

WIC VENDOR HANDBOOK

New York State WIC Program



May 2015

NYS WIC VENDOR HANDBOOK

NYS WIC VENDOR HANDBOOK

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OVERVIEW OF WIC

WIC stands for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). The WIC Program provides important foods which contain essential vitamins, minerals and other nutrients to pregnant, postpartum and breastfeeding women, infants, and children up to the age of 5. WIC foods are provided because proper nutrition in the early stages of life can help prevent serious health problems. Staff also offer nutrition education, breastfeeding counseling, support services and referrals to health and social services.

WIC is funded by the United States Department of Agriculture (USDA) and the State of New York and is administered by the New York State Department of Health. WIC Program services are provided throughout the state by contracted local agencies which include; hospitals, county health departments, and/or other nonprofit health agencies. Women, infants and children are certified as eligible based upon nutrition risk and income criteria.

Participants of the program receive WIC checks and Vegetable and Fruit Vouchers for specific types and amounts of nutritious foods. These checks and vouchers are redeemed at authorized grocery stores and pharmacies who meet certain requirements mandated by the state and federal governments, and are contracted with approved New York State Vendor Management Agencies.

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INTRODUCTION

Introduction:

The NYS WIC Vendor Handbook is a training and reference guide for vendors (retail food stores and pharmacies) that are authorized to accept WIC checks. This Handbook assists vendors with understanding WIC program requirements to ensure compliance with policies, procedures, and federal and state rules and regulations. Keep this Handbook available for reference to assist store owners, cashiers, managers and bookkeepers in understanding vendor responsibilities, WIC acceptable foods, minimum stock requirements and how to process WIC checks.

The Handbook contains many sample forms, such as the “Bank Designation Form”, “Electronic Reimbursement Request Form” and the “Replacement or Additional Vendor Stamp Request Form.” Vendors may photocopy a sample form directly from the Handbook and use the copy. Remember to return the original form to the Handbook for future reference.

Additional materials available from the WIC Program include:

- WIC Acceptable Foods Card (This is the main reference for participants and vendors to determine the foods that may be purchased with WIC checks.)
- “We Accept WIC Checks” sign (DOH Form 4023)

If vendors need any of the above materials or have questions about their role as a WIC vendor, please contact the contracting WIC Vendor Management Agency (VMA).

This handbook section includes:

- A list of WIC vendor management agencies, including contact information and areas served. This information can also be found by visiting:
https://www.health.ny.gov/prevention/nutrition/wic/vendor_management_agencies_contact.htm

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WHICH VENDOR MANAGEMENT AGENCY SHOULD I CONTACT?

| If your store is located in this county: | CONTACT |
|---|--|
| DOWNSTATE | |
| Kings, Nassau, Queens, Richmond, Suffolk | Public Health Solutions WIC Program Vendor Management Agency 40 Worth Street, 5 th Floor New York, New York 10013 Telephone: (646) 619-6400 Fax: (646) 619-6784 |
| Bronx, New York (Manhattan), Orange, Putnam, Rockland, Westchester | Montefiore New Rochelle Hospital WIC Program Vendor Management Agency 1600 East 233 rd Street Bronx, NY 10466 Telephone: 718-654-2690 Fax: 718-654-3127 |
| UPSTATE | |
| EASTERN COUNTIES: Albany, Clinton, Columbia, Delaware, Dutchess, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Sullivan, Ulster, Warren , Washington | Commission on Economic Opportunity for the Greater Capital Region, Inc. (CEO) WIC Program Vendor Management Agency 2331 Fifth Avenue Troy, New York 12180 Telephone: (518) 272-6012 Fax: (518) 687-0160 |
| CENTRAL COUNTIES: Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tioga, Tompkins | Onondaga County Health Department WIC Program Vendor Management Agency 375 West Onondaga Street Syracuse, New York 13202 Telephone: (315) 435-5238 Fax: (315) 435-2877 |
| WESTERN COUNTIES: Allegany, Cattaraugus, Chautauqua, Chemung, Erie, Genesee, Livingston, Monroe , Niagara, Ontario, Orleans, Schuyler, Seneca, Steuben, Wayne, Wyoming, Yates | Society for the Protection and Care of Children (SPCC) WIC Program Vendor Management Agency 148 S. Fitzhugh Street Rochester, New York 14608 Telephone: (585) 730-8282 Fax: (585) 730-8286 |

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VENDOR'S RIGHTS AND RESPONSIBILITIES

Vendors play a vital role in the WIC Program by:

- Ensuring that participants have access to safe and nutritious foods
- Ensuring that participants receive exactly what is prescribed on the WIC checks
- Respecting WIC participants and offering a positive shopping experience
- Offering competitive prices to help the WIC Program contain costs and reach the greatest number of eligible women, infants and children

Vendor's Rights

Vendors have the right to:

- Be considered for enrollment
- Receive training
- Be paid for WIC checks when all Program rules are followed
- Be notified before any action is taken by the WIC Program
- Receive a fair hearing in certain situations
- Refuse to serve any rude or abusive participant and file a complaint

Vendor's Responsibilities (see WIC Vendor Contract for additional information)

Vendors must:

- Fully comply with all WIC Program rules, regulations, policies and procedures as outlined in the contract, WIC Vendor Handbook, Vendor Bulletins and any additional Department-issued authorizing material
- Abide by WIC's check cashing and depositing policies, and accept the terms and conditions for reimbursement
- Be responsible for all actions of employees, owners, officers, managers and agents
- Stock a required minimum of the types and quantities of WIC acceptable foods at reasonable prices at all times
- Issue all authorized foods in the quantities specified on the WIC check
- Not turn participants away for reasons other than abusive behavior
- Not accept WIC checks that have been altered
- Maintain sanitary and safe conditions in their store
- Return the WIC vendor stamp and cling when closing or selling the business
- Not allow a new owner to use their WIC vendor stamp

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WIC VENDOR CONTRACT

Every vendor is required to sign a contract developed and approved by the WIC Program.

The WIC Vendor Contract is a binding agreement between the WIC Vendor Management Agency (VMA) and the vendor. The contract must only be signed by the owner or corporate officer or a representative **authorized to enter into a legally binding agreement**. Signing the contract constitutes agreement with all WIC Program rules, regulations, policies and procedures as outlined in the contract, WIC Vendor Handbook, Vendor Bulletins and any additional Department-issued authorizing material.

The contract is effective for a three-year period. During the contract period, the WIC VMA may monitor any authorized vendor at any time and as often as necessary to ensure compliance with all program rules and may elect to non-renew the contract at set intervals based on the vendor's compliance.

Vendors must meet the enrollment criteria at all times throughout the contract period. The WIC VMA will terminate the contract with those vendors that fail to meet all program rules.

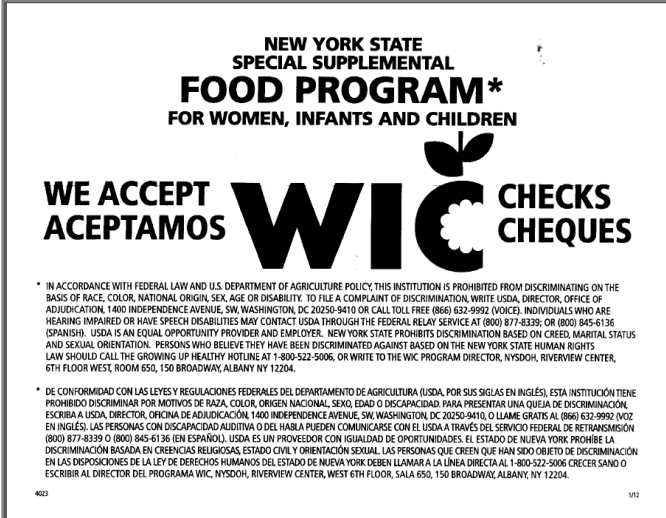
The WIC Vendor Contract is not transferable. Vendors must apply for a new contract at the end of each three-year period. This process is known as "reauthorization." The WIC VMA will send a reauthorization application packet 120 days before the end date of the current contract.

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WIC CLING

The Vendor Management Agency (VMA) provides authorized WIC vendors (pharmacy or retail food store) with a WIC Cling or sign. The cling identifies those vendors where participants can redeem their WIC checks. The cling must be posted conspicuously at the entrance of the store. The cling must not be shared with other vendors, and must be returned to the VMA with the vendor stamp when the business is closing or being sold.

WIC Grocery Cling:



**NEW YORK STATE
SPECIAL SUPPLEMENTAL
FOOD PROGRAM*
FOR WOMEN, INFANTS AND CHILDREN**

**WE ACCEPT
ACEPTAMOS** **WIC** **CHECKS
CHEQUES**

* IN ACCORDANCE WITH FEDERAL LAW AND U.S. DEPARTMENT OF AGRICULTURE POLICY, THIS INSTITUTION IS PROHIBITED FROM DISCRIMINATING ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, AGE OR DISABILITY. TO FILE A COMPLAINT OF DISCRIMINATION, WRITE USDA, DIRECTOR, OFFICE OF ADJUDICATION, 1400 INDEPENDENCE AVENUE, SW, WASHINGTON, DC 20250-9410 OR CALL TOLL FREE (866) 632-9992 (VOICE). INDIVIDUALS WHO ARE HEARING IMPAIRED OR HAVE SPEECH DISABILITIES MAY CONTACT USDA THROUGH THE FEDERAL RELAY SERVICE AT (800) 877-8339; OR (800) 845-6136 (SPANISH). USDA IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER. NEW YORK STATE PROHIBITS DISCRIMINATION BASED ON CREED, MARITAL STATUS AND SEXUAL ORIENTATION. PERSONS WHO BELIEVE THEY HAVE BEEN DISCRIMINATED AGAINST BASED ON THE NEW YORK STATE HUMAN RIGHTS LAW SHOULD CALL THE GROWING UP HEALTHY HOTLINE AT 1-800-522-5006, OR WRITE TO THE WIC PROGRAM DIRECTOR, NYSDOH, RIVERVIEW CENTER, 6TH FLOOR WEST, ROOM 650, 150 BROADWAY, ALBANY NY 12204.

* DE CONFORMIDAD CON LAS LEYES Y REGULACIONES FEDERALES DEL DEPARTAMENTO DE AGRICULTURA (USDA, POR SUS SIGLAS EN INGLÉS), ESTA INSTITUCIÓN TIENE PROHIBIDO DISCRIMINAR POR MOTIVOS DE RAZA, COLOR, ORIGEN NACIONAL, SEXO, EDAD O DISCAPACIDAD. PARA PRESENTAR UNA QUEJA DE DISCRIMINACIÓN, ESCRIBA A USDA, DIRECTOR, OFICINA DE ADJUDICACIÓN, 1400 INDEPENDENCE AVENUE, SW, WASHINGTON, DC 20250-9410, O LLAME GRATIS AL (866) 632-9992 (VOZ EN INGLÉS). LAS PERSONAS CON DISCAPACIDAD AUDITIVA O DEL HABAJA PUEDEN COMUNICARSE CON EL USDA A TRAVÉS DEL SERVICIO FEDERAL DE RETRANSMISIÓN (800) 877-8339 O (800) 845-6136 (EN ESPAÑOL). USDA ES UN PROVEEDOR CON IGUALDAD DE OPORTUNIDADES. EL ESTADO DE NUEVA YORK PROHIBE LA DISCRIMINACIÓN BASADA EN CREENCIAS RELIGIOSAS, ESTADO CIVIL Y ORIENTACIÓN SEXUAL. LAS PERSONAS QUE CREEN QUE HAN SIDO OBJETO DE DISCRIMINACIÓN EN LAS DISPOSICIONES DE LA LEY DE DERECHOS HUMANOS DEL ESTADO DE NUEVA YORK DEBEN LLAMAR A LA LÍNEA DIRECTA AL 1-800-522-5006 CRECER SANO O ESCRIBIR AL DIRECTOR DEL PROGRAMA WIC, NYSDOH, RIVERVIEW CENTER, WEST 6TH FLOOR, SALA 650, 150 BROADWAY, ALBANY, NY 12204.

WIC Pharmacy Cling:



NEW YORK STATE | **WIC Program**

**WE ONLY ACCEPT
SÓLO ACEPTAMOS**

WIC

**FORMULA CHECKS
CHEQUES PARA COMPRAR FÓRMULA**

* This institution is an equal opportunity provider and employer.
* This is where the Spanish translation will go.

4004 A Program of the New York State Department of Health. 410

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WIC ACCEPTABLE FOODS

WIC Acceptable Foods are foods that WIC participants are allowed to purchase with their WIC checks. WIC participants are educated about the acceptable foods when they pick up their checks at the local agency.

- Information about WIC acceptable foods is available from your WIC Vendor Management Agency (VMA). Please check with your WIC VMA for the most current information.
- WIC Acceptable Foods are selected based on several factors, including cost, nutrition, availability, time on the market, participant preference and package size.
- Keep a copy of the WIC Acceptable Foods Card at each cash register and additional copies at your customer service counter. This card, in combination with the WIC check, determines what foods can be purchased.
- Vendor Bulletins are used to notify vendors of changes or updates to the WIC Acceptable Foods. Contact your WIC VMA with questions about WIC Acceptable Foods.

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MINIMUM STOCK REQUIREMENTS

Vendors are required to stock certain varieties and amounts of WIC Acceptable Foods. The minimum stock requirements must be maintained throughout the contract period.

It is important to maintain the minimum stock requirements because WIC participants rely on vendors to have all the foods listed on their WIC checks. A list of the minimum stock requirements is available from your WIC Vendor Management Agency (VMA) and includes information on container types, sizes, varieties and brands.

