North Carolina Department of Health and Human Services
Division of Child and Family Well-Being
Community Nutrition Services Section
1914 Mail Service Center
Raleigh, NC 27699-1914
NCWICVendorQuestions@dhhs.nc.gov

Local Agency Name: _____

Vendor Number: _____

COST-CONTAINMENT EXEMPTION FORM FOR FREE-STANDING PHARMACY VENDORS

North Carolina WIC vendors that are free-standing pharmacies can provide only exempt infant formula and WIC-eligible nutritionals through the WIC Program. To confirm that you adhere to this policy, please provide the information requested and sign below.

PHARMACY NAME: _____

PHARMACY STORE NUMBER: _____

ADDRESS: _____

CITY, STATE, ZIP CODE_____

TELEPHONE: (_____) _____

I, _____, certify that _____
Print Name of Owner/Officer *Print Name of Pharmacy*

provides only exempt infant formula and WIC-eligible nutritionals through the North Carolina WIC Program.

_____ _____
Signature of Owner/Officer *Date*

_____
Title (If Officer)

SAMPLE