

WIC VENDOR REQUEST FOR APPEAL

LOUISIANA DEPARTMENT OF HEALTH
OFFICE OF PUBLIC HEALTH
BUREAU OF NUTRITION SERVICES

Vendor/Store Name: _____

Vendor Number: _____

Mailing Address: _____

City: _____

State: _____

ZIP Code: _____

Telephone Number: _____

Reason for Appeal (please attach a separate sheet to this form if more space is needed):

Date of Notice related to this action/appeal (Please include a copy of the notice): _____

I understand that this is a request for an appeal because the above named Vendor/Store was denied, terminated, disqualified from WIC authorization or was required to make cash repayment. I also understand that the Bureau of Nutrition Services will follow procedures prescribed in or by LA R.S. 49:992(D)(2)(b) which requires the Department of Health to utilize the Division of Administrative Law (see R.S. 49:991, et seq.) to hold administrative hearings and make adjudication decisions.

Name and Title of Person Submitting Form: _____

Signature of Person Submitting Form: _____

Date: _____

SEND ALL APPEALS AND ANY SUPPORTING DOCUMENTATION TO:

WIC Program Director
Bureau of Nutrition Services
P.O. Box 60630
New Orleans, LA 70160-0630
Fax #: 504/568-8232
Email: lawicvendor@la.gov

*******Please Note – if the form is signed and submitted electronically, you must submit a hard copy of this form along with any documentation that you are sending separately to the above address. *******

Phone #: 504/568-8229

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