



Oregon WIC Application - Grocery Store

Part 1 – Selection Criteria

Your grocery store could be a good candidate for partnership with the Oregon WIC Program if you meet the following selection criteria:

1. List a current e-mail address for your store that is **checked on a regular basis** to send and receive information about WIC: _____

A. Examples of notifications that you will receive by email:

- General WIC information and changes
- Contract information and renewal notices
- Formula updates
- Food recalls

2. Your store must carry at least three types of meat, fish, poultry or meat substitute AND carry at least six pounds total weight of meat, fish, poultry or meat substitute as described:

- Meat, fish, and poultry must be uncooked fresh or uncooked frozen;
- Tofu, tempeh, and seitan are the only meat substitutes allowed;
- Bait does not count as meat, fish, poultry or meat substitute.

List below the allowed meats/meat substitutes your store carries:

- i. _____
- ii. _____
- iii. _____

3. Do you already have a permanent fixed location for your store that includes refrigeration and freezer space in the retail area? Yes No

4. Your store must be currently Food Stamp/SNAP authorized (*or has authorization “pending” for stores not yet open?*)

SNAP #: _____ Authorization date: _____

5. Do you currently meet [Minimum Stock requirements](#) for your store size (see [WIC-authorized Food List](#)) Yes No

6. Is your store open at least 5 days a week for at least 8 hours per day? Yes No

7. You must commit to keeping your pricing competitive with other [stores in your peer group](#) and submitting shelf prices for selected products as requested. Yes No

8. You must purchase your infant formula from an allowed distributor. Click this link to review the approved list and select your distributor: [Oregon Authorized Infant Formula Manufacturers and Distributors](#).

A. You commit to primarily buying your infant formula from: _____

9. You have an ECR/POS system that can accept the eWIC Card or have a three-prong power outlet, analog telephone line or digital/cable internet service with a jack within 5 feet of where the register/current POS terminal is installed.
- If you answered “Yes” to all these questions, proceed to the next set of questions.
 - If you answered “No” to any of these questions, you’re not quite ready to submit your application for WIC authorization. You are welcome to call us to discuss the above criteria at 1-877-807-0889.

Can you answer “NO” to these questions?

1. Do you anticipate your store’s WIC sales to be more than 50% of your annual food sales?
Yes No
2. Has your store owner ever been disqualified or fined by a WIC Program?
No Yes Which state/s: _____
3. Has your store been disqualified or received a civil money penalty from Food Stamp/SNAP in the last 3 years? No Yes Which state/s: _____
4. Has store owner(s) had any business integrity issues (i.e. felony criminal convictions, civil judgments, bankruptcy, etc) in the last 6 years? Yes No

Explain: _____

- If you answered “Yes” to any of these questions, you may not be eligible to become WIC authorized. You are welcome to call us to discuss the above criteria at 1-877-807-0889.
- If you answered “No” to all these questions, please proceed and fill out our application packet and email to: wic.vendorservices@state.or.us or fax to (971) 673-0071.

The Oregon WIC vendor application process

The application process takes approximately 30 days from the date your **completed** application packet is received.

- We review all sections of this Application Packet for completeness, accuracy and to verify that your store meets minimum stock requirements.
- We review your pricing to ensure it is competitive with currently authorized stores in your peer group (see [peer group definitions](#)).
- Failure to correct all deficiencies on an incomplete Application Packet within 30 days of submission date will result in the application denial.
- If your application is denied, you will be notified in writing.
- There is a 6-month waiting period for reapplication.

If the application is approved

- A Vendor Trainer will call to set up an appointment for the Authorization Visit and set up a training session for your checkers, bookkeepers, and management staff.
- The store’s ability to begin accepting WIC will depend on the store’s equipment installation/upgrade needs.

The Authorization Visit

This includes a walk-through of your store to verify all application information submitted.

