



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



Verification Checklist Addendum 24-04

For All WIC Vendors with 3 Year Agreements
Effective September 23, 2024

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. 24-04 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. 24-04.
3. I understand that Addendum No. 24-04 serves as an addendum to my current Vendor Agreement and will go into effect on September 23, 2024.
4. I understand that the Georgia WIC Program Vendor Handbook (effective September 20, 2024) 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 SEPTEMBER 23, 2024).

Signature of Authorized Representative

Date

First Name (Type or print name)

Last Name

Title/Position