

REQUEST FOR WIC SITE APPROVAL

Local agency name		Local agency number	Date
Local agency contact person – name/title		Telephone number ()	
<input type="checkbox"/> Opening New Site <input type="checkbox"/> Relocating Current Site		Anticipated Date of Opening/Relocating:	
<input type="checkbox"/> Site Number:			
New Site Information Name		Current Site Information (if applicable) Name	Current Site Telephone number ()
Number/street		Number/street	New Site Telephone number (if applicable) ()
City		City	Participant Line () (This # will be listed on the website)
ZIP code		ZIP code	
Anticipated Caseload		Will the site be co-located with other health services? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are restrooms and drinking water available? <input type="checkbox"/> Yes <input type="checkbox"/> No		List available public transportation and parking	
Is this new site handicap accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No		Will your agency POP router be relocated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you buy new ISIS/ExtraNet Printers? <input type="checkbox"/> Yes <input type="checkbox"/> No
Days (including weekends) and hours (including lunch period, if open during lunch) site is open each month			
Will the site be ready for move-in, with no pending repairs or renovations needed, on the first day of occupancy? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list the repairs or renovations needed and the date to be completed on an attachment.			
List other WIC agencies located in this geographic service area			
Reasons for opening/relocating site (use extra pages if needed)			
Please complete the following when opening or relocating a site: 1. Attach a map of new/relocating site area showing all existing and proposed WIC sites. Include the sites of other local agencies. 2. Send a "Notification Letter of Proposed New/Relocating Site" to other WIC agencies serving the area, along with your reasons for opening/relocating to the new site, and attach their responses to this form. 3. Attach a floor plan that includes square footage, identifying the location of work areas. 4. Provide current digital images of the site interior and exterior. 5. Submit an IP Printer Request form if opening a new site that needs new printers or adding new printers to an existing site.			

<input type="checkbox"/> Closing Current Site		Anticipated Date of Closing:	
<input type="checkbox"/> Site Number:			
Site name		Telephone Number ()	
Address – number/street		City	ZIP code
Caseload served	Average distance to other sites		
Estimated cost savings from closing site	Will your agency POP router be relocated? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Where will current site participants go for WIC services?			
Reasons for closing site (use extra pages if needed)			

When completed, please submit this form and all supporting documentation to your State WIC regional advisor at least 60 days prior to the anticipated effective date in order to assess and fulfill IT requests.

STATE USE ONLY			
<input type="checkbox"/> Approved <input type="checkbox"/> Not approved		Date request received from L/A:	
Reason for not approved		If POP router is being relocated, date referred to TSS:	
		If new printers, date referred to TSS:	
Regional Advisor signature		Date local agency notified:	
		Date ISIS updated:	
		Site number assigned:	
Section Chief signature		Date website updated:	
		Date clinic sites list updated:	
		Date original placed in L/A file:	

INSTRUCTIONS FOR COMPLETING REQUEST FOR WIC SITE APPROVAL

- **Local agency name:** Legal name of local agency.
- **Date:** Date you are completing the form.
- **Current address:** Mailing address for Primary WIC Program Contact.
- **Opening New Site:** Check here if you are opening a new WIC site in an area not previously served by your agency or are expanding to a new site.
- **Relocating Current Site:** Check here if you are relocating a site and are still serving the same population and/or geographical service area.
- **Anticipated Date to open:** Anticipated date of opening new or relocated site for WIC services.
- **New site name:** The name used by the site.
- **New site address:** Physical address of proposed site.
- **Current site address:** If you are moving, write in the address of the site you are closing.
- **Anticipated Caseload:** Anticipated number of participants served.
- **Is this site handicap accessible?** For example, are there wheelchair ramps, bathrooms, etc.
- **Days and hours site is open:** List the days this site will provide services and the corresponding hours the site will be open.
- **Will the site be move-in ready on first day of occupancy?** Repairs and renovations should be scheduled prior to move in, or negotiated within lease or space agreement with a date of completion.
- **List all WIC agencies in this service area.**
- **Reasons for new site:** Please explain why you want to open a new site; include coordination efforts with other WIC agencies and health providers; convenience for participants.
- **Map:** Please mark **all** current WIC sites (including other local agency's sites) and proposed WIC site(s).
- **The Letter of Notification** must be sent to all WIC agencies which serve the same geographic area, explaining your proposed site changes and offering them an opportunity to comment within 30 days. You must obtain written responses from each local agency and forward their response to us after the comment period with this Request for WIC Site Approval.
- **Closing Current Site:** Please mark here if you are permanently closing a site.
- **Site number:** The number assigned to this site.
- **Anticipated Date of Closing:** Anticipated date WIC services will no longer be provided at this site.
- **Site name:** The name used by the site.
- **Caseload served:** Number of participants affected by the closure of this site.
- **Average distance to other sites:** Average distance participants will travel to get WIC services at other sites.
- **Estimated cost savings from closing site:** Provide a dollar amount for the anticipated cost savings.
- **Where will these participants go?** Explain where these participants will receive WIC services.
- **Reasons for closing:** Please explain reasons for closing this site; include impact on participants and dollar savings.

When completed, submit to your State WIC Regional Advisor