- ☑ The number of cash registers in the store is accurately reported.
- ☑ All foods listed on the Price List are stocked and dates are within manufacturer-recommended “sell/use by” dates.
- ☑ Reported prices match the prices on your shelf (or have not been raised a significant amount).
- ☑ The store meets all Selection Criteria found in the [Vendor Agreement](#) and Oregon Administrative Rule 333-054-0020(3) with an emphasis on the following:
 - ✓ Be open for business at least eight hours per day, five days per week.
 - ✓ Meet all [Minimum Stock](#) requirements (Dairy products, eggs, peanut butter, canned fish, juices, whole wheat and cereal products, fresh fruits and vegetables, and appropriate baby foods/formulas for your store category;
 - ✓ Carry foods intended for home preparation and consumption that include: fresh or frozen uncooked meat, fish, or poultry (or meat substitute);
 - ✓ Currently SNAP (Food Stamp) authorized (or authorization “pending” status).
 - ✓ Have a fixed location for each store that includes adequate refrigeration and freezer equipment on the retail floor.

**If all Selection Criteria are not met, the visit will come to an end.
Authorization will be denied. There is a 6-month waiting period for reapplication.**

After the foods and prices are verified the WIC Vendor Trainer will conduct a training session for your checkers, managers, and bookkeepers that will last about 90 minutes. Please keep this in mind when setting employee schedules for the training day as we expect the following to occur:

- You will need to select a **day and time** when the owner or manager and all employees attending the training session(s) will not be interrupted.
- You will need to prepare a **location** in your store where interruptions are not likely to occur.
- You (the owner, manager and/or authorized agent) will need to set aside about 30 minutes at the end of the visit for an exit interview with the WIC Vendor Trainer.

If you have any questions regarding this process, please feel free to contact us by
email: wic.vendorservices@state.or.us or
call our toll-free Vendor Answer Line at 1-877-807-0889.

Oregon WIC Program
PO Box 14450
Portland OR 97293-0450
Phone: 971-673-0040
FAX: 971-673-0071



WIC Grocery Vendor Application

Part 2 – Store and Owner Information

NOTE: Fill out every field that applies (“NS” means new store or “CR” means contract renewal).

The application may be rejected if applicable sections are not completed.

If applying for authorization of multiple stores, make copies of the entire application, and attach a separate sheet for additional information if necessary.

Section 1 – Store information				WIC ID # (CR only):			
Store Name:							
Store Address:						PO Box:	
City:						Zip Code:	
Phone:		Fax:		County:			
Does this location have an in-store pharmacy: Yes No							
<input type="checkbox"/> Pharmacy does business separately from the main grocery store							
This location is WIC-authorized in another state: No Yes Which state? WA ID CA NV							
Store Model		Definition					
Single-Owner Store		Single owner, purchases goods from a 3 rd party distributor					
Small Chain		Multiple store locations, may purchase goods from a 3 rd party distributor					
Large Chain		More than 30 store locations with own distribution center					
Store Hours				<input type="checkbox"/> Open 24 hours			
Open	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Close							
Management information							
Manager:				Phone/email:			
Bookkeeper:				Phone/email:			
WIC Trainer:				Phone/email:			
eWIC Contact:				Phone/email:			
Section 2: Other Contacts – People you want to receive information that are not already listed elsewhere							
Name		Title		Phone/email			

Section 3 – Sales Information Projections for the last calendar year are acceptable.		Store Opening Date (NS only) :	
# Cash Registers:	Integrated Registers: Yes No	Retail SqFt:	Storage SqFt:
Do your scanners identify WIC-eligible foods? Yes No No Scanners			
Annual Gross Sales:		Annual Cash Food Sales:	
"Gross sales" means all cash, personal check and credit card transactions. "Annual Cash Food sales" represents all SNAP-eligible food sales.			
Report the Percentage of your FOOD sales for each category below:			
Cash:	Credit/Debit:	SNAP:	WIC: Total = 100%
Does your store anticipate that more than 50% of the total annual food sales will be from WIC benefit sales? Yes No			
Do you provide or plan to provide incentive items (free food, merchandise, or cash) to WIC shopper? Yes No			

Section 4: Owner Information				
Type of Owner: (Select One)				
Corporation (including LLC)	Partnership	Sole Proprietorship	Co-Op	Other, explain:
Company Name:				
Primary Owner, Partner/s, or CEO:				
Address:				
Phone:		Owner Email if different than store:		
Please attach a list of additional owners, if applicable				

