



FOOD ISSUANCE & REDEMPTION SERVICES UNIT



January 29, 2015

New Approved Food Product – Whole Wheat Refrigerated Tortillas

Effective April 1, 2015, the Texas WIC Program will offer **Whole Wheat Refrigerated Tortillas** as an option to WIC Participants. This option allows participants to choose shelf or refrigerated whole wheat tortillas. Vendors are required to submit a revised Least Expensive Brand (LEB) Declaration form only if refrigerated whole wheat tortillas are declared in addition to, the current LEB shelf whole wheat tortillas. Vendors may choose to declare both, shelf and refrigerated whole wheat tortillas. The LEB form is attached for submission. The approved food product is detailed in the table below:

| Refrigerated Whole Wheat Tortillas | | | | |
|------------------------------------|-------------------------------|-----------------------|--------------|------------|
| UPC | Brand Name | Product | Type | Size (oz.) |
| 7-8918000007-8 | La Abuela Mexican Foods, Inc. | Whole Wheat Tortillas | Refrigerated | 16 oz. |

Our intent is to provide vendors with sufficient notice of this approved foods change to assist in proper stocking of the products. Additionally, it is **critical** that all vendors download the Approved Product List (APL) during the period of **3/29/2015-3/31/2015**. Stores that fail to connect to the State EBT host during this time period will **NOT** be able to sell whole wheat refrigerated tortillas to WIC participants at your store until an updated APL is downloaded.

If you have any questions please contact the Food Issuance & Redemption Services Unit at (512) 341-4425, 1-800-252-9629 (Texas only), or email at WICVendorRelations@dshs.state.texas.gov .



LEAST EXPENSIVE BRAND DECLARATION FORM

All vendors shall declare the traditionally least expensive brand for the food types listed on this form. Each WIC vendor account outlet must complete a separate form if the traditionally least expensive brand for a particular food type is different at each outlet.

INSTRUCTIONS: Please type; or legibly print all information provided below in ink

1. **Account Name:** This should match the name indicated on Line 1 of the Vendor Agreement and Line 1 of current Vendor Profile Application–Account Page.
2. **WIC Account #:** List designated WIC Account Number
3. **Outlet(s) #:** List designated WIC Outlet Number.
 - a. **If Account have multiple outlets:**
 - i. **If all outlets are covered by this Declaration Form-** Indicate "All," or list the outlet numbers individually.
 - ii. **If the Declaration form does not cover all outlets;** Indicate the individual outlet numbers on the lines provided OR attach list of covered outlets.
4. **Brand Name:** List the Outlet's traditionally least expensive brand.
 - a. Only one brand can be declared for each food item.
 - b. Food declared must be **WIC Approved Brand**.
 - c. For items which list specific Approved Brands, only **ONE** brand name may be selected.
 - i. **Note that the brands currently listed are authorized. "Where OTHER is listed, be sure to list brand name and UPC, in addition, a legible copy of the product label (name and size), nutritional information and UPC barcode must be submitted for item review and authorization.**
5. **UPC (Uniform Product Code):** List ALL the numbers located below and to the side of the product bar code.
6. Each page of this form must be signed and dated by a store official.
7. **Labeling:** For every item declared on this form, an authorized "WIC Approved Item" tag/label must be affixed to the shelf

| | | |
|---|----------------------|------------------------|
| ACCOUNT NAME: | WIC ACCOUNT#: | WIC Outlet(s)#: |
| If more than one Outlet is covered by this Declaration Form, List the Numbers below: <input type="checkbox"/> ALL OUTLETS | | |
| | | |
| | | |

Vendors authorized in the WIC Program must declare the traditionally least expensive brand (LEB) of each type and size of WIC authorized milk, juice, cheese, grains and beans/peas/lentils (Policy WV: 02.0) at the time of contracting. The LEB information contained herein is incorporated by reference into the WIC Vendor Agreement covering the contract period of October 1, 2014 through September 30, 2015.

