

Section 12

APPENDIX 2 – FORMS

SEMI-ANNUAL WIC VENDOR PRICE/STOCK REPORT
INSTRUCTIONS

Complete all sections of pages 5, 6, and 7, documenting the price and quantity of each WIC food item currently on the shelf or in inventory housed at your store location. If a space is left blank, the WIC program will assume that your store does not have that particular food item. **Do not estimate or project prices or stock.** The Semi-Annual WIC Vendor Price/Stock Report must reflect **actual** shelf prices and **actual** stock on hand **at the time of completion**. [Exception: Pharmacies shall be exempt from this requirement if they are contracted to provide only "special infant formula".]

1. Carefully read through the Arizona WIC Program Minimum Stock Requirements on pages 2 through 4.
2. On pages 5, 6, and 7, answer all yes and no questions and list the **highest** actual shelf price for each WIC food item in stock. Fill in the price for the exact size listed. **NOTE:** you must carry both milk and soy based iron fortified infant formula. Low iron formula may not be counted in the quantity listed.
3. After completing pages 5, 6, and 7, sign below to certify the accuracy of this report.
4. If you would like a copy of this report, please copy before you submit the report to the State WIC Office.

CERTIFICATION

I certify that:

- i. I am authorized to act on behalf of the Vendor.
- ii. I have verified that the required amounts of WIC inventory described on pages 5, 6, and 7, are either on the shelves or in inventory housed at the Vendor's store location.
- iii. I have verified that the prices listed on pages 5, 6, and 7, are true and correct.

Signature

Date

Title

() _____
Telephone Number

Arizona WIC Program MINIMUM STOCK REQUIREMENTS

Refer to the Arizona WIC Program Food List.

- Milk - At least 28 gallons of any brand refrigerated milk. Gallon containers only.
- Must be** pasteurized and fortified.
- No** pints, quarts, or ½ gallons.
- No** organic, raw, goat's, acidophilus, chocolate or flavored milk, buttermilk, half & half, evaporated filled or sweetened condensed milk, non-dairy, or soy milk products.
- Juice - At least 3 varieties of **WIC authorized** 100% juice, Vitamin C fortified with no added sugar (unsweetened).
- ** AND ****
- At least 48 - 46 ounce cans or plastic containers of single strength juice or 48 - 11.5 - 12 ounce cans or plastic containers of frozen concentrated juice **or** any combination of the above equal to 48 cans or plastic containers.
- No** 6-ounce frozen containers.
- No** glass bottles.
- No** non-frozen concentrates.
- No** organic, refrigerated or fresh juices.
- No** cocktail, fruit drink/punch, lemonade, limeade, tart cherry, pomegranate or pomegranate blend, Awake, Dole Pure & Light, Hi-C, Kern's Nectar, Sunny Delight or any flavor/style V8.
- Cheese - At least 3 varieties of any brand, **WIC authorized** cheese. Must be domestic, prepackaged (10 to 16 ounces only) in blocks. Must be plain cheese with no added ingredients (i.e., peppers, pimentos, flavoring, etc.).
- ** AND ****
- A combined total of at least 8 pounds of cheese.
- No** organic or deli counter or random weight cheeses.
- No** imported cheese, shredded, cubed, sliced or string (except mozzarella), packages that are less than 10 ounces, cheese food, cheese product or cheese spread.

Arizona WIC Program MINIMUM STOCK REQUIREMENTS

Refer to the Arizona WIC Program Food List.