Please note:

- Retail food stores are required to stock all required items.
- Pharmacies are only required to stock contract infant formula, but must agree to order exempt formulas and medical foods as requested by the WIC VMA.

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INFANT FORMULA

Infant Formula

The NYS WIC Program uses two types of formula:

- Contract Formula
- Non-Contract Formula

Contract and non-contract formulas are identified on the “*Approved Formulas in the New York State WIC Program Formulary*” list which can be found at the following website:

https://www.health.ny.gov/prevention/nutrition/wic/approved_formulas.htm

Contract Formula (also known as Standard Formula)

The NYS WIC Program has a contract with formula manufacturers for the infant formulas approved for purchase in NYS. The WIC Program receives rebates for contract formula that is purchased with WIC checks. These rebates allow the WIC Program to serve many thousands of additional women, infants, and children per month that could not otherwise be served.

The infant formula rebate contract has a mandatory restriction: **NO SUBSTITUTIONS ARE ALLOWED.** The participant must purchase the brand, product name, form (concentrate, powder, ready-to-use) and container size printed on the WIC check.

Non-Contract Formula (also known as Exempt Formula)

Exempt formula is identified as any product on the “*Approved Formulas in the New York State WIC Program Formulary*” list other than the contract formulas.

Effective February 1, 2014:

- Only authorized WIC pharmacies and retail WIC vendors with a pharmacy inside may cash WIC checks for exempt formula
- Any exempt formula checks redeemed in violation of WIC Program Policy may be subject to recovery of funds paid, civil monetary penalties, or disqualification

Effective April 4, 2015:

- The NYS WIC banking contractor will reject payment to unauthorized vendors for exempt formula checks
- Bank fees from the vendor’s bank of deposit may also be incurred if exempt formula checks are redeemed by unauthorized vendors
- Vendors must ensure that the contracting Vendor Management Agency (VMA) has a valid copy of their pharmacy license in order to continue accepting WIC checks for Exempt Formula

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Infant Formula Supplier Requirements

Federal law restricts which businesses can supply infant formula to a WIC vendor for resale to a WIC participant. NYS WIC vendors may only purchase infant formula from businesses that are:

- Licensed by the NYS Department of Agriculture and Markets (if required to have a food license); or
- Registered with the NYS Department of Taxation and Finance; or
- Approved by another state's WIC program (if the business is located in another state).

Vendors can also find the list of approved infant formula suppliers at:

http://www.health.ny.gov/prevention/nutrition/wic/docs/infant_formular_supplier_list.pdf

Vendors may also contact their WIC Vendor Management Agency (VMA) to make sure that their infant formula suppliers meet these rules.

Additional Restrictions for WIC Approved Formulas:

- WIC participants may not substitute another brand of formula for any reason, even if the approved brand is out of stock. Participants wishing to substitute their formula should be referred back to the local WIC agency.
- WIC participants may not purchase approved formula with a WIC check and then exchange it for other formulas or for cash. Participants that request to exchange formula should be referred back to the local WIC agency.
- The only allowable exchange is when a WIC participant returns a container that is damaged, past its expiration date, or contains defective or spoiled formula, and requests to exchange it for an intact, unexpired container of the identical product.
- Permitting a WIC participant to purchase an infant formula other than the prescribed brand is a violation of the WIC Vendor Contract and could result in fines and/or disqualification from the WIC Program.
- A WIC check is a prescription for certain types and amounts of formula. The WIC participant must get everything listed on the WIC check.
- The WIC participant may not “pay the difference,” “put a can back,” or “receive change back” from a WIC purchase for infant formula.

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Proper Storage of Formula

- Formula must be kept in cool, dry conditions. **The very best temperature range is between 55 and 75 °F (12 and 24°C).** Temperatures below 32 °F (0°C) or above 95 °F (35°C) are unacceptable.
- Extreme hot and cold temperatures can destroy the ingredients and the nutrients in formula.
- It is important to follow proper storage of formula to ensure its highest level of quality, since it may be the only source of nutrition for a baby for the first several months of life.

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SPECIAL FORMULA FOOD INSTRUMENTS

Special Formula Food Instruments (SFFI) are paper vouchers used by the WIC Program to allow WIC participants to buy special formulas that cannot be provided on a WIC check. **Only vendors authorized to accept exempt formula may redeem Special Formula Food Instruments.**

As with the WIC check, the SFFI is a food prescription that meets a medical/nutritional need. The vendor must provide the exact quantities and type of formula written on the SFFI voucher.

A WIC Vendor Management Agency (VMA) or local agency must call a vendor to ask if the store has the special formula in stock (or if the store will order the product) and to find out the price of the formula. This call would be placed before completing the SFFI and sending the WIC participant to the store.

Local Agency Completion of Instrument

The SFFI is issued to the WIC participant by the local agency. A WIC local agency may issue four (4) instruments per month to a participant. **The maximum number of individual cans of formula that may be issued on a single SFFI voucher is 96.** For products in multi-packs (e.g., 4-packs, 6-packs) a **unit** is the **entire** pack, **not** each individual bottle or can.

The WIC local agency ensures completion of all required information in the “Local Agency” section of the SFFI, including:

- The Participant WIC ID Number and Participant Name
- The issuing Local Agency name, number and site number
- The WIC vendor identified to accept the instrument
- The amount, size, type and brand name of formula prescribed
- A Not Good Before (NGB) date and Not Good After (NGA) date
- The Participant/Proxy Signature and Date
- The name of the Local Agency staff person issuing the instrument and date

Vendor Completion of Instrument/Submission for Payment

The vendor is responsible for proper completion of the “Vendor Section” of the instrument. Instructions appear on the back of the SFFI voucher. When redeeming and completing SFFIs, the vendor must adhere to the following:

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1. The **vendor** must verify that the “Local Agency” section of the instrument is complete. If the SFFI is incomplete, illegible, or altered, it should be refused by the vendor (and the participant should be advised to return the SFFI to the WIC local agency).
2. The **vendor** must verify that the instrument is being presented between the NGB date and the NGA date.
3. The **vendor** must fill in the number of units provided and the unit size, and check the box for the form/type - concentrate, powdered, or ready-to-use (RTU). The vendor must fill in the name of the formula, cost per unit, discount, and total cost. (**NOTE:** The formula provided must **exactly** match the formula prescribed in the “Local Agency” section of the instrument.)
4. The **vendor** must have the **PARTICIPANT** (or participant’s proxy) **SIGN and DATE** the “Vendor Section” of the form on the line provided above the vendor stamp box.
5. The **vendor** must verify the participant’s/proxy’s signature on the SFFI against the signature on the WIC ID Card.
6. The **vendor** must stamp the box labeled “Vendor Stamp” on the STATE COPY (white) with the WIC Vendor Stamp. The Vendor Stamp must be legible.
7. The **vendor** must fill in the vendor name, address, and telephone number.
8. The **vendor** must sign the “Vendor Section” of the SFFI (“Payee’s signature in ink”). The person signing this section must print his/her title and the date.
9. The **vendor** keeps the SFFI in exchange for the formula. Vendors receive electronic payment via the WIC banking system by mailing in redeemed SFFIs to the PO Box address listed below. The yellow copy must be maintained by the vendor. The original white copy (STATE COPY) must be submitted for payment to the address listed below within 60 days of the NGB date:

**WIC Program SFFI Reimbursement
P.O. Box 22074
Albany, NY 12201-2074**

Remember:

Vendors must submit the original white (STATE COPY) for payment within 60 days of the NGB date.

Photocopies are NOT acceptable.

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State Review of the Submitted Instrument

The State's contracted bank reviews the SFFI for completeness/legibility.

- If **acceptable**, the SFFI is processed for payment via the electronic reimbursement system. A sample of a properly completed SFFI is included in this section.
- If the Vendor Stamp is missing/illegible or if the payee has failed to sign the instrument, it will be returned to the vendor with a letter. The vendor must properly complete the form and return it to the WIC Program SFFI Reimbursement P.O. Box within 60 days of the NGB date.
- The following circumstances may cause a SFFI to be ineligible for payment:
 - Invalid Vendor Stamp
 - Vendor accepted instrument prior to the Not Good Before (NGB) date
 - Vendor accepted instrument after the Not Good After (NGA) date
 - Vendor submitted the instrument after the 60 day submission deadline
 - Missing participant signature and/or redemption date
 - Missing amount
 - Incomplete form
 - Invalid bank account or bank router number
 - Terminated Vendor

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Sample Completed SFFI:

NEW YORK STATE DEPARTMENT OF HEALTH
WIC PROGRAM
SPECIAL FORMULA FOOD INSTRUMENT

00700

LOCAL AGENCY

| | | | | | | | | | | | | | | | | | |
|--|---|---|-----------|---|---|--------------------------------------|---|---|---|-----|---|---------------------|--------------|---|---|---|--|
| 1 | 5 | 0 | 0 | 1 | 2 | 0 | 0 | 1 | 0 | 4 | 1 | 1 | Formula Code | F | S | H | |
| L.A. # | | | Site # | | | Participant I.D. # | | | | | | Participant Name | | | | | |
| | | | | | | Washington | | | | | | David | | | | | |
| | | | | | | (Last Name) | | | | | | (First Name) | | | | | |
| Local Agency Stamp (or Type) | | | | | | | | | | | | | | | | | |
| Appleville Health Center (518) 555-0227 | | | | | | | | | | | | | | | | | |
| Vendor Identified to Accept Instrument | | | | | | | | | | | | | | | | | |
| Pathway Market | | | | | | | | | | | | | | | | | |
| This instrument allows the above named participant to receive: | | | | | | | | | | | | | | | | | |
| 31 | | | 13oz | | | Concentrate | | | | | | of Nutramigen LIPIL | | | | | |
| # of Units | | | Unit Size | | | Concentrate, Powdered, Ready To Feed | | | | | | Name of Formula | | | | | |
| This instrument can be accepted by the vendor between | | | | | | | | | | | | | | | | | |
| 05/01/03 | | | | | | | | | | and | | 05/30/03 | | | | | |
| Not Good Before | | | | | | | | | | | | Not Good After | | | | | |
| Dawn Washington | | | | | | | | | | | | 5/7/03 | | | | | |
| Participant/Proxy Signature | | | | | | | | | | | | Date | | | | | |
| Sarah Avellino | | | | | | | | | | | | 5-7-03 | | | | | |
| Name of LA Staff Issuing Instrument (print) | | | | | | | | | | | | Date | | | | | |

VENDOR – Fill as written above

DO NOT ACCEPT THIS DOCUMENT IF INCOMPLETE OR ILLEGIBLE

| # of Units Provided | Unit Size | Concentrate (C) <input checked="" type="checkbox"/> | Powdered (P) <input type="checkbox"/> | Ready To Feed (RTF) <input type="checkbox"/> | Name of Formula | Cost per Unit | Discount | Total Cost |
|---------------------|-----------|---|---------------------------------------|--|------------------|---------------|----------|------------|
| 31 | 13oz | | | | NUTRAMIGEN LIPIL | \$8.00 | | \$248.00 |

I certify that I received formula in the quantity and type specified above.

Dawn Washington
Participant/Proxy Signature

05/08/03
Redemption Date



Vendor Name and Address:

PATHWAY MARKET
1234 CENTRAL AVE
ANYTOWN N.Y. 12203
Phone Number (518) 555-2180

I certify that the bill is just, true and correct; that no part thereof has been paid as stated and that the balance is actually due and owing, and that taxes from which the State is exempt are excluded. I understand this instrument must be submitted for payment within 60 days following the "Not Good Before" date.

Daniel Simpson
Payee's Signature in Ink

STORE MANAGER 5/8/03
Title Date

| | | | | | | | | | | | |
|-----------------------|------------------------------|-----------------------------|----|-----------------------|------------------------------|-----------------------------|---------|------|--|--|--|
| CENTRAL OFFICE | | | | Signature of CO Staff | | | | Date | | | |
| Pay | <input type="checkbox"/> yes | <input type="checkbox"/> no | \$ | Flag | <input type="checkbox"/> yes | <input type="checkbox"/> no | Batch # | | | | |

DOH-3958 (10/04)

See Reverse Side for Instructions

STATE COPY

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Instructions found on the back of the Special Formula Food Instrument (SFFI) form

Local Agency Section: (To be completed by the local agency staff person authorized to issue the instrument)

- Fill in the three-digit local agency number, two-digit site number, participant identification number, formula code (from SFFI matrix), and participant name.
- Stamp (on EACH copy) the box entitled “Local Agency Stamp” with your local agency’s stamp – OR – type your local agency’s name and phone number in the box.
- Name the vendor who has been contacted to accept the SFFI and supply the formula.
- Fill in the allowable number of units, unit size, appropriate form type – concentrate, powdered, or ready-to-feed (RTF); and the name of the formula.
- Fill in the acceptable timeframe during which the vendor may accept the SFFI (NGB and NGA dates).
- Print your name as the authorized local agency staff person and date the SFFI.
- Instruct the participant/proxy to sign and date the SFFI.
- Retain the pink copy of the SFFI for the participant’s file.
- Give the remaining white and yellow copies of the form to the participant.
- Review the information on the form with the participant.

