Please type or print in ink. Complete **ONE** application for each product being submitted for consideration.

1. Name of Food Item: _______________________________________.

2. Manufacturer of Item: _______________________________________.

3. 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

4. UPC code for product: _______________________________________.

5. Type of packaging, (check all that apply):
   - can
   - jar
   - paper
   - plastic
   - other__________.

6. Reason for request: __________________________________________
   ___________________________________________________________

6. Your Name: ________________________________ Date:____________

   Address:___________________________________________________
   ___________________________________________________________

   Phone #: ( ____ )____________ email:__________________________

Mail application to:
Attn: Allowable Food Committee
WIC/Community Nutrition
109 Governor Street, 9th Floor
Richmond, VA 23219

WIC OFFICE USE ONLY

Date of Nutrition Review:__________________________
Preliminary approved for further consideration: Yes ☐ No ☐
Referred to Allowable Food Committee: Yes No Date:_____________