- Eggs - At least 16 dozen, fresh, raw, white eggs. One dozen cartons of large only.
- No** organic or specialty eggs (e.g. Egglands Best and Cage Free).
- No** brown eggs or 6-packs.
- No** small, medium, extra large or jumbo eggs.
- Dry Beans & Peas/Lentils - At least 1 variety of any type and brand of dry beans in a 1-pound package or bulk (up to 1 pound).
- ** AND ****
- At least 1 variety of any type and brand of dry peas or lentils in a 1-pound package or bulk (up to 1 pound).
- ** AND ****
- At least 8 pounds of any combination of dry beans and peas or lentils.
- Must be** 1 pound prepackaged or bulk up to 1 pound.
- No** organic, or immature varieties (i.e., snap beans, etc.), fresh, frozen flavored or bean soup mix.
- Peanut Butter - At least 8 jars of any brand, plain (smooth, chunky or natural) peanut butter in 16 to 18 ounce jars.
- No** organic or spreads, tubes or added ingredients (i.e., jelly, marshmallow, chocolate or honey).
- Cereal - At least 4 brands of **WIC authorized** cold or hot cereal. Boxes or bags of cold cereal must be at least 12 ounces. Boxes of hot cereal must be at least 11.8 ounces.
- ** AND ****
- A combined total of at least 24 boxes or bags of cereal of cold or hot in the appropriate sized boxes or bags as listed above.
- No** organic, frosted (except M-O-M Mini Spooners), honey, raisins, fruit or nuts or variety packs.

Arizona WIC Program MINIMUM STOCK REQUIREMENTS

Refer to the Arizona WIC Program Food List.

- Infant Cereal - At least 24 - 8 ounce boxes or 12 - 16 ounce boxes of any brand, **single** grain infant cereal or any combination of 8 and 16 ounce boxes that equals 192 ounces
- No** organic or high protein, mixed, cereals with fruit, sugar, yogurt or formula added, cans, jars or variety packs.
- Infant Juice - At least 120 - 4.0-ounce containers of any brand, **single** flavor, 100% infant fruit juice.
- No** organic or juices with yogurt added, mixed flavors, or fruit/vegetable blends.
- Infant Formula - At least 36 - 12.9 ounce cans of powdered **AND** 62 - 13 ounce cans of concentrated **Similac Advance with Iron** infant formula.
- ** AND ****
- At least 18 - 12.9 ounce cans of powdered **AND** 31 - 13 ounce cans of concentrated **Similac Isomil Advance Soy with Iron** infant formula.
- No low iron** infant formula.
- No** ready to feed infant formula.
- Carrots - At least 4 - cans up to 16 ounces each or 4 one (1) pound packages of fresh or one (1) pound packages of frozen or any combination of canned, fresh or frozen that equals 64 ounces.
- No** organic or carrots in glazes, syrup or sauces.
- Tuna - At least 8 - 6 ounces cans of any brand of water packed chunk light tuna.
- No** organic or oil packed, solid white, albacore, flavored, pouches or lunch kits.

Complete this document and mail to either

Arizona WIC Program
150 North 18th Avenue, Ste #310
Phoenix, AZ 85007

or

Inter-Tribal Council of Arizona
2214 N. Central Ave., Ste #100
Phoenix, AZ 85004

Date: _____
Store Name/Number: _____
Store Address: _____
WIC Vendor Number: _____

Instructions: List the highest regular, NOT sale, price for each WIC food item in stock.

(A) - Arizona or **(I)**- ITCA

MILK – Any Brand

Are there at least an equivalent of: **(A)** 28-gallons OR **(I)** 14-gallons of refrigerated milk?

Yes No, **If NO**, # in stock = _____ in Gallons

	Gallon	½ Gallon	Quart
Whole	\$	\$	
Reduced Fat (2%)	\$	\$	
Low Fat (1%)	\$	\$	
Fat Free (Skim/Nonfat)	\$	\$	
Lactose Reduced		\$	\$
Evaporated Whole	12 oz. can		\$
Evaporated Skim	12 oz. can		\$
Long Shelf life (UHT)			\$
Non Fat Dry	oz.		\$

Refrigerator Temperature: _____ °F (Acceptable: ≤ 45°)

CHEESE – Any Brand, Plain, Domestic – 10 to 16 oz. prepackaged in blocks

Are there at least **(A)** 3 varieties OR **(I)** 2 varieties?

Yes No, **If NO**, # of varieties in stock? _____

Are there at least **(A)** 8 pounds OR **(I)** 4 pounds?

