

# MDHHS-5959-O, MICHIGAN WIC ONLINE VENDOR COMPLIANCE BUY REPORT

Michigan Department of Health and Human Services (MDHHS)

(New 2-26)

## SECTION 1

Date of Buy	Investigator's Name	WIC Card Number
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## SECTION 2 – VENDOR INFORMATION

Store Name	WIC Vendor Number	Buy Number	
Address	City	State	Zip Code

Time of Buy

## SECTION 3 – TRANSACTION DETAILS

Shaded areas indicate expected results. If result differs, give an explanation in the Transaction Narrative section.

1. Do 20 items that are WIC approved have WIC labels on the website? (Add 20 WIC approved items to your cart)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2. Did the 20 items from #1 continue to show as WIC-approved in your cart? (Remove 17 items from your cart and add in 2 non-WIC approved items)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
3. Did discounts get applied correctly to WIC foods (if applicable)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
4. Were any items out of stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
5. If items were out of stock, were other items in that cat/subcat available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
6. If items were out of stock, and other items were suggested, were they WIC approved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
7. Did any discounts get applied to WIC foods incorrectly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
8. Did the system redeem all approved WIC items from your cart?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
9. Did the system ask for your PIN number or multifactor authentication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
10. Were you able to purchase non-WIC approved items with available benefits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
11. Were you able to pay for food items that were not paid for by WIC benefits with the alternative payment method?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
12. Did the system apply sales tax to the WIC foods you purchased?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
13. Did the system apply advertised sales prices to the transaction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
14. Were you sent your digital receipt?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
15. Were product descriptions and pictures accurate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
16. Were any substitutions made?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
17. Did picker suggest any non-WIC foods for WIC-approved foods?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
18. Were substituted items WIC-approved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

19. Were fresh fruits and vegetables accurately priced based on weight?  Yes  No  N/A

20. Were suggested items declined but purchased anyway?  Yes  No  N/A

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**SECTION 4 – DELIVERY/PICK UP**

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Shaded areas indicate expected result. Use the Transaction Narrative section to provide comments regarding the visit.

21. Were the correct items delivered?  Yes  No  N/A

22. Was the delivery driver/store employee courteous?  Yes  No  N/A

23. Were the foods delivered/picked up in the same benefit period as the time that the order was placed?  Yes  No  N/A

24. Were any WIC foods delivered past their expiration, “best by”, “best before by” dates?  Yes  No  N/A

25. Were the items at the correct pickup/delivery location?  Yes  No  N/A

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**SECTION 5 – FOOD ITEMS PLACED IN CART**

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UPC/PLU	BRAND NAME	SIZE	DESCRIPTION (Food type, name, quantity, etc.)	WIC APPROVED? (Yes/No)	DISPLAYED PRICE	PRICE AT REGISTER
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		

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**SECTION 6 – TRANSACTION NARRATIVE**

Provide as much detail of the experience in the store as possible and explain how prices were determined and any violations:

## SECTION 7 – FOOD DISPOSITION

Fill out or attach a donation receipt with pertinent information. Include a photo of the foods donated.

I certify the items purchased on this form were donated and presented to:

Organization Name

Address

City

State

Zip Code

Date

## SECTION 8 – CERTIFICATION/DECLARATION

I declare all information documented on this form is true and correct to the best of my knowledge.

Investigator Signature

Date

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group on the basis of race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination includes, but is not limited to, discrimination based on sexual orientation, gender identity, gender expression, sex characteristics, and pregnancy.

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To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at:

<https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or

2. fax:

(833) 256-1665 or (202) 690-7442; or

3. email:

program.intake@usda.gov

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