

WIC VENDOR QUALITY EXCEPTION REVIEW FORM

Michigan Department of Health and Human Services

MDHHS-5942-QE (5-21)

WIC OFFICE USE ONLY

North_____ Central_____ SE_____ Reviewed by_____

OAP_____ Unfilled Opening_____

Client Acc_____ Lim Exception_____ Recommended by_____

COO_____ COI_____ COL_____

ALL questions **MUST** be answered.

Incomplete applications may be returned to you.

1. Owning Entity's name as it appears on page 2 (e.g., Sam's Store, Inc.)

2. Store Name as it appears on the store sign and/or building

3. Do you use any other names to advertise your store? If yes, list them.

4. Retail Store Street Address

City County Zip Code

5. Mailing Address (if different from #4 above)

Street Address City Zip Code

6. Contact Information (all fields required)

6a. Contact Name Title

6b. Owner Phone Number 6c. Store Phone Number 6d. Store Fax Number

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6e. Store email address

7. Federal Tax Identification Number _____ - _____

(If your tax ID number has changed, contact the WIC office immediately at 517-335-8937.)

8. (a) Number of square feet of retail space open to customers _____

(b) Number of cash registers/checkout lanes normally in use: _____

(Provide an exact number. Do not give range. Do not include lottery machines.)

9. Regular Store Hours

Weekdays _____ to _____ Saturdays _____ to _____ Sundays _____ to _____

10. (a) Annual Gross Sales \$ _____ 12-month period of: _____ to _____

(b) Annual Gross Food Sales \$ _____ 12-month period of: _____ to _____

☐ Check if estimate. Estimate for 17(a) and 17(b) are acceptable only if you have been open less than 1 year.

11. Do you expect more than 50% of your annual sales will come from WIC sales? ☐ Yes ☐ No

12. DO YOU CURRENTLY HAVE IN STOCK THE REQUIRED QUANTITIES FOR ALL FOOD CATEGORIES LISTED BELOW? ☐ YES ☐ NO

This question MUST be answered. Your answer must be based on the inventory currently in your store, not what you agree to carry if approved. Note: The table below indicates twice the minimum stock required of non-limitation exception stores.

A limitation exception WIC Vendor MUST have, at a minimum, the following items in stock at all times.

CATEGORY	TYPE OR BRAND	QUANTITY
Formula	12.5 oz can powder Enfamil INFANT and/or 12.4 oz can powder Enfamil GENTLEASE.	24 Units
Fruits	Any combination of approved fresh, frozen or canned fruits. Varieties within the same family count as one variety. Lemons and limes count as one variety.	\$40 Retail Value OR 30 lbs. 8 Varieties – 4 must be fresh
Vegetables	Any combination of approved fresh, frozen or canned vegetables. White potatoes, cilantro and parsley are approved, but DO NOT count towards minimum stock.	\$40 Retail Value OR 30 lbs. 8 Varieties – 4 must be fresh
Whole Grains	Approved whole grain options include bread, tortillas, brown rice, pasta, and oats.	16 Units, at least 8 units of bread (1 unit = 16 oz package)
Cereals	At least 6 varieties in approved sizes. At least 3 of the 6 brands must be whole grain.	24 Units (1 unit = box/bag of any size)
Eggs	Any size, white shells only, one dozen package; may be cage free.	10 Units (1 unit = dozen eggs)
Fish	Any brand in 2.5-30 oz packages of chunk light tuna, mackerel, sardines, or pink salmon.	24 Units (1 unit = package/can any size)
Infant Cereals	At least 2 varieties infant cereal without added fruit and/or formula or DHA/ARA.	12 Units, 4 Varieties (1 unit = 8 oz)
Infant Fruits and Vegetables	4 oz glass jar, 4 oz 2-pack plastic tubs AND/OR 2 oz 2- pack plastic tubs. Any variety single fruit or vegetable Any variety mixed fruits and/or vegetables	144 Units (1 unit = 4 oz) At least one variety of fruit(s) AND one variety of vegetable(s)
Beans, Lentils and Peas	Any brand in 16 oz bags and/or 15-16 oz cans/jars. 4 cans = 1 bag of dry beans, lentils or peas.	8 Units (1 unit = 16 oz bag or 4 cans)
Peanut Butter	Any brand (smooth, creamy, crunchy, extra crunchy) 16-18 oz jar only. No specialty brands.	8 Jars
Whole Milk	Any brand of whole milk in full gallons.	8 Units (1 unit = 1 full gallon)
Low Fat and/or Fat Free Milk	Any brand of low fat (1%, ½%), and/or fat free (skim) milk in full gallons.	8 Units (1 unit = 1 full gallon)
Yogurt	Any brand of approved yogurt in 32 oz tubs, 4 oz 4-packs, 4 oz 8-packs, 2 oz 8-packs, and/or 2 oz 16-packs.	8 Units (1 unit = 32 oz)
Cheese	Any brand of pre-packaged cheese in the types listed in the Food Guide.	10 Units (1 unit = 16 oz)
64 oz Juices	At least 2 flavors in 64 oz bottles.	20 units, At least 4 flavors
48 or 11.5/12 oz Juices	At least 2 flavors in 48 oz bottles and/or 11.5-12 oz cans of juice concentrate.	10 units, At least 4 flavors

If your application indicates that you do not meet minimum stock requirements, it may be denied.

13. PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW.

False statements will be referred to USDA, Michigan Liquor Control, Lottery, Treasury, and Attorney General Offices and other appropriate Federal and State Agencies.

I understand the following:

- This is only an eligibility verification form to assist the Department in determining the eligibility of the store listed herein to be considered for WIC authorization under the policy exception criteria.
- This form does not constitute either an application or a contract.
- This form does not guarantee consideration, selection or authorization to participate in the WIC program.
- The information contained herein may be confirmed by the Department of Health and Human Services through an unannounced visit to your store by a WIC representative.
- If any information in this form is found to be false, your request for WIC authorization may be denied.
- A determination of ineligibility to qualify for the policy exception is not subject to appeal.

I certify that the information contained in this review form is true and correct to the best of my knowledge and belief. I understand that any false statements may be grounds for denial of this or any future applications or may result in the termination or termination and disqualification of the WIC Vendor Contract. To the extent there are any material changes in the information that I have provided in this review form, I will immediately advise the WIC Program of these changes in writing. I further certify that I am authorized to sign the review form on behalf of the owner(s) of the store.

Print Your Name

Print Your Title

Signature

Date

SEND COMPLETED APPLICATION TO:

Email: MDHHS-WICVendor@michigan.gov
Fax: 517-335-9514

Mail: Michigan Dept. of Health and Human Services
Elliott-Larsen Building – 6th Floor
WIC Vendor Relations Unit
320 South Walnut Street
Lansing, MI 48913

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