| FOOD TYPE | SIZE | BRAND NAME | UPC |
|----------------------|---------------|--|--|
| MILK (Cat 01) | | NO ORGANIC, CALCIUM-FORTIFIED, HIGH-PROTEIN OR FLAVORED MILK | List <u>all</u> 12 #s below product bar code |
| Low Fat -1% | Gallon | | |
| | Half Gallon | | |
| | Quart | | |
| Low Fat- 0.5% | Gallon | | |
| | Half Gallon | | |
| | Quart | | |
| Fat Free/Skim | Gallon | | |
| | Half Gallon | | |
| | Quart | | |
| Buttermilk | Low Fat-1-½% | Half Gallon | |
| | Fat-Free/Skim | Half Gallon | |
| MILK (Cat 51) | | NO ORGANIC, CALCIUM-FORTIFIED, HIGH-PROTEIN OR FLAVORED MILK | List <u>all</u> 12 #s below product bar code |
| Whole | Gallon | | |
| | Half Gallon | | |
| | Quart | | |

Manager's Signature: _____

Declaration Date: _____

For WIC Staff Use Only: Verified By & Date: _____

Scanned By & Date: _____



LEAST EXPENSIVE BRAND DECLARATION FORM - Continued

ACCOUNT NAME: _____ WIC ACCOUNT#: _____ WIC Outlet(s)#: _____

If more than one Outlet is covered by this Declaration Form, List the Numbers below: ALL OUTLETS

| FOOD TYPE | | SIZE | BRAND NAME & TYPE | UPC | | | | | | | | | | | | | | | | | | | |
|---|---|--|-------------------|---------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| CHEESE (Cat 02) | | <small>NO INDIVIDUALLY WRAPPED SLICES OR SHREDDED CHEESE. NO PROCESSED CHEESE FOOD/PRODUCT OR VELVEETA®. NO CHEESE FROM THE DELI. LIST THE TYPE: BLOCK OR SLICED AND LOW/REDUCED FAT (EXAMPLE: (MILD CHEDDAR) KRAFT – BLOCK – REDUCED FAT)</small> | | List all 12 #s below product bar code | | | | | | | | | | | | | | | | | | | |
| American | White <i>(indicate type: i.e, Block or Sliced and Low/Reduced Fat)</i> | 1-lb. Package | | | | | | | | | | | | | | | | | | | | | |
| | | 2-lb. Package | | | | | | | | | | | | | | | | | | | | | |
| | Yellow <i>(indicate type: i.e, Block or Sliced and Low/Reduced Fat)</i> | 1-lb. Package | | | | | | | | | | | | | | | | | | | | | |
| | | 2-lb. Package | | | | | | | | | | | | | | | | | | | | | |
| Cheddar | Mild <i>(indicate type: i.e, Block or Sliced and Low/Reduced Fat)</i> | 1-lb. Package | | | | | | | | | | | | | | | | | | | | | |
| | | 2-lb. Package | | | | | | | | | | | | | | | | | | | | | |
| | Medium <i>(indicate type: i.e, Block or Sliced and Low/Reduced Fat)</i> | 1-lb. Package | | | | | | | | | | | | | | | | | | | | | |
| | | 2-lb. Package | | | | | | | | | | | | | | | | | | | | | |
| | Sharp <i>(indicate type: i.e, Block or Sliced and Low/Reduced Fat)</i> | 1-lb. Package | | | | | | | | | | | | | | | | | | | | | |
| | | 2-lb. Package | | | | | | | | | | | | | | | | | | | | | |
| | Extra Sharp <i>(indicate size & if Low/Reduced Fat)</i> | 1-lb or 2lb. Package | | | | | | | | | | | | | | | | | | | | | |
| | Longhorn Style <i>(indicate type: i.e, Block or Sliced and Low/Reduced Fat)</i> | 1-lb. Package | | | | | | | | | | | | | | | | | | | | | |
| | | 2-lb. Package | | | | | | | | | | | | | | | | | | | | | |
| | Colby | Colby <i>(indicate type: i.e, Block or Sliced and Low/Reduced Fat)</i> | 1-lb. Package | | | | | | | | | | | | | | | | | | | | |
| 2-lb. Package | | | | | | | | | | | | | | | | | | | | | | | |
| Colby-Jack <i>(indicate type: i.e, Block or Sliced and Low/Reduced Fat)</i> | | 1-lb. Package | | | | | | | | | | | | | | | | | | | | | |
| | | 2-lb. Package | | | | | | | | | | | | | | | | | | | | | |
| Monterrey Jack | Monterrey Jack <i>(Indicate type: i.e, Block or Sliced and Low/Reduced Fat)</i> | 1-lb. Package | | | | | | | | | | | | | | | | | | | | | |
| | | 2-lb. Package | | | | | | | | | | | | | | | | | | | | | |
| | | 1 or 2-lb. Pkg | | | | | | | | | | | | | | | | | | | | | |
| Mozzarella | Mozzarella <i>(Indicate block or round Low/Reduced Fat)</i> | 1-lb. Package | | | | | | | | | | | | | | | | | | | | | |
| | | 2-lb. Package | | | | | | | | | | | | | | | | | | | | | |
| | | 1 or 2-lb. Pkg | | | | | | | | | | | | | | | | | | | | | |

