

MDHHS-WIC DIVISION  
WIC VENDOR RELATIONS UNIT  
**PRE-AUTHORIZATION REPORT**



MDARD Food Establishment License #

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**SITE VISIT VERIFICATION**

- Based on an on-site inspection, I certify that the above named vendor is in compliance with the following:**
- All WIC requirements, including minimum stock requirements (MSR)
  - Has prices for all WIC approved foods properly displayed.
  - Based on items carried by vendor and types of transactions accepted, the vendor is not a "WIC only" vendor.
  - The Michigan Department of Agriculture and Rural Development (MDARD) license and the Federal ID number are current.
- The vendor does NOT meet the minimum stock requirements as indicated below:**
- Pharmacy Only Vendor - minimum stock requirements not applicable.**

Category	Minimum Stock Requirement			Category	Minimum Stock Requirement		
	# Required	Met (✓)	Not Met – # in stock		# Required	Met (✓)	Not Met – # in stock
Milk whole	4 gallons			Fresh Fruits	2 varieties		
Milk low fat/fat free	8 gallons			Fresh Vegetables	2 varieties		
Eggs	5 dozen			Fresh Fruits/Vegetables	\$25 or 10 lbs		
Cheese 1 lb pkgs only	5 lbs			Peanut Butter 16-18 oz	4 jars		
Cereal	12 boxes/6 brands			Bread/Tortillas	6 loaves/packages		
Cereal	3 brands Whl Grn			Juice 64 oz	2 flavors/10 units		
Infant Cereal 8 oz only	6 containers			Juice 48 oz/11.5/12 oz	2 flavors/5 units		
Infant Fruits & Vegetables	72 units total. Minimum 1 variety of single or mixed fruit and 1 variety single or mixed vegetable.			Enfamil Infant and/or Gentlease Powder	12 cans		

**TRAINING CERTIFICATION** (  Check if a chain outlet – training to be provided by chain headquarters)

The following items have been explained to the vendor:

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| <p>1. [ ] Purpose of the WIC Program</p> <p>2. [ ] Authorized WIC Foods</p> <p>3. [ ] Minimum stock requirements</p> <p>4. [ ] Competitive prices</p> <p>5. [ ] WIC transaction procedures</p> <p>6. [ ] Procedures for appealing a reduced payment</p> <p>7. [ ] Vendor complaint process</p> <p>8. [ ] Vendor training requirements</p> | <p>9. [ ] Responsibility for training employees</p> <p>10. [ ] Requirement to allow the store to be monitored by the Dept.</p> <p>11. [ ] Access to WIC records</p> <p>12. [ ] Infant formula purchase requirements</p> <p>13. [ ] Vendor survey requirements</p> <p>14. [ ] Terms of the WIC Vendor Contract</p> <p>15. [ ] Terms of the WIC Vendor Sanction Policy</p> <p>16. [ ] Admin. Hearing procedures and Review procedures</p> |
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**VENDOR CERTIFICATION** I (the vendor) certify the following:

The above items were explained to me to my satisfaction, and I have received a copy of this report, a copy of the Vendor Sanction Policy, a copy of both the Administrative Hearing Procedures and Administrative Review Procedures and a Vendor Training Kit. I understand I will receive a copy of the WIC Vendor Contract upon execution of the Contract by the Department of Health and Human Services.

**Vendor Signature** \_\_\_\_\_ **Print Name** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_

**WIC Vendor Analyst** \_\_\_\_\_ **Date** \_\_\_\_\_

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