

Section 12

APPENDIX 2 – FORMS

WIC Food Item Declaration and Price Survey Worksheets

The Arizona WIC Program Vendor Contract requires all authorized Vendors to submit a Semi-Annual WIC Food Item Declaration and Price Survey by June 15th and December 15th of each year. The online survey consists of:

1. **The Food Item Declaration** to declare the Vendor's store or house brand of milk, eggs, and cheese. Remember to enter the **BRAND** names of your declared milk, eggs, and cheese (you may declare only one brand of milk, eggs, and cheese). **DO NOT** enter prices; the prices will be collected in the Price Survey.
2. **A Market Basket** of specific WIC food items is used to determine competitive pricing. The prices that you submit must reflect the **actual shelf prices** at the time of completion and must be on the shelf or in inventory housed at the store location. Enter the highest actual shelf price for each WIC food item (except where brand specific). **Do not estimate or project prices** and **do not leave any spaces blank** or the information you submit will not calculate correctly and be considered invalid.
3. **Verification that your store(s) meets the minimum stock and variety requirements.** Carefully read through the Arizona WIC Program Minimum Stock Requirements prior to submitting the survey (Section 2, Foods of this Manual).

The following worksheets provide information that can assist you in preparing for the completion of the online Food Item Declaration and the Price Survey.

Food Item Declaration Worksheet			
Item	Description	Size	Enter Store or House Brand Name
CHEESE	Cheese – Colby	1 POUND	
CHEESE	Cheese – Mozzarella String	1 POUND	
CHEESE	Cheese – Mozzarella	1 POUND	
CHEESE	Cheese – Blended	1 POUND	
CHEESE	Cheese – Monterey Jack	1 POUND	
CHEESE	Cheese – Cheddar	1 POUND	
EGGS	Medium	1 COUNT DOZEN	
EGGS	Large	1 COUNT DOZEN	
MILK	Whole	ALL SIZES BOX (check if all sizes are the same brand)	
MILK	Whole	1 HALF GALLON	
MILK	Whole	1 GALLON	
MILK	Whole	1 QUART	
MILK	Skim/Fat Free	ALL SIZES BOX (check if all sizes are the same brand)	
MILK	Skim/Fat Free	1 GALLON	
MILK	Skim/Fat Free	1 QUART	
MILK	Skim/Fat Free	1 HALF GALLON	
MILK	Low Fat (1%)	ALL SIZES BOX (check if all sizes are the same brand)	
MILK	Low Fat (1%)	1 QUART	
MILK	Low Fat (1%)	1 HALF GALLON	
MILK	Low Fat (1%)	1 GALLON	
MILK	Reduced Fat (2%)	ALL SIZES BOX (check if all sizes are the same brand)	
MILK	Reduced Fat (2%)	1 GALLON	
MILK	Reduced Fat (2%)	1 HALF GALLON	
MILK	Reduced Fat (2%)	1 QUART	

Price Survey Worksheet

Item	Brand/Variety	Size	Enter Size	Price
Baby Food *	Any WIC Authorized Brand (any vegetable)	4 ounce		
Cereal	Cheerios (plain)	14 – 18 ounce		
Cereal	Kix (plain)	14 – 18 ounce		
Cheese	Store or House Brand (Cheddar)	1 pound		
Cheese	Store or House Brand (Monterey Jack)	1 pound		
Eggs	Store or House Brand (large, white, chicken)	1 dozen		
Infant Formula	Similac Advance with Iron (Powder)	12.4 ounce		
Infant Formula	Gerber Good Start Soy (Powder)	12.9 ounce		
Juice	TreeTop (Apple)	64 ounce		
Juice	Any Brand (Frozen Orange)	11.5 – 12 ounce		
Milk	Store or House Brand (1%)	1 gallon		
Milk	Store or House Brand (Whole)	1 gallon		
Peanut Butter	Any Brand (plain, creamy, or chunky)	16 – 18 ounce		
Tuna	Any Brand (chunk light, water – packed)	5 ounce		

*Enter the price for a 4-ounce **SINGLE** container only. If your store only carries 4-ounce/2-packs, you **must** divide the price of the 2-pack in **half** and enter that amount. **Do not enter the full price of the 2-pack.**

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) 542-4323

ORDER SECTION

- _____ WIC Program Food List (English/Spanish) Booklets
 - _____ "WIC APPROVED" shelf markers (visual aid for WIC participants) (100 per roll)
 - _____ "WIC APPROVED" shelf markers (visual aid for WIC participants) (Hanging/4 squares per sheet)
 - _____ "WIC APPROVED" shelf markers (visual aid for WIC participants) (Hanging/8 squares per sheet)
 - _____ WIC Decals (Window Cling) English
 - _____ WIC Decals (Window Cling) Spanish
 - _____ WIC Vendor Manual – Hardcopy (A reference book for Vendors)
 - _____ WIC Vendor Manual – CD (A reference for Vendors)
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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: _____

STORE CLOSURE NOTIFICATION*

Submit this form at least thirty (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 when there is a change of ownership.

CHANGE OF OWNERSHIP

Submit this form at least thirty (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 reapply. The current Contract becomes void at change of ownership. The WIC Contract is not transferable.

Arizona WIC Program Vendor Training Acknowledgement

A. I certify that I attended and understood **all** of 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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| <ul style="list-style-type: none"> • Explanation of the WIC Program • Use of the Vendor Manual • The Vendor's Role • Approved & Non-Approved Foods • Minimum Stock & Variety Requirements • Infant Formula Purchasing Requirement • Wholesaler/Supplier Problems • WIC Food Instruments • WIC Identification Folder & Proxy Form • WIC Redemption Procedures • "X" Signature • Corrections to the Food Instruments • Alterations of WIC Food Instruments | <ul style="list-style-type: none"> • Use of Manufacturer, Store Specials or Discount Cards • Food Item Declaration and Price Survey • Incentive Items Prohibition • Vendor Claims and Reimbursement Procedures • WIC Payment Criteria • Complaint Process • Vendor Monitoring • Violations & Sanctions • Vendor Rights and Responsibilities • Service Mark Compliance • Program Updates |
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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