

KENTUCKY WIC

MANUAL FOR APPLYING RETAILERS



October 2016



Kentucky Public Health
Prevent. Promote. Protect.



IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT YOUR LOCAL AGENCY:

AGENCY _____

ADDRESS _____

TELEPHONE NUMBER _____

CONTACT PERSON _____

CONTACT PERSON'S EMAIL _____

Developed By:

Nutrition Services Branch

WIC Program

275 East Main Street HS2W-D

Frankfort, Kentucky 40621

<http://chfs.ky.gov/dph/mch/ns/wic.htm>

USDA Non-Discrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

TABLE OF CONTENTS

Process to Become an Authorized Vendor	1
Local/State Agency Review Process	3
Criteria to be a WIC Vendor	6
Kentucky State Retail Food Code	10
Competitive Pricing/Peer Groups	11
Quantified Minimum Inventory Requirements	13
Instructions for Completing Retailer/Drug Store Portion of the Application (WIC-14)	15
Instructions for Completing Price List (WIC-24 & 24b)	17
Instructions for Completing Vendor Agreement	19
Instructions for Completing Vendor Sales Information Form	20
Instructions for Completing Custom Data Processing Contact with EBT Host Processor and Bank Deposit Form	21

WIC PROGRAM

What is WIC? WIC is a supplemental nutrition program funded by the United States Department of Agriculture and administered through the Kentucky Cabinet for Health Services. WIC services are provided through Local Health Departments. WIC stands for Special Supplemental Nutrition Program for Women, Infants and Children.

The WIC Program provides specific nutritious foods along with nutrition education and breastfeeding promotion at no cost to the participant. These services are provided to income eligible and nutritionally at risk pregnant, breastfeeding and postpartum women, infants and children up to five (5) years of age.

Eligible participants are issued WIC benefits for one (1), two (2) or three (3) month periods. They can redeem only one (1) month at a time, at a contracted vendor.

The WIC vendor is an important part of the WIC Program and it is important WIC vendors understand the WIC Program rules and regulations.

This manual was prepared for retailers who wish to apply to become an approved WIC vendor. Please read everything carefully. If the applying store is approved, a written agreement will be signed. Your contracting agency will be the Local Agency that administers the WIC Program in the county where your business is located, hereafter referred to as the Local Agency.

PROCESS TO BECOME A VENDOR

Before a store can be an authorized vendor and accept food instruments, the store must complete the application process, meet authorization criteria and be approved by the State Agency.

A. An applying retailer must:

1. Request an application packet from Local Agency.
 2. Complete the following forms, which are contained in the application packet and supply the following information:
 - Kentucky WIC Program Retailer or Drug Store Application (WIC-14);
 - Copy of Photo ID of current owner;
 - Kentucky WIC Approved Items Retailer Price List (WIC-24) or Drug Store Price List (WIC-24b);
 - Three (3) Kentucky WIC Vendor/Drug Store Agreements (WIC-13);
 - Kentucky WIC Vendor Sales Form (WIC-16) and provide Sales and Use Tax Forms;
 - Contract with EBT Host Processor; and
 - Bank deposit form.
 3. Submit forms and additional required information to the Local Agency. See the instructions for each form which follows in this manual.
 4. Receive an on-site visit by the Local Agency. The Local Agency has thirty (30) days to perform an on-site visit at the applying store once the properly completed application forms are received. The on-site visit is performed only after the applying owner has taken possession of the store and the property transfer has been completed.
- B. If the retailer does not meet criteria to be a WIC vendor based upon their review, the application will be denied by local agency.
- C. Upon receipt of the properly completed Application from the Local Agency, the State Agency has thirty (30) days to review the application. **NOTE: APPLICATIONS WILL NOT BE ACCEPTED DURING THE MONTH OF SEPTEMBER.**

- D. If there is a problem with the Application and/or the vendor applicant does not meet criteria to be a WIC Vendor, the vendor applicant will be notified either by the Local Agency or State Agency. If the vendor applicant does not meet the criteria to be a WIC Vendor after two (2) reviews, at any time during this process, the vendor applicant may not apply for the Program for sixty (60) days from the date of denial. Each subsequent denial results in an additional sixty (60) days in accordance with the Administrative Regulation 902 KAR 18:050.