Yes No, **If NO**, # of pounds in stock? _____

Type	1 pound
Cheddar (includes longhorn)	\$
Colby (includes longhorn)	\$
Colby Jack	\$
Monterey Jack	\$
Mozzarella (whole or part skim), includes string	\$

Refrigerator Temperature: _____ °F (Acceptable: ≤ 45°)

EGGS – Any Brand, Large, White Only

Are there at least **(A)** 16 dozen OR **(I)** 4 dozen?

Yes No - **If NO**, # of dozen in stock? _____

Size	1 Dozen
Large	\$

Refrigerator Temperature: _____ °F (Acceptable: ≤ 45°)

JUICE - Vitamin C Fortified - 100% juice, no added sugar

Are there at least **(A)** 3 varieties OR **(I)** 2 varieties (1 orange and 1 other WIC approved)?

Yes No, **If NO**, # of varieties in stock? _____

Are there at least **(A)** 48 containers OR **(I)** 14 containers?

Yes No, **If NO**, # of cans in stock? _____

ITEM	46 oz.	11.5/12 oz.
Old Orchard Any Flavor (green cap only)		\$
Seneca Apple Juice (red label)	\$	\$
Nestle' Juicy Juice Grape Juice	\$	
Nestle' Juicy Juice White Grape Juice	\$	
Donald Duck Grapefruit Juice	\$	
Donald Duck Orange Juice	\$	\$
Dole Pineapple Mango	\$	
Dole Pineapple Juice	\$	\$
Campbell's Tomato Juice	\$	
Food Club Tomato Juice	\$	

Freezer Temperature: _____ °F (Acceptable: ≤ 0°)

STORE NAME & NUMBER: _____

VENDOR NUMBER: _____

(A) – Arizona or (I) - ITCA

CEREAL - Boxes or Bags

Are there at least **(A)** 4 varieties OR **(I)** 4 varieties (3 cold and 1 hot)?

Yes No, **If NO**, # of varieties in stock? _____

Are there at least **(A)** 24 boxes OR **(I)** 8 boxes (6 cold and 2 hot)?

Yes No, **If NO**, # of boxes in stock? _____

COLD CEREALS	Size	Price	Size	Price
Any Store Brand Crispy Rice	oz.	\$	oz.	\$
Any Store Brand Toasted Oats	oz.	\$	oz.	\$
General Mills Cheerios (Plain)	oz.	\$	oz.	\$
General Mills Corn Chex	oz.	\$	oz.	\$
General Mills Rice Chex	oz.	\$	oz.	\$
General Mills Kix (Plain)	oz.	\$	oz.	\$
General Mills Whole Grain Total	oz.	\$	oz.	\$
Kellogg's Corn Flakes	oz.	\$	oz.	\$
Kellogg's Special K	oz.	\$	oz.	\$
Malt-O-Meal Frosted Mini Spooners	oz.	\$	oz.	\$
Post Bran Flakes	oz.	\$	oz.	\$
Quaker Life	oz.	\$	oz.	\$
HOT CEREALS	Size	Price	Size	Price
Malt-O-Meal Original Hot Wheat Cereal	oz.	\$	oz.	\$
Nabisco Instant Cream of Wheat (Plain)	oz.	\$	oz.	\$
Quaker Instant Oatmeal (Regular flavor, single serving packets only)	oz.	\$	oz.	\$

LEGUMES - Any Brand and Type

Are there at least **(A)** 8 pounds OR **(I)** 2 pounds of beans, peas or lentils?

Yes No, **If NO**, # of pounds in stock? _____

Is there at least **(A)** 1 type of Peas/Lentils?

Yes No, **If NO**, # of type in stock? _____

ITEM	1 Lb. Package	Bulk
Beans	\$	\$
Peas/Lentils	\$	\$

PEANUT BUTTER - Any Brand, Plain

Are there at least **(A)** 8 jars OR **(I)** 2 jars of peanut butter?

Yes No, **If NO**, # of jars in stock? _____

Size	Price
oz.	\$
oz.	\$

TUNA – Any Brand, Water Packed Chunk Light

Are there at least **(A)** 8 cans OR **(I)** 4 cans of tuna?

