

## **WIC-340**

### **Notification of Change in Alternative Hours**

**Purpose:** For local agencies to inform the SWO of change(s) to alternative hours.

**Reference:** INT 02.2

**Procedure:** The form shall be completed as follows:

1. **Local Agency** – Enter the name of the local agency.
2. **WIC Coordinator** – Enter the name of the WIC Coordinator.
3. **Date** – Enter the date.
4. **Description** - Provide a summary of the changes.
5. **Site Information** - Enter information as indicated for sites affected by the change(s).
6. **Date for Implementation** - Enter the date(s) for the change(s) to take place.
7. **Duration** – If any changes are for a limited period of time, enter the expected duration of the change(s) and a description of why the time period for the change is limited (for example, as a trial period before making the change permanent).
8. **Submission of Form** - The form shall be submitted electronically to the local agency's Operations Liaison for final approval.

# WIC-340

## Notification of Change In Alternative Hours

1. **Local Agency:**

2. **WIC Coordinator:**

3. **Date:**

4. **Description:** Describe the change(s) to the current hours of operation:

5. **Effect on Access to Services:** Document how the change(s) will accommodate the needs of applicants/ participants facing barriers to obtaining services:

6. **Site Information:** Site(s) Associated with the Change:

Site #	Site Name	Current Hours/ Days for Alternative Hours	Proposed/ Requested Alternative Hours

7. **Implementation Date(s):** Date(s) for implementation of change(s):

8. **Duration:** If for a limited period of time, enter the expected duration.

**For State WIC Office Use:**

Change Approved: \_\_\_\_\_ Change Denied: \_\_\_\_\_

Operations Liaison \_\_\_\_\_

Date: \_\_\_\_\_