- E. WIC business cannot begin until the applying vendor receives training from the Local Agency a signed and approved Vendor Agreement (WIC-13), the state owned stand beside POS device or the eWIC portion of the integrated point-of-sale system is turned on.

LOCAL/STATE AGENCY REVIEW PROCESS

- A. Upon receipt of a properly completed application, the Local Agency will:
1. Within thirty (30) days or as soon as can be scheduled, will make an on-site visit to complete the Vendor Application and review the WIC Approved Items Price List (WIC-24 or 24b). The on-site visit is performed only after applying owner has taken possession of the store and the property transfer has been completed.
 2. During the on-site visit to an applying retailer, the agency will complete the application and perform the following tasks;
 - Determine if the applying retailer stocks the minimum inventory by checking “yes” if the store meets both the “inventory specifications” and the “total quantity required in stock.” Check “no” if the store does not meet inventory. The stock must be on the shelves or in the stockroom. Expired foods are not to be counted for meeting inventory.
 - Indicate if the prices of the food items in the store are clearly marked either on the shelf, display case or on the food item by checking “yes” or “no”. Pricing must be displayed in order to comply with the terms of the Vendor Agreement (WIC-13).
 - Verify that prices on the Approved Items Price List (WIC-24), submitted by the store match the shelf, item, or display case price of the WIC approved foods. Complete another Price List if corrections are necessary. Sign the (WIC-24) to indicate the prices have been reviewed.
 3. Determine if the store is primarily a retail grocery or convenience store.
 4. Indicate other items sold at the store (e.g. gasoline, lottery tickets, hardware, etc.).
 5. If this is an applying drug store, the Local Agency will:
 - Review the drug stores suggested retail price (SRP) listing(s).
 - Verify the Price List with the shelf prices, if applicable.
 - Remind the store that drug stores must be able to supply exempt formula or WIC Eligible Nutritionals (medical foods) within forty-eight (48) hours of verbal request.

NOTE: Drug stores are solely authorized for the purpose of providing exempt formula or WIC Eligible Nutritionals.

6. Submit the Application information to the State Agency, only if the vendor applicant is eligible according to the criteria the Local Agency has reviewed. If the vendor applicant does not meet criteria to be a WIC Vendor after two (2) site visits, the vendor applicant may not apply for the Program for sixty (60) days from the date of denial.

STATE AGENCY REVIEW PROCESS

1. Within thirty (30) days of receipt of a properly completed Application from the Local Agency, the State Agency will review the Application, Price List, verify information with SNAP, verify information with the Environmental Section, verify information with the Secretary of State, verify submitted Vendor Sales Information including Sales and Use Tax Forms. Review prices in order to determine that pricing is competitive with other stores in the area and review the adherence to the criteria for selection of vendors. The State Agency may request a bill of sale and other proof of ownership and/or other documents.
2. If there is a problem with the Application and/or the vendor applicant does not meet criteria to be a WIC Vendor, the State Agency will notify the Local Agency of denial of the Application.
3. If the Application is approved, the State Agency will notify the Local Agency of approval. An approved Vendor Agreement (WIC-13) and authorized vendor Stamp will be sent to the Local Agency for delivery to the vendor. The EBT Host Processor will be notified to provide a stand beside POS device if applicable or turn on the integrated point-of-sale system.
4. If the vendor applicant does not meet the criteria to be a WIC Vendor after two (2) reviews, at any time during this process, the vendor applicant may not apply for the Program for sixty (60) days from the date of denial. Each subsequent denial results in an additional sixty (60) days in accordance with the Administrative Regulation 902 KAR 18:050.

CRITERIA TO BE A WIC VENDOR

Each retailer and drug store/pharmacy must meet the following authorization criteria:

