



Georgia Special Supplemental Nutrition Program for Women, Infants and Children (Georgia WIC)



Verification Checklist Addendum 22-02

For All WIC Vendors with 3 Year Agreements Effective June 6, 2022

Attach additional pages as needed.

STORE NAME(S): _____

VENDOR NUMBER(S): _____

FULL LEGAL NAME OF CORPORATION (if Applicable): _____

- 1. I have reviewed the Georgia WIC Program's Notice of Change in WIC Requirements, Addendum No. 22-02 online at http://dph.georgia.gov/vendor-information.
2. I have reviewed Georgia WIC Program's Notice of Change in WIC Vendor Requirements, Addendum No. 22-02.
3. I understand that Addendum No. 22-02 serves as an addendum to my current Vendor Agreement and will go into effect on June 6, 2022.
4. I understand that the Georgia WIC Program Vendor Handbook (effective June 6, 2022) supersedes all prior versions of the Vendor Handbook.
5. I understand that, per the terms of my Vendor Agreement with the Georgia WIC Program, that I am required to meet all requirements as described in the most recent version of the Georgia WIC Vendor Handbook and all addendums.

I ACKNOWLEDGE THAT I AGREE TO THE ITEMS LISTED ABOVE AND HAVE RECEIVED A COPY OF THE CURRENT GEORGIA WIC PROGRAM VENDOR HANDBOOK (EFFECTIVE JUNE 6, 2022).

Signature of Authorized Representative

Date

First Name Last Name (Type or print name)

Title/Position