Yes No, **If NO**, # of cans in stock? _____

Size	Price
6 oz	\$

CARROTS – Any Brand, Plain - Fresh, Canned or Frozen

Are there at least **(A)** 4 lbs/cans OR **(I)** 2 lbs/cans of carrots?

Yes No, **If NO**, # of lbs/cans in stock? _____

Item/Size	Price
Fresh - 1 pound	\$
Frozen - 1 pound	\$
Canned - __ oz	\$

STORE NAME & NUMBER: _____

VENDOR NUMBER: _____

(A) – Arizona or (I) - ITCA

INFANT FORMULA: Iron fortified, NO LOW IRON

MILK BASED FORMULA
(Similac Advance with Iron Only)

Are there at least: **(A)** 36 cans powder
and 62 cans concentrate

Are there at least: **(I)** 27 cans powder
and 31 cans concentrate?

Yes No, **IF NO**, # of cans in stock? _____

SOY BASED FORMULA
(Similac Isomil Advance Soy with Iron Only)

Are there at least: **(A)** 18 cans powder
and 31 cans concentrate

Are there at least: **(I)** 9 cans powder?

Yes No, **IF NO**, # of cans in stock? _____

CONTRACT FORMULA	Powder (12.9 oz.)	Concentrate (13 oz.)	RTF (32 oz.)	RTF - 8 oz. (4 - pack)	RTF - 8 oz. (6 - pack)
Similac Advance with Iron	\$	\$	\$	\$	\$
Similac Isomil Advance Soy with Iron	\$	\$	\$	\$	\$
Similac Sensitive with Iron	\$	\$	\$		
NON CONTRACT SPECIAL FORMULA	Powder (12 to 16 oz.)	Concentrate (13 oz.)	RTF (32 oz.)	RTF - 8 oz. (4 - pack)	RTF - 8 oz. (6 - pack)
Enfamil Nutramigen LIPIL	\$	\$	\$		
Enfamil Pregestimil LIPIL	\$				
Nestle' Good Start Supreme DHA & ARA	\$	\$			
Similac Alimentum	\$		\$		\$
Similac NeoSure	\$		\$		
Similac Pediasure					\$

INFANT CEREAL – Any Brand, Single grain, plain, no fruit

Are there at least **(I)** 2 varieties? (One **MUST** be rice)

Yes No N/A

If NO, # of varieties in stock? _____

Are there at least **(A)** 24 (8 oz) boxes or 12 (16 oz) boxes or a combination which equals 192 ounces OR **(I)** 12 (8 oz) boxes or 6 (16 oz) boxes?

Yes No

If NO, # of boxes in stock? _____ 8 oz _____ 16 oz

Brand (Document Brand Name)	8 oz.	16 oz.
	\$	\$
	\$	\$
	\$	\$

INFANT JUICE – Any Brand, Single flavor, 100% fruit juice individual containers, 4-pack or 6-pack

Are there are least **(I)** 2 varieties?

Yes No N/A,

If NO, # of varieties in stock? _____

Are there are least **(A)** 120 (4.0 oz) containers OR **(I)** 60 (4.0 oz) containers?

Yes No

If NO, # of containers in stock? _____

Brand (Document Brand Name)	4 oz.	4-pack	6-pack
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

Arizona WIC Program Vendor Order Form

If you would like copies of any of the following training aids/materials, please indicate the items(s) the amount you need and mail or fax to:

Arizona Department of Health Services
Bureau of USDA Nutrition Programs
Attn.: Vendor Management Team
150 North 18th Avenue, Suite 310
Phoenix, Arizona 85007
Fax: (602) 542-1890

ORDER SECTION

- _____ Sample ID Folder (use to educate cashiers)
 - _____ WIC Program Food List (English)
 - _____ WIC Program Food List (Spanish)
 - _____ WIC Program Food List – Laminated (English)
 - _____ WIC Program Food List – Laminated (Spanish)
 - _____ “WIC APPROVED” Tags (red shelf markers & visual aide for WIC participants)
 - _____ WIC Decals (English)
 - _____ WIC Decals (Spanish)
 - _____ WIC Vendor Manual (A reference book for Vendors)
-