Vendor Section: (To be completed by the authorized vendor)

- Verify that the instrument is being presented between the NGB and NGA dates.
- Fill in the number of units provided, unit size, and check the box for the form type - concentrate, powdered, or ready-to-feed (RTF).
- Fill in the name of the formula, cost per unit, discount, and total cost. (**NOTE:** The formula provided must **exactly** match the formula prescribed in the *Local Agency Section* of the form.)
- The participant or participant’s proxy **MUST SIGN and DATE** the vendor section of the form on the line provided above the vendor stamp box. **Signature must be compared to the participant’s WIC ID Card.**
- On the white copy, stamp the box labeled “Vendor Stamp” with your WIC Vendor Stamp.
- Fill in the vendor name, address, and telephone number.
- Sign the vendor section of the SFFI (Payee’s signature in ink). The person signing this section should print his/her title and the date.
- Retain the SFFI in exchange for the formula. Retain the yellow copy for your files. The white stamped copy must be submitted for payment **within 60 days** following the NGB date to the address listed below:

Note: Depending upon how the specified formula is packaged, a “Unit” can be an individual can or bottle or a multi-pack (e.g., 4-pack or 6-pack).

WIC PROGRAM SFFI REIMBURSEMENT
P.O. BOX 22074
ALBANY, NY 12201-2074

NYS WIC VENDOR HANDBOOK

INFANT CEREAL

Infant Cereal

The NYS WIC Program has a contract with one manufacturer for baby cereal prescribed to WIC infants. The WIC Program receives a rebate for contract infant cereal that is purchased with WIC checks. This rebate allows the WIC Program to serve many thousands of additional women, infants, and children per month that could not otherwise be served.

The infant cereal rebate contract has a mandatory restriction: **NO SUBSTITUTIONS ARE ALLOWED.** The participant must purchase the brand on the WIC check. The NYS WIC Acceptable Foods Card contains additional information on the contract brand of infant cereal.

The following additional restrictions apply to the purchase of WIC approved infant cereals (with checks that indicate a specific brand):

- WIC participants may not substitute another brand of infant cereal if the approved brand is out of stock or for any other reason. Participants wishing to do so should be referred back to the local WIC agency.
- WIC participants may not purchase approved infant cereal with a WIC check and then exchange it for other cereals, for cash or for credit. Participants that request to exchange infant cereal should be referred back to the local WIC agency.
- The only allowable exchange is when a WIC participant returns a container that is damaged, past its expiration date, or contains defective or spoiled cereal, and requests to exchange it for an intact, unexpired container of the identical product.
- Permitting a WIC participant to purchase an infant cereal other than the prescribed brand is a violation of the WIC Vendor Contract and could result in fines and/or disqualification from the WIC Program.
- A WIC check is a prescription for certain types and amounts of food. The WIC participant must get everything listed on the WIC check.
- The WIC participant may not “pay the difference,” “put a box back,” or “receive change back” from a WIC purchase for infant cereal.
- Only infants can be prescribed infant cereal and the check must specify cereal for baby.

NYS WIC VENDOR HANDBOOK

WIC IDENTIFICATION CARD

The WIC Program Identification Card (WIC ID card) is used to ensure that only authorized persons are allowed to use WIC checks.

- WIC local agencies issue WIC ID cards to enrolled participants. The WIC local agency's name and the WIC participant's name appear on the card.
- This card must be presented whenever WIC food instruments are used. **NO OTHER FORM OF IDENTIFICATION MAY BE SHOWN OR REQUESTED** (i.e., driver's license).
- If a participant loses a WIC ID card, the WIC local agency will issue a replacement.
- If there are questions about a WIC ID card, the vendor should call the local vendor management agency with which it is contracted.
- Cashiers must always request the WIC ID card when a WIC food instrument is used in order to verify that the participant signing has been authorized by the WIC Program, and to verify that the signature on the WIC food instrument matches the signature on the WIC ID card.
- One or more signatures (participant, parent/caretaker, proxy) may appear on the WIC ID card. The person redeeming the food instrument **MUST** be listed on the WIC ID card.
- A proxy is a person(s) other than the participant who is authorized to pick up and redeem WIC food instruments on behalf of the participant. A proxy must be listed on the participant's WIC ID card.

There are three types of WIC Program Identification Cards that may be issued to participants. Illustrations of each type of card are included in this section.

- The **WIC Program Identification Card** is the WIC ID card that is typically issued to WIC participants. This card is valid for use with regular WIC Checks.
- The **Manual Check WIC Program Identification Card** is used along with a specific set of Manual WIC checks. Manual WIC checks are issued to participants when the computer system is non-operational. Each individual set of manual checks has its own ID card. The check numbers associated with a specific Manual Check ID card are listed on the left side of the card. In addition to verifying the signature of the

NYS WIC VENDOR HANDBOOK

person redeeming the check, the cashier must also verify that check number appears on the Manual Check ID card.

- The **Temporary WIC Program Identification Card** is used when the computer is unable to produce a regular WIC ID card for participants who are using regular WIC checks.

NYS WIC VENDOR HANDBOOK

The WIC Program Identification Card

The WIC ID Card

The WIC ID card is used to ensure that only authorized persons cash WIC checks. The person cashing the checks will need to show the WIC ID card at the check out when cashing the checks.

Signature of the primary caretaker of the child or the signature of the woman participant.

The WIC Agency where the participant receives checks.

The WIC ID Number

People receiving WIC checks.

The signature of authorized proxy (or proxies). If the line is not used, the X's make the line unusable.

WIC PROGRAM IDENTIFICATION CARD
 NYS DEPARTMENT OF HEALTH
 Card Number: 30102566 Date Issued: 08/02/2004

Birthdays: Betty
 Participant/Parent/Guardian Name
 Participant/Parent/Guardian Signature
 Smith, Sarah
 Parent/Caretaker/Proxy Name
 Proxy Signature
 Local Agency Authorized Signature

Western Region Agency with 1 Temp Site
 3460 Riverside Dr Unit 1
 Wellsville, NY 14895
 Phone Number: (685)593-2533
 Local Agency No: 301 Site No: 1

WIC ID: #30105519
 Name: Betty
 Birthdays: Betty

XXXX

Rachel Woods

NYS WIC VENDOR HANDBOOK

The Manual Check WIC Program Identification Card

The Manual Check WIC ID Card

Manual checks are issued to participants when the computer system is non-operational. Each individual set of manual checks has their own ID card. The check numbers associated with a specific Manual Check WIC ID Card are listed on the left side of the card. Like the regular WIC ID Card, the Manual Check ID Card is used to ensure that only authorized persons cash WIC checks. The cashier must not only verify the signature of the person redeeming the check, but also verify that they are redeeming the correct check.

The WIC Agency where the participant receives checks.

WIC PROGRAM IDENTIFICATION CARD
NYS DEPARTMENT OF HEALTH

Metropolitan Agency with 1 Temp Site
1 Geneva Rd. Brewster, NY 10509

Phone: (914)278-6678 Fax: () -
Local Agency No: 242 Site No: 4

Temp Participant ID: 242005449
Manual Check #s: 2420613765
2420613774
2420613783
2420613792

This Identification Card valid for these checks only.
Date issued: 11/24/03

The ONLY check numbers that this WIC ID Card is valid for.

WIC PROGRAM IDENTIFICATION CARD
NYS DEPARTMENT OF HEALTH

JUANITA RIVERA
Participant/Parent/Guardian Name

Juanita Rivera
Participant/Parent/Guardian Signature

Clifford Westot, NONE
Parent/Caretaker/Proxy Name

Clifford Westot XXXX
Proxy Signature

Shchel Woods
Local Agency Authorized Signature

The signature of the primary caretaker of the child or the signature of the woman participant.

The temporary participant ID number associated with the manual checks being issued.

WIC PROGRAM IDENTIFICATION CARD
NYS DEPARTMENT OF HEALTH

JUANITA RIVERA
Participant/Parent/Guardian Name

Juanita Rivera
Participant/Parent/Guardian Signature

Clifford Westot, NONE
Parent/Caretaker/Proxy Name

Clifford Westot XXXX
Proxy Signature

Shchel Woods
Local Agency Authorized Signature

The signature of another person authorized to redeem the checks. If the line is not used, the X's make the line unusable.

NYS WIC VENDOR HANDBOOK


The Temporary WIC Program Identification Card

The Temporary WIC Identification Card

The Temporary WIC ID card is issued to WIC participants when the computer is unable to provide the regular WIC ID card. It is intended for use with regular WIC checks and is hand written by the WIC local agency staff.

This Temporary WIC ID Card may only be used to redeem checks that bear this participant's name and ID Number.

Signature of the primary caretaker of the child or the signature of the woman participant.

| | | | |
|--|---------------|---|-------------------------|
|  <p>Metropolitan Agency 123 Main St Albany, NY 12204</p> <p>PHONE: (518) 555-1234 FAX: () - Local Agency No: 1 Site No: 1 Card Number: 30045</p> | | <p>WIC PROGRAM TEMPORARY IDENTIFICATION CARD NYS DEPARTMENT OF HEALTH</p> | |
| Participant Name: | Gray, Dorian | Participant/Parent/Guardian Name: | Gray Anna |
| Participant ID: | 50412045 | Participant/Parent/Guardian Signature: | Anna Gray |
| FOR USE WITH WIC FOOD INSTRUMENTS VALID THROUGH: | April 5, 2003 | Parent/Caretaker/Proxy Name: | Windsor, Beth, No PROXY |
| Date Issued: | March 1, 2003 | Parent/Caretaker/Proxy Name: | Beth Windsor |
| | | Proxy Signature: | Brianna Bodair |
| | | Local Agency Authorized Signature: | |

The Temporary WIC ID Card may only be used until the date specified here.

This WIC ID Card must have the original signature of a WIC local agency staff member.

The signature of another person authorized to redeem the checks. If the line is not used, the X's make the line unusable.

NYS WIC VENDOR HANDBOOK

WIC FOOD CHECK

The WIC Program issues three types of WIC checks. Illustrations of check types are included in this section.

- Computer generated WIC Checks are used most often. All information is computer-printed on these checks: the participant and local agency information, the “Not Good Before” (NGB) date, the “Not Good After” (NGA) date, and the prescribed foods.
- Manual WIC Checks are used when a computer generated WIC check cannot be printed by the WIC local agency due to computer problems. Manual checks have a handwritten participant name and NGB date. The prescribed foods are computer-printed.
- WIC Vegetables and Fruits Cash Value Vouchers (CVV) are similar to the computer generated WIC check and contain similar information. These checks are used to purchase Fresh/Frozen/Canned Vegetables and/or Fruits.

WIC vendors and participants must use the WIC Acceptable Foods Card, in combination with the check, to determine what foods are acceptable for purchase.

The WIC check is similar to other checks and should be redeemed just as carefully. When a WIC check is redeemed properly, the vendor will receive payment for the amount of purchase by depositing the check in a designated bank account. The vendor is responsible for all mistakes that cashiers make with WIC checks, so cashiers **MUST** receive training on WIC check redemptions regularly.

NYS WIC VENDOR HANDBOOK

REGULAR WIC CHECK

STATE OF NEW YORK
DEPARTMENT OF HEALTH
WIC PROGRAM

FOR THESE ITEMS ONLY - REFER TO WIC ACCEPTABLE FOOD CARD

2 Dozens Eggs
6 Gallons Nonfat or 1% Low Fat Milk
1 16-Ounce WIC Bread/Tortillas/Brown Rice
3 11.5-12 Ounces Concentrate WIC Juice
1 16-Ounce WIC Cheese

Key/Bank, Albany, NY 29-76 213 15076

THE BACK OF THIS CHECK CONTAINS A SECURITY MARK
DO NOT ACCEPT WITHOUT HOLDING AT AN ANGLE TO VERIFY SECURITY MARK
IMPROPER USE OF THIS CHECK IS SUBJECT TO STATE AND FEDERAL PROSECUTION

PARTICIPANT AGENCY 30116589 - Family, Mother
301 - Test Agency 301

NOT GOOD BEFORE 04/05/2015 NOT GOOD AFTER 05/04/2015

301500657 *

PAY EXACTLY \$.

VOID

CHECK NOT VALID UNLESS STAMPED ABOVE BY NYS AUTHORIZED WIC VENDOR AND DEPOSITED BY 06/04/2015.

DATE / /

SIGNATURE OF PARTICIPANT AT REDEMPTION MUST MATCH SIGNATURE ON WIC FOOD CARD
NOT NEGOTIABLE UNLESS SIGNED AND DATED

Callout Boxes:

- The WIC ID Number
- Name of person or family for whom the food is intended.
- The "Not Good Before" date is the earliest the check can be used.
- The "Not Good After" date is the latest date the check can be used.
- The "Pay Exactly" Box is where the vendor enters the total purchase price for the items on the check.
- Date the check must be deposited by.
- Stamp Vendor Number in this box using the NYS issued Vendor Stamp.
- Line where the participant or proxy signs and dates AFTER the correct dollar amount has been entered in the Pay Exactly box.
- The foods the participant can buy with this check. Use NYS WIC Acceptable Foods Card to verify correct foods.

