor FTEs:

Of the FTEs listed, how many Peer Counselor positions are currently vacant?

Lab Technician FTEs:

Of the FTEs listed, how many Lab Technician positions are currently vacant?

Language Interpreter FTEs:

Of the FTEs listed, how many Language Interpreter positions are currently vacant?

Other Staff FTEs:

Of the FTEs listed, how many Other positions are currently vacant?

Shipping Information

Please list the local agency's ground shipping address.

Building Name:

To the Attention Of:

Street Address

Street Address (Continued):**City****State****Zip Code****Phone Number for Shipping Questions:**

Must include area code and dashes (ex: 919-555-5555). Accepts extensions as x1234.

Fax Number for Shipping Confirmations:

Must include area code and dashes (ex: 919-555-5555). Accepts extensions as x1234.

Does your local agency have a post office (PO) box for mailing?

☐ Yes ☐ No

Post Office Box

Enter the **P.O. Box** address for shipments.

P.O. Box Address:

City

State

North Carolina

Zip Code

Primary WIC Office Contact Information

What is your local agency's main phone number?

Must include area code and dashes (ex: 919-555-5555). Accepts extensions as x1234.

What is your local agency's main fax number?

Must include area code and dashes (ex: 919-555-5555). Accepts extensions as x1234.

Provide the primary email address for participants to contact your local agency.

This email address will be provided to participants and must be regularly monitored during business hours.



Confirm email address: 

Provide the URL of your local agency's website that contains specific information about the WIC Program.

The URL must begin with the "http://" identifier. 

Local Agency WIC Sites

Enter the name for each of your ACTIVE local agency sites currently in operation.

Clinic Site Status

Site Name

Site #1:

☐ Active ☐ N/A

Site #2:

☐ Active ☐ N/A

Site #3:

☐ Active ☐ N/A

Site #4:

☐ Active ☐ N/A

Site #5:

☐ Active ☐ N/A

Site #6:

☐ Active ☐ N/A

Site #7:

☐ Active ☐ N/A

Site #8:

☐ Active ☐ N/A

Site #9:

☐ Active ☐ N/A

Site #10:

☐ Active ☐ N/A

Does your agency have any INACTIVE sites?

☐ Yes

☐ No

Inactive Site #1 Name:

Inactive Site #2 Name:

▲ 1 / 2 ▼



Local Agency Profile

Local Agency WIC Site Information

Site #1: [pipe:499]

Enter the information requested below for:

Site #1: [pipe:499]

Status: [pipe:500]

Building Name: ?

Admin Item: ?

Physical Street Address:

Physical Street Address (continued):

City

State *

Zip Code

Phone Number for [pipe:499]:

Must include area code and dashes (ex: 919-555-5555). Accepts extensions as x1234.

Participant Appointment Scheduling Phone Number for [pipe:499]:

Must include area code and dashes (ex: 919-555-5555). Accepts extensions as x1234.

Is this Participant Appointment Scheduling phone number the same for all sites?

☐ Yes

☐ No

Courier Services Number for [pipe:499]:**WIC Services Provided at [pipe:499]:**

- ☐ Applications
- ☐ Certifications
- ☐ Nutrition Education
- ☐ Issuance

Site's Designated Breastfeeding Expert (DBE) Name:

Site's DBE Credentials:

What is the DBE's primary role within WIC?

Schedule of Operation for [pipe:499]: ?

Is [pipe:499] Open Access?

- ☐ Yes
☐ No

Is [pipe:499] Mobile Site?

- ☐ Yes
☐ No

Additional Comments Specific to [pipe:499]:

▲ 2 / 3 ▼



Local Agency Profile

Local Agency WIC Site Information

Site #2: [pipe:502]

Enter the information requested below for:

Site #2: [pipe:502]

Status: [pipe:501]

Building Name: ?

Physical Street Address:

Physical Street Address (continued):

City

State *

Zip Code

Phone Number for [pipe:502]:

Must include area code and dashes (ex: 919-555-XXXX)
NC WIC Program, 7.2026

Participant Appointment Scheduling Phone Number for [pipe:502]:

Must include area code and dashes (ex: 919-555-5555). Accepts extensions as x1234.

