



WIC PROGRAM VENDOR SITE REVIEW



WIC VENDOR STAMP

Vendor Information

Vendor ID Number: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: (_____) _____ Fax: (_____) _____

Reviewer Information

Local Agency/State Contractor: _____

Name of Reviewer: _____

Telephone Number: (_____) _____ Fax: (_____) _____

Date of Review: _____ Time: _____ am/pm

Reason for Review

Application Visit:
(The Vendor ID number and stamp
have not been issued)

Initial

Initial Follow-up

Authorized Vendors:

Representative/Routine

High Risk/Follow-up

PART I: GENERAL OBSERVATIONS

FACILITY INFORMATION			
	YES	NO	COMMENTS
A. Does the storefront signage match the Owner name or DBA name on the Vendor's application?			If no, name on sign?
B. Are Vendor personnel cooperative?			
C. Are WIC participants allowed access to all check out lanes, (Excludes 'Cash Only' and 'Self Serve' lanes)?			
D. Are all prices clearly posted on the shelf or product?			
E. Did the store appear to be clean?			
F. Is the current county health operating permit posted? Expiration Date: _____			
G. Is there access for people with disabilities to use the store (Compliance with the Americans with Disabilities Act)?			
H. Do the Vendor's purchase records for infant formula indicate purchases from only the State's approved list?			
I. Does the Vendor accept forms of payment for food purchases other than WIC food instruments?			
J. Does the Vendor allow WIC customers to pay the difference using their own funds (mixed tender) if the amount exceeds the maximum amount written on the Cash Value Food Instrument/Cash Value Voucher (CVFI/CVV)?			

REVIEW OF MATERIALS			
Does the Vendor utilize the following:	YES	NO	COMMENTS
A. Vendor Manual			
B. WIC food list at cash registers			
C. "We Accept WIC" sign posted near entrance			

Store Name & Number: _____ Vendor Number: _____

PART II: FOOD INSTRUMENT REVIEW (including CVFI/CVV); number of food instruments reviewed: _____

SERIAL #	PARTICIPANT ID #	AMOUNT	DEFICIENCIES

PART III: CORRECTIVE ACTION REQUIRED FROM PREVIOUS VISITS

DATE	ACTION REQUIRED

Were the Corrective Actions implemented? Yes No N/A

PART IV: SITE VISIT VERIFICATION

I certify that I have performed a complete site inspection and that the above named Vendor is:

- In compliance and did not have any deficiencies uncovered during this review (_____).
Insert Today's Date
- Not in compliance; corrected at the time of visit. **Vendor is still subject to appropriate violation under sanction schedule or denial of Application to become an authorized Arizona WIC Program Vendor.**
- Not in compliance.

DEFICIENCIES	CORRECTIVE ACTION REQUIRED

VENDOR'S STATEMENT REGARDING WIC PROGRAM DEFICIENCIES

All on-site storage areas have been inspected for the above-mentioned WIC approved food items that do not meet the program's minimum stock requirements. No additional stock was located by the conclusion of this visit.

I agree that all areas have been inspected for additional stock. _____
Store Representative Signature Date

All deficiencies found during this visit have been discussed with me and the required corrective action has been explained.

I agree with the deficiencies found, required corrective action, and understand the topics discussed. I anticipate making corrections no later than _____ Initials: _____
Insert Date the deficiencies will be corrected

VENDOR COMMENTS

I disagree with the deficiencies found and/or the required corrective action for the following reasons:

