

Section 12

APPENDIX 2 – FORMS

WIC PRICE/STOCK SURVEY INSTRUCTION WORKSHEET

All Vendor Applicants and Authorized WIC Program Vendors are required to complete an on-line price/stock survey, also known as a market basket assessment. The online survey consists of a market basket of specific foods (listed below) that reduces the number of prices needing to be collected and ensures that the analysis being completed is consistent and uniform.

Vendor Applicants complete and submit the on-line survey as part of the authorization process. Authorized Vendors are required per the Vendor Contract to complete and submit the on-line survey every six months (June and December).

Listed below is information to assist you in preparing for the completion of the on-line price/stock survey. The information provided must reflect the **actual** shelf price **at the time of completion** for each WIC food item currently on the shelf or in inventory housed at your store location. If a space is left blank, the system will not allow you to continue, save or submit your information. **Do not estimate or project prices.** [Exception: Pharmacies shall be exempt from this requirement if they are contracted to provide only “special infant formula”.]

Carefully read through the Arizona WIC Program Minimum Stock Requirements in Section 2, Foods of the Arizona WIC Program Vendor Manual and enter the **highest** actual shelf price for each WIC food item in the survey (except milk, which is the lowest cost). Fill in the price for the exact size listed or selected.



Item	Brand/Variety	Size	Price
Milk	Whole	1 Gallon	
Milk	1%	1 Gallon	
Cheese	Cheddar	1 pound package	
Cheese	Monterey Jack	1 pound package	
Eggs	Large, White, Chicken	1 Dozen	
Juice	Tree Top Apple	64 ounce	
Juice	Any Frozen Orange	11.5 or 12 ounce	
Cereal	Cheerios (plain)	12 to 18 ounce	
Cereal	Kix (plain)	12 to 18 ounce	
Peanut Butter	Plain, creamy, chunky or super chunk	16 to 18 ounce	
Tuna	Water-packed, chunk light	5 ounce	
Baby Food	Gerber (any vegetable)	4 ounce	
Infant Formula	Similac Advance with Iron (powder)	12.4 ounce	

Arizona WIC Program Vendor Order Form

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

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

ORDER SECTION

- _____ WIC Program Food List (English/Spanish) Booklets
 - _____ WIC Program Food List – Laminated (English)
 - _____ WIC Program Food List – Laminated (Spanish)
 - _____ “WIC APPROVED” shelf markers (visual aide for WIC participants) (100 per roll)
 - _____ “WIC APPROVED” shelf markers (visual aide for WIC participants) (Hanging/4 squares per sheet)
 - _____ “WIC APPROVED” shelf markers (visual aide for WIC participants) (Hanging/8 squares per sheet)
 - _____ “WIC APPROVED” shelf markers (visual aide for WIC participants) (Bubble/100 per package)
 - _____ WIC Decals (Window Cling) English
 - _____ WIC Decals (Window Cling) Spanish
 - _____ WIC Vendor Manual (A reference book for Vendors)
 - _____ WIC Vendor Video (English)
 - _____ WIC Vendor Video (Spanish)
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Remember to provide the store number, if applicable, and name of contact person.

Please mail supplies to:

Store Name: _____ Attn: _____ ID #: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

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To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.”

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.

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 2012

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.

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| <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"/> Wholesaler/Supplier Problems
<input type="checkbox"/> WIC Food Instruments
<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 Price/Stock Survey
<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
<input type="checkbox"/> Service Mark Compliance
<input type="checkbox"/> Incentive Items Prohibition |
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B. Vendor Comments: _____

Store Name / Store Number	WIC Program Representative
Print Name and Title	WIC Program Representative Title
Signature	Signature
Date	Date