Does this site have courier services?

☐ Yes

☐ No

Courier Services Number for [pipe:502]:

☐ Same as [pipe:499]?

☐ Other:

WIC Services Provided at [pipe:502]:

☐ Applications

☐ Certifications

☐ Nutrition Education

☐ Issuance

Site's Designated Breastfeeding Expert (DBE) Name:**Site's DBE Credentials:**

What is the DBE's primary role within WIC?

Schedule of Operation for [pipe:502]: 

Is [pipe:502] Open Access?

☐ Yes

☐ No

Is [pipe:502] Mobile Site?

☐ Yes

☐ No

Additional Comments Specific to [pipe:502]:

▲ 3 / 4 ▼



Local Agency Profile

Site #3: [pipe:504]

Enter the information requested below for:
Site #3: [pipe:504]
Status: [pipe:503]

Building Name: ?

Physical Street Address:

Physical Street Address (continued):

City

State *

Zip Code

Phone Number for [pipe:504]:

Must include area code and dashes (ex: 919-555-5555). Accepts extensions as x1234.

Participant Appointment Scheduling Phone Number for [pipe:504]:

IV Org and Mgmt Appendix 3 Local Agency Profile Sheet FY2027

Must include area code and dashes (ex: 919-555-5555). Accepts extensions as x1234.

Does this site have courier services?

☐ Yes

☐ No

Courier Services Number for [pipe:504]:

☐ Same as [pipe:499]

☐ Same as [pipe:502]

☐ Other:

WIC Services Provided at [pipe:504]:

☐ Applications

☐ Certifications

☐ Nutrition Education

☐ Issuance

Site's Designated Breastfeeding Expert (DBE) Name:

Site's DBE Credentials:

What is the DBE's primary role within WIC?

Schedule of Operation for [pipe:504]: ?

Is [pipe:504] Open Access?

- ☐ Yes
☐ No

Is [pipe:504] Mobile Site?

- ☐ Yes
☐ No

Additional Comments Specific to [pipe:504]:

▲ 4 / 5 ▼



Local Agency Profile

Site #4: [pipe:506]

Enter the information requested below for:
Site #4: [pipe:506]
Status: [pipe:505]

Building Name: ?

Physical Street Address:

Physical Street Address (continued):

City

State *

Zip Code

Phone Number for [pipe:506]:

Must include area code and dashes (ex: 919-555-5555). Accepts extensions as x1234. ?

Participant Appointment Scheduling Phone Number for [pipe:506]

IV Org and Mgmt Appendix 3 Local Agency Profile Sheet FY2027

Must include area code and dashes (ex: 919-555-5555). Accepts extensions as x1234.

Does this site have courier services?

☐ Yes

☐ No

Courier Services Number for [pipe:506]:

☐ Same as [pipe:499]

☐ Same as [pipe:502]

☐ Same as [pipe:504]

☐ Other:

WIC Services Provided at [pipe:506]:

☐ Applications

☐ Certifications

☐ Nutrition Education

☐ Issuance

Site's Designated Breastfeeding Expert (DBE) Name:

Site's DBE Credentials:

What is the DBE's primary role within WIC?

Schedule of Operation for [pipe:506]: ?

Is [pipe:506] Open Access?

☐ Yes

☐ No

Is [pipe:506] Mobile Site?

☐ Yes

☐ No

Additional Comments Specific to [pipe:506]:

▲ 5 / 6 ▼



Local Agency Profile

Site #5: [pipe:508]

Enter the information requested below for:
Site #5: [pipe:508]
Status: [pipe:507]

Building Name: ?

Physical Street Address:

Physical Street Address (continued):

City

State *

Zip Code

Phone Number for [pipe:508]:

Must include area code and dashes (ex: 919-555-5555). Accepts extensions as x1234.

Participant Appointment Scheduling Phone Number for [pipe:508]

IV Org and Mgmt Appendix 3 Local Agency Profile Sheet FY2027

Must include area code and dashes (ex: 919-555-5555). Accepts extensions as x1234.

Does this site have courier services?