1. Have a single fixed location. The redemption of food instruments and provision of WIC foods must be within the confines (four walls) of the store. The use of drive-up windows is not allowed.
2. Be able to accept WIC benefits through the use of electronic benefits transfer (EBT). A store must have the use of an internet cable or use a system that is currently certified by Food and Nutrition Services to accept WIC EBT online.
3. Stock the minimum inventory of WIC approved foods in accordance with the “Quantified Minimum Inventory Requirements”, which follows in this manual. The inventory must be in the store or in the store’s stockroom. Expired foods do not count towards minimum inventory.
4. Display the prices of WIC approved food items on each item, on the shelf, or display case where the items are located. A cost plus 10% store, must post the final price (WIC price) on the shelf or on signage in aisle.
5. Retailers with a pharmacy located within the store’s confines (four walls) must provide exempt formula or WIC Eligible Nutritionals within forty-eight (48) hours of verbal request.
6. Purchase infant formula only from wholesalers, distributors, and retailers licensed in Kentucky, or formula manufactures registered with the Food and Drug Administration. An approved list is available from the State WIC Office or online at <http://chfs.ky.gov/dph/mch/ns/wic.htm>.
7. (Drug stores only) A Drug Store or Pharmacy is only authorized to provide exempt formula or WIC Eligible Nutritionals. No other foods or formulas may be redeemed by a drug store/pharmacy. A drug store must be able to supply exempt formula or WIC Eligible Nutritionals within forty-eight (48) hours of verbal request. Have a recognized pharmacy section in a stationary location that is a separate and distinct area. Direct distribution outlets and wholesale food establishments are not eligible.

8. Be in compliance with the Kentucky Food Code and have a valid Retail Food Establishment or Retail Food Store Permit in the current owner's name. See Retail Food Code which follows in this Manual. This does not apply to a drug store/pharmacy.
9. Be an authorized SNAP retailer. This does not apply to a drug store/pharmacy.
10. Have prices competitive with other authorized vendors. An applying vendor's prices for food items cannot be above the current not-to-exceed (NTE) prices of authorized WIC vendors within the same peer group for the region or the state. See Competitive Pricing which follows in this manual.
11. The retailer or drug store must be in compliance with other Food and Nutrition Programs or the Medicaid Program. This includes:
 - a. Not being disqualified or withdrawn by the United States Department of Agriculture (USDA) from participation in another Food and Nutrition Services (FNS) Program;
 - b. Not being disqualified or withdrawn from the Medicaid Program; and
 - c. Not being denied application to participate in Supplemental Nutrition Assistance Program (SNAP) or Medicaid.
12. Not be currently paying a Civil Money Penalty to SNAP or Medicaid or not having been assessed a Civil Money Penalty from SNAP or Medicaid and the disqualification period that would otherwise have been imposed has not expired.
13. Be a business whose primary purpose is to be a retail grocery. Direct distribution outlets and wholesale food establishments are not eligible. A vendor whose primary business is something other than a retail grocery is not normally eligible for the WIC Program. This includes dairies, gas stations, specialty stores, liquor stores, home delivery groceries, bait shops, etc., the applying store must have a recognized grocery department in a stationary location that is a separate and distinct area which stocks staple food items in addition to WIC approved foods. Staple food items are defined as meat, poultry, fish, bread and bread items, cereals, vegetables, fruit, fruit and vegetables juices, dairy products, and the like. Food items such as coffee, tea, cocoa, carbonated and noncarbonated drinks, condiments, and spices are not considered to be staple foods. A retail grocery should have:
 - a) A separate area as defined above;
 - b) A stock of food other than staple food items as defined above;

- c) Fifteen percent (15%) of their gross sales must be in non-taxable food sales excluding specialty products. (Bakery goods for bakery produce for fruit and vegetable stands.) Dairies and home delivery groceries will not be approved if they operate solely as mobile operations.
- 14. (Does not apply to drug stores) A vendor who derives more than 50% of their annual food sales revenue from the sale of food items purchased with WIC food instruments is not eligible.
- 15. Be a corporation or partnership that is registered with the Secretary of State and be in good standing.
- 16. Be open for business year round, on a full time basis, at least eight hours per day and six days per week.
- 17. Not owe the WIC Program for any unpaid claims or Civil Money Penalties for any stores owned or previously owned by the applying owner.
- 18. Not be an applying retailer or drug store who, during the last six (6) years, the vendor applicant's current owner(s), officers or managers have been convicted of or had a civil judgment for:
 - a) Fraud;
 - b) Antitrust violations;
 - c) Embezzlement, theft, or forgery;
 - d) Bribery;
 - e) Falsification or destruction of records;
 - f) Making false statements or claims;
 - g) Receiving stolen property;
 - h) Obstruction of justice;
 - i) Other evidence reflecting on the business integrity and reputation of the applicant; or
 - j) Official records of removal from other federal, state or local programs.
- 19. Not be a business that has attempted to circumvent a period or disqualification from the program. This includes a store that has undergone a sale or change of operation if the transaction involves the following parties:
 - a) The seller or transferor is an owner, operator, or manager who is currently suspended, sanctioned, or disqualified from WIC, SNAP or Medicaid; and

b) The buyer or transferee is related to the seller by marriage or consanguinity within the fourth degree, or was a manager or employee of the seller at the time of the sanction, suspension or disqualification was issued, or the violation occurred.