Section 5: Business Integrity	
Has any owner (or agent thereof) previously been authorized as a WIC-authorized vendor at another store? Yes No If yes, when and where?	
Is any owner (or agent thereof) currently, or ever been, disqualified or fined by a WIC Program? Yes No If yes, which state and what was the reason?	
Has any owner, officer, director, partner or manager been convicted of or had a civil judgment enter against them for any activity indicating a lack of business integrity, including but not limited to: fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims or obstruction of justice in the last six years? No Yes If yes , attach a separate sheet listing name of person involved, the charges, when and where convicted.	
Is the applicant a relative of the previous owner? Yes No	
Is this store currently, or has it been disqualified from, or fined a civil money penalty, in lieu of disqualification from SNAP in the last 3 years? No Yes If yes, describe when and why (or attach a narrative, if needed)	

Section 6: Application Submission

Store Name: _____

(Initial each box)

I am applying for authorization to participate as a vendor in the Oregon WIC Program.

I understand that submission of this Application Packet does not constitute authorization to accept eWIC Benefit Cards and that the applicant will be an authorized Oregon WIC vendor ONLY when/if the application process has been completed and the applicant has entered into a WIC Vendor Agreement with the Oregon WIC Program.

I understand that the Oregon WIC Program is responsible for selecting the best qualified vendors and ensuring cost containment for the Program.

I have read and understand the regulations that govern the Program contained in the sample WIC Vendor Agreement and Oregon Administrative Rules *and I agree to abide by them while authorized by the Oregon WIC Program.*

I understand that I have the right to appeal a denial of my application by the Oregon WIC Program.

I agree to complete all required training for myself and store personnel on WIC procedures and requirements.

I have the legal authority to enter into contractual agreements on behalf of the above-named store/s.

I hereby certify that all statements made in this application are true. I understand that any intentional misstatements or omissions of material facts may result in the denial of my application and/or termination of any Vendor Agreement/disqualification of vendor with the Oregon WIC Program.

Store Owner or Authorized Agent with legal authority to obligate Vendor:

Print Name:

Title:

Signature:

Date:

Oregon WIC Program
PO Box 14450
Portland, OR 97293-9929

Email: WIC.VendorServices@state.or.us
Phone: 971-673-0040
Fax: 971-673-0091

WIC Grocery Vendor Application

Part 2 – Foods Price List

This WIC-authorized Price List is effective as of **December 1, 2016**, and is subject to revision by the Oregon Health Authority and/or the USDA. All authorized vendors receive notice of any changes to the approved Food List prior to the effective date of such changes.

Store Name/WIC Vendor #	
Phone	

Instructions:

- Review the [Food List](#) to know what brands, types, and package sizes are WIC-approved.
- Review [Minimum Stock Requirements](#) to make sure you know what items are required.
- Provide a price for every item on the list that your store currently stocks. Use “N/A” for products that are not currently stocked or leave the space blank.
- The items and prices submitted will be verified at the time of authorization.

Food Category	Highest Price
MILK Any brand, must be pasteurized with vitamins added. No organic.	
Gallon: Whole Milk = 3.25% - 5%	Brand: \$
Quart: Low-fat Milk = 1% and Non-fat/skim	Brand: \$

CHEESE 16 oz (1 lb) block only, any shape. Made in USA, any brand, regular, low-fat, non-fat, low salt. No sharp, aged/extra sharp, or organic.		
1. Type:	Brand:	\$
2. Type:	Brand:	\$

EGGS White, large, chicken eggs only. No brown, organic, or specialty eggs (like Eggland’s Best or Naturally Nested).	
Brand:	\$

PEANUT BUTTER 16 - 18 oz jars only. No honey-roasted, added honey or jelly. No reduced-fat or spreads.	
Brand:	\$

JUICE Bottled, 64 oz only. Must be 100% juice. Added Calcium, Fiber or Vitamin D is OK.		
1. Brand:	Flavor:	\$
2. Brand:	Flavor:	\$

Food Category	Highest Price
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WHOLE GRAINS

[100% Whole Wheat Bread](#) Click the link for approved brand list. Must say “100% whole wheat” on the label.
No organic, light, or “lite” bread.

