

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



Verification Checklist Addendum 19-01

For All WIC Vendors

Effective October 22, 2018

Allacii addilional 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. 19-01 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. 19-01.
3.	I understand that Addendum 19-01 serves as an addendum to my current Vendor Agreement and will go into effect on October 22, 2018.
4.	I understand that the Georgia WIC Program Vendor Handbook (effective October 22, 2018) 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 OCTOBER 22, 2018).	
Sign	nature of Authorized Representative Date
	t Name Last Name Title/Position De or print name)