

## Division of Community Nutrition

<i>Subject:</i> <b>Allowable Food Application Form</b>		<i>Policy:</i> <b>Appendix 12</b>
<i>Reference:</i> <b>N / A</b>	<i>Effective:</i> <b>August 12, 2013</b>	<i>Supersedes:</i> <b>November 1, 2008</b>

### **I. Policy:**

An Allowable Food Application for each item under consideration must be submitted to the Virginia WIC Program. Each food item must:

- 1) Meet WIC Program Food Selection Criteria and Standards in accordance with FDS 01.1
- 2) Be submitted by the food manufacturer or by the distributor
- 3) Be available and stocked by suppliers or distributors in Virginia. Verification of product stocking and availability may be required before final product approval is granted, and
- 4) Be sent via certified mail by the due date listed on the website. Emailed applications will be considered ineligible

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Complete **ONE** application for each product or variation of product.

1. Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

\_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

2. Food Category (check one):

- adult cereal   
  bread   
  brown rice   
  canned fruit   
  canned vegetable  
 cheese   
  dried beans   
  eggs   
  infant cereal   
  juice  
 milk   
  peanut butter   
  salmon   
  soy milk   
  tortilla   
  tuna

3.

a. Name of food item	b. Size(s) available in VA	c. Suggested retail price	d. Package type	e. UPC code	f. Distributor name and phone number
			<input type="checkbox"/> can <input type="checkbox"/> glass <input type="checkbox"/> paper <input type="checkbox"/> plastic <input type="checkbox"/> bag <input type="checkbox"/> other:		

4. Please identify the major distributors, suppliers or corporate stores this product is available through for Virginia authorized stores: \_\_\_\_\_

\_\_\_\_\_

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5. Please include the following:

- a. for dry cereals – state the iron content in mg per 100 grams: \_\_\_\_\_
- b. for dry cereals- state the percentage of whole grains per product \_\_\_\_\_
- c. for juices – state the vitamin C content in mg per 100 ml of juice: \_\_\_\_\_
- d. an electronic image in a minimum 5” x 7” size with a resolution of at least 300 ppi or colored copies of the actual label, including the nutrition facts and ingredients, must be included with the application.

If approved for inclusion on the Virginia WIC Approved Food List, I agree to notify the Virginia WIC Program within 60 calendar days of product changes, including nutrition composition, distribution, availability, and labeling or packaging. Failure to do so may result in removal from the Virginia WIC Approved Food List.

\_\_\_\_\_  
Name/Title of Company Representative Date

All products meeting WIC nutrition standards will be reviewed by the Allowable Food Committee for administrative standards approval and final acceptability or denial.

Mail application certified mail to:  
Virginia WIC Program  
Attn: Allowable Food Committee  
109 Governor Street, 9<sup>th</sup> Floor  
Richmond, VA 23219

WIC Office Use Only

Food Category: \_\_\_\_\_ Date Received: \_\_\_\_\_

Approved:  Denied:  Other:  \_\_\_\_\_

Reason for Denial: \_\_\_\_\_