NYS WIC VENDOR HANDBOOK

MANUAL WIC CHECK

The diagram shows a manual WIC check form with the following fields and callouts:

- STATE OF NEW YORK DEPARTMENT OF HEALTH WIC PROGRAM**
- FOR THESE ITEMS ONLY - REFER TO WIC ACCEPTABLE FOOD CARD**
- TEMP ID NAME**: 200170157 - AGENCY: 200 Test Agency 200
- VOID** stamp: CHECK NOT VALID UNLESS STAMPED AND GIVE BY PHYSICIAN/PHARMACEUTICAL AGENT AND DEPOSITED WITHIN 30 DAYS FROM THE NOT GOOD BEFORE DATE.
- FOR THESE ITEMS ONLY - REFER TO WIC ACCEPTABLE FOOD CARD** (Listed items):
 - 1 Dozen Eggs
 - 2 Gallons Nonfat or 1% Low Fat Milk
 - 1 64-Ounce Container or 16 oz Concentrate WIC Juice
 - 1 16-Ounce WIC Bread/Tortillas/Brown Rice
- Ke/Bank, Albany, NY** -26-20-213 15076
- THE BACK OF THIS CHECK CONTAINS A SECURITY MARK. DO NOT ACCEPT WITHOUT HOLDING AT AN ANGLE TO VERIFY SECURITY MARK. IMPROPER USE OF THIS CHECK IS SUBJECT TO STATE AND FEDERAL PROSECUTION.**
- NOT GOOD BEFORE**: / /
- Valid For 30 Days from Not Good Before**
- 4009743162**
- PAY EXACTLY** \$.
- DATE**: / /
- SIGNATURE OF PARTICIPANT AT REDEMPTION MUST MATCH SIGNATURE ON WIC ID CARD. NOT NEGOTIABLE UNLESS SIGNED AND DATED.**

Callout boxes provide the following instructions:

- The "Not Good Before" date is the earliest you can accept the check.** (Points to NOT GOOD BEFORE)
- Manual checks are valid for 30 days from the "Not Good Before" date.** (Points to Valid For 30 Days from Not Good Before)
- The "Pay Exactly" Box is where the vendor enters the total purchase price for the items on the check.** (Points to PAY EXACTLY)
- Date the check must be deposited by.** (Points to DATE)
- Name of person or family, for whom the food is intended.** (Points to TEMP ID NAME)
- The WIC ID Number** (Points to TEMP ID NAME)
- Stamp Vendor Number in this box using the NYS issued Vendor Stamp.** (Points to VOID stamp)
- Line where the participant or proxy signs and dates after the correct dollar amount has been entered in the Pay Exactly box.** (Points to SIGNATURE OF PARTICIPANT)
- The foods the participant can buy with this check. Use NYS WIC Acceptable Foods Card to verify correct foods.** (Points to FOR THESE ITEMS ONLY)

NYS WIC VENDOR HANDBOOK

WIC VEGETABLES AND FRUITS CASH VALUE VOUCHER

STATE OF NEW YORK
DEPARTMENT OF HEALTH
WIC PROGRAM

FOR THESE ITEMS ONLY - REFER TO WIC ACCEPTABLE FOOD CARD

1 \$10.00 Fresh / Frozen / Canned Vegetables and/or Fruits
Participant may pay the difference if sale exceeds check amount.
No change allowed if sale is less than the check amount.
"Pay Exactly" amount cannot be more than the check amount.
Enjoy locally grown produce; visit your farmers' market.

KeyBank, Albany, NY
2013 15078
THE BACK OF THIS CHECK CONTAINS A SECURITY MARK.
DO NOT ACCEPT WITHOUT HOLDING AT AN ANGLE TO VERIFY SECURITY MARK.
IMPERSONATION OF THIS CHECK IS SUBJECT TO STATE AND FEDERAL PROSECUTION.

WIC ID NUMBER: 5015006172
PARTICIPANT: 50116599 - Kims, Mibry
AGENCY: 301 - Test Agency 301

NOT GOOD BEFORE: 03/19/2015
NOT GOOD AFTER: 04/17/2015

PAY TO: WIC
PAY EXACTLY: \$ 5015006172

DATE: 7 10 00 3 99 9*

Stamp Vendor Number: 5015006172

Callout boxes explain:

- The "Not Good Before" date is the earliest you can accept the check.
- The "Not Good After" date is the latest date the check can be used.
- The "Pay Exactly" Box is where the vendor enters the total purchase price for the items on the check.
- Date the check must be deposited by.
- Name of person or family for whom the food is intended.
- The WIC ID Number.
- The amount of vegetables and fruits the participant can buy with this check. May be fresh, frozen or canned. If more than one amount is written in this box the sale amount may total all combined amounts. Participant may pay the difference if sale exceeds this amount.
- Line where the participant or proxy signs and dates after the correct dollar amount has been entered in the Pay Exactly box.
- Stamp Vendor Number in this box using the NYS issued Vendor Stamp.

NYS WIC VENDOR HANDBOOK

VENDOR STAMP

The NYS Department of Health assigns a unique 5-digit number to each contracted vendor. All WIC checks and Special Formula Food Instruments accepted by the vendor must be stamped with the NYS-issued vendor stamp.

- When a NYS-issued vendor stamp is provided to the vendor, a Vendor Stamp Receipt **MUST** be completed and signed by the vendor. A sample receipt is included in this section.
- **THE STAMP IS NOT TO BE DUPLICATED BY THE VENDOR.** Only stamps provided by the NYS Department of Health may be used to validate WIC checks and Special Formula Food Instruments (SFFI).
- All WIC checks must be stamped with the NYS-issued vendor stamp in black ink in the “Pay To” box on the front of the check.
- The stamp **MUST** produce a clear legible number.
- The NYS-issued vendor stamp **MUST** be maintained on the premises during operating hours.
- Worn, broken or lost stamps **MUST** be replaced by the NYS Department of Health.
- If the vendor stamp is lost or stolen, please contact the WIC Vendor Management Agency (VMA) immediately.
- The NYS-issued stamp is the property of NYS and it **MUST** be returned to the WIC VMA when the vendor contract is terminated for any reason.

To request a vendor stamp, the vendor must complete the Vendor Stamp Request Form (make a copy of the form in the Appendix), include a check for \$10.00 payable to the NYS Department of Health and mail to the address listed below. Allow 4 to 6 weeks for delivery of stamp.

**NYS Department of Health
Division of Nutrition
Bureau of Supplemental Food Programs
Food Delivery and Vendor Management Section
Riverview Center
150 Broadway - Room 512
Albany, NY 12204-2719**

NYS WIC VENDOR HANDBOOK

SAMPLE

Vendor Stamp Receipt



NEW YORK STATE WIC PROGRAM

VENDOR STAMP RECEIPT

Vendor Name: _____

Vendor Number: _____

Date Stamp Received _____/_____/_____

This certifies that I received a New York State Department of Health Vendor Stamp on the above date. I understand that this stamp is the property of New York State and it must be returned should my contract agreement with WIC to redeem WIC checks be terminated for any reason. I also understand that all WIC checks must be stamped with this vendor stamp in the space provided ("PAY TO" box on the check) to be valid. This stamp shall not be reproduced.

Signature of Vendor Representative

Signature of State/Local Agency Representative

Vendor Number Stamp Impression:

DOH-1011 (6/03)

NYS WIC VENDOR HANDBOOK

BANK ACCOUNTS

All authorized WIC vendors are required to provide bank account information during both the application and reauthorization process. Bank account information must be provided by completing a Bank Designation Form. A vendor may have up to two WIC bank accounts: an account for deposit and an account for reimbursement. A Bank Designation Form must be completed for each account. A voided check or bank letter must be attached to the Bank Designation Form. Original signatures are required.

If a vendor's banking information changes (e.g., bank name, account number or router number, bank being sold or closed, etc), a new Bank Designation Form must be completed and mailed to your Vendor Management Agency (VMA) along with a voided check or bank letter.

Vendors are required to notify their VMA in writing at least 30 days before any banking changes are made.

NYS WIC VENDOR HANDBOOK

WIC CHECK CASHING POLICY

The WIC check is a food prescription that meets a medical/nutritional need. The vendor must fill the prescription as written with the exact quantities and types of WIC foods written on the check.

WIC checks for vegetables and fruits are separate checks and only show a dollar value. The specific foods (vegetables/fruits) are not written on the check and the participant can purchase items they enjoy.

When cashing WIC checks, the Vendor must adhere to the following:

- Accept WIC checks issued by any NYS WIC Agency
- Use the WIC Acceptable Foods Card to verify correct foods
- Require the WIC ID card as the only form of ID; match the ID number and name on the card against the WIC ID number and name on the check
- Confirm the Not-Good-Before (NGB) and Not-Good-After (NGA) dates
- Honor the participant's coupons/club cards and "buy one, get one free" deals
- At the time of purchase, clearly print the amount of the transaction in the "Pay Exactly" box in black or blue ink
- Have the participant sign and date the check after the cashier has entered the transaction amount in the "Pay Exactly" box in black or blue ink. Checks should be dated using a two digit month, two digit day and four digit year. Checks using the common United States numeric format will be accepted (e.g., 4/4/15, 04/04/15, 4/4/2015, 04/04/2015). Checks will NOT be accepted if words are used to write out the month (e.g., April 4, 2015).
- If a participant makes a mistake dating the WIC check, please continue the transaction and instruct the participant to put a line through the mistake, initial the mistake and write the correct date above the mistake
- Compare the participant's (or proxy's) signature on the WIC check against the signature on the WIC ID card
- Stamp the check with the vendor number in black ink and deposit the check into the vendors bank account within the timeframe printed on the check

NYS WIC VENDOR HANDBOOK

Vendors must **NOT**:

- Discriminate against a WIC participant on the basis of race, color, creed, political beliefs, national origin, sex, age or disability
- Refuse to honor WIC checks for reasons other than abusive participant behavior
- Exchange WIC foods or WIC checks for cash or credit
- Issue unauthorized foods or quantities
- Deny WIC participants the use of coupons or club cards if the store accepts them
- Issue rainchecks or IOU's
- Charge WIC participants more than other customers
- Substitute infant formulas
- Accept expired checks or post-dated checks
- Accept checks that have altered Not Good Before (NGB) or Not Good After (NGA) dates, Participant information, Agency information and/or food quantities
- Accept pre-signed checks
- Use a date stamp to "date" the check
- Expect payment from the New York State WIC Program for WIC checks issued by states other than New York
- Allow the use of self-check-out registers. These registers are not approved for WIC transactions. The entire WIC purchase must be verified by cashier/store personnel.
- Give change when transacting a regular WIC check
- Charge WIC participants money for WIC foods (see the exception below)

Exception for WIC vegetables and fruits checks only: Participants may "pay the difference" when the actual purchase amount is more than the dollar value printed on the WIC vegetables and fruits check. In this instance, vendors may accept cash (or other funds/benefits) and give change (when it is due). When the transaction amount exceeds the WIC check amount, the vendor should write only the WIC check amount in the "Pay Exactly" box.

NYS WIC VENDOR HANDBOOK

DEPOSITING WIC CHECKS

Always review each WIC check prior to deposit to ensure prompt payment and to reduce the number of checks returned by the State's contracted bank. The vendor should review the checks to confirm the following:

- The check is stamped with the NYS-issued **VENDOR STAMP** in black ink
- The vendor stamp number is legible
- The back of the check is stamp-endorsed with the vendor's bank of deposit and account number
- The check is appropriately **SIGNED** and **DATED** by the participant or proxy
- The following areas of the WIC check have **NOT** been altered: Participant information, Agency information, Not Good Before date, Not Good After date or the WIC food prescription. Altered amounts include amounts that are crossed-out, written over or changed in any way.

STATE OF NEW YORK
DEPARTMENT OF HEALTH
WIC PROGRAM

| | |
|-------------|---------------------------|
| PARTICIPANT | 30116589 - Family, Mother |
| AGENCY | 301 - Test Agency 301 |

| | |
|-----------------|----------------|
| NOT GOOD BEFORE | NOT GOOD AFTER |
| 04/05/2015 | 05/04/2015 |

FOR THESE ITEMS ONLY - REFER TO WIC ACCEPTABLE FOOD CARD

- 2 Dozens Eggs
- 6 Gallons Nonfat or 1% Low Fat Milk
- 1 16-Ounce WIC Bread/Tortillas/Brown Rice
- 3 11.5-12 Ounces Concentrate WIC Juice
- 1 16-Ounce WIC Cheese

PAY TO:
VOID
CHECK NOT VALID UNLESS STAMPED ABOVE BY NYS AUTHORIZED WIC VENDOR AND DEPOSITED BY 06/04/2015

PAY EXACTLY
\$ 301500657.⁹⁹

KeyBank, Albany, NY $\frac{29-70}{213}$ 15076 DATE: / /

THE BACK OF THIS CHECK CONTAINS A SECURITY MARK.
DO NOT ACCEPT WITHOUT HOLDING AT AN ANGLE TO VERIFY SECURITY MARK.
IMPROPER USE OF THIS CHECK IS SUBJECT TO STATE AND FEDERAL PROSECUTION.

X SIGNATURE OF PARTICIPANT AT REDEMPTION MUST MATCH SIGNATURE ON WIC I.D. CARD.
NOT NEGOTIABLE UNLESS SIGNED AND DATED.

- The “Pay Exactly” amount is present and legible
- The check is deposited **WITHIN 60** days of the NGB date into the authorized bank account

If there is a problem with a check, contact your contracting WIC Vendor Management Agency (VMA) for instructions before depositing the check. This will help avoid rejected checks.

NYS WIC VENDOR HANDBOOK

REIMBURSEMENT FOR EXCEPTION/RETURNED CHECKS

This section of the handbook provides information on how vendors should proceed with reimbursement when dealing with check errors and returned checks. In some instances, payment is handled by mailing the checks to a specific Post Office (PO) Box. In other situations, payments are made using an electronic reimbursement system.

The “Electronic Reimbursement” system is used to credit the vendor’s WIC bank account via direct electronic payment for approved reimbursements. Each time a reimbursement request is processed, the vendor will receive a statement from the State’s contracted bank detailing the transfer of funds to the vendor’s WIC bank account. The contracted bank’s statement should be verified against the statement from the vendor’s WIC bank account every month.

Reimbursement Policy for Exception/Returned Checks:

1. For checks with an altered “Pay Exactly” amount, vendors are permitted to seek reimbursement through the PO Box address listed on page 2. These include checks that were deposited and rejected for having an altered “Pay Exactly” amount, and checks never deposited in anticipation of being rejected.
2. For checks with a missing vendor number or illegible vendor number, vendors must correct the errors and re-deposit at the bank.