WIC PROGRAM REPRESENTATIVE COMMENTS

PART V: REDEMPTION REMINDERS

- √ Identify the WIC customer
 - √ Check the dates
 - Do not accept before the date shown in the box marked "First Date To Use" or after the "Last Date To Use"
 - √ Check to make sure that the food instrument has not been reported to you (in writing) by the State agency as either lost or stolen
 - √ Check that the selected items, quantities and units being purchased are as specified on the food instrument
 - All infant formula must be purchased
 - No substitutions
 - No rain checks
 - Check the price of each item to avoid overcharges
 - √ Enter the date the food instrument is used (cashier's responsibility) in the "Date of Use" box
 - Date can be corrected one (1) time only and in the presence of the WIC participant/authorized representative by drawing a single line through the incorrect date, writing in the correct date and initialing the correction.
 - √ Keep each WIC transaction separate
 - Allow WIC customer to redeem more than one food instrument per visit
 - Do not combine the total purchase amounts from two or three food instruments into one
 - Food instrument can not exceed \$200.00 (does not apply to Cash Value Food Instrument/Cash Value Voucher)
 - √ Allow the use of coupons, the purchase of items on sale and to take advantage of promotional specials, for example:
 - Cents off coupons
 - Free additional ounces
 - Buy one get one free
 - In-store promotions
 - Manufacturer promotions
- Note: The above-mentioned excludes Above-50-Percent Vendors**
- √ Enter purchase price (cashier's responsibility) in the "Actual \$ Amount" box
 - Cannot exceed the maximum dollar amount
 - √ Correct any mistakes in writing the dollar amount on the food instrument by doing the following
 - Cashier will draw a single line through the incorrect dollar amount
 - The corrected dollar amount is written in the "\$ Correction Only" box
 - Cashier will initial the correction in the "Cashier Initial" box
 - √ Witness customer signature
 - Compare the signature on the food instrument and ID folder before finalizing the transaction
 - √ Give WIC customer a clear readable cash register receipt for each of their WIC purchases
 - The receipt must reflect the store name, date, quantities purchased and total dollar amount
 - Receipt must identify sale as a "WIC" transaction
 - √ When redeeming Cash Value Food Instruments/Cash Value Vouchers (CVFI/CVV) remember:
 - CVFI/CVV is for purchasing fruits and vegetables only
 - Do not write more than the maximum amount on the CVFI/CVV
 - Allow WIC Customer to use multiple CVFI/CVV towards a single purchase, but tender each CVFI/CVV separately
 - Allow the customer to pay the amount over the maximum printed on the CVFI/CVV using another method of payment (mixed tender, such as SNAP, Cash, Debit/Credit, etc.)

Part VI: SIGNATURES

Store Representative Signature

WIC Program Representative Signature

Print Name

Print Name

Title

Title

Date

Date

Store Name & Number: _____ Vendor Number: _____

Part VII: FOODS

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

(A) = Arizona WIC or (I) = ITCA WIC

MILK – Store / House Brand: _____

Is mandatory signage posted? Yes No N/A

Quantity: Are there at least (A) 28-gallons of refrigerated milk? OR
(I) 12-gallons, 2 half-gallons and 4 quarts of refrigerated milk?

Yes No, **if NO**, # in stock:

(A) _____ Gallons

(I) _____ Gallons _____ Half-Gallons _____ Quarts

Variety: Does the Vendor carry (A) Whole **and** 1%? OR
(I) Whole **and** 1% or Skim?

Yes No, **if NO**, Variety missing? _____

Type	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°)

MILK ALTERNATIVES

Item	Type/Size	Price
Tofu	any eligible brand (up to 16 oz.)	\$
Meyenberg Goat's Milk	refrigerated, whole or low fat, quart only (32 oz)	\$
8 th Continent Soy Milk	refrigerated, original or vanilla, ½ gallon only	\$
Pacific Ultra Soy	shelf stable, plain or vanilla, quart only (32 oz)	\$

EGGS – Store / House Brand: _____

Is mandatory signage posted? Yes No N/A

Type – Medium and/or large, fresh, raw, white, chicken only
(1 dozen cartons)

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

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

Variety: Does the Vendor carry (A) Large eggs?

Yes No N/A

Size – 1 dozen	Price
Large	\$
Medium	\$

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

CHEESE – Store / House Brand: _____

Is mandatory signage posted? Yes No N/A

Type – Plain, domestic, pasteurized 16 oz. prepackaged in blocks

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

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

Variety: Are there at least (A) 3 varieties (must include Cheddar, Monterey Jack and one other variety)? OR (I) 2 varieties?

