1. **Ask for the WIC I.D. card** and hold onto it (you’ll need it later to check the signature). **Do not proceed without it!**

2. **Check the dates** in the “**First Day to Use**” and “**Last Day to Use**” boxes. Do not accept the voucher before or after these dates.

3. **Verify the customer’s formula** with the formula prescribed on the voucher. Verify the quantity, can size, formula brand and type. No substitutions allowed. **No other foods, including milk.**

4. **Say “Yes”** to coupons, specials and store discount cards, “**No**” to I.O.U.’s (rain checks) and refunds.

5. **Write in the total purchase price** of the prescribed formula. If you make a mistake, use the “Corrected Amount” box. **You and the WIC customer must initial the change.**

6. **Get the customer’s signature** in the designated box on the front of the voucher. Compare the customer’s signature on the voucher with the signature(s) on the WIC I.D. card.

7. **Give the customer a receipt** and **return the WIC I.D. card** to the customer.

8. **Before depositing,** **stamp your store’s authorized 4-digit WIC Vendor stamp** in the box provided.

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**Sample Voucher**

- **OREGON WIC PROGRAM**
- **Payable through Southern National Bank, Minnetonka, GA**
- **Vendor**: Sally Swift
- **Formula**: 9999 00123456 02 HANNAH SWIFT
- **For purchase of authorized WIC foods only**
- **Can 12.4 oz Similac Advance Powder**
- **First Day to Use**: 8/01/2014
- **Last Day to Use**: 8/31/2014
- **Type**: 0123
- **Corrected Amount**: $79.95
- **Pay to the order of Oregon WIC Authorized Vendor Number**: 9999
- **Vendor Must Deposit Within 60 Days of First Day To Use**
- **Questions? Call the Vendor Answer Line at 1-877-807-0889.**

**Sample WIC ID card**

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**57-1020-ENGL (10/2014)**
According to the Oregon State WIC Program Vendor Agreement, Pharmacy vendors are only authorized to sell formula.

According to OAR 333-054-0020(3)(i)(C), Pharmacy vendors are required to obtain infant formula, including formula which requires a prescription, within 72 hours of an OHA or participant request.

<table>
<thead>
<tr>
<th>Allowed WIC Formula</th>
<th>Not Allowed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sell only the formula <strong>brand, type and size</strong> listed on the voucher (see sample voucher on front).</td>
<td>No other formula brand, type or size.</td>
</tr>
<tr>
<td><strong>Please note:</strong> Formula includes infant, child and adult formulas and medical foods.</td>
<td>No other food, including milk.</td>
</tr>
<tr>
<td><strong>Examples</strong> of brands/types <strong>may</strong> include:</td>
<td></td>
</tr>
</tbody>
</table>
| Brand: Similac Advance  
Types: Powder, Concentrate or RTF (Ready-to-feed) | |
| Brand: Pediasure  
Types: Ready-to-feed | |

If you need this material in an alternate format, please call (971) 673-0040. Available formats are: large print, Braille, audio tape, electronic format and audio presentation.

WIC is an equal opportunity program and employer.

http://www.healthoregon.org/wic