

Becoming an eWIC-authorized Pharmacy

Your pharmacy may be a good candidate for partnership with the Oregon WIC Program if you meet the following criteria:

Can you answer “YES” to all these questions?

1. Do you have a current e-mail address for your store that could be used to send and receive information about WIC?
 2. Do you 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?
 3. Are you able to fill a request for formula within 72 hours?
 4. Is your store open at least 5 days a week for at least 8 hours per day?
 5. Will you commit to keeping your pricing competitive with other [stores in your peer group](#) and submitting shelf prices for selected products as requested?
 6. Will you commit to purchasing formula from an allowed distributor? Please see the list of [Oregon Authorized Infant Formula Manufacturers and Distributors](#).
- 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.

Can you answer “NO” to all these questions?

1. Do you anticipate your store’s WIC formula sales to be more than 50% of your annual food sales?
 2. Has the store owner ever been disqualified or fined by any WIC Program?
 3. Has your store been disqualified or received a civil money penalty from SNAP/EBT in the last 3 years?
 4. Has the store owner had any business integrity issues (i.e. felony criminal convictions, civil judgments, bankruptcy, etc.) in the last 6 years?
- If you answered “Yes” to any of these questions, you may not be eligible to become WIC authorized. Please contact the Oregon WIC Program’s Vendor Contract Specialist at 1-877-807-0889 for more information.
 - If you answered “No” to all these questions, please proceed and fill out our application packet and submit it to:

Oregon WIC Program
Vendor Contract Specialist
PO Box 14450
Portland, OR 97293
or fax to (971) 673-0071

or email your application materials to: wic.vendorservices@state.or.us

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 the Application Packet for completeness, accuracy.
- 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 consists of a walk-through of your store to verify all application information submitted and a training session for your checkers, managers, and bookkeepers that will last about 30 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 15 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 email us at

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 Pharmacy Vendor Application

Part 1 – Store and Owner Information

NOTE: Fill out every field. The application may be rejected if all sections are not completed.

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

Section 1 – Store information		Current WIC ID # (if applicable):					
Store Name:							
Store Address:					PO Box:		
City:					Zip Code:		
Phone:		Fax:			County:		
Store email:				Alternate email or phone:			
In-Store Pharmacy: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pharmacy does business separately from the main grocery store							
This location is WIC-authorized in another state: <input type="checkbox"/> No <input type="checkbox"/> Yes, this state: WA ID CA NV (circle)							
Store Model		Definition					
<input type="checkbox"/> Single-Owner Store		Single owner, purchases goods from a 3 rd party distributor					
<input type="checkbox"/> Small Chain		Multiple store locations, may purchase goods from a 3 rd party distributor					
<input type="checkbox"/> 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	Email	Phone

Section 3 – Sales Information Projections for the last calendar year are acceptable.		Store Opening Date:	
# Cash Registers:	Integrated Registers: <input type="checkbox"/> Yes <input type="checkbox"/> No	Retail SqFt:	Storage SqFt:
Do your scanners identify WIC-eligible foods? <input type="checkbox"/> Yes <input type="checkbox"/> No		Where do you purchase infant formula?	
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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you provide or plan to provide incentive items (free food, merchandise, or cash) to WIC shoppers? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Section 4: Owner Information	
Type of Owner: (Select One) <input type="checkbox"/> Corporation (including LLC) <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Co-Op <input type="checkbox"/> Other, explain:	
Company Name:	
Primary Owner, Partner/s, or CEO:	
Address:	
Phone:	Email:
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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when and where?
Is any owner (or agent thereof) currently, or ever been, disqualified or fined by a WIC Program? <input type="checkbox"/> Yes <input type="checkbox"/> 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 judgement 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? <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
SNAP #:	SNAP Authorization Date:
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? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, describe when and why above (or attach a narrative, if needed)	

Section 6: Application Submission

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

→ I understand that completion of this application and vendor price list does not constitute authorization to accept WIC Vouchers/Cash Value Vouchers (CVVs)/ 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:

#1 Print Name:	Title:
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Signature:	Date:
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#2 Print Name:	Title:
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Signature:	Date:
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Oregon WIC Vendor Pharmacy Price List

