

# Inadequate Participant Access (IPA) Assessment

## WIC-410-C

**Purpose:** To determine if applicant's denial of Program authorization or disqualification (termination of WIC authorization) would cause inadequate participant access in providing food benefits to eligible participants.

**Reference:** [VEN 01.0-C](#)

**Procedure:** Complete form as follows:

**Store Information/Background** – The Vendor Liaison completes this section using data from the most recent full calendar month available.

**Question #1-3** – The Vendor Liaison assigned to the retail store location will provide the responses for these questions based upon his/her review of data obtained from available Crossroads reports.

**Question #4** – Preferably response to this question should come from either the District Coordinator or Vendor Liaison whoever has firsthand knowledge e.g. geographic and/or physical barriers. This may be accomplished through a general knowledge of the area or by a physical inspection of the retailer site/location.

**Note:** *If the response to questions 1 or 2 is "yes", then an exception to retain the retailer in lieu of disqualification may be recommended. If the District Coordinator has conflicting opinions s/he should directly contact the Vendor Liaison who originated the assessment.*

**Questions #5-6** – The District Coordinator will complete and provide the appropriate responses, along with any relevant, supporting documentation such as name of housing complex, approximate number of participants residing in the specific community, etc. Helpful Information about public transportation, including bus routes and pickup and drop off locations should be indicated in this response.

- a. **Question 6** – The District Coordinator will answer this question and provide any supporting documentation available.
- b. **Questions #7** – The District Coordinator and/or designee Vendor Liaison completes the response and provides supporting documentation.
- c. **Question #8-11** – If the reply to questions 1-2 is "yes", then an inadequate participant access exists and response to #9 is an automatic yes. If the reply to 1-2 is "no" and the recommendation from the District Coordinator is that an inadequate participant Access would exist then s/he must provide comments which support his/her recommendation. The District Coordinator may also provide other documentation for consideration s/he deems appropriate to substantiate their findings; however, subjective responses are not acceptable to justify and/or support authorization exceptions being made. If additional space is needed, then attach a separate page.
- d. **Question #9-10** -Completed by Vendor Liaison along with optional attachments.

- e. **Question #11** –Completed by Vendor Manager indicates supplemental reports data attached.
- f. Assessment Completed by section - Vendor Liaison signs and dates the completed assessment form.

**Issuance:** As needed.

**Disposition:** Fax or e-mail response to Vendor Liaison originating the request.

**Retention:** State WIC Office will retain in the retail store /applicant's file for three years. Local agency should retain response records in accordance with LAME requirements.

## VIRGINIA WIC PROGRAM INADEQUATE PARTICIPANT ACCESS (IPA) ASSESSMENT

<b>Store/Applicant's Name:</b>		<b>Authorization No:</b>	
		<b>Status</b>	
<b>Address:</b>		<b>Applicant No:</b>	
<b>City, ST</b>		<b>Peer Group:</b>	
<b>Zip Code</b>		<b>Name of City/County</b>	
<b># of Unique Participants Served:</b>		<b>WIC Revenue Earned:</b>	
<b>*Report Period:</b>		<b>Local Agency No.</b>	

### BACKGROUND - Other WIC Authorized Retailers in Area:

WIC #	Status	Retailer Name:	Driving Distance	# of Unique Participants Served*

**Based on Vendor Liaison research if this retailer is not WIC authorized and/or disqualified the following would occur:**

1. During the last month were 251 or more participants served Yes  or No
2. If response to #1 is yes, then does the travel distance exceed 1 mile (city/urban) and/or 5 or more miles (rural/suburban) to another authorized store? Yes  or No
3. Local Agency consulted Yes  or No  Person Contacted: \_\_\_\_\_

### **WIC Coordinator or designee to complete the following questions:**

4. Are there barriers (e.g. highway, river, etc.) or other conditions which make travel to another WIC retailer dangerous or difficult for participants without transportation? Yes  or No
5. Is there a housing complex within *walking distance or a shortcut* to this retailer? Yes  or No
6. Is there public transportation available within walking distance to this store? Yes  or No
7. Has the Local Agency received two or more complaints within the last six months re: procedural errors and/or customer service issues? Yes  or No  *Attach separate page for additional comments if necessary*

8. **Local Agency Response attached:** Yes  or No  or Not Applicable
9. **Vendor Liaison Findings:** Inadequate Participant access would exist: Yes  or No
10. **Map(s) Provided:** Yes  or No
11. **Administrative Attachments:** Yes  or No

Assessment Completed By: \_\_\_\_\_ Date: \_\_\_\_\_  
Vendor Liaison, DWCNS