DEPARTMENT OF HEALTH SERVICES

Division of Public Health F-44621 (04/2023)

STATE OF WISCONSIN

Title 7 CFR Part 246.12 Wis. Admin. Code chs. DHS 149.06(1) and 149.08(3)(d) (608) 266-6912

WIC STOCK PRICE SURVEY WISCONSIN WIC PROGRAM

Vendor applicants and authorized vendors must complete this form upon request by the state WIC program. Failure to complete this form may result in the return of an application as incomplete, denial of an application, or vendor sanctions. Prices submitted on this form are used to determine eligibility by calculating a market basket average and comparing pricing to other vendors in the same peer group.

INSTRUCTIONS: Type or print the **highest**, regular (non-sale) price for each listed authorized food item as of the date this form is completed. Refer to the WIC Shopping Guide for a list of authorized foods.

Store Name		For WIC office use:		
		'	WIC Vendor Number	
Store Street Address				
Store City and Zip Code		Store Phone Number (in	Store Phone Number (include area code)	
CEREAL – any approved brand cold or hot; any approved variety; 8 oz. or larger (highest cost determined by price per ou			ice per ounce)	
Brand (e.g., Kellogg's)	Product Name (e.g., Cheerios, Kix)	Size (oz.)	Price	
			\$	
			\$	
100% JUICE – any approved brand and flavor; no juice cocktails, beverages, or organic juices				
		64 oz. container	\$	
CANNED BEANS & PEANUT BUTTER – provide the price for the more expensive food item				
Canned Beans – any brand and type, plain; no added seasonings or meat; no organic Peanut Butter – any brand and type; no refrigerated, organic, dietetic or health food product; no individual serving				
15 – 16 oz. can beans	\$ 16 -	16 – 18 oz. container peanut butter \$		
MILK — any brand and type, white milk in plastic containers or cartons; no organic or flavored				
1 gallon container			\$	
EGGS — any brand; any size and grade; no brown, organic, natural, specialty or modified eggs				
1 dozen carton			\$	
Name — Form prepared by (if different the	Job Title — Form Prepar	Job Title — Form Preparer		
Name — Vendor Representative (print full legal name)		Job Title — Vendor Rep	Job Title — Vendor Representative	
SIGNATURE — Vendor Representative		Date Signed	Date Signed	