

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 Parent/Guardian**
- am a WIC Caretaker**
- 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 1st through September 30th. This form shall be maintained in a file and will be subject to review by the State Agency monitor.