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

Variety missing? _____ N/A

Type – 1 pound (16 ounce)	Price
Cheddar (includes longhorn)	\$
Colby (includes longhorn)	\$
Monterey Jack	\$
Mozzarella (whole or part skim), includes string cheese	\$
Blended Cheese (blend of any type listed above)	\$

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

Store Name & Number: _____

Vendor Number: _____

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

Quantity: Are there at least (A) 16 containers (in any combination of shelf stable/refrigerated and/or frozen)? OR (I) 4 shelf stable/refrigerated and 6 frozen containers?

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

Variety: Are there at least (A) 3 varieties (must include 64 oz. shelf stable Tree Top Apple, any brand frozen orange juice and one other type)? OR (I) 3 varieties of shelf stable or refrigerated (must include orange juice) and 2 varieties of frozen concentrate?

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

Variety missing? _____

Item	64 oz. Refrigerated	64 oz. Shelf Stable	11.5 /12 oz. frozen
Any Brand Orange	\$	\$	\$
Any Brand Grapefruit	\$	\$	\$
Campbell's Tomato		\$	
Dole Pineapple			\$
Dole Pineapple Orange			\$
Langer's Apple		\$	\$
Langer's Grape		\$	
Langer's White Grape		\$	
Langer's Pineapple		\$	
Old Orchard Apple			\$
Old Orchard Grape			\$
Old Orchard Pineapple			\$
Seneca Apple		\$	\$
Shurfine Apple		\$	\$
Shurfine Grape		\$	
Tree Top Apple		\$	\$
Welch's Grape		\$	\$
Welch's White Grape		\$	\$
Western Family Apple		\$	\$
Western Family Grape		\$	\$

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

CANNED FISH (Arizona) NA

Tuna – Any eligible brand, plain, chunk light, water-packed. Are there at least 6 (5 oz.) cans?

OR

Pink Salmon – Any eligible brand, plain, water-packed, pink salmon. Are there at least 6 (5 oz.) cans?

OR

Sardines – Any eligible brand, flavored, seasoned or plain. Are there at least 8 (3.75 oz.) cans?

Yes No, **If No**, # of cans of each type in stock?

Tuna: _____ 5 ounce cans

Pink Salmon: _____ 5 ounce cans

Sardines: _____ 3.75 ounce cans

CANNED FISH (ITCA) NA

Tuna – Any eligible brand, plain, chunk light, water-packed. Are there at least 6 (5 oz.) cans?

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

Pink Salmon – Any eligible brand, plain, water-packed, pink salmon. Are there at least 6 (5 oz.) cans?

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

Sardines – Any eligible brand, flavored, seasoned or plain. Are there at least 8 (3.75 oz.) cans?

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

Type	Size	Price
Tuna	5 oz.	\$
Pink Salmon	5 oz.	\$
Sardines	3.75 oz.	\$

PEANUT BUTTER – Any eligible brand, plain (creamy, chunky, super chunk or natural)

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

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

Size (16 oz. to 18 oz.)	Price
_____ oz.	\$
_____ oz.	\$

Store Name & Number: _____

Vendor Number: _____

LEGUMES

Dry Beans / Peas / Lentils – Any eligible brand and type

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

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

Variety: Are there at least **(A)** 1 type of beans **and** 1 type of peas or lentils?

Yes No, **If No**, variety missing? _____

Item	1 lb. package	Bulk
Beans	\$	\$
Peas / Lentils	\$	\$

Canned Beans - Only These Brands and Types (up to 16 oz. cans)

Quantity: Are there at least **(A)** (I) 8 cans (up to 16 oz. size)

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

Variety: Are there at least (I) 2 Varieties (1 must be Pinto beans)?