☐ Yes

☐ No

Courier Services Number for [pipe:508]:

☐ Same as [pipe:499]

☐ Same as [pipe:502]

☐ Same as [pipe:504]

☐ Same as [pipe:506]

☐ Other:

WIC Services Provided at [pipe:508]:

☐ Applications

☐ Certifications

☐ Nutrition Education

☐ Issuance

Site's Designated Breastfeeding Expert (DBE) Name:

Site's DBE Credentials:

What is the DBE's primary role within WIC?

Schedule of Operation for [pipe:508]: ?

Is [pipe:508] Open Access?

☐ Yes

☐ No

Is [pipe:508] Mobile Site?

☐ Yes

☐ No

Additional Comments Specific to [pipe:508]:

▲ 6 / 7 ▼



Local Agency Profile

Site #6: [pipe:510]

Enter the information requested below for:
Site #6: [pipe:510]
Status: [pipe:509]

Building Name: ?

Physical Street Address:

Physical Street Address (continued):

City

State *

Zip Code

Phone Number for [pipe:510]:

Must include area code and dashes (ex: 919-555-5555). Accepts extensions as x1234.

Participant Appointment Scheduling Phone Number for [pipe:510]

IV Org and Mgmt Appendix 3 Local Agency Profile Sheet FY2027

Must include area code and dashes (ex: 919-555-5555). Accepts extensions as x1234.

Does this site have courier services?

☐ Yes

☐ No

Courier Services Number for [pipe:510]:

☐ Same as
[pipe:499]

☐ Same as [pipe:502]

☐ Same as
[pipe:504]

☐ Same as [pipe:506]

☐ Same as
[pipe:508]

☐ Other:

WIC Services Provided at [pipe:510]:

☐ Applications

☐ Certifications

☐ Nutrition Education

☐ Issuance

Site's Designated Breastfeeding Expert (DBE) Name:

Site's DBE Credentials:

What is the DBE's primary role within WIC?

Schedule of Operation for [pipe:510]: ?

Is [pipe:510] Open Access?

☐ Yes

☐ No

Is [pipe:510] Mobile Site?

☐ Yes

☐ No

Additional Comments Specific to [pipe:510]:

▲ 7 / 8 ▼



Local Agency Profile

Site #7: [pipe:512]

Enter the information requested below for:
Site #7: [pipe:512]
Status: [pipe:511]

Building Name: ?

Physical Street Address:

Physical Street Address (continued):

City

State *

Zip Code

Phone Number for [pipe:512]:

Must include area code and dashes (ex: 919-555-5555). Accepts extensions as x1234.

Participant Appointment Scheduling Phone Number for [pipe:512]

IV Org and Mgmt Appendix 3 Local Agency Profile Sheet FY2027

Must include area code and dashes (ex: 919-555-5555). Accepts extensions as x1234.

Does this site have courier services?

☐ Yes

☐ No

Courier Services Number for [pipe:512]:

☐ Same as [pipe:499]

☐ Same as [pipe:502]

☐ Same as [pipe:504]

☐ Same as [pipe:506]

☐ Same as [pipe:508]

☐ Same as [pipe:510]

☐ Other:

WIC Services Provided at [pipe:512]:

☐ Applications

☐ Certifications

☐ Nutrition Education

☐ Issuance

Site's Designated Breastfeeding Expert (DBE) Name:

Site's DBE Credentials:

What is the DBE's primary role within WIC?

Schedule of Operation for [pipe:512]: ?

Is [pipe:512] Open Access?

- ☐ Yes
☐ No

Is [pipe:512] Mobile Site?

- ☐ Yes
☐ No

Additional Comments Specific to [pipe:512]:

▲ 8 / 9 ▼



Local Agency Profile

Site #8: [pipe:514]

Enter the information requested below for:
Site #8: [pipe:514]
Status: [pipe:513]

Building Name: ?

Physical Street Address:

Physical Street Address (continued):

City

State *

Zip Code

Phone Number for [pipe:514]:

Must include area code and dashes (ex: 919-555-5555). Accepts extensions as x1234.

Participant Appointment Scheduling Phone Number for [pipe:514]

IV Org and Mgmt Appendix 3 Local Agency Profile Sheet FY2027

Must include area code and dashes (ex: 919-555-5555). Accepts extensions as x1234.