Please mail supplies to:

Store Name: _____ **Attn:** _____ **ID #:** _____

Address: _____ **Phone:** _____

City: _____ **State:** _____ **Zip:** _____

“The United States Department of Agriculture (USDA) prohibits discrimination in its programs on the basis of race, color, national origin, gender, age or disability. Persons with disabilities who require alternative means for communication for program information (Braille, large print, audiotape, etc.) should contact USDA’s TARGET Center at (202) 720-2600 (voice and TDD).”

To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW Washington, D.C., 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.”

FOR OFFICE ONLY

Arizona WIC Number: _____

Part II – Outlet Information

NOTE: Submit one form for each outlet (if more than one outlet). After contract is executed, submit one form not later than 30 calendar days prior to another store opening.

Please also include the Enrollment Price/Stock Report.

Store Name: _____

Address: _____

City: _____ County: _____ State: _____ Zip + 4: _____

Telephone: () _____ FAX: () _____

Other: () _____ Cell Pager

Management WIC Contact Information

Name: _____

Title: _____

Start date at store: _____

Which WIC program(s) (if any) is the store currently authorized as a Vendor?
Check appropriate box(es):

- | | |
|--|---|
| <input type="checkbox"/> Arizona WIC Program | <input type="checkbox"/> ITCA WIC Program |
| <input type="checkbox"/> Navajo Nation WIC Program | <input type="checkbox"/> None |

Bank Information

Complete only if different from corporate information on page 3, if same, skip to 'Hours of Operation'

Name of the store or outlet's bank: _____

Branch: _____

Address: _____

City: _____ State: _____ Zip+4: _____

Telephone Number: () _____ Fax: () _____

Account Number: _____ ABA Routing #: _____

Attach a copy of a voided deposit slip. Effective Date: _____

Will both regular and replacement food instruments be deposited only in the above named account?

Yes No

If no, explain: _____

NOTE: Store name on bank endorsement stamp must match store name on page 1.

Do you authorize Arizona WIC to conduct an ACH transaction? Yes No

Choose type of transaction authorized. Debit Credit

Complete the 'Bank Transaction Authorization' Form.

Hours of Operation:

Other	24/7		<input type="checkbox"/> check if applicable
Or			
SUNDAY	From	A.M.	To P.M.
MONDAY	From	A.M.	To P.M.
TUESDAY	From	A.M.	To P.M.
WEDNESDAY	From	A.M.	To P.M.
THURSDAY	From	A.M.	To P.M.
FRIDAY	From	A.M.	To P.M.
SATURDAY	From	A.M.	To P.M.

Provide the following information for the store:

Square footage retail: _____

Square footage storage: _____

Number of full-time cashiers: _____

Number of part-time cashiers: _____

Number of checkout lanes: _____

Sanitation Information

Has the store ever been cited by the State or County health inspector for a violation?

Yes No

Was your license/permit revoked?

Yes No

If yes, when: From _____ To _____
Month/Day/Year Month/Day/Year

If yes, describe the violation(s). (Provide details)

Attach a copy of the store's current health certificate (operating permit).

Americans With Disabilities Act

Does the store comply with the applicable provision of the Americans with Disabilities Act of 1990?

Yes No

For further information about the Americans with Disabilities Act, please contact any of the following organizations:

The Arizona Office for Americans with Disabilities at 1-800-358-3617
The Disability Rights education and Defense Fund at 1-800-514-0301 or (510) 644-2555
The Pacific Disability and Business Technical Assistance Center at 1-800-949-4232
The Americans with Disabilities Act Information Line at the US Department of Justice

Store's Individual Sales Information: (not applicable, if Pharmacy applicant)

Store's individual annual gross receipts or sales?