Yes No NA

If NO, variety missing? _____

Brand	Type	Size	Price
Albertson's	Cannellini	oz.	\$
	Garbanzo	oz.	\$
	Great Northern	oz.	\$
	Red	oz.	\$
	Whole Pinto	oz.	\$
Bush's	Black	oz.	\$
	Cannellini White Kidney	oz.	\$
	Dark Red Kidney	oz.	\$
	Garbanzo	oz.	\$
	Great Northern	oz.	\$
	Pinto	oz.	\$
Valu Time	Pinto	oz.	\$
Food Club	Dark Red Kidney	oz.	\$
	Garbanzo	oz.	\$
	Great Northern	oz.	\$
	Pinto	oz.	\$
Springfield (Fancy)	Black	oz.	\$
	Black-eyed Peas	oz.	\$
	Pinto	oz.	\$

Canned Beans (continued) - Only These Brands and Types (up to 16 oz cans)

Brand	Type	Size	Price
El Mexicano	Garbanzo	oz.	\$
	Pinto	oz.	\$
Fry's / Kroger	Black	oz.	\$
	Black-eyed Peas	oz.	\$
	Cannellini Kidney	oz.	\$
	Dark Red Kidney	oz.	\$
	Garbanzo	oz.	\$
	Great Northern	oz.	\$
	Light Red Kidney	oz.	\$
	Pinto	oz.	\$
	Red	oz.	\$
Great Value	Black	oz.	\$
	Great Northern	oz.	\$
	Pinto	oz.	\$
	Red	oz.	\$
Safeway	Black	oz.	\$
	Garbanzo	oz.	\$
	Light Red Kidney	oz.	\$
	Lima	oz.	\$
	Pinto	oz.	\$
Shurfine (Premium)	Black	oz.	\$
	Dark Red Kidney	oz.	\$
	Garbanzo	oz.	\$
	Great Northern	oz.	\$
	Light Red Kidney	oz.	\$
	Pinto	oz.	\$
Western Family (Premium)	Black	oz.	\$
	Garbanzo	oz.	\$
	Great Northern	oz.	\$
	Light Red Kidney	oz.	\$
Pinto	Pinto	oz.	\$

Store Name & Number: _____

Vendor Number: _____

WHOLE GRAINS

100% WHOLE WHEAT BREAD – Loaves only, 16 ounce packages (includes any store brand labeled 100% whole wheat)

Quantity: Are there at least **(A) (1)** 6 packages (16 oz. each)?

Yes No, **if NO**, # of packages in stock? _____

Only these brands

Brand	Price	Brand	Price
Bimbo 100% Whole Wheat	\$	Wonder 100% Whole Wheat	\$
Roman Meal Sun Grain 100% Whole Wheat	\$	Store brand:	\$
Sara Lee Classic 100% Whole Wheat	\$	Store brand:	\$

Note: Store brand, if any, **must** be labeled 100% whole wheat

TORTILLAS AND BROWN RICE – 16 ounce packages only

Are there at least **(A)** 6 packages in **any combination** of the below listed brands?

Yes No NA

if NO, # of packages in stock? _____

Soft Corn Tortillas – Only these brands of yellow or white

Brand	Price	Brand	Price
Casa Rica	\$	Mama Lola's	\$
Don Pancho	\$	Mission Yellow	\$
Guerrero	\$	Santa Fe Tortilla Company	\$
La Banderita	\$	Store / House Brand:	\$
La Burrita	\$	Store / House Brand:	\$

Soft Whole Wheat Flour Tortillas – Only these brands

Brand	Price	Brand	Price
Guerrero Tortillas de Harina Integral	\$	Mission Whole Wheat	\$
La Banderita Fajita Whole Wheat	\$	Store / House Brand:	\$

Brown Rice – Only these brands of long or short grain

Brand	Price	Brand	Price
Blue Ribbon	\$	Springfield	\$
Mahatma	\$	Store / House Brand:	\$
Shurfine	\$	Store / House Brand:	\$

Store Name & Number: _____

Vendor Number: _____

CEREAL – Boxes or Bags

Quantity: Are there at least **(A)** 24 packages (includes both cold and/or hot) OR (I) 14 packages (12 cold and 2 hot)?

Yes No, **If No**, # of packages in stock? _____ Cold _____ Hot

Variety: Are there at least **(A)** 4 varieties of cereal (both cold and/or hot)? OR (I) 3 varieties of cold cereal and 1 hot cereal?

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

Variety: Are there **(A)** General Mills Cheerios Plain and Kix Plain? OR (I) 2 whole grain varieties of cold cereal?

