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

PARTICIPANT ACCESS FORM

COUNTY:		DATE:
WIC DIRECTOR:		HEALTH DIRECTOR:
VE	ENDOR:	LOCAL CONTACT:
WI	C VENDOR #:	PHONE #:
DATE VENDOR OWNER SIGNED MOST CURRENT AGREEMENT:		
1.	ARE ANY WIC VENDORS WITHIN ONE (1) MII LIST AND DOCUMENT THE DISTANCE.	LE OF THE HEALTH DEPARTMENT? IF SO,
2.	IF THIS VENDOR IS IN THE CITY LIMITS, WHAT MILES OF THIS VENDOR? (THIS MAY INCLUITED AND DOCUMENT THE DISTANCE.	
3.	IF THIS VENDOR IS OUTSIDE THE CITY LIMIT (7) MILES OF THIS VENDOR? (THIS MAY INCLINES) LIST AND DOCUMENT THE DISTANCE	
4.	ARE THERE ANY GEOGRAPHIC BARRIERS TO OR 3 OF THIS FORM? IF SO, EXPLAIN.	O USING STORES LISTED IN QUESTIONS #1, 2,
MONTHLY REDEMPTION: STATE USE ONLY		
	through	= \$