

MDHHS-5940-O, ONLINE VENDOR PRE-AUTHORIZATION REPORT

Michigan Department of Health and Human Services (MDHHS)

WIC Vendor Relations Unit

(New 2-26)

SECTION 1 – SITE VISIT VERIFICATION

- Based on an on-site inspection, I certify that the above-named Vendor is in compliance with the following:**
- Through inspection of the online sales platform and filling of any online shopping basket; all WIC requirements, including the minimum stock requirements (MSR) are met.
 - 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 Vendor does NOT meet at least the minimum stock requirements as indicated below.**
- The Vendor does NOT meet other WIC Vendor Selection Criteria and/or requirements.**
Specify _____

Food Group	Minimum Stock Required	Able	Unable
Fruits	20 Retail Value or 15 pounds 4 varieties, at least 2 varieties fresh	<input type="checkbox"/>	<input type="checkbox"/>
Vegetables	\$20 Retail Value or 15 pounds 4 varieties, at least 2 varieties fresh	<input type="checkbox"/>	<input type="checkbox"/>
Whole Grains	8 units, at least 4 units of bread (1 unit = 16 oz package)	<input type="checkbox"/>	<input type="checkbox"/>
Peanut Butter	4 units (1 unit = 16-18 oz jar)	<input type="checkbox"/>	<input type="checkbox"/>
Beans, Lentils or Peas	4 units (1 unit = 16 oz bag or 4 cans/jars)	<input type="checkbox"/>	<input type="checkbox"/>
Fish	12 units (1 unit = package/can any size)	<input type="checkbox"/>	<input type="checkbox"/>
Cereals	12 units, 6 varieties, 3 Whole Grain (1 unit = box/bag of any size)	<input type="checkbox"/>	<input type="checkbox"/>
64 oz Juices	10 units, at least 2 flavors (1 unit = 64 oz)	<input type="checkbox"/>	<input type="checkbox"/>
48 oz or 11.5/12 oz Juices	5 units, at least 2 flavors (1 unit = 48 oz bottle or 11.5/12 oz can concentrate)	<input type="checkbox"/>	<input type="checkbox"/>
Infant Fruits and Vegetables	72 units, at least one variety fruit and one variety vegetable (1 unit = 4 oz)	<input type="checkbox"/>	<input type="checkbox"/>
Infant Cereals	6 units, at least 2 varieties (1 unit = 8 oz box container)	<input type="checkbox"/>	<input type="checkbox"/>
Formula – Similac Advance Total Comfort, Sensitive and/or Soy Isomil	12 units (1 unit = 1 can)	<input type="checkbox"/>	<input type="checkbox"/>
Eggs	5 units (1 unit = 1 dozen eggs)	<input type="checkbox"/>	<input type="checkbox"/>
Whole Milk	4 units (1 unit = 1 full gallon)	<input type="checkbox"/>	<input type="checkbox"/>

Low Fat and/or Fat Free Milk	4 units (1 unit = 1 full gallon)	<input type="checkbox"/>	<input type="checkbox"/>
Yogurt	4 units (1 unit = 32 oz)	<input type="checkbox"/>	<input type="checkbox"/>
Cheese	5 units (1 unit = 16 oz package)	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 2 – TRAINING CERTIFICATION

The following items have been explained to the Vendor:

1. Purpose and goals of the WIC Program
2. Terms of the WIC Vendor Contract
3. WIC-approved foods
4. Minimum Stock Requirements
5. WIC transaction procedures
6. Competitive prices and peer groups
7. WIC Program incentive policy
8. Procedures for appealing a reduced payment
9. Purchase requirements and recordkeeping
10. Requirement to allow the store to be monitored by the WIC Program
11. Food quality and pricing requirements of the WIC Program
12. Vendor trainings, communications, and newsletters
13. Terms of the WIC Vendor Sanction Schedule
14. Administrative Hearing and Review procedures
15. Vendor complaint process
16. WIC POS software and devices
17. Vendor application and authorization process

SECTION 3 – VENDOR CERTIFICATION

I (the Vendor) certify the following:

If it is documented that the WIC Vendor Applicant does not satisfy all WIC Program requirements for authorization, I understand that the WIC Vendor Application will be denied, and I will be unable to reapply for 90 days. If inspection of the WIC Vendor Applicant’s online sales platform and completion of the required training supports authorization, the above training items were explained to me to my satisfaction; and I have received a copy of this report and a Vendor Handbook, which includes copies of the WIC Vendor Sanction Schedule and Policy 7.0 Vendor Appeals. I understand I will receive a copy of the WIC Vendor Contract and notification of my peer group assignment upon execution by the Michigan Department of Health and Human Services.

Vendor Signature	Print Name	Title	Date
WIC Vendor Analyst Signature	Print Name		Date

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AUTHORITY: P.A. 368 of 1978