Note: Checks submitted for reimbursement are not returned to the vendor.

NYS WIC VENDOR HANDBOOK

| Check error: | How to handle reimbursement: |
|------------------------------|--|
| Altered “Pay Exactly” Amount | <ul style="list-style-type: none"> • Mail the checks and a completed copy of the Electronic Reimbursement Request Form to: <div style="text-align: center; padding: 5px;"> WIC Program Check Reimbursement P.O. Box 22074 Albany, NY 12201-2074 </div> • Do NOT deposit the checks in the bank. • Do NOT staple or tape the form to the checks. • Submit checks within 70 days from the Not Good Before (NGB) date or they will not be reimbursed. • The checks will be reimbursed at the regional area average amount for that check pattern or the submitted amount, whichever is lower. • To help prevent future errors in the “Pay Exactly” box, retrain cashiers on writing the correct purchase amount on the checks at the time of the sale. |
| Missing Vendor Number | <ul style="list-style-type: none"> • Use the NYS-issued vendor stamp to stamp your vendor number in black ink in the appropriate area on the face of the check. • Re-deposit the check in the bank. • Do not mail the checks to the PO Box for reimbursement. • The check must be deposited within 70 days from the NGB date. |
| Illegible Vendor Number | <ul style="list-style-type: none"> • Wash the WIC vendor stamp in warm, soapy water to remove excess ink from the stamp. Use a small brush to remove ink from stamp surface. • Test the stamp on a blank piece of paper to be sure that all five digits are clear and legible. Use only a BLACK inkpad to improve stamp readability. Do NOT use blue, red or any other color inkpad. Re-ink your stamper often. • With the check on a smooth, flat surface, stamp your vendor number on the check ABOVE or BELOW the illegible stamp. • Re-deposit the check in the bank. • The check must be deposited within 70 days from the NGB date. • Do not mail the checks to the PO Box for reimbursement. |

NYS WIC VENDOR HANDBOOK

If the returned check is a substitute check, vendors are allowed to re-stamp their vendor number in the lower left area of the substitute check, above the Magnetic Ink Character Recognition (MICR) line (as shown in the example below).

You can use this area to re-stamp a missing or illegible vendor number. Stamp **only** if the returned check is a Legal Copy or substitute check. Then re-deposit the check. Do NOT mail back to the P.O. Box

This is a LEGAL COPY of your check. You can use it the same way you would use the original check

STATE OF NEW YORK
DEPARTMENT OF HEALTH
WIC PROGRAM

| | |
|-------------|--|
| PARTICIPANT | |
| AGENCY | |

| | |
|-----------------|----------------|
| NOT GOOD BEFORE | NOT GOOD AFTER |
| 04/09/2015 | 05/08/2015 |

FOR THESE ITEMS ONLY - REFER TO WIC ACCEPTABLE FOOD CARD

3 12.5-Ounces Powder Enfamil Infant

ILLEGIBLE VENDOR STAMP/NUMBER

PAY TO:

CHECK NOT VALID UNLESS STAMPED ABOVE BY NYS AUTHORIZED WIC VENDOR AND DEPOSITED BY 06/08/2015

PAY EXACTLY
\$47.91

KeyBank, Albany, NY 29-70-15093
213

THE BACK OF THIS CHECK CONTAINS A SECURITY MARK.
DO NOT ACCEPT WITHOUT HOLDING AT AN ANGLE TO VERIFY SECURITY MARK.
IMPROPER USE OF THIS CHECK IS SUBJECT TO STATE AND FEDERAL PROSECUTION.

X SIGNATURE OF PARTICIPANT AT REDEMPTION MUST WATCH SIGNATURE ON WIC I.D. CARD NOT NEGOTIABLE UNLESS SIGNED AND DATED.

DATE 4/10/15

12345

⑆0000004791⑆

Checks That Cannot be Submitted for Reimbursement or Re-deposited

Checks with the following errors will not be paid, and should not be sent to the PO Box for reimbursement or re-deposited at the bank:

- Missing or altered participant/proxy signature and/or date
- Missing “Pay Exactly” amount
- Vendor accepted instrument before the Not Good Before (NGB) date
- Vendor accepted instrument after the Not Good After (NGA) date
- Post dated
- Stale dated
- Checks more than 70 days past the Not Good Before (NGB) date
- Altered food prescription
- Unauthorized or terminated vendor
- Unauthorized bank account for WIC check deposit
- Stop payment

Note: Depositing or re-depositing these checks in the bank for payment may result in bank charges.

To avoid rejected WIC checks, please have vendor staff regularly review the handbook section on WIC Check Cashing Policy.

For additional questions, contact your Vendor Management Agency (VMA) for guidance.

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SHELF TALKERS

Shelf talkers (also known as “shelf stickers”, “shelf tags”, “shelf strips” or “channel strips”) may promote a better understanding of the foods that are WIC acceptable. Shelf talkers assist participants in identifying the types and brands of WIC approved foods available in your store.

With prior written approval from the New York State Bureau of Supplemental Food Program, vendors may use these identifiers.

The use of shelf talkers, shelf strips, shelf tags or channel strips (referred to below as shelf tags) must include all approved brands of food within each category (for example, cereal, juice, peanut butter, etc.). For example, if shelf tags are used for cereals, all WIC-approved cereals that the store sells must be equally identified. The WIC acronym (WIC) must be the same size on all the shelf tags within a food category.

Shelf tags may not be placed by:

- Infant formula because each item is only allowed if the participant has a check for that exact brand, form (powder, concentrate, ready-to-use) and container size.
- Items approved for purchase by only a limited population (for example, homeless participants). These are special items that a WIC Local Agency may ask you to stock, such a single-serving juices and UHT milk boxes.

Shelf tags may never be attached to the WIC-approved foods themselves. Instead, they may only be attached to the shelving or other fixture where the foods are located in the store.

It is the store’s responsibility to ensure that shelf tags are properly aligned with WIC-approved foods, and appropriately moved whenever WIC-approved foods are moved to another location on store shelves. If during routine vendor monitoring visits, it is discovered that Shelf Talkers are incorrectly used, approval to continue to use Shelf Talkers maybe denied.

If any changes are proposed for the shelf tags, a new request for approval must be sent to the Bureau of Supplemental Food Program. Approval must be received before revised or new shelf tags are displayed.

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To request approval, send a letter with a sample of the proposed shelf tags to:

**New York State Department of Health
Division of Nutrition
Bureau of Supplemental Food Program
Food Delivery & Vendor Management Section
Riverview Center
150 Broadway - Suite 512
Albany, New York 12204-2719**

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Acceptable Shelf Talkers

W.I.C.

Approved
Item



WIC Acceptable

WIC Approved

W.I.C. AUTHORIZED

Unacceptable Shelf Talkers



NYS WIC VENDOR HANDBOOK

USE OF COUPONS/BONUSES BY WIC PARTICIPANTS

Federal WIC Regulations require WIC authorized vendors to offer WIC program participants, parents, caretakers of infant and child participants, and proxies the same courtesies that are offered to other (non-WIC) customers.

WIC vendors must allow WIC participants to use in-store promotions such as “Buy One, Get One Free” and “Cents Off Coupons” to be in compliance with this requirement.

WIC vendors may not treat WIC customers differently from non-WIC customers by excluding them from in-store promotions.

WIC vendors may not treat WIC customers differently by offering them incentive items, vendor discounts, coupons or other promotions that are not offered to non-WIC customers.

Failure to provide the same courtesies to WIC participants is a violation of regulations and is subject to sanctions.

Vendor Discounts by Type

The following is a description of the most common types of vendor discounts and how they should be applied to a WIC purchase.

- **“Cents off” coupons** allow customers to purchase certain items at a lower price. For example, a coupon may offer a price discount of 50 cents off a box of cereal. In a WIC purchase, the 50 cents would be subtracted from the cost of the WIC purchase.

Example: The total for all items on the WIC check before coupons is \$10.50. The participant gives the cashier the coupon for 50 cents off. The final cost is \$10.00. The amount of \$10.00 should be entered in the “Pay Exactly” box on the check.

- **“Buy One, Get One at a Reduced Price”** allows one WIC food item to be purchased at full price and either a second identical WIC food item or a different WIC food item at a reduced price. Both food items must be a NYS WIC allowed food and must be an item on the participant’s checks.

Examples:

- 1) A coupon (or store shopping card offer) states “Buy one box of WIC approved cereal, get second box at 50% off the listed price.” The participant may purchase one 18 ounce box of WIC approved cereal at \$4.50 and get a second 18 ounce box

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of WIC approved cereal at \$2.25. The amount of \$6.75 should be charged for the 2 boxes of WIC approved cereal and fulfills the check for 36 ounces of cereal.

- 2) A coupon (or store shopping card offer) states “Buy one box of WIC approved cereal, get a dozen eggs at 50% off the listed price.” The participant may purchase one 18 ounce box of WIC approved cereal at \$4.50 and get a dozen eggs at half the regular price.
- A **“Buy One, Get One Free”** promotion allow vendors to sell one WIC food item and provides a second identical food item or different item at no cost.

Examples:

- 1) A coupon (or store shopping card offer) states “Buy one 18 ounce box of Corn Flakes, get 5 lbs. of Pillsbury flour free.” The WIC check states “up to 36 oz. WIC cereal.” After purchasing the 36 ounces of cereal, which includes 2 boxes of Corn Flakes, the participant may get the flour free.
 - 2) A coupon (or store shopping card offer) states “Buy one 18 ounce box of Corn Flakes, get 18 ounces of cereal free.” The WIC check states “up to 36 oz. WIC cereal.” After purchasing the 36 oz. of cereal, which includes 2 boxes of Corn Flakes, the participant may get two other 18 ounce boxes of WIC cereal for free.
- **“Free Ounces Added to a Food Item” (Bonus Size items)** allows extra ounces added to a product by the manufacturer at no extra cost to the participant.

Example: A jar of 18 ounces peanut butter states “4 oz. free,” (temporarily) making the total weight of the jar 22 oz. The vendor should redeem the WIC check as if the 18 ounce jar was purchased.

- **Store shopping cards** (e.g., Advantage Card, Club Card, etc.) that reduce the price of certain foods may be used the same way as coupons or bonuses. Also, WIC purchases may be credited toward store shopping card giveaways.
- **Transaction Discounts** apply a fixed amount discount or a discount percentage to the total dollar amount of the purchase.

Example: A 10% or \$10 off a \$50 dollar purchase can be applied to a purchase that only includes WIC items.

Cash back is not permitted as a result of vendor discounts in any WIC transaction.

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VENDOR BULLETINS

Periodically, the NYS Department of Health WIC Program mails a “Vendor Bulletin” to all WIC vendors, WIC local agencies, WIC vendor management agencies, and other interested parties.

Vendor Bulletins are used to let vendors know about important WIC issues, such as:

- Changes to (or clarifications of) the WIC Acceptable Foods Card
- Changes to (or clarifications of) minimum stocking requirements
- Policy changes (reimbursement of exception checks, banking, etc.)
- Reminders of existing policies and procedures

Vendor Bulletins contain important information and need to be reviewed upon receipt. Vendor Bulletins should be shared with all store employees that handle WIC transactions and checks.

If vendors need clarification on the information in the Vendor Bulletin, please be sure to contact your WIC VMA for guidance.

Copies of all Vendor Bulletins should be kept with this Vendor Handbook for future reference.

A sample Vendor Bulletin is included in this section.

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Sample Vendor Bulletin



NEW YORK STATE
DEPARTMENT OF HEALTH
Howard A. Zucker, M.D., J.D.
Acting Commissioner of Health

NYS
WIC

VB #13 – December 17, 2014

NYS WIC PROGRAM VENDOR BULLETIN

Title: New Message on Exempt Formula Checks and Cashing Procedures

This is an important notice. Please have it translated.

Este aviso es importante. Haga que lo traduzcan.

Это важное сообщение. Пожалуйста, попросите перевести вам данную информацию

Đây là thông báo quan trọng. Xin vui lòng nhờ người chuyển ngữ tài liệu này cho quý vị.

Ovo je važna obavijest. Molimo da tražite da vam se prevede.

यह एक महत्वपूर्ण सूचना है। कृपया इसे अनुवाद करके रखें।

這是一項重要通告。請予以翻譯。

هذه ملاحظة هامة يرجى ترجمتها

זוהי הודעה חשובה. נא לתרגם אותה.

Per New York State (NYS) WIC Program Vendor Bulletin # 1, February 1, 2014 – **ONLY** NYS-licensed pharmacies and retail vendors with a licensed pharmacy inside are allowed to cash checks for exempt formula, regardless of whether the new message is printed on the check.

On December 20, 2014, all exempt formula checks issued by the NYS WIC Program will have the following message printed on the check: **“This WIC check may only be cashed at an approved WIC pharmacy or WIC store with a pharmacy inside the store.”** Vendors will continue to see valid checks for exempt formula without this message until as late as March 2015. A list of exempt formulas, including Pediasure, Ensure, and Boost is attached.

All WIC retail vendors and WIC pharmacies may accept checks for contract formulas, which include Enfamil Premium Infant, Enfamil AR, Enfamil Gentlease and Enfamil ProSobee.

Exempt formula checks deposited by vendors not approved to accept exempt formula checks will be rejected. Vendors will be responsible for any associated bank fees. Any exempt formula checks deposited in violation of WIC Program Policy will be subject to recovery of funds paid to the vendor.

Violations of WIC Program requirements may result in a fine, civil money penalty (CMP), or disqualification. In addition, disqualification from the WIC Program will result in disqualification from the Supplemental Nutrition Assistance Program (SNAP).

If you have questions about this information, please contact your Vendor Management Agency.

