



**ALABAMA DEPARTMENT OF PUBLIC HEALTH
WIC PROGRAM
APPEAL REQUEST FORM**

STORE NAME: _____

VENDOR #: _____

ADDRESS: _____

PHONE#: _____

CITY: _____ STATE: _____ ZIP: _____

DATE: _____

Food Instrument (FI) and/or Cash Value Voucher (CVV) NUMBER(S)	Requested Amount	Food Instrument (FI) and/or Cash Value Voucher (CVV) NUMBER(S)	Requested Amount	<p>Include original or legal image (copy) of FI/CVV and receipt/journal transaction with this form.</p> <p>Mail the request to:</p> <p>Alabama Department of Public Health Bureau of Family Health Services WIC Division, Suite 1300 The RSA Tower P.O. Box 303017 Montgomery, AL 36130-3017</p>

Provide detailed explanation of how the error occurred: (Attach Additional Sheets if Necessary)

*The State WIC Office reserves the right to reduce the amount or deny payment on any request that is found to have an unsatisfactory explanation.

Outline Corrective Action Taken to Eliminate the Error: (Attach Additional Sheets if Necessary)

Signature: _____ Title: _____

WIC Use Only

Date Returned: _____

Reason Returned to Vendor Unpaid	<p align="center">APPEAL DENIED DO NOT RESEND</p> <p align="center">See Alabama WIC Program Vendor Procedure Handbook</p>
Encoding Error	
Vendor Stamp Missing or Illegible	
Redeemed Prior to First Day to Use	
Signature Missing	
Stale Dated	
Request Received Past 90 Days of First Day to Use Date	
Allowed Purchase of Wrong Item	
Appeal Request Form Not Included or Incomplete (Form can be obtained on the Department's website.)	
Receipt/Journal Transaction Not Included	
OTHER:	