

PARTICIPANT HARDSHIP FORM

COUNTY:

DATE:

WIC DIRECTOR:

HEALTH DIRECTOR:

WIC VENDOR:

LOCAL AGENCY CONTACT:

WIC VENDOR #:

PHONE #:

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