



An Integrated Approach to the Delivery of Community Health Services

Attachment 6: WIC Clinic - Change of Status Form

Please complete this form **every time** there is a change to your clinic information. Submit to DHS/WIC program at least 10 days prior to the change taking effect. This form is **for WIC program purposes** only. It does not replace Cornerstone "MAC" forms.

1.) Today's Date: _____

2.) Type of Change: Move New Clinic Clinic Closing

3.) Please provide the following **CURRENT** information if the site is **MOVING** or **CLOSING**:

Last date of service at this address: _____

Administering Agency					
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Clinic or Satellite Name Clinic (Mainframe) Number

Site Street Address

Site City/ZIP

On-site contact Phone Number Fax Number

Bank Draft (FI) Delivery Address (if different from address above) City/ZIP

Emergency Formula Delivery Address (if different from address above) City/ZIP

4.) Please provide the following **NEW** information for **MOVING/NEW CLINIC/CLOSING**:

First date of service at this address: _____

Administering Agency

Clinic or Satellite Name

Site Street Address

Site City/ZIP

On-site contact Phone Number Fax Number

Bank Draft (FI) Delivery Address (if different from address above) City/ZIP

Emergency Formula Delivery Address (if different from address above) City/ZIP

5.) Local Agency Authorizing Signature: _____

6.) **Fax** completed form to: DHS/WIC (217) 785-5247; OR **Mail** it to: 535 W. Jefferson St., 3rd Fl., Springfield, IL 62702-5058; OR **Email** to: Linda.k.butler@illinois.gov

