

Participant Access Assessment (PAA) Form Attachment #1

Store/Applicant's Name:	Vendor #:
Address:	Applicant #:
City, State	Peer Group:
Zip Code	County:
# of Unique Participants Served:	WIC Revenue Earned:
*Report Period:	Local Agency:

BACKGROUND - Other WIC Authorized Retailers in Area:

Vendor #	Retailer Name:	Driving Distance	# of Unique Participants Served*

Vendor Management Unit Staff to complete the following questions:

1. During the last month, were 20 or more participants served? Yes or No
2. If response to #1 is yes, does the travel distance exceed three (3) miles to another authorized store?
Yes or No
3. Are there participants whose specific nationality cannot be properly served by at least one authorized Vendor?
Yes No or Unknown
4. Are there barriers or other conditions which make travel to another WIC retailer dangerous or difficult for participants? Yes or No If yes, what geographic barrier(s) apply? _____
5. Is there a participant with a disability, who regularly shops at this store, needing an accommodation not available at other authorized vendor locations? Yes No or Unknown
6. Are there circumstances which increase the need for participant access (i.e. new clinic site, store closings, etc.)? Yes or No If yes, what circumstances apply? _____

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7. Has the State Office received two or more complaints within the last twelve months re: procedural errors and/or customer service issues concerning other authorized Vendors serving the county? Yes or No

8. Local Agency consulted? Yes No or N/A Person Contacted: _____

9. Comments:

Attach separate page for additional comments if necessary

Assessment Completed By: _____ Date: _____
Vendor Management Unit Staff

WIC Vendor Manager or designee to complete the following questions:

8. **Local Agency Response included/attached:** Yes or No or Not Applicable

9. **State WIC Office Findings:** Inadequate Participant access would exist: Yes or No

10. **Map(s) Provided:** Yes or No

11. **Administrative Attachments:** Yes or No or Not Applicable

12. **Comments:**

Approval Completed By: _____ Date: _____
Vendor Manager