20. Not be a business where a conflict of interest, real or apparent, will occur. Contracts will not be entered into with local health department employees or with governing local board of health members.

21. Be accessible to monitoring by State and Federal officials without prior notice.

The State Agency will deny and/or terminate a vendor's contract if it determines the vendor or vendor's employees provided false information in connection with the vendor application.

KENTUCKY STATE RETAIL FOOD CODE

(Does not apply to drug stores)

When a store is in compliance with the Kentucky State Retail Food Code (902 KAR 45:005), the store is issued a State Retail-Food Establishment or Retail Food Store permit.

To obtain a permit, contact the Environmental Section of the County Health Department in the county of the store’s physical address.

The permit must be in the current owner’s name.


The permit fee must be paid.

Example of the permit

DFS-234 (4/97)

COUNTY _____

CABINET FOR HEALTH SERVICES

COMMONWEALTH  OF KENTUCKY

PERMIT NO. _____

PERMIT / LICENSE / REGISTRATION / CERTIFICATE TO OPERATE

AUTHORIZATION IS HEREBY GRANTED TO OPERATE A
IN COMPLIANCE WITH

THIS PERMIT IS NON - TRANSFERABLE AND SHALL EXPIRE ON
LOCATION OF ESTABLISHMENT IF DIFFERENT FROM MAILING ADDRESS

STREET _____
CITY _____

THIS PERMIT MUST BE POSTED
IN A CONSPICUOUS PLACE.

GIVEN UNDER OUR HANDS ON THIS DATE: _____

SECRETARY FOR HUMAN RESOURCES

COMPETITIVE PRICING

The prices submitted on the Price List (WIC-24) by the applying store are used to compare to the current not-to exceed (NTE) prices of WIC authorized vendors within the same Peer Group for the same food items. The price submitted on the Price List cannot exceed the Region and State NTE.

The NTE is the maximum amount that Kentucky will pay for specific food items identified by their Universal Product Code (UPC). The NTE is calculated from the actual prices by food item by UPC that is submitted through EBT transactions. The NTE is the average price plus two (2) standard deviations per Peer Group. The price of a WIC food item cannot exceed the Region and State NTE.

1. The twelve peer groups are designated by:
 - a) Region based upon the region of the store’s physical address: West- Type 1, Central-Type 2, East- Type 3; and
 - b) Classification which is based upon the non-taxable food sales submitted on the Vendor Sales Form. The Classes are; Class I, Class II, Class III, Class IV and Class V.

Peer Groups

SALES	REGION		
Class I – Less than \$200,000	West	Central	East
Class II - \$200,000 to \$1.5 Million	West	Central	East
Class III - \$1.5 Million to \$8 Million	West	Central	East
Class IV – Greater than \$8 Million	West	Central	East
Class V - Pharmacies	West	Central	East

2. The NTE of the following food items are compared to the applying stores’ prices submitted on the Price List:

- | | |
|--|---|
| <ul style="list-style-type: none"> • Milk – gallon (whole, skim, 1%, 2%) • Cheese • Eggs • Cereal • Juice • Peanut butter • Dry Beans (bag) | <ul style="list-style-type: none"> • Beans (canned) • 100% Whole Grain Bread • Rice • Tortillas • Dry infant cereal • Infant fruits and vegetables • Infant formula (contract brand) |
|--|---|

3. If one food item’s price exceeds the State and Region NTE, the application will be denied.

4. If an applying store receives a letter of denial, due to pricing, the retailer may contact the State WIC Agency to negotiate prices.
5. If this is a cost plus 10% store, the final price (WIC price) must be submitted on the Price list as well as posted on the shelf or on signage in aisle. This is the price that is used to review for competitive pricing.
6. If any applying stores receive a second letter of denial due to pricing the store cannot reapply for sixty (60) days from the date of denial. Subsequent denials result in increasing time when a store cannot apply. See Administrative Regulation 902 KAR 18:050.

