

Cashier Practice

Purpose: Hands on experience with WIC check transactions.

Preparation: If possible, set cash registers in training mode to practice WIC transactions.

Remember sales tax cannot be charged to WIC check transactions

- You will need a shopper, a cashier, and a reviewer. You can have a team of shoppers and a team of cashiers if needed.
- Everyone should review the Idaho WIC Training Newsletter and read the “Helpful Hints” and “Check Cashing Tips” pages in the Idaho WIC Authorized Food List.

Shopper:

1. Sign the WIC ID Folder page on the Responsible Adult signature line.
 2. Shop for WIC products using the Idaho WIC practice checks and the Idaho WIC Food List.
 - Practice using all the different check types - grocery, formula, baby food, and CVV (the fruit and vegetable check).
 - Remember to separate WIC foods by check.
 - Sign the check only after the amount to pay is written in the “Pay Exactly” box.
- **Note:** Infant formula is not included in the food list booklet. The description of the type of formula to purchase is printed on the actual check.
 - Ensure cashiers are familiar with the difference between powder (pwd) liquid concentrate (conc) and liquid ready-to-feed (rtf). Read the full description on the check to be sure the correct number, brand, and type are selected.

Tip: Most formula checks are printed for powder. If a formula check total is over \$250, check the description and container size again. There is likely an error.

Cashier:

1. Request the WIC ID Folder
 - WIC transactions cannot be completed without the ID Folder.
 2. Complete the WIC transaction.
 - Handle one check at a time; each one is a separate transaction.
 - Every WIC check must be signed only after the amount to pay is written on the check.
- **Note:** Remember to check 3 things
 - Dates - Don't accept checks too early or too late.
 - Food Items – Only sell the items printed on the check; you can mark them off as you go to help you keep track.
 - Signatures – Remember to compare the signature on the WIC check to the practice WIC ID Folder page. Signatures should be a reasonable match.

Reviewer: Observe the WIC transaction and complete the checklist.

Reviewer Checklist

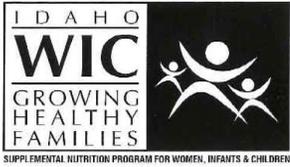
Name of Cashier _____ Date _____

Instructions: Place a checkmark if the cashier completed the item. Include any comments next to the item as appropriate.

	Cashier greeted customer and was friendly
	Cashier asked to see WIC Identification Folder
	Cashier checked the dates on each WIC check
	Foods were separated by WIC check
	Cashier verified the foods items scanned were the items listed on the actual check
	Foods purchased with WIC checks were authorized WIC foods according to the Idaho WIC Authorized Food List
	Cashier did not sell more authorized items than were printed on the check Reminder: Baby food 2-packs are counted as 2 containers; a jar is counted as 1 container Example: If the check is printed for 16 containers, only 8 2-packs should be sold.
	Cashier wrote the amount of the WIC transaction in the Pay Exactly box on the check before the WIC customer signed the check, not after the check was signed.
	Cashier observed WIC customer signing WIC check(s)
	After the WIC customer signed the WIC check, the cashier compared the signature on the WIC check to one of the signatures on the WIC Identification Folder.
	Cashier properly completed a CVV purchase (practice what to do when the purchase is less than or more than the maximum value printed on the CVV)

Other Comments:

WIC Identification Folder



F21983
Family No.

Bring this folder with you to every WIC appointment and each time you shop with WIC checks/CVV's.

WIC Participant #####
Participant Name Client No.

Participant Name Client No.

Participant Name Client No.

Participant Name Client No.

Responsible Adult Signature

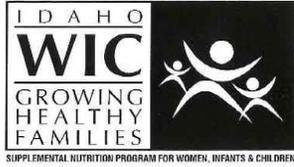
Authorized Signer

The goal of WIC is to improve the health of women and children by providing:

- health screenings
- nutrition education
- breastfeeding information and support
- nutrition counseling with registered dietitians
- nutritious supplemental foods
- referral to health care and other helpful services

Idaho

WIC Identification Folder



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WIC Participant #####
Participant Name Client No.

