

STORE  
NAME \_\_\_\_\_  
(Please Print Legibly)

VENDOR  
NUMBER \_\_\_\_\_

STORE REPRESENTATIVES AT TRAINING \_\_\_\_\_  
(Please Print Legibly)

**STORE REPRESENTATIVE IS TO CHECK ITEMS AS THEY ARE EXPLAINED AND UNDERSTOOD.**

- ☐ 1. Maintaining qualifications to be an authorized vendor, including, but not limited to: minimum inventory, pricing and tagging of WIC food items, purchasing formula from the Authorized Suppliers of WIC-Allowed Infant Formulas list and submission of all required forms within the time frames. Drug stores only: Obtaining special formula within 48 hours of verbal request.
- ☐ 2. Incentive items and use of WIC logo and acronym are prohibited
- ☐ 3. Requirement to attend training and training store employees
- ☐ 4. Accountability for actions of employees
- ☐ 5. Kentucky WIC Approved Food List
- ☐ 6. Use of loyalty cards, coupons, and in-store promotions are allowed
- ☐ 7. Scanning or manual entry of actual UPC's affixed to the WIC approved items only
- ☐ 8. Requirement to allow monitoring of store and maintain shelf price records, inventory records and proof of purchase on WIC Food items.
- ☐ 9. Repay to the State Agency any documented overcharges. Refund the State Agency any payment previously made on improper or invalid WIC transactions
- ☐ 10. Sanctions issued by the WIC Program based on SNAP disqualifications and civil money penalties
- ☐ 11. Violations of Program and applicable sanctions, including disqualification periods
- ☐ 12. Right to request fair hearing for termination or denial of application. The expiration of the Agreement for disqualification based on a SNAP disqualification or the State Agency's determination regarding participant access is not subject to review
- ☐ 13. Terms of Vendor Agreement
- ☐ 14. Agreement is null and void upon change of ownership
- ☐ 15. Reporting of complaints regarding participants or other vendors
- ☐ 16. eWIC functionality, including, but not limited to: use and security, participant PIN#, use of APL, Not-To-Exceed (NTE) value and Help Desk contact information
- ☐ 17. Vendor Stamp and stand-beside device
- ☐ 18. Procedures for redeeming paper food instruments

**ACKNOWLEDGEMENT**

I acknowledge that I have received and read the above training material. I willfully acknowledge that the items checked above were covered in the training material. I understand the material and consider myself fully trained.

Store Representative's Signature \_\_\_\_\_ Date \_\_\_\_\_

Agency Representative \_\_\_\_\_ Date \_\_\_\_\_