Food \$ _____ + Non-Food \$ _____ = Gross \$ _____
Alcohol \$ _____ Tobacco \$ _____ Lottery \$ _____

Actual Estimate

Fiscal year dates for the above figures: _____

Of the annual food sales (Food \$) stated above, list the following dollar amounts for:

Cash \$ _____ Credit \$ _____
Food Stamp \$ _____ WIC \$ _____

Do you think that more than 50% of your annual revenue from the sale of food items will come from WIC food instruments?

- Yes No

Note: The Arizona WIC Program completes a six-month assessment of all new Vendors to assure that the status initially assigned is appropriate. Upon completion of the assessment, if the Vendor's food sales from WIC food instruments exceed 50 percent of their total food sales, the Vendor Contract will be terminated unless the outlet is necessary to ensure participant access as specified in federal policies.

If you receive more or are likely to receive more than 50% of your annual food sales from the sales of supplemental foods obtained with WIC food instruments, do you provide or plan to provide incentive items to WIC program participants?

- Yes No

Does the store's checkout registers use optical scanning devices which record product and price information on the customer receipts?

- Yes No

If yes, number of POS Terminals _____

number of Optical Terminals _____

Can system be programmed to detect WIC Authorized vs. Non-Authorized products?

- Yes No

How do you decide how much WIC stock to order?

- Order a certain amount of each item
 Conduct an informal 'walk-through' inventory on a regular basis
 Rely on an automated inventory control system
 Other _____

How often are the dairy cases restocked?

- Daily Twice a week Weekly

How often are the WIC grocery items restocked?

- Daily Twice a week Weekly

Food Stamp Information

Is this store currently authorized to accept Food Stamps in Arizona or any other state?

- Yes No

If yes, list the Food Stamp Authorization Number: _____

What is the store's average Food Stamp dollar redemption volume per month?

Food Stamp Sales/month

Has the store, its owners, officers or managers ever been suspended or disqualified from the Food Stamp Program in Arizona or any other state?

Yes No

If yes, give the name of the owners, managers, any officers, store(s), location(s), and the reason(s) and date of suspension or disqualification:

Other WIC: (not applicable, if Pharmacy applicant)

Has the store owner/manager ever participated in the WIC Program in Arizona or any other state?

Yes No

If yes, Store Name: _____

Address: _____

City: _____ State: _____ Zip+4: _____

Dates of participation: From: _____ To: _____

Has the store, manager, owner or officer been sanctioned for prior WIC violations?

Yes No

If yes, describe: _____

Has the store or its owner(s), officer(s) or manager(s) ever been suspended or disqualified from WIC in Arizona or any other state?

Yes No

If yes, give the name of the owner(s), officer(s), manager(s), and store(s) location, and the reason(s) and dates(s) of suspension or disqualification.

During the last six years, have any of the current owners, officers, partners or managers had a criminal conviction or had a civil judgment entered against them for any of the following activities: fraud, anti-trust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, and obstruction of justice.

Yes No

If yes, please specify the name of the owner, officer, or manager and the activities involved. (Please include dates and locations (i.e., City and State)

Part III – Statement of Application

GENERAL INFORMATION - Please read carefully and sign below:

The undersigned is authorized to act on behalf of the applicant identified on Page 1, who is applying for authorization to participate in the Arizona WIC Program. By submitting this application, the undersigned has **declared that the business is open, fully stocked, and operational and authorized to accept Food Stamps**. The undersigned has reviewed, verified and understands the information contained in the Vendor enrollment packet.

This application is **only a request** for a WIC Vendor Contract, and **does not** constitute a Contract nor does it guarantee authorization to participate in the Arizona WIC Program. The Arizona Department of Health Services or its designee may verify the information contained in the application during an on-site visit.

1. I certify that the enclosed Enrollment WIC Applicant Price/Stock Report reflects the actual highest shelf price and the actual stock either on the shelf or in-store storage on _____
Month/Date/Year
2. I certify that all information submitted on this application is accurate and complete.
3. I understand that if the application is approved and a Contract is executed, I will be bound by all rules, and requirements of the Arizona WIC Program, in addition to the terms and conditions of the WIC Vendor Contract.
4. I understand that if any information contained in this application is found to be false, the application will be denied; or if authorized, can result in being suspended or disqualified from participating in the Arizona WIC Program.
5. The undersigned declared that he/she is the store's sole owner or has the delegated legal authority to sign this application on behalf of the owner.

