

# MICHIGAN DEPARTMENT OF HUMAN AND HEALTH SERVICES WIC PHARMACY APPLICATION

\*This application is only for pharmacies that will only be authorized to sell WIC Authorized formula\*

Please type or print clearly. **ALL questions must be answered.** Incomplete applications will be returned for clarification.

**WIC Office Use Only**

North \_\_\_ Central \_\_\_ SE \_\_\_

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Reviewed By \_\_\_\_\_

Recommended By \_\_\_\_\_

## INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

1. Owning Entity Name: \_\_\_\_\_
2. Does the store use any other name(s) or DBA? If yes, list them:  
\_\_\_\_\_
3. Actual retail store address \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_
4. Mailing Address (if different from #3 above) \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_

5. Store Telephone Number: 

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- Alternate Business Telephone Number: 

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6. Email Address: \_\_\_\_\_ @ \_\_\_\_\_

7. Is the store a currently authorized WIC Pharmacy? Yes  No   
 If yes, please give your WIC Vendor Number WIC #: 

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8. Are you applying as a: Grocer w/Pharmacy   
 Formula Only Pharmacy

9. Federal Tax Identification Number: 

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10. Do you participate in SNAP (Food Stamps)? Yes \_\_\_ No \_\_\_  
 If yes, please provide your SNAP number if available.

SNAP Number: 

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11. MDARD Retail Food Establishment License Number: 

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 (Please attached copy of the license)

If you do not have a Michigan Department of Agriculture and Rural Development (MDARD) Retail Food Establishment License, you must submit written documentation from MDARD of exemption.

12. Person Responsible for WIC (Name & Title):  
 \_\_\_\_\_  
 NAME TITLE

13. **Proof of ownership is required.** Failure to attach proof of ownership will result in your application not being considered. If you have a liquor (SDD) license or a Beer & Wine (SDM) license, you must submit a copy as proof of ownership. If you do not have either an SDD or SDM license, you must attach a copy of the Articles of Incorporation, Articles or Organization, or Partnership Agreement along with an Assumed Name Certificate if applicable.

14. Provide name AND address of owner(s):

(Name of Corporation, LLC, Partners or Sole Proprietor)

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Names of Officers (if a Corporation or LLC):

President \_\_\_\_\_

Vice-President \_\_\_\_\_

Treasurer \_\_\_\_\_

Secretary \_\_\_\_\_

15. Store Hours: Weekdays \_\_\_\_\_ to \_\_\_\_\_ Saturday \_\_\_\_\_ to \_\_\_\_\_ Sunday \_\_\_\_\_ to \_\_\_\_\_.

16. During the last six years, have any of the owners, officers, or managers been convicted of or had a civil judgment entered against them for: fraud, anti-trust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, or obstruction of justice? YES  NO

If yes, please provide details (Attach additional sheets if necessary):

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17. Has this store ever been disqualified from SNAP or the WIC Program? YES  NO

If yes, please provide details (Attach additional sheets if necessary):

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18. Has this store ever been assessed a Food Stamp Program civil money penalty for hardship?

If yes, please provide details (Attach additional page(s) as necessary): YES  NO

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19. Has this store or the store's owner(s) ever been withdrawn or been denied authorization by SNAP (Food Stamps)? YES  NO

If yes, give detail (Attach additional page(s) as necessary):

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20. Is this store is owned partially, or in full, by an employee of a local or state agency? YES  NO

If yes, give details (Attach additional pages if necessary):

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## MICHIGAN WIC EBT INFORMATION

The Michigan WIC Program processes WIC transactions and reimburses its vendors through the use of the Michigan WIC Bridge Card. This process is done by electronic benefits transfer (EBT). Please provide the information requested below.

Please **circle** the picture that best describes the way that your store currently does or plans on doing WIC transactions. Please circle ONE image only.

A cash register and a separate POS device



If you circle this image, skip the bottom of this page and continue to the next page.

A cash register with built in EBT capabilities (integrated)



If you circle this image, please fill out the information below, then continue to the next page.

1. Where did or will your WIC integrated software come from? (Circle One)

Retalix

North Country

NCR/RDT

Great Lakes Data

Walmart

RDS St. Louis

BMC Retalix

IBM SurePOS Ace STCR

Spartan Stores

Other \_\_\_\_\_

2. Who processes or will process your WIC reimbursements? (Circle One)

Vantiv

First Data

World Pay

Other \_\_\_\_\_

Optional Explanation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## SOURCE OF INFANT FORMULA

WIC Vendors must only purchase infant formula from wholesalers, distributors, and retailers licensed by the Michigan Department of Agriculture & Rural Development (MDARD) or from infant formula manufacturers registered with the Food and Drug Administration (FDA), per USDA approved WIC Vendor Contract Section IV, #4. If you do not currently have a contract with the Department, you may review a copy at [www.michigan.gov/WIC](http://www.michigan.gov/WIC) under "WIC Vendors/Grocers".

Please provide a list the retailers, wholesalers, and/or manufacturers from whom you purchase infant formula. To assure compliance with the United States Department of Agriculture requirement, you may be asked to submit a copy of their MDARD license of your source of infant formula.

Additional MDARD license information is available at [www.michigan.gov/MDARD](http://www.michigan.gov/MDARD).

Name of Retailer / Wholesaler / Manufacturer	Address	Formula Type / Variety Purchased	Have You Verified This Source is Licensed by MDARD or FDA? (Yes) / (NO)

**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.

If this application is incomplete or not submitted by the due date, it will not be considered. The due date is indicated in the letter that accompanied this application.

I understand that this application is only a request for a WIC vendor contract and does not constitute a contract or application for a license. I also understand that this application does not guarantee selection nor authorization to participate in the WIC Program, and that information listed herein will be verified by the Michigan Department of Health and Human Services during an on-site visit or by other means. The Department may also request purchase records, invoices or receipts to substantiate price or inventory information contained in this application. If the WIC Program is unable to verify the information contained in this application is correct and accurate, or it is found to be false, the applicant may be refused consideration.

In the event that this application is approved, and a contract is executed, I understand that I will be bound by all rules, regulations and requirements of the WIC Program, USDA-FNS, in addition to the terms and conditions of the WIC vendor contract.

**I certify that the information contained in this application 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 application (except for price information on pages 5-14), I will immediately advise the WIC Program of these changes in writing. I further certify that I am authorized to sign the application on behalf of the owner(s) of the store.**

\_\_\_\_\_  
Print Your Name

\_\_\_\_\_  
Print Your Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**MAIL COMPLETED APPLICATION TO:**

**Michigan Department of Health and Human Services  
Lewis Cass Building – 6<sup>th</sup> Floor  
WIC Vendor Relations Unit  
320 S. Walnut  
Lansing, MI 48913**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) Fax: (202) 690-7442; or (3) Email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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