PARTICIPANT ACCESS 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.

4. ARE THERE ANY GEOGRAPHIC BARRIERS TO USING STORES LISTED IN QUESTIONS #1, 2, OR 3 OF THIS FORM? IF SO, EXPLAIN.

MONTHLY REDEMPTION: STATE USE ONLY

_____ through _____ = $ _____