

VENDOR REPORT CONCERNING WIC PARTICIPANTS

On _____
Month
Day
Year

Complete all boxes below to describe Vendor comments and WIC violations:

Must complete Food Instrument information below:

Individual Number	First Day to Use	Serial Number

Vendor _____

Address (number, street) _____

City	State	Zip Code
Contact Name	Manager's Initials	Telephone Number ()

Food:

- Wrong Size/Amount
- Wrong Food Brand
- Type:

<input type="checkbox"/> Milk	<input type="checkbox"/> Cheese	<input type="checkbox"/> Peanut Butter	<input type="checkbox"/> Dry Beans, Peas, or Lentils
<input type="checkbox"/> Infant Cereal	<input type="checkbox"/> Juice	<input type="checkbox"/> Canned Beans	<input type="checkbox"/> Breakfast Cereal
<input type="checkbox"/> Infant Formula	<input type="checkbox"/> Tofu	<input type="checkbox"/> Soy Beverage	<input type="checkbox"/> Tuna, Salmon or Sardines
<input type="checkbox"/> Infant Foods	<input type="checkbox"/> Eggs	<input type="checkbox"/> Whole Grains	<input type="checkbox"/> Fruits and Vegetables

Specify details: _____

Food Instrument:

- Used another person's food instrument without authorization
- Used an altered food instrument
- Used a food instrument before "FIRST DAY TO USE" or after "LAST DAY TO USE"
- Pre-signed a food instrument

Transactions:

- Signature did not match WIC Authorization Folder
- Did not have the WIC Authorization Folder
- Attempted to receive cash back from purchase
- Attempted to exchange WIC food for other food, cash, or credit
- Did not separate the WIC foods from the other food

Participant:

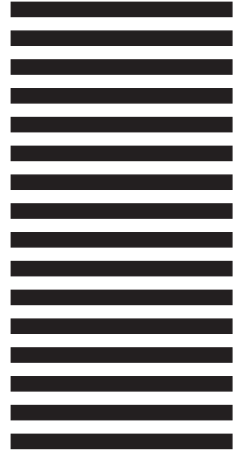
- Was the alternate buyer
- Needs more training on WIC foods
- Was rude and/or argued
- Was cooperative when given an explanation of WIC Program rules

WIC TRANSACTION: Terminated Successful

Thank you for your cooperation. We will notify the local WIC agency immediately and re-educate the participant on the rules of the WIC Program.



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 1 SACRAMENTO CA

POSTAGE WILL BE PAID BY ADDRESSEE

LOCAL AGENCY SUPPORT BRANCH
WIC PROGRAM
CALIFORNIA DEPARTMENT OF PUBLIC HEALTH MS 8600
PO BOX 997375
SACRAMENTO CA 95899-9972

