

WIC CHECK APPEAL FORM

Instructions: Submit only one form for multiple WIC checks with all the required information for each appeal. Attach the rejected WIC checks and a copy of the register receipt(s) to WIC within 90 calendar days of the "First Day to Use." Appeals that are incomplete or submitted late or without this form will not be considered.

STORE NAME: _____ WIC VENDOR #: _____
SUBMITTED BY NAME: _____ PHONE #: _____
SIGNATURE: _____ DATE: _____

WIC CHECK #	WIC VENDOR NUMBER	JUSTIFICATION: Include why store should be paid (e.g., new cashier) and indicate preventive measures (e.g., training, extra review before deposit).	APPEAL AMOUNT REQUESTED

Send all documents to: **WIC Vendor Management Unit**
235 South Beretania Street, Suite 701
Honolulu, HI 96813-2419