Thank you for your participation in the NYS WIC Program.

This institution is an equal opportunity provider.

NYS WIC VENDOR HANDBOOK

PRICE COMPARISONS

The NYS WIC Program reviews all redeemed WIC checks to ensure compliance with the applicable price limitations, and to detect questionable WIC checks, suspected vendor overages and other errors.

Vendor overages may occur in several different ways. The most common issues are:

- Charging for non-WIC foods
- Charging for excessive amounts of foods
- Combining amounts of WIC checks
- Raising prices substantially from previous months
- Not completely filling food prescriptions

Vendors who are found to be out of compliance with NYS WIC Program rules can be fined, terminated, non-renewed or disqualified from the program.

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VENDOR RECORDKEEPING

All WIC vendors must maintain all WIC Program related records, invoices and purchase slips for a period of three years. Some examples of documented food and formula sales include:

- Inventory records showing all purchases, wholesale and retail, in the form of invoices that identify the quantity and prices of specific WIC foods
- Other pertinent records necessary to validate the volume and the prices charged through WIC check/voucher redemptions

Invoices and receipts must meet each of the following criteria:

- Be prepared entirely by the wholesaler or supplier from whom the WIC vendor made the purchase and include the name/address of the supplier/wholesaler
- Indicate the date of purchase, name and address of the WIC vendor who made the purchase
- Provide an accurate description of the items purchased. Be specific when identifying WIC food items, as they are identified in the NYS WIC Acceptable Foods Card. For example:

“Milk” must be specified as to the type of milk, such as fluid, dry or evaporated and whether it is whole, low fat or non-fat.

“Fruit juice” must be specified as to the type of juice, such as “orange” and the brand of juice must also be noted for all types of juice for which specific brands are listed on the NYS WIC Acceptable Foods Card.

- Identify the quantity of each WIC food item purchased (e.g., number of containers, cans, boxes, ounces, pounds, etc.)
- Indicate the unit price and total cost for each WIC food item purchased. (See sample of an appropriate wholesaler’s invoice included in this section.)

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Recordkeeping Requirements:

- Vendor invoices, purchase slips and inventory records must be kept for three years as a condition of participation in the WIC Program.
- Vendor records must be made available to the NYS Department of Health and Vendor Management Agency (VMA) upon request. The State reserves the right to review the store's records of inventory if deemed necessary for confirmation of compliance.
- Failure to maintain records as described in this section may result in recovery of funds, civil money penalties (CMP) or disqualification from the WIC Program.
- Invoices/receipts for infant formula must be from an approved infant formula supplier/wholesaler. The vendor is required to notify the WIC Program of their supplier(s)/wholesaler(s) at the time of application and reauthorization. Should that information change, the vendor must notify the Local Agency within 15 days of that change.
- Cash register receipts must include specific identification such as:
 - Wholesaler/supplier information
 - Quantity
 - Unit price
 - Total price
 - WIC food items purchased
- Cash register receipts without specific identification will not be accepted as evidence of WIC food and formula purchases.

NYS WIC VENDOR HANDBOOK

Sample Acceptable Wholesaler's Invoice

Date:

Wholesaler Name
Wholesaler Address:

Store Name:
Store Address:
Phone #:

:

| # OF CASES | COM. CODE | ITEM DESCRIPTION | # UNITS PER CASE | UNIT SIZE | CASE COST | EXTENDED COST | RETAIL PRICE | UPC |
|------------|-----------|----------------------|------------------|-----------|---------------|---------------|--------------|---------------|
| 1 | 6463 | ENFL PWDR IRON 331 | 6 | 14.3 OZ | 57.420 | 57.42 | 10.99 | 3008703310100 |
| 1 | 6492 | SIM CONC IRON #411 | 24 | 13 OZ | 57.020 | 57.02 | 2.99 | 2710004501610 |
| 1 | 6533 | BN 1 RICE CEREAL | 12 | 8 OZ | 12.520 | 12.52 | 1.35 | 1598741236584 |
| 1 | 6534 | BN 1 OATMEAL CEREAL | 12 | 20 CT | 31.080 | 31.08 | 1.35 | 5231648791351 |
| 1 | 6607 | MEGA ULT DIAPER LGE | 8 | 30 CT | 31.080 | 31.08 | 4.99 | 4351688794531 |
| 2 | 6657 | DRYPERS LG DIAP PP | 8 | 18 OZ | 56.880 | 113.76 | 5.99 | 2225536874981 |
| 1 | 6734 | KELL CORN FLAKES | 24 | 15 OZ | 51.360 | 51.36 | 2.99 | 4441587329821 |
| 1 | 6792 | KELL ALL BRAN | 12 | 20 OZ | 83.040 | 83.04 | 2.89 | 1334588977202 |
| 1 | 6801 | KELL FROST FLAKES | 24 | 18 OZ | 39.960 | 39.96 | 4.29 | 3335589471256 |
| 1 | 6872 | KEL BTE SZ MINI-WHTS | 12 | 15 OZ | 35.520 | 35.52 | 4.19 | 2535165629113 |
| 1 | 6917 | GM WHEATIES | 16 | 9 OZ | 34.340 | 34.34 | 2.69 | 1113945798132 |
| 1 | 6929 N | GM KIX | 16 | 15 OZ | 37.800 | 37.80 | 3.79 | 1113448978531 |
| 1 | 6975 N | GM CHEERIOS | 14 | 13.75 OZ | 49.020 | 40.02 | 3.79 | 6665481987132 |
| 1 | 9044 | GM RAISIN NUT BRAN | 14 | 13.75 OZ | 31.610 | 31.61 | 3.49 | 2223815974231 |
| 1 | 9054 | POST HONEYCOMBS | 16 | 10 OZ | 39.600 | 39.60 | 4.09 | 6664859720320 |
| 1 | 9141 | POST RAISIN BRAN | 16 | 15 OZ | 22.040 | 22.04 | 2.79 | 1120064889050 |
| 17 | | | 234 | | 670.29 | 718.17 | 62.66 | |

NYS WIC VENDOR HANDBOOK

VENDOR MONITORING

WIC vendors are monitored continuously to ensure program compliance. Prior to monitoring visits, the Vendor Management Agency will examine the vendor file to review volume of WIC business, pricing practices, and history of site visits. All vendors must allow on-site monitoring visits.

For vendor monitoring, vendors shall expect their contracting WIC Vendor Management Agency (VMA) to:

- Conduct announced and unannounced on-site visits
- Request to speak with the store owner, manager, or other responsible representative
- Ensure that minimum stock requirements are met
- Review shelf prices and determine price reasonableness of WIC Acceptable Foods
- Review the WIC checks on hand at the store for compliance (e.g., price written in the “Pay Exactly” box, signature, date, valid check dates, etc) and notify the NYS Department of Health, Division of Nutrition’s Bureau of Special Investigations for issues or concerns
- Provide additional guidance to vendors to ensure adequate understanding of program requirements
- Provide the vendor with a WIC cling, if needed
- Respond to allegations of abuse from vendors, participants or other sources, if applicable
- Complete monitoring documentation and review with vendor
- Conduct follow-up monitoring visits to determine if violations have been corrected

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VENDOR TRAINING

The purpose of vendor training is to ensure that the vendor, the vendor representative and the vendor's employees have a clear understanding of the rules and regulations of the NYS WIC Program. The vendor training is designed to improve program service and prevent program errors and abuse. The vendor representative (e.g., owner, manager, head cashier, bookkeeper, etc.) shall participate in interactive training on WIC procedures at initial enrollment and at least once every 12 months. The vendor representative must be the person responsible for training the vendor's employees who do not attend training.

Vendors will be informed of scheduled training sessions through a letter stating the place, date and time of session. Vendors unable to attend the scheduled mandatory training session may be allowed to attend training on an alternate date. Vendors who fail to attend three (3) consecutive scheduled training sessions will be terminated from the WIC Program. Vendors who attend training will receive a signed "Certification of WIC Vendor Training" form to keep as proof of attendance.

A sample Certification of WIC Vendor Training is included in this section.

The types of WIC vendor training include:

- Initial training: provided to new vendors during the authorization process
- Annual training developed by the State Agency
- Routine interactive training: provided to existing vendors at least once every 12 months by the Vendor Management Agency (VMA)
- Training provided when problems arise
- Training when vendors request WIC VMA assistance
- Training provided to clarify policy
- Training provided in response to Stipulations and Orders issued to vendors

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Training vendors about the WIC Program may be done in a variety of ways, including:

- Classroom training at a central location for groups of vendors
- Newsletters, letters, Vendor Bulletins, training videos/DVDs, and telephone contacts

Topics covered during routine training include:

- Purpose of the WIC Program
- WIC Vendor Contract terms
- Procedures for handling WIC checks
- WIC Acceptable Foods authorized by the State agency
- Stocking requirements for WIC Acceptable Foods
- Process for requesting reimbursement for exception checks
- Vendor complaint process
- Penalties and sanctions that can be imposed by the State for WIC Program abuse and violations
- Any changes to program requirements that have occurred since the last training session

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SAMPLE

CERTIFICATION OF WIC VENDOR TRAINING

Initial Routine Ad Hoc/Corrective

Instructions: Please print and sign your name and print your title on the form before returning it to the trainer.

I, the undersigned, acknowledge that I have been trained in the WIC Program policy and procedures and that I fully understand the information provided.

Vendor Name
Vendor Address
Vendor City, State, Zip

VENDOR #

Date

For initial training only – Check box to acknowledge receipt of the WIC Vendor Handbook.

PRINT NAME:

SIGNATURE:

TITLE:

I certify that the above named individual has successfully completed the WIC Vendor Training and may be enrolled/continued in the WIC Program as an authorized vendor.

Trainer Signature

State/Vendor Management Agency Affiliation

Title

Date

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CHANGE IN OWNERSHIP/CHANGES IN BUSINESS STRUCTURE

Vendors **must** report any change to their business structure to the contracting WIC Vendor Management Agency (VMA) in **advance of the change**. Any change in ownership of a sole proprietorship, partnership, cooperative association, corporation or other business entity that operates a retail food delivery system requires notification to the contracting VMA prior to the change occurring. Reportable changes include changes in ownership, WIC vendor location and/or discontinuation of operation. All changes must be reported in writing using **the Change in Business Structure Notification** (in the appendix)*.

It is the responsibility of the owner(s) of the business entity to contact their WIC VMA and report changes. Failure to complete and submit the required Notification in advance of the change may result in the termination of the vendor contract and/or denial of future authorizations.

The WIC Vendor Contract is specific to a business entity and is not transferable to another vendor. A store with new ownership **CANNOT** accept WIC checks using another vendor's authorized vendor stamp or deposit checks into the authorized bank of deposit. These are serious violations of the WIC Vendor Contract and NYS Regulations.

The following list includes examples of common changes to the business structure:

- New sole owner, partner or corporate officers;
- Any change in corporate owners/officers;
- Asset purchase of a corporation or LLC;
- Incorporation;
- Change in trade name or corporate name;
- Change in corporate location;
- Change in store location;
- Change in store hours of operation;
- Change in New Federal Employer Identification Number (FEIN);
- Change in New York State Certificate of Authority;
- Change to Supplemental Nutrition Assistance Program (SNAP) Authorization;
- Change in bank account information; and
- Exceptional circumstances (ex: unanticipated change, such as the death of a sole owner, partner, or corporate officers or a store closing due to damage must be reported to the VMA as soon as possible).

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NYS WIC has the discretion to determine whether a change in business structure constitutes a change in ownership and requires a new application.

Contact your VMA with questions regarding any changes to store ownership and/or status.

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REPORTING OF ATTEMPTED PARTICIPANT VIOLATIONS

It is very important that WIC participants understand and follow the rules and regulations governing the WIC Program. Participants who violate the regulations may be suspended from the program. If a vendor believes that a WIC participant is violating WIC Program regulations, the vendor should complete the “Bureau of Special Investigations Information/Complaint/Referral” form (make a copy of the form in the Appendix) and submit the form to the Division of Nutrition’s Bureau of Special Investigations (BSI). Contact information is listed on the bottom of the form.

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WIC VENDOR VIOLATIONS AND SANCTIONS

It is very important that vendors and their employees understand and follow the rules and regulations governing the WIC Program as it relates to vendors. Only with the cooperation from vendors, can the WIC Program succeed in providing the proper nutrition benefits to the women, infants, and children who need them.

Violations of the regulations are in direct opposition to the goals of the WIC Program and may result in a fine, a civil money penalty, or disqualification from participating in the WIC Program. A civil money penalty is calculated according to a formula in federal regulation which is as follows: “average monthly WIC sales multiplied by 10% multiplied by the number of months of potential disqualification.” In addition, violations of WIC Program regulations can cause vendors to lose their authorization in the Supplemental Nutrition Assistance Program – SNAP (previously known as the Food Stamp Program).

The State of New York has a Bureau of Special Investigations whose primary purpose is to find WIC Program abuse and investigate fraud. The team, depending on the nature of the complaint, investigates vendors, participants and local agencies. Additionally, compliance buys are conducted through unannounced visits to the stores during any hour of operation. The State will prosecute to the fullest extent of the law.

