

**KANSAS WIC PROGRAM
MINIMUM STOCK EXEMPTION FORM**

I, _____, an authorized representative of _____
located at _____

Street Address

City

State

Zip

County

do hereby request an exemption from the minimum stock requirements of the Kansas WIC program. I am requesting this exemption for the product(s) noted due to a lack of demand for infant formula at the store located at the address indicated above.

Products selected are approved for exemption:

Similac Advance Powder Concentrate
Isomil Advance Soy Powder Concentrate
Similac Sensitive Powder Concentrate

I understand and agree:

- This exemption is for this location only and is for the indicated product(s) only.
- If a WIC client or a Local Agency WIC staff member requests a specific infant formula (as listed above) the requested product will be ordered at once
- Every effort will be made to make the requested product available to participants within 72 hours of the request.
- Any abuse of this exemption may result in the revocation of the exemption and may also result in disciplinary action against the store.
- This exemption may be revoked at any time at the discretion of the WIC program.

Signature of Authorized Store Representative

Date

Local Agency Approval:

Name of Authorized Local Agency WIC Staff

Date

A copy of this form must be maintained and available for review at the site of the WIC vendor.

A copy of this form must be on file at Local and State Agency levels.