Manager's Signature: _____

Declaration Date: _____

For WIC Staff Use Only: Verified By & Date: _____

Scanned By & Date: _____

ACCOUNT NAME: _____ WIC ACCOUNT#: _____ WIC Outlet(s)#: _____
 If more than one Outlet is covered by this Declaration Form, List the Numbers below: ALL OUTLETS

| FOOD TYPE | SIZE | BRAND NAME | UPC |
|---|--------------|---|--|
| JUICE –FLUID (CAT 04) | | CALCIUM-FORTIFIED IS ALLOWED; NO JUICE COCKTAILS | List all 12 #s below product bar code |
| Apple No Cider <i>(indicate UPC for all items if declaring more than one variety for a brand, ex: regular or calcium fortified)</i> | 48 Fluid oz. | SELECT ONE: <input type="checkbox"/> Apple&Eve <input type="checkbox"/> Big Tex <input type="checkbox"/> Fiesta <input type="checkbox"/> Food Club <input type="checkbox"/> HEB <input type="checkbox"/> Hy-Top <input type="checkbox"/> Parade <input type="checkbox"/> Seneca <input type="checkbox"/> Shurfine <input type="checkbox"/> Texusun <input type="checkbox"/> OTHER- NAME: | |
| | 64 Fluid oz. | SELECT ONE: <input type="checkbox"/> Albertsons <input type="checkbox"/> Always Save <input type="checkbox"/> Apple&Eve (Regular or Big Bird) <input type="checkbox"/> Best Choice <input type="checkbox"/> Big Tex <input type="checkbox"/> Fiesta <input type="checkbox"/> Food Club <input type="checkbox"/> Great Value <input type="checkbox"/> Hansen's Natural <input type="checkbox"/> Harvest Classic <input type="checkbox"/> HEB <input type="checkbox"/> HyTop <input type="checkbox"/> Kroger <input type="checkbox"/> Langers <input type="checkbox"/> LuckyLeaf <input type="checkbox"/> Market Pantry <input type="checkbox"/> Mott's <input type="checkbox"/> JuicyJuice <input type="checkbox"/> Old Orchard <input type="checkbox"/> Parade <input type="checkbox"/> Ruby Kist <input type="checkbox"/> Safeway <input type="checkbox"/> Seneca <input type="checkbox"/> Shurfine <input type="checkbox"/> Texusun <input type="checkbox"/> Tipton Grove <input type="checkbox"/> Tree Top <input type="checkbox"/> OTHER- NAME: | Regular: _____ w/Calcium: _____ |
| Grape (Purple) | 48 Fluid oz. | SELECT ONE: <input type="checkbox"/> Big Tex <input type="checkbox"/> HEB <input type="checkbox"/> Parade <input type="checkbox"/> Shurfine <input type="checkbox"/> Shur Savings <input type="checkbox"/> Texusun <input type="checkbox"/> OTHER- NAME: | |
| | 64 Fluid oz. | SELECT ONE: <input type="checkbox"/> Albertsons <input type="checkbox"/> Best Choice <input type="checkbox"/> Big Tex <input type="checkbox"/> Food Club <input type="checkbox"/> Great Value <input type="checkbox"/> Hansen's Natural <input type="checkbox"/> HEB <input type="checkbox"/> Hy-Top <input type="checkbox"/> Kroger <input type="checkbox"/> Langers <input type="checkbox"/> Market Pantry <input type="checkbox"/> Old Orchard <input type="checkbox"/> Parade <input type="checkbox"/> Ruby Kist <input type="checkbox"/> Safeway <input type="checkbox"/> Shurfine <input type="checkbox"/> Texusun <input type="checkbox"/> Tipton Grove <input type="checkbox"/> ValuTime <input type="checkbox"/> OTHER- NAME: | Regular: _____ w/Calcium: _____ |
| Grape (White) | 48 Fluid oz. | SELECT ONE: <input type="checkbox"/> Big Tex <input type="checkbox"/> HEB <input type="checkbox"/> Parade <input type="checkbox"/> Texusun <input type="checkbox"/> OTHER- NAME: | |