QUANTIFIED MINIMUM INVENTORY REQUIREMENTS

(DOES NOT APPLY TO DRUG STORES)

ALL FOOD ITEMS MUST BE WIC APPROVED, MEETING THE REQUIREMENTS OF ATTACHMENT A OF THE WIC PROGRAM VENDOR AGREEMENT, AND MUST BE WITHIN THE MANUFACTURER'S EXPIRATION, BEST BY, SELL BY, OR USE BY DATE.

Food Item	Inventory Specifications	Quantities Required in Stock
Milk	2 Types Required: Whole and 1% (or less) milk in gallon containers Must supply ½ gallons and quarts upon request	4 gallons whole milk and 6 gallons 1% milk or less
Cheese	1 Type Required: No deli cheese of any type	4 pounds total 8 or 16 ounce packages
Eggs	Grade A (Large or smaller)	5 dozen
Cereal	Three (3) Products Required: (2 of the 3 products must be whole grain)	9 boxes
Juice	Two (2) flavors required in 64 ounce containers Two (2) flavors required in 48 ounce or 12 ounce frozen concentrate containers (reconstitute to 48 ounces) Must be 100% fruit or vegetable juice, unsweetened	Combined quantities to equal 14 containers
Beans or peas	1 type dry beans or peas 1 type canned beans or peas	4 - one (1) pound packages and 16 - 15 to 16 ounce cans
Fish	1 type required	45 ounces
Peanut butter	1 type required	4 – 16 to 18 ounce containers

Food Item	Food Item	Food Item
Whole wheat products	1 type required	4 - 16 ounce loaves of bread, tortillas, or 14 – 16 ounce pkgs of rice
Fresh or frozen fruits and vegetables	2 types fresh or frozen fruits 2 types fresh or frozen vegetables	10 pounds total
Infant formula	1 type of contract brand powder required: *Gerber Good Start Gentle, Good Start Soy, Good Start Soothe	11 cans total In either 12.4, 12.7 or 12.9 ounce cans
Infant cereal	1 type required	3 containers total 8 ounce containers
Infant fruits and vegetables	2 types infant fruits and 2 types infant vegetables	16 – 4 ounce 2-packs or 32 - 4 ounce containers

*Contract brand and size subject to change. Written notification will be provided.

INSTRUCTIONS FOR COMPLETING THE RETAILER/DRUG STORE PORTION OF APPLICATION (WIC-14)

All questions on the Application must be fully completed. If sole proprietorship, attach a copy of the photo ID of the current owner which will assist the WIC Program staff to identify the proper owner.

The following instructions are for completing the retailer portion of the Application:

1. – 8. Self-explanatory.
9. Owner related to the previous owner – Indicate if the applying owner is has a family relationship to the prior owner of this store.
10. Rejected Application- Indicate if you have previously applied for participation in the WIC Program and had your application rejected. Specify date application was rejected.
11. Participation in the WIC Program- Indicate if the applicant has ever had a contract with the WIC Program. If yes, indicate the previous WIC Vendor Stamp Number (if known), the store name and the address where the store was located. Attach a listing to the Application if there has been or currently is more than one store with a contract with the Program.
12. Warning or Suspension from WIC Program- Indicate if the applicant- the corporation or the manager ever owned, managed, or has been an employee of a firm which ever received a termination, or disqualification from the WIC Program. If yes, provide the store name and location involved, date, brief reason and identify the person or corporation. If additional information is necessary, attach to the Application.
13. Previous store name and owner - If previously in business under another name or owner, please indicate.
14. – 18. Self-explanatory
19. Integrated System – Does the store use a point-of-sale system that has been certified for online WIC EBT by the Food and Nutrition Services, check yes or no.
20. – 27. Self-explanatory
28. More Than Fifty (50) Percent Criteria - Indicate if you believe that more that 50% of this store's yearly food sales will be from the sale of WIC food items.

