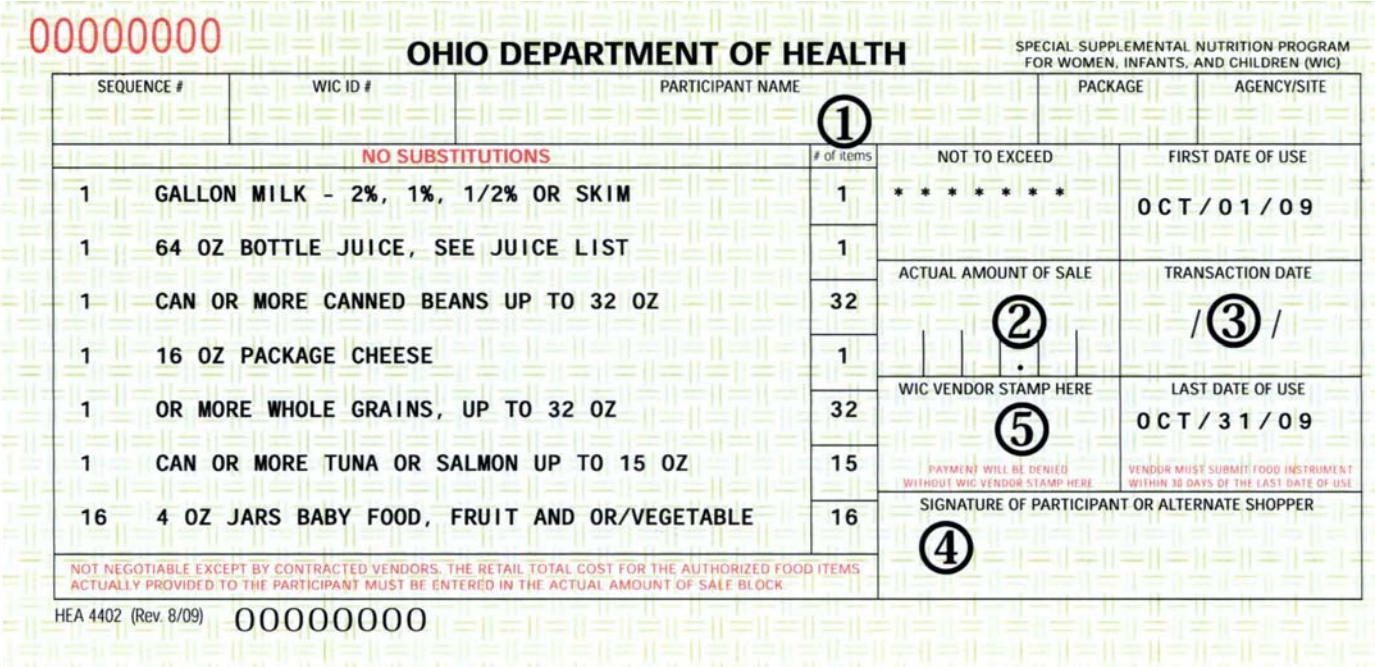
# RETAIL VENDOR CASHIER GUIDE



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**OHIO DEPARTMENT OF HEALTH**

SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS, AND CHILDREN (WIC)

| SEQUENCE # | WIC ID # | PARTICIPANT NAME | PACKAGE | AGENCY/SITE |
|---|---|---|---|---|
| | | ① | | |

| NO SUBSTITUTIONS | | # of Items |
|---|---|---|
| 1 | GALLON MILK - 2%, 1%, 1/2% OR SKIM | 1 |
| 1 | 64 OZ BOTTLE JUICE, SEE JUICE LIST | 1 |
| 1 | CAN OR MORE CANNED BEANS UP TO 32 OZ | 32 |
| 1 | 16 OZ PACKAGE CHEESE | 1 |
| 1 | OR MORE WHOLE GRAINS, UP TO 32 OZ | 32 |
| 1 | CAN OR MORE TUNA OR SALMON UP TO 15 OZ | 15 |
| 16 | 4 OZ JARS BABY FOOD, FRUIT AND OR/VEGETABLE | 16 |

NOT NEGOTIABLE EXCEPT BY CONTRACTED VENDORS. THE RETAIL TOTAL COST FOR THE AUTHORIZED FOOD ITEMS ACTUALLY PROVIDED TO THE PARTICIPANT MUST BE ENTERED IN THE ACTUAL AMOUNT OF SALE BLOCK

| NOT TO EXCEED | FIRST DATE OF USE |
|---|---|
| * * * * * * * | OCT/01/09 |
| ACTUAL AMOUNT OF SALE ② | TRANSACTION DATE /③/ |
| WIC VENDOR STAMP HERE ⑤ | LAST DATE OF USE OCT/31/09 |
| PAYMENT WILL BE DENIED WITHOUT WIC VENDOR STAMP HERE | VENDOR MUST SUBMIT FOOD INSTRUMENT WITHIN 30 DAYS OF THE LAST DATE OF USE |
| SIGNATURE OF PARTICIPANT OR ALTERNATE SHOPPER ④ | |

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## How to Transact a WIC Coupon

**A.** Request the WIC Program ID card, WIC coupons and any manufacturer coupons or discount cards.

**B.** Verify the WIC coupon's first/last date of use. **Coupons redeemed outside the valid period will not be paid.**

**C.** Verify the foods purchased appear on the coupon and the current Authorized Foods List in required sizes, types and quantities. A WIC participant may choose less than amounts listed, but never more. **Only WIC authorized foods may be purchased. *No substitutions are allowed.***

**D.** Complete the WIC coupon using blue or black ink as follows:

**Box 1:** Where the phrase "up to" is present, the cashier must record the number of ounces. Otherwise, the number of packages or containers are to be recorded.

**Box 2:** Deduct manufacturer coupons or discount card and enter actual amount of sale.

**Box 3:** Enter the transaction date using the six or eight digit format, i.e., October 1, 2009 reads 10/01/09 or 10/01/2009.

**Box 4:** Ask the individual to sign the WIC coupon. Verify the signature of the individual transacting the coupon matches one of the authorized signatures on the WIC Program ID card. **If possible, slide the coupon into the register to encode amount of sale and transaction date on the back of coupon.**

**Box 5:** Stamp the coupon with the WIC stamp.

To make authorized corrections to the handwritten information on a coupon:

- Draw a single line through the incorrect information.
- Enter the correct information.
- Circle the correct information.
- Initial above the corrected information.

**Remember: *A WIC participant should always be treated with courtesy and respect.***

This institution is an equal opportunity provider.
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