

State of Louisiana

Department of Health and Hospitals
Office of Public Health
Center for Preventive Health

LOUISIANA WIC APPLICATION for Contract Sites

Applications should be submitted to the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) State Office at: **DHH-OPH-Nutrition Services, P.O. Box 3214, Bin #4, Baton Rouge, LA 70821-3214.**

Instructions: Please complete all sections of the application. Incomplete applications may result in a delay in processing.

Date of Application	
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APPLICANT/AGENCY INFORMATION

Applicant/Agency Name	
Applicant/Agency Address	

TAX INFORMATION

Tax I.D. #	
Tax Status (enter profit or non-profit)	

CONTACT INFORMATION

(List a person that may be contacted by the LA WIC State Agency regarding questions pertaining to this application)

Name	
Phone Number	
Email Address	
Contact person at the Contract Site	

History and Type of Organization Narrative

Please provide a brief history and description of your Agency. Include how long the Agency has been in existence and whether the organization is a state or local government, educational institution, health care provider or non-profit organization. Information must be legible. (include attachment if necessary)

PROGRAM OVERVIEW

Give a brief overview of the Agency's current program(s)/services, funding source and the reason(s) the applicant is interested in becoming a WIC provider. Information must be legible. *(include attachment if necessary)*

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Mark an "X" next to the parish(s) the applicant proposes to serve:

Acadia	Claiborne	Jefferson Davis	Rapides	Tangipahoa
Allen	Concordia	Lafayette	Red River	Tensas
Ascension	DeSoto	Lafourche	Richland	Terrebonne
Assumption	East Baton Rouge	LaSalle	Sabine	Union
Avoyelles	East Carroll	Lincoln	St. Bernard	Vermillion
Beauregard	East Feliciana	Livingston	St. Charles	Vernon
Bienville	Evangeline	Madison	St. Helena	Washington
Bossier	Franklin	Morehouse	St. James	Webster
Caddo	Grant	Natchitoches	St. John	West Baton Rouge
Calcasieu	Iberia	Orleans	St. Landry	West Carroll
Caldwell	Iberville	Ouachita	St. Martin	West Feliciana
Cameron	Jackson	Plaquemines	St. Mary	Winn
Catahoula	Jefferson	Pointe Coupee	St. Tammany	

Provide an estimate of the total population of each of the proposed project areas:

AREA	Pop. Est.	AREA	Pop. Est.	AREA	Pop. Est.

Describe any significant information on economic conditions affecting the proposed project area. Information must be legible. *(include attachment if necessary)*

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Provide a brief description of the financial, residential and other economic criteria applied to determine the eligibility of such individuals for healthcare at no cost or at less than the customary full charge for such services. If income criteria are used, please explain. Information must be legible. *(include attachment if necessary)*

PROGRAM ORGANIZATION, POPULATION, STAFFING, AND SERVICE DELIVERY

Estimated caseload of the new agency and category of client:

CATEGORY	Est. Caseload	SOURCE OF INFORMATION
White Women		
Black Women		
American Indian or Alaskan Native Woman		
Native Hawaiian or Other Pacific Islander Women		
Asian Women		
White Infants		
Black Infants		
American Indian or Alaskan Native Infants		
Native Hawaiian or Other Pacific Islander Infants		
Asian Infants		
White Children		
Black Children		
American Indian or Alaskan Native Children		
Native Hawaiian or Other Pacific Islander Children		
Asian Children		

Indicate the Number of Proposed WIC staff below:

STAFF POSITION		Number of Staff
- WIC Coordinator		
- Nutritionist		
- High Risk Nutritionist		
- Nutrition Educator		
- Breastfeeding Coordinator		
- Competent Professional Authority (CPA) A CPA may be any of the following positions: Nutritionist, R.N., L.P.N, Health Educator with Nutrition Background		
- Clerk		
- <u>Other (please list):</u>		

Provide Information Pertaining to the Proposed Clinic Site(s):

SITE NAME	PHYSICAL ADDRESS	Days of Operation	Hours of Operation	Years in Operation (if applicable)	Distance to/from Low Income Housing	Distance from Public Transportation

Indicate available community resources, including health and human services programs, in the proposed area:

PROGRAM	YES	NO
- Food Stamp		
- Medicaid		
- Breastfeeding Support		
- Drug Abuse Prevention		
- Battered Women's Shelter		
- Food Banks		
- Church Pantry		
<u>Other (please list):</u>		

ESTIMATED BUDGET - Include proposed one-year budget for the following items: Information must be legible. (include attachment if necessary)

ITEM	AMOUNT
- Personnel	\$
- Travel	\$
- Equipment	\$
- Supplies	\$
- Rent (or portion of rent)	\$
- Telephone (or portion of telephone)	\$
- Internet Service	\$
<u>Other (please list):</u>	\$
TOTAL AMOUNT	\$