

**PARTICIPANT HARDSHIP**

COUNTY:

DATE:

WIC DIRECTOR:

HEALTH DIRECTOR:

VENDOR:

LOCAL CONTACT:

WIC VENDOR #:

PHONE #:

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

2. IF THIS VENDOR IS IN THE CITY LIMITS, WHAT 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 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 \_\_\_\_\_ = \$ \_\_\_\_\_