



Louisiana WIC Vendor Request for Appeal
Louisiana Department of Health
Office of Public Health
Bureau of Nutrition Services



Instructions: Fully complete all sections of this form and return to Louisiana WIC using the mailing address below.

SECTION I – Store and Notice Information
 Complete all information below. Include a copy of the original notice leading to this appeal with this form.

Vendor Name:		Vendor #:	
Vendor Mailing Address:		Phone Number:	
Vendor Email Address:		Date of Notice:	

SECTION II – Reason for Appeal
 Use this section to describe the reason for the appeal. Attach a separate sheet to this form if more space is needed.

SECTION III - Acknowledgement and Signature
 This section must be completed by an authorized representative of the store.

I understand and acknowledge that this is a request for an appeal of the adverse action(s) instituted by the Louisiana Department of Health, Office of Public Health, Bureau of Nutrition Services (LDH/OPH/BONS). These adverse actions may include, but are not limited to; the denial of Special Supplemental Nutrition Program for Women Infants, and Children (WIC) authorization, termination of a WIC agreement, disqualification of WIC authorization, and/or cash payment requirements. I understand and acknowledge that LDH/OPH/BONS is required to utilize the Louisiana Division of Administrative Law to hold administrative hearings and make adjudication decisions pursuant to LA R.S. 49:992(D)(2)(b). [See also, R.S. 49:991, et seq.] I understand and acknowledge that the adverse action instituted by LDH/OPH/BONS shall remain effective during the administrative review. I also agree to receive communications regarding this request for appeal via electronic mail to the email address provided above. I understand and acknowledge that if my request for appeal is signed and submitted electronically, I must submit a hard copy of this request for appeal form with any supporting documentation to LDH/OPH/BONS at the address referenced in this form.

Vendor Representative - Type or Print Name	SIGNATURE - Vendor Representative
Vendor Representative - Title/Position	Date Signed

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A hard copy of this request for appeal form must be submitted along with requested information and supporting documentation within fifteen (15) calendar days of receipt of the notification of adverse action to the following address:

LDH/OPH/Bureau of Nutrition Services
Natalie Istre, Vendor Manager
P.O. Box 60630
New Orleans, LA 70160-0630
Phone: (504) 568-8229 / Fax: (504) 568-8232
Email: LAWICVendor@la.gov