Participant Access Assessment (PAA) Form
Attachment #1, 8.03

Store/Applicant's Name:	**Vendor #:**
Address:	**Applicant #:**
City, State	**Peer Group:**
Zip Code	**County:**
# of Unique Participants Served:	**WIC Revenue Earned:**
***Report Period:**	**Local Agency:**

BACKGROUND - Other WIC Authorized Retailers in Area:

Vendor #	Retailer Name:	Driving Distance	# of Unique Participants Served*

Vendor Management Unit Staff to complete the following questions:

1. During the last month, were 20 or more participants served? Yes □ or No □
2. If response to #1 is yes, does the travel distance exceed three (3) miles to another authorized store? Yes □ or No □
3. Are there participants whose specific nationality cannot be properly served by at least one authorized Vendor? Yes □ No □ or Unknown □
4. 4. Are there barriers or other conditions which make travel to another WIC retailer dangerous or difficult for participants? Yes □ or No □ If yes, what geographic barrier(s) apply?_____
5. Is there a participant with a disability, who regularly shops at this store, needing an accommodation not available at other authorized vendor locations? Yes □ No □ or Unknown □
6. 6. Are there circumstances which increase the need for participant access (i.e. new clinic site, store closings, etc.? Yes □ or No □ If yes, what circumstances apply?_____

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7. Has the State Office received two or more complaints within the last twelve months re: procedural errors and/or customer service issues concerning other authorized Vendors serving the county? Yes □ or No □
8. Local Agency consulted? Yes □ No □ or N/A □ Person Contacted: _____
9. Comments:

Attach separate page for additional comments if necessary

Assessment Completed By: _____ Date: _____
Vendor Management Unit Staff

WIC Vendor Manager or designee to complete the following questions:

1. **Local Agency Response included/attached:** Yes □ or No □ or Not Applicable □
2. **State WIC Office Findings:** Inadequate Participant access would exist: Yes □ or No □
3. **Map(s) Provided:** Yes □ or No □
4. **Administrative Attachments:** Yes □ or No □ or Not Applicable □
5. **Comments:**

Approval Completed By: _____ Date: _____
Vendor Manager

Revised May 2018