Yes No, **If No**, variety missing? _____

COLD CEREALS (14 oz. or larger)	SIZE	PRICE	SIZE	PRICE	SIZE	PRICE
Any Store Brand Crispy Rice	oz.	\$	oz.	\$	oz.	\$
Any Store Brand Toasted Oats*	oz.	\$	oz.	\$	oz.	\$
General Mills Cheerios – Plain*	oz.	\$	oz.	\$	oz.	\$
General Mills Cheerios – MultiGrain*	oz.	\$	oz.	\$	oz.	\$
General Mills Corn Chex	oz.	\$	oz.	\$	oz.	\$
General Mills Wheat Chex*	oz.	\$	oz.	\$	oz.	\$
General Mills Kix – Plain	oz.	\$	oz.	\$	oz.	\$
General Mills Total Whole Grain*	oz.	\$	oz.	\$	oz.	\$
Kellogg's All Bran Complete Wheat Flakes*	oz.	\$	oz.	\$	oz.	\$
Kellogg's Corn Flakes	oz.	\$	oz.	\$	oz.	\$
Kellogg's Frosted Mini Wheats Original*	oz.	\$	oz.	\$	oz.	\$
Kellogg's Rice Krispies	oz.	\$	oz.	\$	oz.	\$
Kellogg's Special K Original	oz.	\$	oz.	\$	oz.	\$
Malt O'Meal Frosted Mini Spooners*	oz.	\$	oz.	\$	oz.	\$
Malt O'Meal Crispy Rice	oz.	\$	oz.	\$	oz.	\$
Post Great Grains Banana Nut Crunch*	oz.	\$	oz.	\$	oz.	\$
Post Honey Bunches of Oats Almonds	oz.	\$	oz.	\$	oz.	\$
Post Honey Bunches of Oats Honey Roasted	oz.	\$	oz.	\$	oz.	\$
Post Honey Bunches of Oats with Vanilla Bunches*	oz.	\$	oz.	\$	oz.	\$
Post Grape Nuts*	oz.	\$	oz.	\$	oz.	\$
Post Grape Nuts Flakes	oz.	\$	oz.	\$	oz.	\$
Quaker Life Original*	oz.	\$	oz.	\$	oz.	\$
Quaker Oatmeal Squares – Brown Sugar*	oz.	\$	oz.	\$	oz.	\$
Quaker Oatmeal Squares – Cinnamon*	oz.	\$	oz.	\$	oz.	\$
HOT CEREALS (11.8 oz. or larger)	SIZE	PRICE	SIZE	PRICE	SIZE	PRICE
Cream of Wheat Instant Original Flavor (single serving packets)	oz.	\$	oz.	\$	oz.	\$
Malt O'Meal Original Hot Wheat Cereal	oz.	\$	oz.	\$	oz.	\$
Quaker Instant Oatmeal Original Flavor (single serving packets)*	oz.	\$	oz.	\$	oz.	\$
*Indicates cereal is Whole Grain						

Store Name & Number: _____

Vendor Number: _____

FROZEN FRUITS and VEGETABLES – Any size and type of container

Does Vendor carry frozen fruits which meet the Food List criteria?

Yes No

Does Vendor carry frozen vegetables which meet the Food List criteria?

Yes No

CANNED FRUITS and VEGETABLES – Any size and type of container, including cans, cups or jars

Does Vendor carry canned fruits which meet the Food List criteria?

Yes No

Does Vendor carry canned vegetables which meet the Food List criteria?

Yes No

FRESH FRUITS and VEGETABLES – Any variety of fresh

Quantity:

Are there at least **(A)** 32 pounds of fresh fruits and vegetables? OR
(1) 15 pounds of fresh fruits and 15 pounds of fresh vegetables?

Yes No, **If No**, # of pounds of fruits _____ in stock

and # of pounds of vegetables _____ in stock?

Variety:

Are there at least **(A)** 2 varieties of fruits AND 2 varieties of vegetables? OR
(1) 3 varieties of fruits AND 5 varieties of vegetables?

Yes No, **If No**, # of varieties of fruits _____ in stock

and # of varieties of vegetables _____ in stock?

