



## Food Exemption Request Form

**INSTRUCTIONS:** Authorized WIC Vendors may submit page two to the State WIC Office after reading the exemption policy and qualification listed below.

**Exemption Policy:**

As a condition of authorization, all vendors are required to always maintain minimum stocks of the State's approved WIC foods. All vendors should order and stock enough of these foods to supply to WIC participants and other store patrons.

The Alaska WIC Program allows stores in rural areas only to be exempted from stocking specific food items that:

- a. are perishable foods that cannot be ordered and delivered to the community at all, or that will not have an adequate shelf life upon delivery to the community to be regularly available to WIC participants. Example: fresh milk with sufficient shelf life cannot be obtained by the vendor in a remote area.

**OR**

- b. are food items that the local WIC agency does not prescribe enough to participants in the community to warrant the requirement for the store or community. This determination is made by the State of Alaska Vendor Management Unit.

A vendor or vendor applicant in a rural area may request an exemption for WIC food categories listed on page two. Foods that are not eligible for exemption are those that are widely issued to WIC households and are that WIC households do not have an issuable alternative. The State of Alaska reserves the right to make final decisions on food exemption requests and may consult the appropriate local WIC agency.

Exemptions may be approved if all the following are true:

- a. vendor is in the Rural Remote or Rural Connected peer group,
- b. vendor's request is submitted on the correct form,
- c. vendor qualifies under criterion "a" or "b" above,
- d. vendor understands that removal of approved food exemptions may occur at any time, and
- e. vendor agrees to make food item(s) previously exempt available in the store within 15 days of notification by the State WIC office.

The State WIC Office will communicate determinations to the WIC vendor via the current email address on file for the vendor. Incomplete forms will not be processed.

**Complete forms can be submitted via:**

Email: [doh.dpa.wic.vendor@alaska.gov](mailto:doh.dpa.wic.vendor@alaska.gov)

Fax: (907) 465-3416

Mail: State of Alaska, DOH-DPA-WIC, PO Box 110612, Juneau, AK 99811



# Food Exemption Request Form

Please read the instructions and exemption policy on page one before completing this request form.

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

WIC Vendor Number: \_\_\_\_\_

**Our store is requesting exemption(s) meeting the minimum stocking requirements for the following:**

**Powdered Infant Formula:**

- Similac Advance
- Similac Sensitive
- Similac Total Comfort

**Legumes:**

- Dry and Canned
- Peanut Butter

**Fruits and Vegetables**

- Fresh

**Infant foods:**

- Infant Cereal
- Infant Fruits and Vegetables
- Infant Meat

**Tofu**

**Yogurt**

**Soy Beverage**

***Foods not eligible for exemption:* Breakfast cereal, whole grains, milks, juice, fish, cheese, frozen and canned fruits and vegetables, eggs, and all others not mentioned.**

Add any comments below. This information will be taken into consideration. Additional pages may be submitted.

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By signing below, I understand that this request is not a guarantee of approval. If approved, the store will make the item(s) available within fifteen (15) days of notification by the State WIC Office staff that a food exemption approval has been removed. It is my stores' responsibility to communicate directly with the State WIC Office timely concerning the availability of items after an exemption removal. I understand that the State WIC Office may require that I submit invoices or purchase orders from my supplier(s) to document that the items requested were ordered within the specified time, sufficient to maintain the minimum required stock.

Signature of Store Manager or Ownership	Print Name	Date
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**The remainder of this document is for official WIC use only and should not be completed by the vendor.**

By signing below, I approve the food exemptions selected by the vendor identified on this form.

Signature of Local Agency Staff	Print Name	Date
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Signature of State Agency Staff	Print Name	Date
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