

KY WIC VENDOR TRAINING CHECKLIST

STORE NAME _____ KY WIC VENDOR NUMBER _____
(Please Print Legibly)

STORE REPRESENTATIVE(S) AT TRAINING _____
(Please Print Legibly)

STORE REPRESENTATIVE IS TO CHECK ITEMS AS THEY ARE EXPLAINED AND UNDERSTOOD.

- 1. Maintaining qualifications to be an authorized vendor, including, but not limited to: minimum inventory, pricing and tagging of WIC food items, purchasing formula from the authorized suppliers of WIC-Allowed Infant Formulas list and submission of all required forms within the time frames
- 1a. Pharmacies: Able to transact special formula from authorized suppliers within 48 hours of verbal request. No standard contract infant formula (Category 21); must only provide exempt infant formula (Category 31) or WIC eligible medical foods (WEMF) (Category 41)
- 2. Incentive items and use of WIC logo and acronym are prohibited
- 3. Requirement to attend training and training store employees
- 4. Accountability for actions of employees
- 5. Kentucky WIC Approved Food List
- 6. Use of loyalty cards, coupons, and in-store promotions are allowed
- 7. Scanning or manual entry of actual UPC's affixed to the WIC approved items only
- 8. Requirement to allow monitoring of store and maintain shelf price records, inventory records and proof of purchase on WIC Food items
- 9. Repay to the State Agency any documented overcharges. Refund the State Agency any payment previously made on improper or invalid WIC transactions
- 10. Sanctions issued by the WIC Program based on SNAP disqualifications and civil money penalties
- 11. Violations of Program and applicable sanctions, including disqualification periods
- 12. Right to request fair hearing for termination or denial of application. The expiration of the Agreement for disqualification based on a SNAP disqualification or the State Agency's determination regarding participant access is not subject to review
- 13. Terms of Vendor Agreement
- 14. Agreement is null and void upon change of ownership
- 15. Reporting of complaints regarding participants or other vendors
- 16. eWIC functionality, including, but not limited to: use and security, participant PIN#, use of APL, Not-To-Exceed (NTE) value and Help Desk contact information
- 17. Vendor stand-beside device

ACKNOWLEDGEMENT

I acknowledge that I have received and read the above training material. I willfully acknowledge that the items checked above were covered in the training material. I understand the material and consider myself fully trained. The parties agree that electronic approvals will serve as electronic signatures.

Store or Corporate Representative's Signature Date

Kentucky WIC Program Representative Date