VIOLATIONS

Violations 1-10 have mandatory sanctions as specified below. (Federal Regulation: 7CFR 246.12)

- (1) A food vendor criminally convicted of buying or selling food instruments for cash or selling firearms, ammunition, explosives or controlled substances in exchange for food instruments: Permanent disqualification
- (2) One incidence of buying or selling food instruments for cash: Six-year disqualification
- (3) One incidence of selling firearms, ammunition, explosives or controlled substances (as defined in section 102 of the Controlled Substances Act (21 U.S.C. 802) in exchange for food instruments: Six-year disqualification
- (4) One incidence of sale of alcohol, alcoholic beverages or tobacco products in exchange for food instruments: Three-year disqualification
- (5) A pattern of claiming reimbursement for the sale of an amount of a specific supplemental food item which exceeds the store’s documented inventory of that supplemental food item for a specific period of time: Three-year disqualification

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(6) A pattern of charging the State or local agency or participant more for supplemental food than non-WIC customers or charging the State or local agency or participant more than an item's shelf or contract price: Three-year disqualification

(7) A pattern of receiving, transacting and/or redeeming food instruments outside of authorized channels, including the use of an unauthorized vendor and/or an unauthorized person: Three-year disqualification

(8) A pattern of charging for supplemental foods not received by the participant: Three-year disqualification

(9) A pattern of providing credit or non-food items: Three-year disqualification

(10) A pattern of providing unauthorized food items in exchange for food instruments including charging for supplemental food provided in excess of those listed on the food instrument: One-year disqualification

A food vendor who, in the course of a transaction involving a food instrument (WIC check) commits any of the following acts, shall be liable for disqualification from the WIC program for a period of up to three years in addition to being liable for civil penalties of up to \$1,000 per violation (New York State Regulation: 10 NYCRR 60-1):

(11) The vendor provides cash for the return of items purchased with a WIC check;

(12) The vendor provides unauthorized items and/or items not specified on the face of the WIC check in exchange for a WIC check;

(13) The vendor provides unwholesome items in exchange for a WIC check, such as, but not limited to, items provided past their expiration date and/or spoiled foods;

(14) The vendor charges for foods not received by the participant;

(15) The vendor issues a document (rain check) to a person utilizing a WIC check purporting to give that person the right to buy, at a later date, a particular WIC item which the vendor does not have in stock at the time the document (rain check) was issued;

(16) The vendor has not marked all WIC eligible food with the price charged for these products to the general public or prominently displayed the price of the foods near the location of the foods in clear view of participants and in a manner that clearly identifies the specific food item;

(17) The vendor accepts WIC checks before or after the dates indicated on the checks during which the checks are valid;

(18) The vendor fails to ensure that the amount of purchase is written in the space provided on the WIC check at the time of purchase and prior to the participant signing the WIC check;

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- (19) The vendor fails to verify the signature on the participant's WIC identification card against the required signature on the participant's WIC check for all foods delivered or sold to the participant;
- (20) The vendor forges a participant's signature and/or date onto a WIC check;
- (21) The vendor stamps a check that was accepted at a location other than the sole authorized location contained in the vendor's contract;
- (22) The vendor stamps a WIC vendor number onto a WIC check redeemed by any other vendor;
- (23) The vendor fails to maintain, on premises of the authorized location, a State-issued WIC vendor authorization stamp;
- (24) The vendor deposits WIC checks into a bank account different than the vendor's sole authorized bank account listed on the vendor's contract;
- (25) The vendor accepts WIC checks without being a WIC vendor;
- (26) The vendor fails to surrender WIC stamp(s) upon disqualification, suspension or termination;
- (27) The vendor continues to redeem food instruments after the store has been sold;
- (28) The vendor fails to have invoices and purchase slips for WIC food items equal to the type and volume of WIC food sold;
- (29) The vendor fails to maintain, for a minimum of three years, all invoices and purchase slips for WIC food items, for inspection by authorized Federal, State or local agencies;
- (30) The vendor fails to allow unobstructed examination of all WIC food instruments, invoices and purchase slips for WIC food items;
- (31) The vendor discriminates against or harasses any person utilizing a WIC check;

Certain violations may result in the vendor being disqualified or called in for a Vendor Conference. See the "Common Vendor Abuse Sanctions for Conferences" chart contained in this section. At a vendor conference, violations will be fully described and the NYS Department of Health Commissioner's designee will assess a fine and/or additional training for the vendor. The fine will be paid to New York State and the vendor must contact the local contracting WIC vendor management agency to schedule the mandatory training, if required. If the vendor does not meet the terms of the Stipulation and Order, the vendor will be disqualified. The vendor can either pay the fine or accept a disqualification and request a fair hearing. The vendor has no right to a fair hearing unless an action is taken.

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Common Vendor Abuse Sanctions for Conferences Settlement by Stipulation & Order

| VIOLATION | ADMINISTRATIVE SANCTION |
|--|---------------------------|
| Cash for returned WIC items | Up to \$250 per violation |
| Unauthorized items not specified on WIC check | Up to \$500 per violation |
| Providing unwholesome, expired, spoiled items in exchange for WIC checks | Up to \$250 per violation |
| Charging for foods not received by participant | Up to \$500 per violation |
| Issuance of a rain check | Up to \$250 per violation |
| WIC items not priced or prices not posted | Up to \$250 per violation |
| Accepting WIC checks prior to the Not Good Before date or more than 30 days after the Not Good Before date | Up to \$250 per violation |
| Purchase price not entered at time of transaction and prior to participant signing | Up to \$500 per violation |
| No WIC ID card requested | Up to \$250 per violation |
| Forging participant signature on WIC check | Up to \$500 per violation |
| Stamping a check accepted at another location or accepted by another vendor | Up to \$500 per violation |
| <i>Chart continued on the next page</i> | |

NYS WIC VENDOR HANDBOOK

Chart continued from prior page:

| VIOLATION | ADMINISTRATIVE SANCTION |
|---|---------------------------|
| Failure to maintain, on premises, the State issued vendor stamp | Up to \$250 per violation |
| Deposits WIC checks into an account other than the one authorized on vendor contract | Up to \$250 per violation |
| Fails to have invoices matching WIC food sold | Up to \$500 per violation |
| Fails to maintain, for three years, invoices/purchase slips for WIC food items, for inspection by Federal, State and local agencies | Up to \$500 per violation |
| Fails to allow unobstructed examination of all WIC food Instruments, invoices, and purchase slips for WIC food items. | Up to \$500 per violation |
| Contract violations after conference may result in doubling of the sanctions listed in this schedule. | |

**TO REPORT WIC PROGRAM FRAUD OR ABUSE
CALL THE BUREAU OF SPECIAL INVESTIGATIONS HOTLINE
1-877-282-6657**

NYS WIC VENDOR HANDBOOK

ABOVE 50 PERCENT VENDORS

An “above 50 percent vendor” is a vendor that derives more than 50 percent of its annual food sales revenue from WIC food instruments and would also include new vendor applicants expected to meet this criterion based on projected sales.

Food sales are defined as the sales of all SNAP eligible foods intended for home preparation and consumption. A description of “Food Sales” is included in this section. Please note that infant formula is included in food sales.

Federal regulations require states that operate a retail food delivery system to evaluate vendors at the time of authorization and then each year to determine if the vendor should be designated as an “above 50 percent vendor” or regular vendor. Newly authorized vendors must also be reassessed six months after authorization to determine if they have been properly designated as being or not being an “above 50 percent vendor.”

All authorized vendors must maintain a record of all documented food sales for a period of three years and must provide this information for evaluation purposes upon request. A documented food sales amount is an amount that is supported by written sales or financial statements, reports, tax forms, or other records sufficient for establishing SNAP eligible food sales.

If you are requested to provide documentation of your food sales amount and you are unable to prove that you are not an “above 50 percent vendor” or if you do not respond to the request for documentation, your store will be designated as an “above 50 percent vendor.” Your WIC authorization may continue provided you sign a contract amendment (see the sample in this section) agreeing to be paid through the 50 percent vendor reimbursement system. This reimbursement system (which is only for “above 50 percent vendors”) reviews payments for all NYS WIC checks redeemed at your store to make sure they are paid at the statewide average amount for that check type. The system makes adjustments, if necessary, through debits (withdrawals) from your designated WIC bank account.

Why is this reimbursement system necessary?

Federal regulations on vendor cost containment consider “above 50 percent vendors” to be higher priced compared to other WIC vendors. Controlling WIC program costs is important so that federal funding is available to serve as many eligible women, infants and children as possible.

- Based on these federal regulations, the NYS WIC Program is required to ensure that payments to “above 50 percent vendors” do not result in higher food costs than if participants redeemed their WIC checks at regular WIC vendors (those that are not “above 50 percent vendors”).

NYS WIC VENDOR HANDBOOK

- This means that WIC checks redeemed at “above 50 percent vendors” cannot be reimbursed more than the statewide average amount for each check type (a specific grouping of foods listed on the WIC check).

How does the reimbursement system work?

Most of the time, the payment you receive for each NYS WIC check redeemed at your store will be reduced to the statewide average amount for that check type based on a monthly analysis of WIC check redemption information.

- When you first deposit or request electronic reimbursement of your NYS WIC checks, they will be reimbursed using the standard WIC check payment process and the rules for all WIC vendors.
- On a monthly basis, the NYS WIC Program will compare the redemption amounts of every WIC check redeemed at your store to the statewide average amount for that check type. If your store’s redemption amount is more than the statewide average amount, your designated WIC bank account (bank of deposit) will be debited for the difference.
- Once a month, you will receive a letter (see sample debit letter in this section) from the NYS WIC Program notifying you of the following: the amount of money that will be debited from your account, the date your account will be debited, and the account from which the funds will be withdrawn.
- You are required to have sufficient funds in your WIC bank account by the date the money will be withdrawn to cover this debit transaction.

What happens if there is not enough money in my WIC bank account to cover the monthly debit transaction?

As described above, each month the NYS WIC Program will be sending you a letter in advance of the debit transaction to help you appropriately manage your WIC banking account to ensure that sufficient funds are available to cover the debit transaction.

- If the debit transaction rejects due to insufficient funds in your WIC bank account, you will be required to notify the NYS WIC Program of the date you will have the funds in this account to cover the debit transaction.
- Until you notify the NYS WIC Program that you have sufficient funds in your WIC bank account to cover the debit amount, payment of all your NYS WIC checks will be temporarily suspended. During this time, you may continue to accept NYS WIC checks from participants, but any checks that you deposit during this suspension period will be rejected by the bank and you may incur bank charges that will not be reimbursed by the NYS WIC Program.

NYS WIC VENDOR HANDBOOK

How are my monthly check redemption amounts compared to the statewide average amounts work?

Here are two examples of how the analysis will be completed each month for all WIC checks redeemed at your store.

Example 1

| | |
|--|-------------------------------|
| Check Number | 123456789 |
| Check Type | Up to 36 Ounces WIC Cereal |
| Your Store's Redemption Amount | \$8.15 |
| Statewide Average Amount for this Check Type | \$8.09 |
| Difference Between Your Store's Redemption Amount and Statewide Average Amount | \$0.06 (Amount to be debited) |

In this example, when your store deposits this check in the bank, you will initially receive payment of \$8.15. When the check redemption amount is compared to the statewide average amount, the payment system will discover that the redemption amount of \$8.15 is more than the statewide average amount of \$8.09; therefore, the difference of \$0.06 for this check will be debited from your designated bank account.

Example 2

| | |
|--|------------------------------|
| Check Number | 234567890 |
| Check Type | Up to 36 Ounces WIC Cereal |
| Your Store's Redemption Amount | \$8.00 |
| Statewide Average Amount for this Check Type | \$8.09 |
| Difference Between Your Store's Redemption Amount and Statewide Average Amount | -\$0.09 (No debit necessary) |

In this example, when your store deposits the check in the bank you will receive payment of \$8.00. When the check redemption amount is compared to the statewide average amount, the payment system will discover that your store's redemption amount of \$8.00 is lower than the statewide average amount of \$8.09; therefore, it is not necessary to debit your bank account.

Vendors should contact their WIC Vendor Management Agency if there are questions about the reimbursement system, including providing the required notifications for the debit process.

Important Notice

In order for the debit process to work, vendors must not have an ACH debit block on their WIC bank account. Please contact your bank immediately to make sure that your account is not blocked. If the account is blocked, vendors must ask their bank to remove the ACH debit block.

NYS WIC VENDOR HANDBOOK

Policy regarding incentive items for Above 50 Percent Vendors:

“Above 50 percent vendors” are **prohibited** from providing any incentive items to customers.

Federal regulations state that the NYS WIC Program may not authorize or continue the authorization of an “above 50 percent vendor”, or make payments to an “above 50 percent vendor”, which provides or indicates an intention to provide, prohibited incentive items to customers.

NYS WIC VENDOR HANDBOOK

SAMPLE CONTRACT AMENDMENT

NEW YORK STATE WIC PROGRAM

WIC VENDOR CONTRACT - AMENDMENT I CONTRACT PROVISIONS FOR “ABOVE 50 PERCENT VENDORS”

WIC VENDOR NUMBER: _____

STORE TRADE NAME: _____

I understand that my store has been designated as an “above 50 percent vendor” pursuant to Federal regulations {7 CFR 246.12 (g) (4) (i)} and, as such, I agree with the following contract provisions as a condition of continuing authorization as a NYS WIC vendor:

The WIC Program will reimburse all eligible NYS WIC checks redeemed by an “above 50 percent vendor” at the statewide average amount for that check type or the actual redemption amount, whichever is lower. On a periodic basis, the WIC Program will debit the authorized Bank of Deposit of the Vendor to recover any overages. The WIC Program will give the Vendor advance notice, in writing, of the debit amount, the date the transaction will take place, and the account from which the funds will be withdrawn.

If the debit transaction is rejected due to insufficient funds in the Vendor’s authorized Bank of Deposit, the WIC Program will temporarily suspend payment of all NYS WIC checks accepted by the “above 50 percent vendor” until the Vendor properly notifies the WIC Program that sufficient funds are available to cover the debit transaction. Any NYS WIC checks deposited by the Vendor during the suspension period will be rejected by the WIC banking contractor. Bank charges for these rejected checks will not be reimbursed by the WIC Program.

