

MISSOURI WIC PROGRAM CASHIER PROCEDURES

If the check has been ALTERED in any way, STOP! DO NOT accept the check.

If there are **two (2) or more** checks being used at the same time, handle them as separate transactions. Separate receipts must be generated for each check.

NO substitutions, exchanges, or refunds are allowed at any time. **NO money may change hands** during a WIC transaction.

1. **VERIFY THE WIC CHECK:**
 - a. Is today's date within the First and Last Dates to Use?
 - b. Is the check fully completed by the local health agency and free of alterations?
2. **VERIFY THE FOODS:**
 - a. Are they WIC approved types, brands, and sizes? If **no**, assist the customer in obtaining correct items and continue the transaction.
 - b. Are the quantities less than or equal to what is printed on the check?
3. **SCAN THE FOODS:**
 - a. Scan the sale prices and deduct any coupons, if applicable or presented.
 - b. Total the sale **without tax**.
4. **COMPLETE THE FOLLOWING AREAS ON THE CHECK:**
 - a. Enter today's date in the **DATE USED** box.
 - b. Enter the total of the transaction in the **PAY EXACTLY** box **without tax**.
5. **HAVE THE PARTICIPANT SIGN THE CHECK USING BLUE OR BLANK INK ONLY:**
 - a. If the customer signs in the wrong place, draw a single line through it, and ask the customer to re-sign the check.
 - b. If the check is **pre-signed**, draw a single line through the signature, and ask the customer to re-sign the check.
6. **COMPARE THE SIGNATURE WITH THE SIGNATURES IN THE PARTICIPANT'S IDENTIFICATION FOLDER:**
 - a. Does the signature you witnessed match one of the authorized signatures?
 - b. Place the check and receipt in the cash drawer. Do **not** give the receipt to the customer.

Remember: NO IDENTIFICATION FOLDER – NO TRANSACTION

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES, WIC and Nutrition Services

USDA is an equal opportunity provider and employer.

SAMPLE OF MISSOURI WIC CHECK

Look at the items below and follow the instructions given.

Observe the "First Date To Use" and "Last Date To Use" dates.

25225210					
PARTICIPANT #	LAST NAME	FIRST NAME	AGENCY #	PHONE #	
01234567	SMITH	CAROLYN	30399	573-642-6881	
 MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES WIC PROGRAM		SECURITY STATE BANK HOWARD LAKE, MN 55349	DOLLARS	CENTS	FIRST DATE TO USE
		75-1248 919	PAY EXACTLY	15.84	8/27/2012
PAY TO THE ORDER OF	ANY AUTHORIZED MISSOURI WIC VENDOR ONLY		MAXIMUM PURCHASE PRICE MUST NOT EXCEED		DATE USED
VALID ONLY FOR THE PURCHASE OF: ALLOW ALL FOOD LISTED BELOW:			VENDOR MUST DEPOSIT WITHIN 60 DAYS FROM FIRST DAY TO USE DATE		9/26/2012
QTY	DESCRIPTION				
1	GALLONS MILK: SKIM THRU 2% (WHITE)				
1	DOZEN EGGS – LARGE, WHITE				
1	1 LB DRY BEANS OR 18 OZ PEANUT BUTTER OR 4 – 16 OZ CAN BEANS				
1	46 FL OZ CAN OR 11.5 – 12.0 OZ FROZEN JUICE APPROVED TYPES				
XXX END OF ORDER XXX					
<div style="border: 2px solid blue; padding: 10px; font-size: 2em; color: blue; font-weight: bold; text-align: center;">VOID</div> <p style="text-align: center; font-size: 0.8em;">PLACE MISSOURI WIC STAMP ABOVE PARTICIPANT'S SIGNATURE</p> <p style="text-align: center; font-size: 0.8em;">SIGN HERE</p>					

Enter the Sale Amount (in the Pay Exactly box) and the Date Used (in the Date Used box)

BEFORE having the WIC participant sign the check.

Notice the description of the WIC foods and the amounts of WIC food allowed.