| | 64 Fluid oz. | SELECT ONE: <input type="checkbox"/> Albertsons <input type="checkbox"/> Best Choice <input type="checkbox"/> Big Tex <input type="checkbox"/> Food Club <input type="checkbox"/> Great Value <input type="checkbox"/> Hansen's Natural <input type="checkbox"/> HEB <input type="checkbox"/> HyTop <input type="checkbox"/> Kroger <input type="checkbox"/> Langers <input type="checkbox"/> Market Pantry <input type="checkbox"/> Old Orchard <input type="checkbox"/> Parade <input type="checkbox"/> Ruby Kist <input type="checkbox"/> Safeway <input type="checkbox"/> Shurfine <input type="checkbox"/> Texusun <input type="checkbox"/> OTHER- NAME: | |
| Grapefruit <i>(indicate white, pink or red)</i> | 48 Fluid oz. | Pink | |
| | | Red | |
| | | White | |
| | 64 Fluid oz. | Pink | |
| | | Red | |
| | | White | |
| Orange <i>(for other varieties indicate type - ex: Pulp, No or pulp free, home-style, country style)</i> <i>(Ex: Other: Tasty OJ w/o pulp)</i> | 48 Fluid oz. | Non-refrigerated: | |
| | | Calcium-fortified: | |
| | | Other: | |
| | | Other: | |
| | 64 Fluid oz. | Non-refrigerated(NR): | |
| | | NR Calcium-fortified: | |
| | | NR Other: | |
| | | NR Other: | |
| | | Refrigerated: | |
| | | Calcium-fortified (Refrigerated): | |
| Orange/Mango | 48 Fluid oz. | SELECT ONE: <input type="checkbox"/> Big Tex <input type="checkbox"/> HEB <input type="checkbox"/> Parade <input type="checkbox"/> Texusun <input type="checkbox"/> OTHER- NAME: | |
| | 64 Fluid oz. | SELECT ONE: <input type="checkbox"/> Big Tex <input type="checkbox"/> Parade <input type="checkbox"/> Texusun <input type="checkbox"/> OTHER- NAME: | |
| Orange/Pineapple or Pineapple/Orange | 48 Fluid oz. | | |
| | 64 Fluid oz. | | |
| Pineapple | 48 Fluid oz. | SELECT ONE: <input type="checkbox"/> Big Tex <input type="checkbox"/> Fiesta Mart <input type="checkbox"/> Food Club <input type="checkbox"/> HEB <input type="checkbox"/> HyTop <input type="checkbox"/> Parade <input type="checkbox"/> Shurfine <input type="checkbox"/> Texusun <input type="checkbox"/> OTHER-NAME: | |
| | 64 Fluid oz. | SELECT ONE: <input type="checkbox"/> Albertsons <input type="checkbox"/> Best Choice <input type="checkbox"/> Big Tex <input type="checkbox"/> Fiesta <input type="checkbox"/> Food Club <input type="checkbox"/> Hansen's Natural <input type="checkbox"/> HyTop <input type="checkbox"/> Kroger <input type="checkbox"/> Langers <input type="checkbox"/> Parade <input type="checkbox"/> Ruby Kist <input type="checkbox"/> Shurfine <input type="checkbox"/> Texusun <input type="checkbox"/> OTHER- NAME: | |
| Pineapple/Mango | 48 Fluid oz. | SELECT ONE: <input type="checkbox"/> Big Tex <input type="checkbox"/> HEB <input type="checkbox"/> Parade <input type="checkbox"/> Texusun <input type="checkbox"/> OTHER- NAME: | |
| | 64 Fluid oz. | SELECT ONE: <input type="checkbox"/> Big Tex <input type="checkbox"/> Parade <input type="checkbox"/> Texusun <input type="checkbox"/> OTHER- NAME: | |
| Vegetable <i>Regular or Low Sodium</i> | 48 Fluid oz. | SELECT ONE: <input type="checkbox"/> Big Tex <input type="checkbox"/> Fiesta Mart <input type="checkbox"/> Parade <input type="checkbox"/> Shurfine <input type="checkbox"/> Texusun <input type="checkbox"/> OTHER- NAME: | |
| | 64 Fluid oz. | SELECT ONE: <input type="checkbox"/> Albertsons <input type="checkbox"/> Best Choice <input type="checkbox"/> Big Tex <input type="checkbox"/> Diane's Garden <input type="checkbox"/> Fiesta <input type="checkbox"/> Food Club <input type="checkbox"/> Great Value <input type="checkbox"/> Hy-Top <input type="checkbox"/> Langers <input type="checkbox"/> Market Pantry <input type="checkbox"/> Parade <input type="checkbox"/> Ruby Kist <input type="checkbox"/> Shurfine <input type="checkbox"/> Texusun <input type="checkbox"/> OTHER- NAME: | Regular: _____ Low Sodium: _____ |