16 oz loaf	Brand:		\$
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16.1 – 32 oz loaf	Brand:		\$
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Alternate Grain Types: Brown Rice, Bulgur, Pasta, Oats, Tortillas: soft corn and whole wheat
Refer to Food List for approved brand list. Yellow or white corn only. No organic, flour tortillas, fried tortillas, or tortilla chips.

1. 16 oz package	Type:	Brand:	\$
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2. 16 oz package	Type:	Brand:	\$
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CEREAL Must stock at least 2 kinds of cold cereal and 1 kind of hot cereal.
Must stock at least one kind of whole grain cereal (See the [Food List](#) for “W” designation and check the box to indicate)

1. 12-36oz <u>Cold</u> Cereal <input type="checkbox"/>	Brand:	Size:	\$
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2. 12-36oz <u>Cold</u> Cereal	Brand:	Size:	\$
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3. 11.8 -36oz <u>Hot</u> Cereal	Brand:	Size:	\$
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BABY FOOD FRUITS AND VEGETABLES No dinners, desserts, toddler food, “Graduates”. No organic or added sugar, starch, salt or DHA.

4oz jar	Brand:	Flavor:	\$
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4oz 2-pack	Brand:	Flavor:	\$
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BABY FORMULA: 12.4oz Similac Advance, powder Stores with more than 2 registers must stock

1 can UPC: 0-70074-55958-2 or Case UPC: 0-70074-55957-5	\$
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CERTIFICATION OF RESPONSIBLE PARTY

To my knowledge, all of the information provided on this WIC Grocery Application Foods Price List is true. I understand that any false information may cause the Oregon Health Authority to deny or withdraw my approval to participate in the WIC Program. In addition, I may also be subject to penalty as outlined in USDA Regulations, 7 CFR, Part 246.12(h)(3)(xvii), or the Food and Nutrition Service Codes, in the case of deliberate fraud.

I verify that the products for which I have entered prices are currently stocked in the store.

I verify that I have reviewed the Minimum Stock Requirements and WIC-authorized Food List prior to filling out this application form.

Store Name/WIC ID #	
Name of Responsible Party	
Signature of Responsible Party	
Title	
Date	

If your application to become an authorized WIC vendor is denied, you may have the right to appeal that decision (USDA Regulations, 7 CFR 246.18 (a)(l)(i)), within 15 days of the date that you receive the written denial of authorization.

Oregon WIC Program

PO Box 14450

Portland OR 97293-0450

Phone: 971-673-0040

FAX: 971-673-0071

If you need this information in an alternate format, please contact WIC at 971-673-0040.

Oregon eWIC Readiness Assessment

Store Name _____

Store Address: _____ State: _____ Zip Code: _____

Store e-mail address _____ Store Phone: _____

If you do not know the answer, leave the question blank and our eWIC processor will follow up with you as necessary.

A. Does your store have an electronic cash register and point of sale (ECR/POS) system?

No - *If No, please go to Section B.* Yes- *If Yes, please complete the following questions:*

1. (ECR/POS) Name _____ Version _____

2. (ECR/POS) Provider Contact Person:

Name _____ Phone _____

email _____

3. Are you able to scan bar codes on your stores (ECR/POS)? Yes No

4. Is your current (ECR/POS) eWIC CARD ready? Yes No

a. If No, do you plan to upgrade to a version that is eWIC ready? Yes No

5. Who is your 3rd party Processor? First Data World Pay Vantiv

FiServe Other _____

6. How many retail lanes are in your store? _____

B. Does your store currently process Debit/Credit or SNAP on a Stand Alone (SA) Device separate from your stores cash register system?

Yes No

1. Your Debit/Credit/SNAP device connects via Internet Phone line

2. Does your store currently process SNAP on this same SA device? Yes No

3. SNAP Provider Contact Person:

Name _____ Phone _____

email _____

4. Does your store have a completely separate SA device to process SNAP?

Yes No

5. Provider Contact Person:

Name _____ Phone _____

email _____

I have completed all the necessary fields in the WIC Grocery Application Packet and I am ready to submit.