Document Below the Quality and Condition of Fruits & Vegetables
(provide type of items and a brief description such as: excellent, good, spoiled, discolored, rotten, etc. Photographs must also be taken to support deficiencies).

INFANT FRUITS/VEGETABLES – Any eligible brand, Stage 2 Only

Quantity: Are there at least **(A)** 64 (4 oz.) containers? OR
(1) 64 (3.5 oz.) and 8 (4 oz.) containers?

Yes No

If NO, # of containers in stock? _____ 3.5 oz. _____ 4 oz.

Variety: Are there at least **(A)** 2 varieties of fruits? OR
(1) 4 varieties of fruits?

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

Variety: Are there at least **(A)** 2 varieties of vegetables? OR
(1) 4 varieties of vegetables?

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

Brand (Document Brand Name)	3.5 oz.	4 oz.
	\$	\$
	\$	\$

INFANT CEREAL – Gerber and/or Beechnut, single grain, without fruit (only these varieties: Barley, Oatmeal, Rice, Whole Wheat)

Quantity: Are there at least **(A)** 18 (8 oz.) boxes or 9 (16 oz.) boxes or a combination which equals 144 ounces? OR
(1) 12 (8 oz.) boxes or 6 (16 oz.) boxes?

Yes No

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

Variety: Are there at least **(I)** 2 varieties? (must include rice)

Yes No N/A

If NO, # of varieties in stock? _____ Does not carry rice

Brand	8 oz.	16 oz.
Gerber	\$	\$
Beechnut	\$	\$

INFANT JARRED MEAT – Any eligible brand, any stage, single ingredient with or without added broth or gravy

Quantity: Are there at least **(A) (I)** 31 (2.5 oz.) containers?

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

Variety: Are there at least **(I)** 2 varieties?

Yes No N/A

If NO, # of varieties in stock? _____

Brand (Document Brand Name)	2.5 oz.
	\$
	\$
	\$

Store Name & Number: _____

Vendor Number: _____

INFANT FORMULA – Iron Fortified, NO LOW IRON

MILK-BASED FORMULA
(Similac Advance with Iron, with or without Early Shield)

Are there at least **(A)** 36 cans powder? OR **(I)** 27 cans powder?

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

SOY-BASED FORMULA
(Enfamil Prosoabee)

Are there at least **(A)** 18 cans powder? OR **(I)** 9 cans powder?

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

CONTRACT FORMULA	Powder Size (up to 16 oz.)	Powder Price	Concentrate (13 oz.)	RTF (Quart / 32 oz.)	RTF - 8 oz. (4 or 6 pack)
Similac Advance with Iron (with or without Early Shield)	oz.	\$	\$	\$	\$
Enfamil Prosoabee	oz.	\$	\$	\$	\$
Other formula					
Similac Soy Isomil (with or without Early Shield)	oz.	\$	\$	\$	\$
Similac Sensitive and/or Sensitive for Fussiness and Gas	oz.	\$	\$	\$	\$
Similac Alimentum and/or Similac Expert Care Alimentum	oz.	\$		\$	\$
Similac NeoSure and/or Similac Expert Care Neosure	oz.	\$	\$	\$	\$
Similac Pediasure					\$
Similac Go & Grow	oz.	\$			
Similac Go & Grow Soy	oz.	\$			
Similac Isomil DF and/or Similac Expert Care for Diarrhea	oz.			\$	
Similac Sensitive RS and/or Sensitive for Spit-up	oz.	\$		\$	
(items below may be with or without Lipil)					
Enfamil	oz.	\$	\$	\$	\$
Enfamil AR for Spit-up	oz.	\$		\$	
Enfamil EnfaCare	oz.	\$			
Enfamil Gentlease for Fussiness and Gas	oz.	\$			
Enfamil Nutramigen	oz.	\$	\$	\$	
Enfamil Pregestimil	oz.	\$			
Gerber Good Start Supreme DHA & ARA	oz.	\$	\$		\$
Gerber Good Start Supreme Soy DHA & ARA	oz.	\$	\$	\$	