Iowa Women, Infants, and Children (WIC) Program
Request for Center Approval

Before implementing a long-term program change the agency must complete and submit this form and supporting documents to the State Agency via the Correspondence section of IowaGrants.gov for approval. Local agencies must obtain written approval from the State Agency prior to making any changes. The completed request must be submitted no later than 90 days prior to the anticipated action.

1. Agency Information

Agency Name: _____Date: _____

Agency Contact Person: _____ Telephone Number: _____

2. New or Relocating Site Information

☐New Center ☐Relocating Current Center

Center Name_____

Date of Opening or Relocation _____

Center location	Center address	Phone numbers Center: Cell:
Closest WIC center(s) (include distance)	If relocating, distance from old center to new center	Anticipated or current caseload
Number of days center will be open each month	Days and hours the center will be open each month	Co-located services (if relocating, indicate if any co-located services will be lost)

Is the center located in or affiliated with a hospital? ☐Yes ☐No	Is a breastfeeding room or designated space available? ☐Yes ☐No	Is this site handicap accessible? ☐Yes ☐No
Will or does the center serve a special group? ☐Yes ☐No If yes, specify group(s):	Language(s) spoken by clients at this center	Number of staff planned ___ Support Staff ___ CPAs ___ BFPCs ___ Interpreters
Service delivery model ☐ Traditional ☐ Single Provider	How does space accommodate confidentiality?	Describe available transportation and parking
Cost to rent the space each month	Duration of the lease at this center	Is new equipment needed? ☐Yes ☐No
Are there authorized WIC grocery stores and pharmacies within 10 miles of the center? ☐Yes ☐No Indicate name and distance of vendors:	Plan for notifying clients	Amount of advance notice clients will receive
Explain how the WIC Design Guide will be used		
Reasons for opening/relocating center		

3. Closing Center Site Information

Center Name_____

Date of Closing _____

Center location	Center address	Number of days center was open each month
Caseload served	Does the center serve a special group? ☐Yes ☐No If yes, specify group(s)	Estimated cost savings from closing center
Closest WIC centers (include distance)	Where will current clients go for WIC services?	
Plan for notifying clients	Amount of advance notice clients will receive	
Reasons for closing center		

4. Impact

Complete this section for all requests to relocate or close a center. Explain the impact this will have on current or potential WIC clients. Things to consider include:

- Anticipated demographics
- Access/transportation
- Operational costs
- Staffing
- Community presence
- Outreach opportunities
- Administrative tasks

Anticipated positive impacts
Anticipated negative impacts

5. Instructions for Completing

Please save this form to your computer and submit electronically via the Correspondence section of IowaGrants.gov.

6. Required Attachments for New and Relocating Centers

- Floor plan of center showing:
    - Location of the WIC center in the building along with entrances and exits
    - Layout of work areas within the WIC center (e.g., waiting room, reception desk, CPA offices, etc.)
- Digital images of the site
    - At a minimum, include a photo of the exterior entrance to the building and the space planned for WIC use.
- The WIC clinic access survey