



WIC Food Exemption Request Form Beginning 10/1/14

Store Name: _____

WIC Vendor Number: _____

I am requesting exemption(s) from stocking the WIC food items(s), below because of:

Limited number of clients using these foods at present OR "sell by/used by" date limitations

		Local Agency Use:
<input type="checkbox"/>	fresh milk * If approved, vendors must stock a total of 144 quarts of UHT milk reason: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Disapprove
<input type="checkbox"/>	infant cereal, formula, fruits and vegetables, and meats reason: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Disapprove
<input type="checkbox"/>	lactose free or reduced milk reason: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Disapprove
<input type="checkbox"/>	soy beverage reason: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Disapprove
<input type="checkbox"/>	tofu reason: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Disapprove
<input type="checkbox"/>	14-16 oz Whole Wheat Bread (only GB1, NB1, WB1 may apply) reason: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Disapprove
<input type="checkbox"/>	powdered milk reason: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Disapprove

I will make the item(s) available at my store within ten (10) days of notification by the Local WIC agency staff that the item(s) are needed. It is my responsibility to communicate directly with the Local WIC agency concerning the availability of exempted items once a need has been identified. If the item(s) will not be available due to unforeseen reasons, I will notify the local WIC agency within 48 hours so that clients can be placed on the mail order vendor (MOV) system. I understand that the State agency may require that I submit invoices or purchase orders from my supplier(s) to document that the items requested were ordered within the specified time period, sufficient to maintain the minimum required stock.

 Signature of Store Manager Date Store Manager Name

 Signature of Local Agency Staff Date Local Agency Staff Name

- VENDOR: Submit this form to your Local WIC agency/clinic to obtain the signature of the WIC Coordinator**
- WIC COORDINATOR: Send a signed copy of this request to the State agency within 15 days of receipt**

State Agency Staff Use Only	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
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