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) MILLIST AND DOCUMENT THE DISTANCE. | LE OF THE HEALTH DEPARTMENT? IF SO, |
| 2. | IF THIS VENDOR IS IN THE CITY LIMITS, WH. MILES OF THIS VENDOR? (THIS MAY INCLULIST AND DOCUMENT THE DISTANCE. | |
| 3. | IF THIS VENDOR IS OUTSIDE THE CITY LIMIT (7) MILES OF THIS VENDOR? (THIS MAY INC LINES) LIST AND DOCUMENT THE DISTANCE | |
| MC | ONTHLY REDEMPTION: STATE USE ONLY through = \$ | |