

Vendor - Monthly Self Monitoring Check List

Revised 10/2014

Store Name: _____

FAX TO: 1-302-741-2901
WIC VENDOR UNIT ON THE
1st OF EVERY MONTH

Address: _____

City, State, Zip: _____

Telephone Number: _____

Owner/Manager: _____

Stock Check
for the month of _____

ITEM & STOCK AMOUNT REQUIRED	LIST NAME OF BRAND (if applicable)	WIC SHELF Label Posted	MEETS MINIMUM	FAILED MINIMUM
Milk - Store Brand				
Whole Milk = Must have 3 gallons				
1% Milk = Must have 3 gallons				
Whole Milk = Must have 3 half gallons				
1% Milk = Must have 3 half gallons				
Whole Milk = Must have 3 quarts				
1% Milk = Must have 3 quarts				
Non-Fat Dry Milk				
Evaporated Milk				
UHT (Ultra High Temperature)				
Lactose Reduced				
Soy – 8 th Continent Original ½ gallon				
Eggs - Store Brand				
Large, White only				
Must have 5 dozen				
Cheese - Store Brand	American			
Domestic = Must have 2 varieties and	Cheddar			
2 pounds each	Mozzerella			
Juice – 64 oz. bottle	Juicy Juice – all 1 2 3			
Must have 3 varieties and	Old Orchard – all 1 2 3			
12 bottles total	Apple =			
	Orange =			
Frozen Juice – 11.5-12 oz. can	Apple =			
Must have 3 varieties and	Orange =			
15 cans total	Old Orchard =			
	Welch's =			
Peanut Butter - Store Brand				
Must have 5 – 16 to 18 oz. jars				
creamy or crunchy				
Dried Peas, Beans, Legumes –Store Brand				
Must have 2 varieties/2 pounds each				
Infant Formula - Contract Brand	<i>PROVIDE SHELF PRICES</i>	\$\$\$\$\$\$\$\$		
Milk Base = 62 - 13 oz. cans, conc.	Similac Advance Early Shield			
Milk Base = 18 – 12.4 oz. cans, pwrdr.	Similac Advance Early Shield			
	<i>PROVIDE SHELF PRICES</i>	\$\$\$\$\$\$\$\$		

Store Name: _____

ITEM & STOCK AMOUNT REQUIRED	LIST NAME OF BRAND (if applicable)	WIC SHELF Label Posted	MEETS MINIMUM	FAILED MINIMUM
Cereal Adult – Must have 5 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 Whole Grain			
	Cream of Wheat 2½ Minute			
	Quaker Instant Oatmeal-reg. pkt.			
	Quaker Old Fashion Oats			
	Quaker Quick Oats			
Infant – Must have 2 varieties (one must be rice), 4 - 8 oz. boxes	Gerber Rice			
	Gerber			
100% Whole Wheat Bread – Store Brand Must have 5 loaves, 1 pound each				
100% Whole Wheat Tortilla’s – Store Brand Must have 5 packs, 1 pound each				
Fresh Fruit Must have 2 varieties, 10 pounds total	=			
Fresh Vegetables = 2 varieties, 10 pounds total	=			
Infant Fruit – Gerber Brand 2nd stage = 2 varieties, 10-2 packs total	=			
Infant Vegetables – Gerber Brand 2nd stage = 2 varieties, 10-2 packs total	=			
Valid State of Delaware business license posted				
“We accept WIC Checks Here” window cling 1 English & 1 Spanish at each entrance way				
WIC Approved Shelf Tags on all authorized WIC foods				
Valid infant formula invoice(s)				
Cashier Checkout Procedures				
<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 Don’t Cash Before and Do Not Use After 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.				

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 Handbook

WIC approved shelf stickers

Complaint Forms (for the office)

WIC Authorized Food List
(Laminated 8½x11 Sheet)

Vendor Handbook

WIC Program Booklet
(For the registers)

Cashier Training Video/DVD

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**