Manager's Signature: _____ Declaration Date: _____
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LEAST EXPENSIVE BRAND DECLARATION FORM - Continued

ACCOUNT NAME: WIC ACCOUNT#: WIC Outlet(s)#:
If more than one Outlet is covered by this Declaration Form, List the Numbers below: [] ALL OUTLETS

Table with columns: FOOD TYPE, SIZE, BRAND NAME, UPC. Rows include Apple, Grape (Purple), Grape (White), Grapefruit, Orange (with sub-rows for Regular, w/Calcium, Other).

Table with columns: LEGUMES/DRIED BEANS (CAT 06), UPC. Rows include Black Beans, Lentils, Navy Beans, Pinto Beans, Split Peas (Green).

GRAINS - (Cat 16) (WHOLE WHEAT BREAD, TORTILLAS & RICE)

Table with columns: WHOLE WHEAT/GRAIN BREAD, BRAND NAME, UPC. Row: Whole Wheat-100%.

Table with columns: TORTILLAS, BRAND NAME, UPC. Row: Soft Corn - Yellow.

Table with columns: TORTILLAS, BRAND NAME, UPC. Row: Soft Corn - White.

Table with columns: TORTILLAS, BRAND NAME, UPC. Row: Whole Wheat - 100% (includes Shelf and Refrig columns).

RICE

Table with columns: RICE, BRAND NAME, UPC. Row: Brown Rice.

Manager's Signature: _____ Declaration Date: _____
For WIC Staff Use Only: Verified By & Date: _____ Scanned By & Date: _____