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Responsible Adult Signature

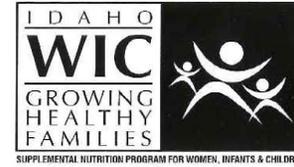
Authorized Signer

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Idaho

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WIC Participant #####
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Responsible Adult Signature

Authorized Signer

The goal of WIC is to improve the health of women and children by providing:

- health screenings
- nutrition education
- breastfeeding information and support
- nutrition counseling with registered dietitians
- nutritious supplemental foods
- referral to health care and other helpful services

Idaho

101	1631878	PARTICIPANT, WIC	00024844
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WIC
GROWING HEALTHY FAMILIES
SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS & CHILDREN

STATE OF IDAHO
Department of Health and Welfare

Account: 804201
75-1248
919

Void if Vendor Does Not Have a Valid Idaho WIC Contract

First Day To Use	Last Day To Use
10-01-16	10-31-16

For Purchase Of Authorized WIC Foods Only

7 CAN GERBER GOOD START SOY 12.9 OZ POWDER

SECURITY STATE BANK
HOWARD LAKE MN 55349

Improper Use Of This Check is
Subject to Federal and State Prosecution

AUTHORIZED SIGNATURE (MUST BE SIGNED AT VENDOR COUNTER)

VOID VOID VOID

SIGNATURE MUST MATCH SIGNATURE ON ID FOLDER

Pay Exactly

\$

VENDOR MUST DEPOSIT WITHIN 60 DAYS OF FIRST DAY TO USE DATE

Pay To The Order Of:

IDAHO WIC VENDOR NO.

⑈000 24844⑈ ⑆091912482⑆ 804201⑈

101	1672600	PARTICIPANT, WIC	00024846
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WIC
GROWING HEALTHY FAMILIES
SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS & CHILDREN

STATE OF IDAHO
Department of Health and Welfare

Account: 804201
75-1248
919

Void if Vendor Does Not Have a Valid Idaho WIC Contract

First Day To Use	Last Day To Use
10-01-16	10-31-16

For Purchase Of Authorized WIC Foods Only

34 CAN SIMILAC ADVANCE 13 OZ CONCENTRATE

SECURITY STATE BANK
HOWARD LAKE MN 55349

Improper Use Of This Check is
Subject to Federal and State Prosecution

AUTHORIZED SIGNATURE (MUST BE SIGNED AT VENDOR COUNTER)

VOID VOID VOID

SIGNATURE MUST MATCH SIGNATURE ON ID FOLDER

Pay Exactly

\$

VENDOR MUST DEPOSIT WITHIN 60 DAYS OF FIRST DAY TO USE DATE

Pay To The Order Of:

IDAHO WIC VENDOR NO.

⑈000 24846⑈ ⑆091912482⑆ 804201⑈

101	1645308	PARTICIPANT, WIC	00024864
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WIC
GROWING HEALTHY FAMILIES
SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS & CHILDREN

STATE OF IDAHO
Department of Health and Welfare

Account: 804201
75-1248
919

Void if Vendor Does Not Have a Valid Idaho WIC Contract

First Day To Use	Last Day To Use
10-01-16	10-31-16

For Purchase Of Authorized WIC Foods Only

13 QUART ALIMENTUM DHA/ARA QUART READY TO FEED WITH IRON

SECURITY STATE BANK
HOWARD LAKE MN 55349

Improper Use Of This Check is
Subject to Federal and State Prosecution

AUTHORIZED SIGNATURE (MUST BE SIGNED AT VENDOR COUNTER)

VOID VOID VOID

SIGNATURE MUST MATCH SIGNATURE ON ID FOLDER

Pay Exactly

\$

VENDOR MUST DEPOSIT WITHIN 60 DAYS OF FIRST DAY TO USE DATE

Pay To The Order Of:

IDAHO WIC VENDOR NO.