Signature: _____

Date: _____

Name: (Print) _____

Title: (Print) _____

STORE CLOSURE NOTIFICATION*

Submit this form not later than 30
calendar days prior to closing.

Vendor Name/Number: _____ Vendor ID Number: _____

Address: _____

City: _____ State: _____ Zip Code + 4: _____

Phone Number: (____) _____ Fax Number: (____) _____

Effective Date: _____

Date of Last Bank Deposit: _____

Note: The Vendor ID Stamps are the property of the WIC Program and must be returned within ten (10) calendar days after store closing.

* This form is submitted only when the store closes operations, not a change of ownership.

STORE CHANGE NOTIFICATION

Submit this form not later than 30 calendar days prior to change.

Vendor Name/Number: _____ Vendor ID Number: _____

Address: _____

City: _____ State: _____ Zip Code + 4: _____

Phone Number: (____) _____ Fax Number: (____) _____

Effective Date: _____

Type of Change:

Address Change - **New Address:** _____

City: _____ State: _____ Zip Code+4: _____

Telephone or Fax Change - **New Phone Number:** (____) _____

New Fax Number: (____) _____

Store Contact Change: **New Contact Person:** _____

Address: _____

City: _____ State: _____ Zip Code + 4: _____

Telephone Number: (____) _____

Other Number: (____) _____

Cell Pager

Bank Account: **Bank Name:** _____

New Account Number: _____

New Routing Number: _____

Effective Date: _____

CHANGE OF OWNERSHIP

Submit this form not later than 30 calendar days prior to change.

Vendor Name/Number: _____ Vendor ID Number: _____

Address: _____

City: _____ State: _____ Zip Code + 4: _____

Phone Number: (____) _____ Fax Number: (____) _____

Effective Date: _____

Signature: _____

Date: _____



NEW OWNER

Name: _____

Address: _____

City: _____ State: _____ Zip Code + 4: _____

Phone Number: (____) _____ Fax Number: (____) _____

Note: The new owner must contact the Arizona WIC Program to re-apply. The current Contract becomes void at change of ownership. The WIC Contract is not transferable.

Arizona WIC Program Vendor Training Acknowledgement FFY 2009

A. This certifies that I attended and understood the following WIC Vendor procedures. I further understand that I will be responsible for providing training to cashiers and other employees who handle WIC transactions in my store.

- | | |
|---|--|
| <input type="checkbox"/> Explanation of the WIC Program
<input type="checkbox"/> Use of the Vendor Manual
<input type="checkbox"/> The Vendor's Role
<input type="checkbox"/> Approved & Non-Approved Foods
<input type="checkbox"/> Minimum Stock & Variety Requirements
<input type="checkbox"/> WIC Food Instrument
<input type="checkbox"/> WIC Identification Folder & Proxy Form
<input type="checkbox"/> WIC Redemption Procedures
<input type="checkbox"/> "X" Signature
<input type="checkbox"/> Corrections to the Food Instrument
<input type="checkbox"/> Alterations of WIC Food Instruments | <input type="checkbox"/> Use of Manufacturer, Store Specials or Discount Cards
<input type="checkbox"/> WIC Vendor Price/Stock Report
<input type="checkbox"/> WIC Payment Criteria
<input type="checkbox"/> Reimbursement of Rejected Food Instruments
<input type="checkbox"/> Complaint Process
<input type="checkbox"/> Vendor Monitoring
<input type="checkbox"/> Violations & Sanctions
<input type="checkbox"/> Vendor Rights and Responsibilities |
|---|--|

B. Vendor Comments: _____

 Store Name / Store Number

 Print Name and Title

 Signature

 Date

 WIC Program Representative

 WIC Program Representative Title

 Signature

 Date