

**WIC Employee Conflict of Interest Statement**

**I certify that I am an employee of the WIC Program and that I also:**

**(Please check all of the following that apply)**

- am a WIC Participant**
- am a WIC Payee**
- am a WIC Proxy**
- Work for a WIC approved grocery store**

**Vendor Name:** \_\_\_\_\_

- Own or have relatives that own a WIC approved grocery store or have relatives that work at a WIC approved grocery store.**

**Relationship:** \_\_\_\_\_

**Store Name:** \_\_\_\_\_

- or None of the above.**

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

**A new form must be signed each fiscal year beginning, October 1<sup>st</sup> through September 30<sup>th</sup>. This form shall be maintained in a file and will be subject to review by the State Agency monitor.**