⑈000 24864⑈ ⑆091912482⑆ 804201⑈

101 1651675 PARTICIPANT, WIC

00024861



STATE OF IDAHO Department of Health and Welfare Account: 804201 75-1248 919

Void if Vendor Does Not Have a Valid Idaho WIC Contract

First Day To Use 10-01-16 Last Day To Use 10-31-16

Pay Exactly \$ Pay To The Order Of: VENDOR MUST DEPOSIT WITHIN 60 DAYS OF FIRST DAY TO USE DATE IDAHO WIC VENDOR NO.

For Purchase Of Authorized WIC Foods Only 8 OUNCE OR LESS INFANT CEREAL - SEE FOOD LIST 16 CONTAINER 3.5- 4 OZ INFANT FRUITS/VEGETABLES - SEE FOOD LIST 7 JAR 2.5 OZ INFANTS MEATS WITH BROTH/GRAVY-SEEFOODLIST

AUTHORIZED SIGNATURE (MUST BE SIGNED AT VENDOR COUNTER) VOID VOID VOID SIGNATURE MUST MATCH SIGNATURE ON ID FOLDER

SECURITY STATE BANK HOWARD LAKE MN 55349

Improper Use Of This Check is Subject to Federal and State Prosecution

00024861 0919124821 804201

1 1658641 PARTICIPANT, WIC

00024761



STATE OF IDAHO Department of Health and Welfare Account: 804201 75-1248 919

Void if Vendor Does Not Have a Valid Idaho WIC Contract

First Day To Use 10-01-16 Last Day To Use 10-31-16

Pay Exactly \$ Pay To The Order Of: VENDOR MUST DEPOSIT WITHIN 60 DAYS OF FIRST DAY TO USE DATE IDAHO WIC VENDOR NO.

For Purchase Of Authorized WIC Foods Only 24 OUNCE OR LESS INFANT CEREAL - SEE FOOD LIST 16 CONTAINER 3.5- 4 OZ INFANT FRUITS/VEGETABLES - SEE FOOD LIST

AUTHORIZED SIGNATURE (MUST BE SIGNED AT VENDOR COUNTER) VOID VOID VOID SIGNATURE MUST MATCH SIGNATURE ON ID FOLDER

SECURITY STATE BANK HOWARD LAKE MN 55349

Improper Use Of This Check is Subject to Federal and State Prosecution

00024761 0919124821 804201

1 1658641 PARTICIPANT, WIC

00024762



STATE OF IDAHO Department of Health and Welfare Account: 804201 75-1248 919

Void if Vendor Does Not Have a Valid Idaho WIC Contract

First Day To Use 10-01-16 Last Day To Use 10-31-16

Pay Exactly \$ Pay To The Order Of: VENDOR MUST DEPOSIT WITHIN 60 DAYS OF FIRST DAY TO USE DATE IDAHO WIC VENDOR NO.

For Purchase Of Authorized WIC Foods Only 4 DOLLARS FRESH FRUITS AND/OR FRESH VEGETABLES-SEE FOOD LIST NOT TO EXCEED \$4.00 NO CHANGE GIVEN

AUTHORIZED SIGNATURE (MUST BE SIGNED AT VENDOR COUNTER) VOID VOID VOID SIGNATURE MUST MATCH SIGNATURE ON ID FOLDER

SECURITY STATE BANK HOWARD LAKE MN 55349

Improper Use Of This Check is Subject to Federal and State Prosecution

00024762 0919124821 804201

1 1638895 PARTICIPANT, WIC

00024842



STATE OF IDAHO
Department of
Health and Welfare

Account: 804201
75-1248
919

Void if Vendor Does Not Have
a Valid Idaho WIC Contract

First Day To Use
10-01-16

Last Day To Use
10-31-16

Pay Exactly

\$

Pay To The Order Of:

VENDOR MUST DEPOSIT
WITHIN 60 DAYS OF FIRST
DAY TO USE DATE

IDAHO WIC VENDOR NO.

