

Request for Emergency Certifications and WIC Operations

Fill out this form during any emergency faced by the Local Agency

1. Date of Request:

2. Local Agency Information

a. Organization Name:

b. Point of contact name:

Title:

Email:

Phone Number:

3. Justification of Request for Emergency Certification and WIC Operations:

4. Timeline of proposed Emergency Certification and WIC Operations:

5. Indicate the clinic locations for which the waiver is being requested.

Planned Activity	Proposed Timeframe

State Agency Approval _____