



NEW WIC FOOD & FRUITS & VEGETABLE VOUCHER CASHIER HELP SHEET

<p>STEP 1</p> <p>Separate WIC foods from other purchases</p>	<p>STEP 2</p> <p>Read The Voucher/Cash Value Voucher</p>	<p>STEP 3</p> <p>Check the valid dates on the voucher/cash value voucher</p>
<p>STEP 4</p> <p>Check that foods are approved by brand, type, size and quantities</p>	<p>STEP 5</p> <p>Refer to the NH WIC Approved Food List to verify products.</p>	<p>STEP 6</p> <p>Accept manufacturers coupons, rewards cards or store promotions</p>
<p>STEP 7</p> <p>Give the voucher/cash value voucher to the participant to complete the purchase date and purchase amount in ink</p>	<p>Step 8</p> <p>Ask the Participant to sign the voucher/cash value voucher. Ask for a photo ID.</p>	<p>STEP 9</p> <p>Verify the name under the signature line matches the photo ID the participant gives you. Proxies must have blue proxy card. No photo ID allowed for proxies.</p>

**NEW HAMPSHIRE
WIC VOUCHER AND VOUCHER FOLDER
EXAMPLE**

1029000155

Make sure voucher is not used before "DO NOT USE BEFORE" or after "DO NOT USE AFTER" date.

Compare name or signature with name or signature on photo ID or proxy card.

Staple receipt here. Retain stub and receipt until payment is received.

Vouchers must reach State WIC Office within 30 days of purchase date.

NH WIC Program, 29 Hazen Drive, Concord NH 03301 Ph: 1-800-942-4321

Participant # 123456789	Participant Name Doe, Jane	Food Package PP0-3-2	Agency # 62	1029000155
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Valid only for food in the quantities and sizes below. See WIC Approved Food List

Quantity Description

001 loaf, Whole Grain Bread, 16 oz only

001 quart Milk, fatfree/skim or 1%/lowfat*

VOID

* Store brand or least expensive brand only

X

Doe, Jane

(Sign only after purchase date and amount are filled in.)

DO NOT USE BEFORE

06/25/09

PURCHASE DATE

DO NOT USE AFTER

07/25/09

Actual Purchase Amount

\$

Vendor Number