Does this site have courier services?

☐ Yes

☐ No

Courier Services Number for [pipe:514]:

☐ Same as
[pipe:499]

☐ Same as [pipe:502]

☐ Same as
[pipe:504]

☐ Same as [pipe:506]

☐ Same as
[pipe:508]

☐ Same as [pipe:510]

☐ Same as
[pipe:512]

☐ Other:

WIC Services Provided at [pipe:514]:

☐ Applications

☐ Certifications

☐ Nutrition Education

☐ Issuance

Site's Designated Breastfeeding Expert (DBE) Name:

Site's DBE Credentials:**What is the DBE's primary role within WIC?****Schedule of Operation for [pipe:514]: ?****Is [pipe:514] Open Access?**☐ Yes☐ No**Is [pipe:514] Mobile Site?**☐ Yes☐ No**Additional Comments Specific to [pipe:514]:**

Local Agency Profile

Local Agency WIC Clinic Information

Site #9: [pipe:516]

Enter the information requested below for:

Site #9: [pipe:516]

Status: [pipe:515]

Building Name: ?

Physical Street Address:

Physical Street Address (continued):

City

State *

Zip Code

Phone Number for [pipe:516]:

Must include area code and dashes (ex: 919-555-XXXX)
NC WIC Program, 7.2026

Participant Appointment Scheduling Phone Number for [pipe:516]:

Must include area code and dashes (ex: 919-555-5555). Accepts extensions as x1234.

Does this site have courier services?

☐ Yes

☐ No

Courier Services Number for [pipe:516]:

☐ Same as [pipe:499]

☐ Same as [pipe:502]

☐ Same as [pipe:504]

☐ Same as [pipe:506]

☐ Same as [pipe:508]

☐ Same as [pipe:510]

☐ Same as [pipe:512]

☐ Same as [pipe:514]

☐ Other:

WIC Services Provided at [pipe:516]:

☐ Applications

☐ Certifications

☐ Nutrition Education

☐ Issuance

Site's Designated Breastfeeding Expert (DBE) Name:

What is the DBE's primary role within WIC?

Schedule of Operation for [pipe:516]: ?

Is [pipe:516] Open Access?

☐ Yes

☐ No

Is [pipe:516] Mobile Site?

☐ Yes

☐ No

Additional Comments Specific to [pipe:516]:

▲ 10 / 11 ▼



Local Agency Profile

Local Agency WIC Clinic Information

Site #10: [pipe:518]

Enter the information requested below for:

Site #10: [pipe:518]

Status: [pipe:517]

Building Name: ?

Physical Street Address:

Physical Street Address (continued):

City

State *

Zip Code

Phone Number for [pipe:518]:

Must include area code and dashes (ex: 919-555-XXXX)
NC WIC Program, 7.2026

Participant Appointment Scheduling Phone Number for [pipe:518]:

Must include area code and dashes (ex: 919-555-5555). Accepts extensions as x1234.

Does this site have courier services?

☐ Yes

☐ No

Courier Services Number for [pipe:518]:

☐ Same as
[pipe:499]

☐ Same as [pipe:502]

☐ Same as
[pipe:504]

☐ Same as [pipe:506]

☐ Same as
[pipe:508]

☐ Same as [pipe:510]

☐ Same as
[pipe:512]

☐ Same as [pipe:514]

☐ Same as
[pipe:516]

☐ Other:

WIC Services Provided at [pipe:518]:

☐ Applications

☐ Certifications

☐ Nutrition Education

☐ Issuance

Site's Designated Breastfeeding Expert (DBE) Name:

Site's DBE Credentials:**What is the DBE's primary role within WIC?****Schedule of Operation for [pipe:518]: ?****Is [pipe:518] Open Access?**☐ Yes☐ No**Is [pipe:518] Mobile Site?**☐ Yes☐ No**Additional Comments Specific to [pipe:518]:**

This is the end of your profile form. Click SUBMIT below to submit your information.

Date form reviewed:

mm/dd/yyyy



Blank Line ?

Blank Line ?