



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



Administrative Review of LA WIC Adverse Actions:

Some adverse actions taken by LA WIC may be subject to administrative review, if appealed. Vendors or vendor applicants wishing to appeal adverse actions subject to administrative review must mail a hard copy of the complete LA WIC Vendor Request for Appeal form, a copy of the original notice leading to the appeal, and all supporting documentation to LA WIC at the address included below within fifteen (15) calendar days after the receipt of the notification of adverse action.

Adverse actions subject to administrative review include the following:

1. Denial of authorization based on the application of the vendor selection criteria for minimum variety and quantity of approved supplemental foods.
2. Denial of authorization based on a determination that the Vendor is attempting to circumvent a sanction.
3. Termination of an agreement for cause.
4. Disqualification, except as a result of a disqualification from SNAP.
5. Imposition of a fine or a civil money penalty in lieu of disqualification.
6. Denial of authorization based on the vendor selection criteria for business integrity.
7. Denial of authorization based on the selection criteria for a current SNAP disqualification or civil money penalty for hardship.
8. Denial of authorization based on the application of the vendor selection criteria for competitive price.
9. The application of the State agency's vendor peer group criteria and the criteria used to identify Vendors that are above-50-percent Vendors or comparable to above-50-percent Vendors.
10. Denial of authorization based on a State agency-established vendor selection criterion if the basis of the denial is a WIC vendor sanction or a SNAP withdrawal of authorization or disqualification.
11. Denial of authorization based on the State agency's limiting criteria, if any.
12. Denials of authorization because a vendor submitted its application outside the timeframes during which applications are being accepted and processed.
13. Termination of an agreement because of a change in ownership or location or cessation of operations.
14. A civil money penalty imposed in lieu of disqualification based on a SNAP disqualification.
15. Disqualification based on the imposition of a SNAP civil money penalty for hardship.
16. Denial of an application based on a determination of whether an applicant vendor is currently authorized by SNAP.

Actions not listed in 1-16, above, are **NOT** subject to administrative review. See the [LA WIC Policy Manual](#).

Participation as a Vendor in LA WIC is a privilege. WIC Authorization does not constitute a license or property interest. (See CFR §246.12(h)(3)(xxi)). A Vendor cannot claim and is not entitled to money for loss of WIC sales during the pendency of an appeal of an adverse action. If the Vendor is reinstated following a successful administrative review of an adverse action taken by LA WIC, the Vendor cannot claim and is not entitled to retroactive payments and/or compensation for revenues lost for the period of time the Vendor was not on the program. See 7 CFR §246.12(l)(1)(i).

A hard copy of the complete, signed LA WIC Vendor Request for Appeal form, a copy of the original notice leading to this appeal, and all supporting documentation, must be mailed within fifteen (15) calendar days after receipt of the notification of adverse action to the following address:

LDH/OPH/Bureau of Nutrition Services
Natalie Istre, Vendor Manager
628 North 4th St., Bin #4
Baton Rouge, LA 70802

Bureau of Nutrition Services
628 North 4th St., Bin #4 • Baton Rouge, LA 70802
Phone: 225-342-0725 • Fax: 225-376-4674 • www.ldh.la.gov
"An Equal Opportunity Provider"



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Instructions: Fully complete all sections of this form, sign, and return to LA WIC along with a copy of the original notice leading to this appeal and any supporting documentation to the mailing address listed above.

SECTION I – Store and Notice Information. Complete all information below.			
Vendor Name:		Vendor #:	
Vendor Mailing Address:		Phone Number:	
Vendor Email Address:		Date of Notice:	

SECTION II – Reason for Appeal. Describe the reason for the appeal. Attach a separate sheet if more space is needed.

SECTION III - Acknowledgement and Signature	
This section must be completed by an authorized representative of the store.	
<p>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 Vendor 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(s) 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, a copy of the original notice leading to the appeal, and all supporting documentation to LDH/OPH/BONS at the address referenced on page 1 of this form. Finally, I understand and acknowledged that only the actions listed as subject to administrative review in the LA WIC Policy Manual are subject to administrative review or appeal.</p>	
Vendor Representative - Type or Print Name	SIGNATURE - Vendor Representative
Vendor Representative - Title/Position	Date Signed