The WIC Program must be contacted as set forth in the WIC Vendor Handbook to request approval of allowable incentive items. Written approval must be received from the WIC Program prior to providing the incentive items to the customers.

The WIC Program may not continue the authorization or make payments to an “above 50 percent vendor”, which provides or indicates an intention to provide, prohibited incentive items to customers. Failure to request approval of allowable incentive items and/or providing prohibited incentive items may result in removal from the WIC Program.

NYS WIC VENDOR HANDBOOK

The validity or appropriateness of the WIC Program's criteria used to identify vendors that are above 50 percent vendors or comparable to above 50 percent vendors and the prohibition of incentive items and the denial of an "above 50 percent vendor's" request to provide an incentive item to customers, shall not be subject to administrative review.

I have read and understand my contractual obligations as stated in the above contract amendment:

Signature of Authorized Person

Print Name

Title/Position

Date

State of _____

County of _____ SS: _____

On the _____ day of _____, 20____, before me personally appeared _____, to me known, did duly swear or affirm that he/she resides at _____, that he/she is the sole owner/ part owner / corporate officer (circle one) of the store described herein and that he/she agrees to the provisions described in this contract amendment.

NOTARY PUBLIC

NYS WIC VENDOR HANDBOOK

Sample Debit Notification Letter

May 20, 2015

Store XYZ
179 Main Street
Anytown, NY 11432

Dear WIC Vendor:

A debit transaction for the store listed above will be processed on June 1, 2015, for check redemptions that were processed during April 2015. The store bank account and number listed below as the sole account of deposit for all WIC checks will be used; please ensure that the account contains sufficient funds for the transaction to successfully process:

Anytown Federal Savings Bank
Account #: 8888888887777
Router #: 555555567
Debit Amount: \$172.46
Debit Transaction Date: June 1, 2014

Please contact your Vendor Management Agency (VMA) at (555) 123-4567 if you have any questions.

Sincerely,

NYS WIC Program Director

cc: VMA 800

NYS WIC VENDOR HANDBOOK

Food Sales (Eligible for purchase with SNAP Benefits)

Use the following information to determine what may be included in the reported food sales amount:

“Food sales” includes sales of:

- Foods for the household to eat such as:
 - Breads and cereals
 - Fruits and vegetables
 - Meats, fish and poultry
 - Dairy products
- Coffee, tea, cocoa, carbonated and noncarbonated drinks, ice, candy, condiments and spices, when sold along with the items above
- Snacks foods (e.g., potato chips and cupcakes)
- Cold ready-to-eat foods intended for off-premises consumption only
- Specialty foods (such as diabetic and dietetic foods), enriched or fortified foods, infant formulas, and certain health food items. Examples include weight loss products (e.g., Slim Fast), Pedialite, Ensure, wheat germ, and brewer’s yeast. If the ordinary use of the item is as a food, rather than for as a medicine or therapeutic agent, it may be included in food sales.
- Vegetable oils, shortening, and food coloring
- Cooking wine, wine vinegar, flavorings, extracts

“Food sales” does not include sales of:

- Any non-food items, such as:
 - Pet foods
 - Soaps, paper products
 - Household supplies
- Beer, wine, liquor and all other alcoholic beverages
- Cigarettes, cigars and all other tobacco products
- Vitamins and medicines
- Foods that will be eaten in the store
- Hot foods and hot food products (e.g., soups, roasted chicken, coffee, steamed seafood)

NYS WIC VENDOR HANDBOOK

REAUTHORIZATION

The vendor contract cannot exceed three years. To continue as an authorized WIC vendor, a store must apply for a new contract at the end of each three-year period. This process is known as “reauthorization”. The WIC Vendor Management Agency (VMA) will send a reauthorization application packet 120 days before the end of the current contract period.

During the reauthorization process, the WIC VMA must ensure that the vendor provides updated information that proves the vendor continues to meet the enrollment criteria, as well as updated information regarding the store’s ownership and management, current prices, quantities and varieties of foods it stocks, and the vendor continues to operate with business integrity.

Failure to submit all necessary documents by the end of the contract date will result in the contract expiring. The vendor will have to wait one year to re-apply to the WIC Program.

NYS WIC VENDOR HANDBOOK

Electronic WIC (eWIC)

By 2020, the NYS WIC Program will be converting paper WIC checks to an online electronic benefits transfer system, similar to how debit cards work.

In order for WIC-authorized vendors to be ready for electronic WIC (e-WIC), the store must have hardware and software installed to initiate a WIC food purchase transaction. This requires the vendor to have:

1. A Point of Sale (POS) terminal that will accept and recognize an e-WIC card.
2. A keypad that is connected with the POS terminal to allow a WIC participant to securely enter her/his personal identification number (PIN).
3. An integrated electronic cash register (IECR) that identifies a WIC-authorized food product by its Universal Product Code (UPC) or price look-up (PLU) code.

Vendors currently without bar code scanning systems and considering an upgrade to their cash register are encouraged to select Electronic Cash Registers (ECRs) that are e-WIC ready. There are several value added retailers to provide ECRs and support for e-WIC.

NYS WIC VENDOR HANDBOOK

APPENDIX A

Form Name

Bank Designation Form

BSI Information/Complaint/Referral Form

Electronic Reimbursement Request Form

Vendor Stamp Request Form

Change In Business Structure Notification Form

WIC PROGRAM USE ONLY

New Vendor Update

VMA Number _____ Application Location ID _____

WIC Vendor Number _____ Contract Begin Date _____

SECTION 1 To Be Completed by Vendor

Corporate or Owner(s) Name _____

Trade Name _____

Street Address _____

Mailing Address _____

City _____ State _____ ZIP _____

Phone Number (_____) _____ Federal Employer Identification Number _____

Principal's Name(s) (Last, First, M.I.) _____ Title _____

List all other individuals authorized to make bank transactions:

A voided check or letter from the bank confirming the account and router numbers MUST be attached to this form.

I certify that the above information is true and correct. (Signature must be one of the individuals listed as principal.)

Signature _____ Date _____

SECTION 2 To Be Completed by Financial Institution

Name and address of bank, account number and router number for which all WIC checks will be deposited, and/or electronic credits will be made:

Name of Financial Institution _____

Street Address _____

City _____ State _____ ZIP _____

Bank Account Number _____ Router/Transit Number _____

Bank Representative's Name _____

Title _____ Phone Number (_____) _____

As a representative of the above named financial institution, I certify that the above bank account number and the router/transit number are correct.

Bank Representative Signature _____ Date _____

This institution is an equal opportunity provider.

BUREAU OF SPECIAL INVESTIGATIONS/COMPLAINT/REFERRAL FORM

Toll Free Reporting Hotline 1-877-282-6657

Name of Informant/Caller: _____

Address of Informant/Caller: _____

Telephone Number of Informant/Caller: _____

Name of Subject of Complaint/Referral: _____

(WIC ID #'s/DOB/VENDOR #; Store Owner's Name)

Address of Subject: _____

Telephone # of Subject (if known): _____

Date(s) of Incident: _____

GIVE COMPLETE DESCRIPTION OF INCIDENT, COMPLAINT OR INFORMATION:

Complaint taken by: _____
Name/Title Telephone Number

Local Agency Name/LA#/VMA Name/VMA#

Date Information Taken/Faxed: _____

Please notify the Bureau of Special Investigations (BSI) by **FAXING** this form to (518) 402-1637 or via voice at 1-877-282-6657 or (518) 402-7101. Mail completed form to BSI at: PO Box 2061, Albany, NY 12220-0061.

This institution is an equal opportunity provider.

ELECTRONIC REIMBURSEMENT REQUEST FORM

WIC Program Check Reimbursement
PO Box 22074
Albany, NY 12201-2074

RE: Reimbursement of WIC Checks

Dear Processor:

The enclosed WIC check(s) cannot be processed through the WIC banking system and I am requesting reimbursement. I am providing the following information, as requested (please print):

Vendor Number _____ Date of Request _____

Store Name _____

Address _____

Name of Person

Submitting Request (please print) _____ Phone (____) _____

| Check Number | Amount | Reason for Request ("Altered Amount") |
|--------------|--------|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Total Number of Checks Submitted for Reimbursement: _____

NOTE: Please do **not** tape or staple checks to form.

Comments:

Sincerely,

Signature

Enclosures

This institution is an equal opportunity provider.

VENDOR STAMP REQUEST FORM

Date of Request: ____/____/____

WIC Vendor Stamp #: _____

Request Made By: _____
Print Name Print Title/Position

Signature

Explanation of the request for a vendor stamp is required: _____

Store Trade Name: _____
Print Store Trade Name

Store Address: _____ *(Must be a physical address. Stamps will NOT be delivered to a PO Box.)*

Store Telephone Number: _____

_____ X \$10.00 each = \$ _____
Quantity Total Amount (Payable to: New York State Department of Health)

Mail this completed request AND check or money order to:

New York State Department of Health
Food Delivery & Vendor Management Section
150 Broadway, Suite 512
Albany, New York 12204-2719

Include Stamp Impression Below

FDVMS Use Only: Approved Disapproved _____

_____/_____/_____

Change in Business Structure Notification

Instructions:

- Complete **Section A** with all current vendor information.
- Complete **Section B** with vendor information to be changed. Use the check boxes in the left column to indicate all changes taking place and record date of change, or date of authorization for SNAP and FEIN changes. Complete all requested information and sign and date page 1.
- Complete **Section C** if there is a change in ownership or personnel (Owner, Partner, and Corporate Officer). Complete all requested information and sign and date page 2. If there are more than 3 changes, photocopy page 2 and sign and date each additional page.

Vendor **MUST** report any change to their business structure to the contracting WIC vendor Management Agency (VMA) in advance of the change. Failure to notify the VMA in a timely manner could lead to the vendor's termination from the WIC program.

| A Vendor Information Currently on File | |
|---|--------------|
| Name of an Owner, Partner, Officer, or LLC Manager/Member Last, First, Middle | SNAP # |
| Business Name/Corporate Name | |
| Trade Name | WIC Vendor # |

| B Information to be Changed, indicate any and all changes. | | | | | | | | | | | | | | | | |
|---|--|------------------|----------|-----------|----------|--------|----------|--------|--|--|--|--|--|--|--|--|
| <input type="checkbox"/> | Change in Corporate/Business Name: | Date of Change: | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Change in Trade Name: | Date of Change: | | | | | | | | | | | | | | |
| <input type="checkbox"/> | New store address: | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Old store address: | Date of Change: | | | | | | | | | | | | | | |
| <input type="checkbox"/> | New mailing address: | Date of Change: | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Changed store phone number to: | Date of Change: | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Change in store hours: | Date of Change: | | | | | | | | | | | | | | |
| | <table border="1" style="width: 100%; border-collapse: collapse; margin: 0;"> <tr> <td style="width: 12.5%; text-align: center;">Monday</td> <td style="width: 12.5%; text-align: center;">Tuesday</td> <td style="width: 12.5%; text-align: center;">Wednesday</td> <td style="width: 12.5%; text-align: center;">Thursday</td> <td style="width: 12.5%; text-align: center;">Friday</td> <td style="width: 12.5%; text-align: center;">Saturday</td> <td style="width: 12.5%; text-align: center;">Sunday</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | | | | | | | | |
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Change of SNAP number: | Date Authorized: | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Change of FEIN: | Date Authorized: | | | | | | | | | | | | | | |

| | |
|--|--------------|
| Signature of Current Owner/Officer X | Date Signed: |
|--|--------------|

Change in Business Structure Notification

| C Change in Ownership/Corporate Structure | | | | |
|---|--|--|--|-----------------|
| <input type="checkbox"/> New Owner | <input type="checkbox"/> Adding a Person | <input type="checkbox"/> Removing a Person | <input type="checkbox"/> Change in Title | Date of Change: |
| Print Full Legal Name of Owner, Partner or Corporate Officer: | | | | |
| Signature of Owner, Partner or Corporate Officer X | | | Title with Business: | |
| Social Security Number: | | Birthdate: | | |
| Home Address (street, city, zip code): | | | | |
| Did you have a prior role with the business before now? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If Yes, please describe: | | |
| Contact email: | | | | |

| C Change in Ownership/Corporate Structure | | | | |
|---|--|--|--|-----------------|
| <input type="checkbox"/> New Owner | <input type="checkbox"/> Adding a Person | <input type="checkbox"/> Removing a Person | <input type="checkbox"/> Change in Title | Date of Change: |
| Print Full Legal Name of Owner, Partner or Corporate Officer: | | | | |
| Signature of Owner, Partner or Corporate Officer X | | | Title with Business: | |
| Social Security Number: | | Birthdate: | | |
| Home Address (street, city, zip code): | | | | |
| Did you have a prior role with the business before now? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If Yes, please describe: | | |
| Contact email: | | | | |

| C Change in Ownership/Corporate Structure | | | | |
|---|--|--|--|----------------|
| <input type="checkbox"/> New Owner | <input type="checkbox"/> Adding a Person | <input type="checkbox"/> Removing a Person | <input type="checkbox"/> Change in Title | Date of Change |
| Print Full Legal Name of Owner, Partner or Corporate Officer: | | | | |
| Signature of Owner, Partner or Corporate Officer X | | | Title with Business: | |
| Social Security Number: | | Birthdate: | | |
| Home Address (street, city, zip code): | | | | |
| Did you have a prior role with the business before now? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If Yes, please describe: | | |
| Contact email: | | | | |

| | |
|--|--------------|
| Signature of Current Owner/Officer X | Date Signed: |
|--|--------------|