AUTHORIZED SIGNATURE (MUST BE SIGNED AT VENDOR COUNTER)

VOID VOID VOID

SIGNATURE MUST MATCH SIGNATURE ON ID FOLDER

For Purchase Of Authorized WIC Foods Only

4 QUART PACIFIC ULTRA SOYMILK PLAIN OR VANILLA

SECURITY STATE BANK
HOWARD LAKE MN 55349

Improper Use Of This Check is
Subject to Federal and State Prosecution

⑈000 24842⑈ ⑆091912482⑆ 804201⑈

1 1686643 PARTICIPANT, WIC

00024836



STATE OF IDAHO
Department of
Health and Welfare

Account: 804201
75-1248
919

Void if Vendor Does Not Have
a Valid Idaho WIC Contract

First Day To Use
10-01-16

Last Day To Use
10-31-16

Pay Exactly

\$

Pay To The Order Of:

VENDOR MUST DEPOSIT
WITHIN 60 DAYS OF FIRST
DAY TO USE DATE

IDAHO WIC VENDOR NO.

AUTHORIZED SIGNATURE (MUST BE SIGNED AT VENDOR COUNTER)

VOID VOID VOID

SIGNATURE MUST MATCH SIGNATURE ON ID FOLDER

For Purchase Of Authorized WIC Foods Only

2 HALF GALLON SOYMILK, 1/2 GALLON REFRIGERATED, SEE FOOD LIST
1 DOZEN EGGS WHITE, LARGE, MEDIUM, SMALL - SEE FOOD LIST

SECURITY STATE BANK
HOWARD LAKE MN 55349

Improper Use Of This Check is
Subject to Federal and State Prosecution

⑈000 24836⑈ ⑆091912482⑆ 804201⑈

101 1628560 PARTICIPANT, WIC

00024847



STATE OF IDAHO
Department of
Health and Welfare

Account: 804201
75-1248
919

Void if Vendor Does Not Have
a Valid Idaho WIC Contract

First Day To Use
10-01-16

Last Day To Use
10-31-16

Pay Exactly

\$

Pay To The Order Of:

VENDOR MUST DEPOSIT
WITHIN 60 DAYS OF FIRST
DAY TO USE DATE

IDAHO WIC VENDOR NO.

AUTHORIZED SIGNATURE (MUST BE SIGNED AT VENDOR COUNTER)

VOID VOID VOID

SIGNATURE MUST MATCH SIGNATURE ON ID FOLDER

For Purchase Of Authorized WIC Foods Only

3 HALF GALLON MILK LACTOSE REDUCED/FREE- 1% OR FATFREE/SKIM ONLY
2 CAN/PLASTIC JUICE 11.5 OZ OR 12 OZ FROZEN - SEE FOOD LIST
36 OUNCE OR LESS CEREAL - SEE FOOD LIST
1 JAR PEANUT BUTTER 16 OZ TO 18 OZ *** SEE FOOD LIST
1 POUND CHEESE -SEE FOOD LIST
16 OUNCE OR LESS WHOLEWHEAT BREAD/OTHER GRAINS-SEEFOODLIST

SECURITY STATE BANK
HOWARD LAKE MN 55349

Improper Use Of This Check is
Subject to Federal and State Prosecution

⑈000 24847⑈ ⑆091912482⑆ 804201⑈

201 1610193 PARTICIPANT, WIC

00024867



STATE OF IDAHO Department of Health and Welfare

Account: 804201 75-1248 919

Void if Vendor Does Not Have a Valid Idaho WIC Contract

First Day To Use 10-01-16

Last Day To Use 10-31-16

Pay Exactly

Pay To The Order Of:

\$

VENDOR MUST DEPOSIT WITHIN 60 DAYS OF FIRST DAY TO USE DATE

IDAHO WIC VENDOR NO.