Store Name: _____ WIC ID#: _____

Product Name	Size		Price
Similac Advance powder	12.4 oz	Can	\$
Similac Advance concentrate	13 oz	Can	\$
Similac Advance ready-to-feed	QT	Bottle	\$
Similac Alimentum powder	16 oz	Can	\$
Similac Alimentum ready-to-feed	QT	Bottle	\$
Similac Neosure powder	13.1 oz	Can	\$
Similac Neosure ready-to-feed	QT	Bottle	\$
Similac Sensitive for Spit-up powder	12.3 oz	Can	\$
Similac Sensitive for Spit-up ready-to-feed	QT	Bottle	\$
Similac PM 60/40 low iron infant formula powder	14.1 oz	Can	\$
Boost High Protein nutrition drink, any flavor	8 oz	Six-pack - bottle	\$
Boost Kid Essentials 1.0 calorie, any flavor	8 oz	Box	\$
Boost Kid Essentials 1.5 calorie, any flavor, any fiber	8 oz	Box	\$
Boost Plus nutrition drink any flavor	8 oz	Six-pack - bottle	\$
Bright Beginnings Soy Pediatric Drink	8 oz	Six-pack - can	\$
Compleat Pediatric	8.45 oz	Can	\$
Duocal powder	14 oz	Can	\$
Neocate Splash, any flavor	8 oz	Box	\$
EleCare for Infants unflavored powder	14.1 oz	Can	\$
EleCare Jr powder, unflavored or vanilla	14.1 oz	Can	\$
Enfamil A.R. for Spit-Up ready-to-feed	32 oz	Can	\$
Enfamil A.R. for Spit-Up powder	12.9 oz	Can	\$
Enfamil Enfacare powder	12.8 oz	Can	\$
Ensure any flavor	8 oz	Six-pack - bottle	\$
Ensure Plus any flavor	8 oz	Six-pack - bottle	\$
Gerber Good Start Gentle powder	12.7 oz	Can	\$
Gerber Good Start Gentle concentrate	12.1 oz	Box	\$
Gerber Good Start Gentle ready-to-feed	8.45 oz	Four-pack box	\$
Gerber Good Start Nourish powder	12.6 oz	Can	\$
Ketocal 3:1, powder	11 oz	Can	\$
Ketocal 4:1 powder	11 oz	Can	\$
Ketocal 4:1 ready-to-feed, any flavor	8oz	Box	\$
MCT Oil ready-to-feed	QT	Bottle	\$
Monogen powder	14.1 oz	Can	\$
Neocate Infant powder (with DHA and ARA)	14 oz	Can	\$
Neocate Jr. powder, any flavor or prebiotics	14 oz	Can	\$
Nutramigen with Enflora LGG powder	12.6 oz	Can	\$
Nutramigen Lipil concentrate	13 oz	Can	\$
Nutramigen Lipil ready-to-feed	QT	Can	\$
Nutramigen PurAmino DHA & ARA	14.1 oz	Can	\$
Nutren 1.0 calorie, with or without fiber	8.45 oz	Can	\$
Nutren 1.5 calorie, with or without fiber	8.45 oz	Can	\$
Nutren 2.0 calorie, with or without fiber	8.45 oz	Can	\$

Nutren Jr with or without fiber	8.45 oz	Can	\$
PediaSure with/without fiber any flavor	8 oz	Six-pack - bottle	\$
PediaSure Enteral with/without fiber, any flavor	8 oz	Can	\$
PediaSure Peptide 1.0 calorie, ready-to-feed	8 oz	Bottle	\$
PediaSure Peptide 1.5 calorie, ready-to-feed	8 oz	Bottle	\$
Peptamen Junior 1.0 calorie, with/without fiber	8.45 oz	Can	\$
Peptamen Junior 1.5 calorie	8.45 oz	Can	\$
Portagen powder	16 oz	Can	\$
Pregestimil powder	16 oz	Can	\$
RCF (Ross Carbohydrate Free) concentrate	13 oz	Can	\$
Suplena with Carb Steady any flavor	8 oz	Bottle	\$

CERTIFICATION OF RESPONSIBLE PARTY

To my knowledge, all of the information provided on this WIC 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(2)(iii)(7), or the Food and Nutrition Service Codes, in the case of deliberate fraud.

Store Name/WIC ID #	
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)(1)(i)), within 15 days of the date that you receive the written denial of authorization.

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

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