29. Valid Retail-Food Establishment or Retail Food Store Number- Indicate if there is a Retail-Food Establishment or Retail Food Store Permit in the owner's name and the permit number. If there is not a permit or the permit is not in the owner's name, contact the Environmental Section of the County Health Department site in the county where the store is located. An applying store must have a Retail-Food Establishment or Retail Food Store Permit in the applying owner's name. See Kentucky State Retail Food Code in this manual.
30. SNAP Authorization Number - Check if the store is authorized or has applied for a SNAP number. If authorized, supply the SNAP Number.
31. Denied or Disqualified from SNAP - Indicate if the applying store, has ever violated SNAP Regulations and was denied, withdrawn or disqualified. If yes, provide the date, a brief reason. If additional information is necessary attach to the Application.
32. Civil Money Penalty for SNAP - Indicate if the store has ever received a Civil Money Penalty. If yes, provide the date, a brief reason. If additional information is necessary attach to the Application.
33. – 34. Self-explanatory.
35. – 36. Wholesaler/Retailer Information - Indicate the wholesaler/retailer you expect to use for the purchase of WIC food items. Infant formula must be purchased from the list of infant formula wholesalers, distributors and retailers licensed in Kentucky or formula manufacturers registered with the FDA. An approved list is available from the State Agency or on-line at <http://chfs.ky.gov/dph/mch/ns/wic.htm>.
- 37. Read Statements and Certification prior to signing.**
- Authorized Signature (Owner or Corporate Officer), Printed Name and Date- The applying owner must sign, print name and date this form. The only exception is for a chain store whose authorized representative is at the corporate level and may not be the owner.
 - Title- Title of person signing the application. The only exception to the owner is for a chain store whose authorized representative is at the corporate level and may not be the owner.
- 38. Local Agency/State Agency Use Only**
- The next two (2) portions of the Application are for the Local Agency and State Agency to use in reviewing the store for approval for a contract. Do not complete these portions of the form.

INSTRUCTIONS FOR COMPLETING WIC APPROVED ITEMS PRICE LIST (WIC 24)

INSTRUCTIONS

1. **Date** – Enter the numerical month, day and year on which you are completing the Price List. For example, May 1, 2016 would be written as 05/01/2016.
2. **Vendor Number** – An applying store will leave the area blank.
3. **Vendor Name** – Print the name of the store.
4. **Print name of store Representative**- Self-explanatory
5. **Signature of Store Representative** - Enter the signature of the store’s representative.
6. **Date** – Enter the date signed by the store’s representative.
7. **Monitor’s Signature** – State Agency Use Only.
8. **Prices** – Complete prices for the WIC approved foods as outlined below.

PRICES ARE TO BE THE SHELF PRICES OF WIC APPROVED FOODS IN STOCK

Milk - Enter the lowest price brand in stock by size.

Cheese - Enter the lowest price brand in stock by size.

Eggs - Enter the highest price charged for eggs.

Juice - Enter the highest price for each type, brand, and size of juice in stock.

Dry Beans or Peas - Enter the highest price charged for sizes specified.

Canned Beans - Enter the highest price charged for sizes specified.

Whole Grain Products - Enter the highest price charged for each type and size in stock.

Whole Grain Bread - Enter the highest price charged for each type and size in stock.

Tuna/Salmon/Sardines - Enter the highest price charged for each type and size in stock.

Peanut Butter - Enter the highest price charged for sizes specified.

Tofu – Enter the highest price charged for brand and sizes specified.

Cereal - Enter the highest price for each type and size in stock.

Infant Cereal - Enter the highest price charged for size specified.

Infant Fruits and Vegetables - Enter the highest price charged size specified.

Infant Formula - Enter the highest price for each type and size in stock.

9. I do hereby agree that the items listed in this form were available at the store indicated and the prices entered were the actual shelf price. I understand this information is to be used to evaluate my inventory as set forth in the WIC Program Vendor Agreement item 1(b), is used in the comparison of prices charged for WIC food instruments, and is used to evaluate prices for application. For a retailer who is applying for the first time (and has not been terminated or not renewed) and is denied, then the retailer may reapply without a waiting period. If my application is denied again, I cannot reapply for sixty (60) days from the denial. A second occurrence will result in a 90 day disqualification and a third occurrence will result in a 120 day disqualification.
10. If an applying store, return this form with the properly completed Application to the appropriate Local Agency. If an authorized WIC vendor, return this form as directed.

