

Vendor - Monthly Self-Monitoring Check List

Revised 12/2021

Store Name: _____

FAX TO: 1-302-741-2901
WIC VENDOR UNIT ON THE
1st OF EVERY MONTH

Address: _____

City, State, Zip: _____

Telephone Number: _____

Owner/Manager: _____

Stock Check
for the month of _____

ITEM & STOCK AMOUNT REQUIRED	LIST NAME OF BRAND (if applicable)	WIC SHELF Label Posted	MEETS MINIMUM	FAILED MINIMUM
Milk - Store Brand Whole Milk = Must have 3 gallons 1% Milk = Must have 3 gallons Whole Milk = Must have 3 half gallons 1% Milk = Must have 3 half gallons Whole Milk = Must have 3 quarts 1% Milk = Must have 3 quarts				
Non-Fat Dry Milk Evaporated Milk UHT (Ultra High Temperature) Lactose Reduced Soy – 8 th Continent (Original or vanilla) or Silk (Original) ½ gallon				
Eggs - Store Brand Large, White only Must have 5 dozen				
Cheese - Store Brand Domestic = Must have 2 varieties and 2 pounds each	American			
	Cheddar			
	Mozzarella			
Juice – 64 oz. bottle Must have 3 varieties and 12 bottles total	Juicy Juice – all 1 2 3			
	Old Orchard – all 1 2 3			
	Apple =			
	Orange =			
Frozen Juice – 11.5-12 oz. can Must have 3 varieties and 15 cans total	Apple =			
	Orange =			
	Old Orchard =			
	Welch's =			
Peanut Butter - Store Brand Must have 5 – 16 to 18 oz. jars creamy or crunchy				
Dried Peas, Beans, Legumes –Store Brand Must have 2 varieties/2 pounds each				
Infant Formula - Contract Brand Milk Base = 18 – 12.4 oz. cans, powdr.				
	Similac Advance Early Shield			

	Meets Minimum	Failed Minimum
Valid State of Delaware Business License Posted		
“We accept eWIC Here” window cling 1-English & 1-Spanish at each Entrance		
WIC Approved Shelf Tags on all authorized WIC foods		

Cashier Checkout Procedures:

- All items mixed at the checkout register.
- Ring up the actual shelf price for each WIC item.
- eWIC card swiped cleanly through the card machine.
- All UPC’s for WIC items rang up correctly.
- Offer the WIC customers the same courtesies extended to other customers.

Signature

Date

PRINT Name

Supply Request Form

Store Name: _____ Telephone Number: _____

Address: _____

Attention To: _____ (please print)

Items Needed:

Window Clings (We accept eWIC)

WIC approved shelf stickers

WIC Authorized Food List
(Bi-Fold 8½ x 11)

Vendor Handbook

Minimum Stock Check List

To Watch Cashier Training Video go to Link: <https://dhss.delaware.gov/dhss/dph/wic/avtc/index.html>

Signature

Date

PRINT Name

Title

**FAX TO
WIC VENDOR UNIT AT
1-302-741-2901
OR MAIL TO
WIC VENDOR UNIT
BLUE HEN CORPORATE CENTER
655 BAY ROAD, SUITE 1C
DOVER, DE 19901**