

# Vendor - Monthly Self Monitoring Check List

Store Name: \_\_\_\_\_

**FAX TO: 1-302-741-2901**  
**WIC VENDOR UNIT ON THE**  
**1<sup>st</sup> OF EVERY MONTH**

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Owner/Manager: \_\_\_\_\_

Date of Stock Check: \_\_\_\_\_

ITEM & STOCK AMOUNT REQUIRED	LIST NAME OF BRAND (if applicable)	WIC SHELF Label Posted	MEETS MINIMUM	FAILED MINIMUM
<b>Milk - Store Brand</b>				
Whole Milk = <b>Must have 3 gallons</b>				
2% Milk = <b>Must have 3 gallons</b>				
Whole Milk = <b>Must have 3 half gallons</b>				
2% Milk = <b>Must have 3 half gallons</b>				
Whole Milk = <b>Must have 3 quarts</b>				
2% Milk = <b>Must have 3 quarts</b>				
Non-Fat Dry Milk				
Evaporated Milk				
UHT (Ultra High Temperature)				
Lactose Reduced				
<b>Eggs - Store Brand</b>				
Large, White only				
<b>Must have 5 dozen</b>				
<b>Cheese - Store Brand</b>	American			
Domestic = <b>Must have 2</b> varieties and	Cheddar			
2 pounds each	Mozerella			
<b>Juice – 64 oz. bottle</b>	Juicy Juice – all    1 2 3			
<b>Must have 3</b> varieties and	Old Orchard – all    1 2 3			
12 bottles total	Apple =			
	Orange =			
<b>Frozen Juice – 11.5-12 oz. can</b>	Apple =			
<b>Must have 3</b> varieties and	Orange =			
15 cans total	Old Orchard =			
	Welch’s =			
<b>Peanut Butter - Store Brand</b>				
<b>Must have 5</b> - 18 oz. jars				
creamy or crunchy				
<b>Dried Peas, Beans, Legumes –Store Brand</b>				
<b>Must have 2</b> varieties/2 pounds each				
<b>Infant Formula - Contract Brand</b>	<i><b>PROVIDE SHELF PRICES</b></i>	\$\$\$\$\$\$\$		
Milk Base = <b>62</b> - 13 oz. cans, conc.	Similac Advance Early Shield			
Milk Base = <b>18</b> – 12.4 oz. cans, pwdr.	Similac Advance Early Shield			
Soy Base = <b>31</b> - 13 oz. cans, conc.	Similac Soy Isomil			
Soy Base = <b>9</b> – 12.4 oz. cans, pwdr.	Similac Soy Isomil			
	<i><b>PROVIDE SHELF PRICES</b></i>	\$\$\$\$\$\$\$		

Store Name: \_\_\_\_\_

ITEM & STOCK AMOUNT REQUIRED	LIST NAME OF BRAND (if applicable)	WIC SHELF Label Posted	MEETS MINIMUM	FAILED MINIMUM
<b>Cereal</b> Adult – <b>Must have 5</b> varieties (one must be a hot cereal), 72 oz. Totaling 72 oz.	Cheerios			
	Multi-Grain Cheerios			
	Kix			
	Corn Chex			
	Rice Chex			
	Wheat Chex			
	Kellogg’s Corn Flakes			
	Crispix			
	Product 19			
	Wheaties			
	Cream of Wheat- no instant			
Quaker Instant Oatmeal-reg. pkt.				
Infant – <b>Must have 2</b> varieties (one must be rice), 4 - 8 oz. boxes	Gerber Rice			
	Gerber			
<b>100% Whole Wheat Bread – Store Brand</b>				
<b>Must have 5</b> loaves, 1 pound each				
<b>100% Whole Wheat Tortilla’s – Store Brand</b>				
<b>Must have 5</b> packs, 1 pound each				
<b>Fresh Fruit</b>	=			
<b>Must have 2</b> varieties, 10 pounds total	=			
<b>Fresh Vegetables</b>	=			
= <b>2</b> varieties, 10 pounds total	=			
<b>Infant Fruit – Gerber Brand 2<sup>nd</sup> stage</b>	=			
= <b>2</b> varieties, 10-2 packs total	=			
<b>Infant Vegetables – Gerber Brand 2<sup>nd</sup> stage</b>	=			
= <b>2</b> varieties, 10-2 packs total	=			
<b>Valid State of Delaware business license posted</b>				
<b>Valid Public Health Permit</b>				
<b>“We accept WIC Checks Here”</b> window cling				
1 English & 1 Spanish at each entrance way				
<b>WIC Approved Stickers</b> on all authorized WIC foods (round)				
<b>Valid infant formula invoice(s)</b>				
<b>Cashier Checkout Procedures</b>				
<input type="checkbox"/> Ask the customer for identification folder.				
<input type="checkbox"/> Verify the participant’s name & ID# on the folder and the voucher.				
<input type="checkbox"/> Check the <b>Don’t Cash Before</b> and <b>Do Not Use After</b> date on the voucher.				
<input type="checkbox"/> Check the foods WIC customers buy against their voucher(s).				
<input type="checkbox"/> Ring up the actual shelf price for each WIC item purchased on each voucher.				
<input type="checkbox"/> Write the cost of food items on the voucher in ink.				
<input type="checkbox"/> Have participant, parent/guardian or proxy sign the voucher & verify against ID Folder.				
<input type="checkbox"/> Offer the WIC customers the same courtesies extended to other customers.				
<input type="checkbox"/> Endorse the back of the voucher with WIC ID number, store stamp, or verification by register.				

**FAX TO: 1-302-741-2901 WIC VENDOR UNIT ON THE 1<sup>ST</sup> OF EVERY MONTH**

Signature \_\_\_\_\_ Date \_\_\_\_\_ PRINT Name \_\_\_\_\_ Title \_\_\_\_\_

# WIC Vendor Supply Request

Store Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Attention To: \_\_\_\_\_ (please print)

## Items Needed:

Window Clings (we accept WIC checks)

Altered Voucher Forms

Cashier Training Manual

WIC approved shelf stickers

Complaint Forms (for the office)

WIC Authorized Food Brochure  
(tri-fold color handout)

Do's & Don'ts for Cashiers

Processing the WIC Voucher

Cashier Training Video

Minimum Stock Check List

WIC Stamp

Ink for Stamp

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
PRINT Name

\_\_\_\_\_  
Title

**FAX TO  
WIC VENDOR UNIT AT  
1-302-741-2901  
OR MAIL TO  
WIC VENDOR UNIT  
BLUE HEN CORPORATE CENTER  
655 BAY ROAD, SUITE 1C  
DOVER, DE 19901**