**INSTRUCTIONS FOR COMPLETING WIC
APPROVED ITEMS DRUG STORE PRICE LIST (WIC 24b)**

1. **NAME OF VENDOR** – Print the name of your store.
2. **DATE COMPLETE** – Enter the numerical month, day and year on which you are completing the Price List. For example, April 6, 2016 = 040616
3. **VENDOR NUMBER** – Enter your authorized WIC Vendor Number as it appears on your Vendor Stamp. (If you are applying to be a WIC Vendor, leave the area blank.)
4. **SPECIAL FORMULA AND EXEMPT WIC ELIGIBLE NUTRITIONALS** – Prices are to be entered for the special formulas and exempt WIC Eligible Nutritionals that are in stock or that can be ordered upon request from the WIC Program. Use the suggested retail price per unit for items that are special ordered.
5. **SIGNATURE OF STORE CONTACT** – Signature of person providing information.
6. **TITLE OF STORE CONTACT** – Title of person providing information.
7. **SIGNATURE OF STATE/LOCAL REPRESENTATIVE** – State/Local Agency use only.
8. **DATE** – Enter date signed.

**INSTRUCTIONS FOR COMPLETING THE WIC PROGRAM
VENDOR AGREEMENT (WIC-13)**

This document constitutes a written contract between the Local Agency, State Agency and the participating WIC vendor, regarding applicable federal and state regulations relating to the WIC Program.

A. For an applying retailer/drug store:

1. Review this document in its entirety before signing the Agreement. This is a legal and binding contract.
2. Sign the following lines:
 - a) Authorized Signature - the signature of the owner. If the store is part of a chain, the legally authorized obligating corporate authority signs.
 - b) Title - the title of the person signing the Agreement.
 - c) Authorized Signature - type or print legibly the name of the person signing the Agreement.
 - d) Corporate or Business Name - type or print legibly the name of the corporation business.
3. One (1) copy of the original Agreement will be provided for the owner's file and referenced when it has been approved by the State Agency.
4. A contract is not valid until it has been signed and approved by the State Agency and the vendor or vendor applicant has received training from the Local Agency, a state owned stand-beside POS device (if applicable) the vendor stamp. If the store has an integrated POS system, the system will be activated. WIC food instruments cannot be accepted until then.
5. The WIC Program Vendor Agreement is not a license or property interest.

**INSTRUCTIONS FOR COMPLETING THE
WIC VENDOR SALES INFORMATION FORM (WIC-16)**

- A. This form serves to document whether a contracted vendor or vendor applicant meets the criteria for non-taxable food sales and primary business is a retail grocer or drug store.
- B. Instructions for completing the form:
 - 1. Store name - enter store name.
 - 2. WIC vendor number - enter the authorized WIC vendor number as it appears on your vendor stamp. If an applying vendor, leave the area blank.
 - 3. Address of the store.
 - 4. Food sales - supply amount of all non-taxable food sales, including WIC sales, if applicable, for the time period beginning October 1, 2013, and ending September 30, 2014. Indicate the dollar amount of sales. If an applying vendor, estimate anticipated sales.
 - 5. Gross sales - supply amount of total sales for store for the time period beginning October 1, 2013, and ending September 30, 2014. Gross sales include both the taxable and non-taxable sales done by the store, including gas, pharmacy, bait, deli, video rental, etc. However, sales from lottery, money orders, any service offered as commission services (e.g., ticket master), or fishing/hunting licenses are not to be reported as gross sales. Indicate the dollar amount of sales. If an applying vendor, estimate anticipated sales.
 - 6. From/To – Provide the beginning and ending dates of the month and year of the reported sales.
 - 7. Attach supporting documentation - vendors are required to provide copies of supporting documentation showing gross sales and total non-taxable food sales, per federal guidelines. The acceptable proof is the Kentucky Sales and Use Tax returns for the reported period.
 - 8. Name of authorized person supplying information - self- explanatory.
 - 9. Date - month, day, and year the form is completed.
 - 10. Signature - signature of authorized person supplying information.
 - 11. Title - title of person supplying information.

Please ensure all supporting documentation is legible and mail the form to: State WIC Office

**CONTRACT WITH KENTUCKY EBT HOST PROCESSOR
AND BANK DEPOSIT FORM**

Contract:

A vendor cannot process eWIC transactions without this contract. An applying store cannot be approved for the Program if it cannot accept eWIC (EBT) transactions.

An applying vendor must:

1. Review the contract in its entirety.
2. Sign and date the contract.
3. Return with Application.
4. The State Agency will not approve an Application without this contract being signed.

Bank Deposit Form:

The Bank Deposit Form is necessary for any store. The information on this form provides the EBT Host Processor with the proper bank account to deposit reimbursement for eWIC transactions. Without this information a store cannot accept eWIC transactions.

An applying vendor must:

1. Complete this form in its entirety.
2. Place the form into the envelope that is marked confidential.