For Purchase Of Authorized WIC Foods Only

- 1 GALLON MILK, WHOLE MILK ONLY
- 4 CAN BEANS-CAN 16 OZ OR LESS *NO ADDED MEATS*
- 1 QUART MILK, WHOLE MILK ONLY

AUTHORIZED SIGNATURE (MUST BE SIGNED AT VENDOR COUNTER)

VOID VOID VOID

SIGNATURE MUST MATCH SIGNATURE ON ID FOLDER

SECURITY STATE BANK HOWARD LAKE MN 55349

Improper Use Of This Check is Subject to Federal and State Prosecution

⑈00024867⑈ ⑆091912482⑆ 804201⑈

301 1678210 PARTICIPANT, WIC

00024869



STATE OF IDAHO Department of Health and Welfare

Account: 804201 75-1248 919

Void if Vendor Does Not Have a Valid Idaho WIC Contract

First Day To Use 10-01-16

Last Day To Use 10-31-16

Pay Exactly

Pay To The Order Of:

\$

VENDOR MUST DEPOSIT WITHIN 60 DAYS OF FIRST DAY TO USE DATE

IDAHO WIC VENDOR NO.

For Purchase Of Authorized WIC Foods Only

- 2 HALF GALLON MILK, 2% ONLY
- 2 PLASTIC JUICE 64 OZ PLASTIC CONTAINER - SEE FOOD LIST
- 36 OUNCE OR LESS CEREAL - SEE FOOD LIST
- 1 DOZEN EGGS WHITE, LARGE, MEDIUM, SMALL - SEE FOOD LIST
- 1 POUND CHEESE -SEE FOOD LIST
- 32 OUNCE OR LESS WHOLEWHEAT BREAD/OTHER GRAINS-SEEFOODLIST

AUTHORIZED SIGNATURE (MUST BE SIGNED AT VENDOR COUNTER)

VOID VOID VOID

SIGNATURE MUST MATCH SIGNATURE ON ID FOLDER

SECURITY STATE BANK HOWARD LAKE MN 55349

Improper Use Of This Check is Subject to Federal and State Prosecution

⑈00024869⑈ ⑆091912482⑆ 804201⑈

101 1659477 PARTICIPANT, WIC

00024853



STATE OF IDAHO Department of Health and Welfare

Account: 804201 75-1248 919

Void if Vendor Does Not Have a Valid Idaho WIC Contract

First Day To Use 10-01-16

Last Day To Use 10-31-16

Pay Exactly

Pay To The Order Of:

\$

VENDOR MUST DEPOSIT WITHIN 60 DAYS OF FIRST DAY TO USE DATE

IDAHO WIC VENDOR NO.

For Purchase Of Authorized WIC Foods Only

- 2 GALLON MILK, 1% OR FAT FREE/SKIM ONLY
- 2 CAN/PLASTIC JUICE 11.5 OZ OR 12 OZ FROZEN - SEE FOOD LIST
- 18 OUNCE OR LESS CEREAL - SEE FOOD LIST
- 1 POUND DRY BEANS/PEAS/LENTILS
- 1 DOZEN EGGS WHITE, LARGE, MEDIUM, SMALL - SEE FOOD LIST
- 6 CAN TUNA OR PINK SALMON 5 OUNCE CAN

AUTHORIZED SIGNATURE (MUST BE SIGNED AT VENDOR COUNTER)

VOID VOID VOID

SIGNATURE MUST MATCH SIGNATURE ON ID FOLDER

SECURITY STATE BANK HOWARD LAKE MN 55349

Improper Use Of This Check is Subject to Federal and State Prosecution

⑈00024853⑈ ⑆091912482⑆ 804201⑈

301 1678210 PARTICIPANT, WIC

00024869



STATE OF IDAHO
Department of
Health and Welfare

Account: 804201
75-1248
919

Void if Vendor Does Not Have
a Valid Idaho WIC Contract

First Day To Use
10-01-16

Last Day To Use
10-31-16

Pay Exactly

Pay To The Order Of:

\$

VENDOR MUST DEPOSIT
WITHIN 60 DAYS OF FIRST
DAY TO USE DATE

IDAHO WIC VENDOR NO.

