

MDHHS-5959, REPORT OF WIC EBT COMPLIANCE BUY

Michigan Department of Health and Human Services

(New 6-21)

A. I, _____ make the following report knowing that my report may
Full Name

be used as evidence in an administrative, civil, or criminal court proceeding. On _____
Date

at _____ I entered _____
Approximate Time Vendor Name Vendor Number

located at _____
Street Address City State

B. I had a Michigan WIC Bridge Card # _____ issued by the Michigan Department
of Health and Human Services. I had no food items in my possession when I entered the store.

C. I purchased the following items at the prices identified utilizing the WIC Bridge Card.

Brand Name, Package Type, UPC, Package Size and/or Description	Quantity	Price Marked on Item	Price Indicated on Shelf or Sign	Price in Other Manner	Receipt Price	Authorization
UPC:			Shelf:			<input type="checkbox"/> WIC Approved
			Sign:			<input type="checkbox"/> Not WIC Approved
UPC:			Shelf:			<input type="checkbox"/> WIC Approved
			Sign:			<input type="checkbox"/> Not WIC Approved
UPC:			Shelf:			<input type="checkbox"/> WIC Approved
			Sign:			<input type="checkbox"/> Not WIC Approved
UPC:			Shelf:			<input type="checkbox"/> WIC Approved
			Sign:			<input type="checkbox"/> Not WIC Approved
UPC:			Shelf:			<input type="checkbox"/> WIC Approved
			Sign:			<input type="checkbox"/> Not WIC Approved
UPC:			Shelf:			<input type="checkbox"/> WIC Approved
			Sign:			<input type="checkbox"/> Not WIC Approved

*If a price was not marked on an item, the shelf or on a sign, explain at the top of the next page how the actual price was determined.

Receipt Total of Items: \$ _____

*Continued from the chart on the previous page. If a price was not marked on an item, the shelf or in a sign, explain below how the actual price was determined.

D. Description of Cashier

- Male Hair Color _____ Mustache Scars Glasses
 Female Hair Length _____ Beard Tattoos Other _____

Cashier's Name (if known): _____

Means of Determining Name: _____

1. The cashier used a cash register or calculator in this transaction. If the answer is "no," explain further in Part E. Yes No
2. The cashier gave me a receipt. Yes No
If "yes," enter the total amount shown on the receipt. \$ _____

E. Additional Comments or Observations

Per the request of MDHHS, I attempted to purchase unauthorized items. I was successful/ unsuccessful in purchasing _____

F. Photograph

I took a photograph of the food items purchased. Yes No
If "no," explain below.

G. Special Buys

If during the course of this investigation, the investigator observes the following activities or circumstances in or around the store they are investigating, they are instructed to attempt to expand the scope of the investigation, as indicated below, in a manner that will not compromise the underlying investigation, and following established investigation protocols.

- Not applicable**
- I observed other WIC clients taking non-WIC items to the register and paying for them with their WIC card. Based on the activity I observed, I attempted a similar transaction.

- I observed store personnel acting in a manner that caused me to believe the store would be willing to allow the purchase of unauthorized items with WIC benefits. Based on the activity observed, I attempted to purchase unauthorized items in a similar manner.
- I observed WIC clients and/or store personnel acting in a manner that caused me to believe the store would be willing to trade with infant formula, whether for cash or unauthorized items. Based on my observations, I attempted to use my infant formula benefits to make a trade.
- I observed multiple WIC/SNAP cards sitting on a register or a nearby counter, so I asked the cashier if they would buy my WIC benefits. Based on the response that they were willing, I sold my WIC benefits for cash.

Additional Requests

- Per the request of MDHHS, I attempted to sell formula. I was successful/unsuccessful.
- Per the request of MDHHS, I attempted to sell/exchange my fruit and vegetables benefits for an unauthorized item. I was successful/unsuccessful.

Narrative

Provide a detailed description of the Compliance Buy and attach all supporting documentation obtained in the transaction. Include a detailed summary of your observations, the action you took, and the results of the Compliance Buy. (Add additional pages if necessary.)

H. Certification

I, the undersigned, certify that the statements contained in this report are true and correct to the best of my knowledge and belief, and I would be willing to testify to them in an administrative hearing or in a court of law.

Signature Date Time

Full Name (print) _____

Employer Name (print) _____

The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, gender identification or expression, sexual orientation, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.