

North Carolina Department of Health and Human Services
 Division of Public Health
 Women's and Children's Health Section
 Nutrition Services Branch

Local Agency Number _____

Local Agency Name _____
 (no abbreviations)

WIC PRICE LIST FOR FREE-STANDING PHARMACIES

Please review the form instructions and certification paragraph prior to completing and signing the form.

_____ Date (_____) _____ (Store Name)
 _____ (Store Address)
 _____ (City/State/Zip)

Authorized Vendor Stamp

Product	Size	Type	Price
Boost	8 oz	Ready to Feed	.
Boost Kid Essentials	8.25 oz	Ready to Feed	.
EleCare Jr.	14.1 oz	Powder	.
Enfamil EnfaCare	32 oz	Ready to Feed	.
Enfamil EnfaCare	12.8 oz	Powder	.
Nutramigen	13 oz	Concentrate	.
Nutramigen	32 oz	Ready to Feed	.
Nutramigen with Enflora LGG	12.6 oz	Powder	.
Pediasure	8 oz	Ready to Feed	.
Pediasure with Fiber	8 oz	Ready to Feed	.
Similac Alimentum	13.1 oz	Powder	.
Similac Alimentum	32 oz	Ready to Feed	.
Similac Expert Care NeoSure	8 oz	Ready to Feed	.
Similac Expert Care NeoSure	13.1 oz	Powder	.

Instructions For Completing Form:

1. **Vendor Number:** Enter authorized WIC Vendor Number as it appears on the Vendor Stamp. New applicants leave this area blank.
2. **Authorized Vendor Stamp:** Using the Vendor's WIC Stamp, imprint each carbon copy of Pages 1 and 2. A new vendor applicant will leave this area blank.
3. **Prices:** Provide current, **highest shelf prices** for the exempt infant formula and WIC-eligible medical foods. List prices for **only foods currently stocked.**
4. Return this form to the appropriate Local WIC Agency as directed.

I do hereby certify that the prices entered on the price list are the current, **highest shelf prices** on the date indicated below.

Printed Name of Authorized Representative	Date
Signature of Authorized Representative	Title

Routing: White Copy – State WIC Office Yellow Copy – Local WIC Office Pink Copy – WIC Vendor