For Purchase Of Authorized WIC Foods Only
2 HALF GALLON MILK, 2% ONLY
2 PLASTIC JUICE 64 OZ PLASTIC CONTAINER - SEE FOOD LIST
OR LESS CEREAL - SEE FOOD LIST
36 OUNCE OR LESS CEREAL - SEE FOOD LIST
1 DOZEN EGGS WHITE, LARGE, MEDIUM, SMALL - SEE FOOD LIST
1 POUND CHEESE -SEE FOOD LIST
32 OUNCE OR LESS WHOLEWHEAT BREAD/OTHER GRAINS-SEEFOODLIST

AUTHORIZED SIGNATURE (MUST BE SIGNED AT VENDOR COUNTER)

VOID VOID VOID
SIGNATURE MUST MATCH SIGNATURE ON ID FOLDER

SECURITY STATE BANK
HOWARD LAKE MN 55349

Improper Use Of This Check is
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⑈000 24869⑈ ⑆091912482⑆ 804201⑈

201 1610193 PARTICIPANT, WIC

00024868



STATE OF IDAHO
Department of
Health and Welfare

Account: 804201
75-1248
919

Void if Vendor Does Not Have
a Valid Idaho WIC Contract

First Day To Use
10-01-16

Last Day To Use
10-31-16

Pay Exactly

Pay To The Order Of:

\$

VENDOR MUST DEPOSIT
WITHIN 60 DAYS OF FIRST
DAY TO USE DATE

IDAHO WIC VENDOR NO.

For Purchase Of Authorized WIC Foods Only
8 DOLLARS FRESH FRUITS AND/OR FRESH VEGETABLES-SEE FOOD LIST
NOT TO EXCEED \$8.00
NO CHANGE GIVEN

AUTHORIZED SIGNATURE (MUST BE SIGNED AT VENDOR COUNTER)

VOID VOID VOID
SIGNATURE MUST MATCH SIGNATURE ON ID FOLDER

SECURITY STATE BANK
HOWARD LAKE MN 55349

Improper Use Of This Check is
Subject to Federal and State Prosecution

⑈000 24868⑈ ⑆091912482⑆ 804201⑈

101 1659477 PARTICIPANT, WIC

00024856



STATE OF IDAHO
Department of
Health and Welfare

Account: 804201
75-1248
919

Void if Vendor Does Not Have
a Valid Idaho WIC Contract

First Day To Use
10-01-16

Last Day To Use
10-31-16

Pay Exactly

Pay To The Order Of:

\$

VENDOR MUST DEPOSIT
WITHIN 60 DAYS OF FIRST
DAY TO USE DATE

IDAHO WIC VENDOR NO.

For Purchase Of Authorized WIC Foods Only
1 HALF GALLON MILK, 1% OR FAT FREE/SKIM ONLY
1 QUART MILK, 1% OR FAT FREE/SKIM ONLY
1 QUART REDUCED FAT YOGURT- 32 OZ CONTAINER, SEE FOOD LIST

AUTHORIZED SIGNATURE (MUST BE SIGNED AT VENDOR COUNTER)

VOID VOID VOID
SIGNATURE MUST MATCH SIGNATURE ON ID FOLDER

SECURITY STATE BANK
HOWARD LAKE MN 55349

Improper Use Of This Check is
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⑈000 24856⑈ ⑆091912482⑆ 804201⑈