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 HARDSHIP FORM

COUNTY: DATE:

WIC DIRECTOR: HEALTH DIRECTOR:

VENDOR: LOCAL CONTACT:

WIC VENDOR #: PHONE #:

DATE VENDOR OWNER SIGNED MOST CURRENT AGREEMENT: _____

1. ARE ANY WIC VENDORS WITHIN ONE (1) MILE OF THE HEALTH DEPARTMENT? IF SO, LIST AND DOCUMENT THE DISTANCE.

2. IF THIS VENDOR IS IN THE CITY LIMITS, WHAT WIC VENDORS ARE WITHIN THREE (3) MILES OF THIS VENDOR? (THIS MAY INCLUDE VENDORS THAT CROSS COUNTY LINES) LIST AND DOCUMENT THE DISTANCE.

3. IF THIS VENDOR IS OUTSIDE THE CITY LIMITS, WHAT WIC VENDORS ARE WITHIN SEVEN (7) MILES OF THIS VENDOR? (THIS MAY INCLUDE VENDORS THAT CROSS COUNTY LINES) LIST AND DOCUMENT THE DISTANCE.

MONTHLY REDEMPTION: STATE USE ONLY

_____ through _____ = $ _____