

# WIC Connects One-to-One with Yogurt!

**Starting October 1, 2015, WIC will be offering lowfat or nonfat yogurt for women and children age 2 years and older and whole fat yogurt for children 1-2 years of age. Here is how this will appear on the checks:**

## Whole Yogurt Description

1	1635455	DOE, JANE	00024709
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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
10-01-15	10-31-15

Pay Exactly

\$

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

Pay To The Order Of:

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

1 GALLON	MILK, WHOLE MILK ONLY
1 HALF GALLON	MILK, WHOLE MILK ONLY
1 QUART	MILK, WHOLE MILK ONLY
1 QUART	WHOLE YOGURT - 32 OZ CONTAINER, SEE FOOD LIST

SECURITY STATE BANK  
HOWARD LAKE MN 55349

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

## Reduced Fat Yogurt Description

1	1621883	DOE, JANE	00024712
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Department of Health and Welfare

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75-1248  
919

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Pay Exactly

\$

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Pay To The Order Of:

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

1 GALLON	MILK, 1% OR FAT FREE/SKIM 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

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This institution is an equal opportunity provider and employer.