

Pre-Authorization Report Selection Criteria Review

Retailer: _____ Date: _____
 Address: _____ Phone #: _____
 Cross Streets: _____

Existing Store: ____ New Store: ____ Estimated Date of Opening: _____

The above store has requested to participate in the WIC Program as a WIC-authorized retailer.

Selection Criteria:

1. Yes / No Does the retailer appear to be a full service grocery store and the primary business is to provide staple foods? If no, please describe main items sold: _____.

2. Does the retailer sell the following items?

Yes / No At least 3 varieties of fresh meats—prepackaged luncheon meats do not qualify (e.g., ham, fish, poultry)

Yes / No At least 3 varieties of grains (e.g., bread, cereal, rice)

Yes / No At least 3 varieties of dairy products (e.g., milk, cheese, butter)

Yes / No At least 2 varieties of fresh fruits (e.g., apples, oranges, pears)

Yes / No At least 2 varieties of fresh vegetables (e.g., beets, onions, lettuce)

3. Does the retailer sell the following items?

Yes / No Gasoline and/or automotive supplies

Yes / No Alcoholic beverages and/or tobacco products

4. Yes / No Prices of WIC-approved foods are clearly marked on the product or shelf?

5. Yes / No Does the retailer maintain and post regular business hours? (This includes: a minimum of two four-hour blocks of time on each of five days per week; daily operating hours are consistent from week-to-week, and hours are posted.)

Hours of operation: _____ Days of operation: _____

6. Yes / No Does the store have reasonable accommodations for shoppers who have disabilities?

7. Yes / No Is there any outdated infant formula on the shelf?

If yes, list: _____

Other Criteria:

8. Yes / No Has the manager/owner read the current *Retailer Handbook* and *Retailer Agreement*?

9. Yes / No Does he/she understand the federal regulations and the Program's policies and procedures they must comply with in order to be a WIC-authorized Retailer?

If no, please review the information with the manager/owner.

10. To determine if the store meets the “Minimum WIC Food Stocking Requirements” as described in the *Retailer Handbook*, please: 1) complete the Shelf Survey and return it with this report and 2) write the number of items stocked in each category. (If more than ten items, simply put a Y (for yes) in the column labeled as ‘>10’.)

WIC-Approved Item	# stocked	Or > 10
Infant Cereal-Boxes		
Baby Food Fruits and/or Vegetables- Jars		
Baby Food Meat- Jars		
Cheese- Pounds		
Eggs- Dozen		
Milk- Gallons (Whole)		
Milk- Gallons (Fat Free or 1%)		
Breakfast Cereal- Boxes		
Peanut Butter- Jars		
Beans- Dry Bags or Cans		
Fish-Canned		
Bread		
Brown Rice and Corn Tortillas		
Store Brand Frozen OJ Juice- Cans		
64-oz Juice- Bottles		
Fruit- Fresh		
Fruit -Frozen		
Vegetables- Fresh		
Vegetables- Frozen		

WIC

Evaluation:

_____ This store meets the above criteria.

_____ This store does not meet the above criteria for the following reasons (include details below and any plans for correction).

Comments:

Name of Store Representative (print): _____

Signature of Store Representative: _____

Date: _____

Name of WIC Representative (print): _____

Signature of WIC Representative: _____

Clinic/ Local Agency: _____