

ARIZONA WIC PROGRAM
CASH VALUE FOOD INSTRUMENT

YES

Both Authorized Vendors and Farmers'
Markets can accept

ARIZONA DEPARTMENT OF HEALTH SERVICES WIC PROGRAM 1740 WEST ACADIA, PHOENIX, ARIZONA 85027 WIC HELPLINE Mon - Fri 8 AM - 5 PM, Call 1-800-855-5858			MISUSE OF DRAFTS SUBJECT TO STATE OR FEDERAL PROSECUTION. VOID IF ALTERED			DRAFT # 36622146			75-1248 Payable Through FINC. 919 AN AFFILIATE OF SECURITY STATE BANK HOWARD LASC, NATIONWIDE AZCA 90000		
AGENCY 07	CLINIC 42	PARTICIPANT ID 42070052500	PARTICIPANT NAME HENRY, MELISSA		DRAFT TYPE 003773AZ	FIRST DATE TO USE 04/02/2010	LAST DEPOSIT LENDAR DAYS DATE TO USE		DATE OF USE 05/01/2010		
REDEEMABLE AT APPROVED WIC STORES OR AUTHORIZED FARMERS' MARKETS UP TO \$5.00 FRESH VEGETABLES AND/OR FRUITS.						4			5		
WIC CUSTOMER MAY PAY AMOUNT OVER \$5.00 AT SOME LOCATIONS.						3			VOID		
PARTICIPANT: DO NOT SIGN UNTIL TIME OF PURCHASE						VOID			VOID		
SIGNATURE AT STORE:						VOID			VOID		
CASHIER: DO NOT ACCEPT IF ALREADY SIGNED. MUST WATCH SIGNATURE ON ID FOLDER.											

1. The first statement says "REDEEMABLE AT APPROVED WIC STORES OR AUTHORIZED FARMERS' MARKETS"
2. The dollar amount is printed in the food prescription box "UP TO \$5.00 ANY COMBINATION FRUITS AND VEGETABLES (FRESH, FROZEN, AND/OR CANNED.) (This amount may be different than pictured)
3. Statement "WIC CUSTOMER MAY PAY AMOUNT OVER \$5.00". (this amount may be different than pictured)
4. The "Actual Dollar Amount" box is not preprinted on the CVFI
5. The date range for the First Date to Use and the Last Date to Use are 30 days or less.

ARIZONA FARMERS' MARKET NUTRITION
PROGRAM CHECK

NO

DO NOT ACCEPT, only Approved
Farmers' Markets can accept

ARIZONA DEPARTMENT OF HEALTH SERVICES WIC PROGRAM 1740 WEST ACADIA, PHOENIX, ARIZONA 85027 WIC HELPLINE Mon - Fri 8 AM - 5 PM, Call 1-800-855-5858			MISUSE OF DRAFTS SUBJECT TO STATE OR FEDERAL PROSECUTION. VOID IF ALTERED			DRAFT # 11006270			75-1248 Payable Through FINC. 919 AN AFFILIATE OF SECURITY STATE BANK HOWARD LASC, NATIONWIDE AZCA 90000		
AGENCY 02	CLINIC 01	PARTICIPANT ID 1020189738	PARTICIPANT NAME FARMER, RENEE		DRAFT TYPE	FIRST DATE TO USE 04/22/2011	LAST DEPOSIT LENDAR DAYS DATE TO USE		DATE OF USE 10/31/2011		
FARMERS' MARKET 2011						9			10		
NOT REDEEMABLE IN GROCERY STORES NO SE PUEDE USAR EN SUPERMERCADOS						7			VOID		
Valid for purchase of LOCALLY grown fresh fruits & vegetables only.						VOID			VOID		
GROWERS: DEPOSIT BY NOVEMBER 30, 2011						8			VOID		
SIGNATURE AT STORE:						VOID			VOID		
CASHIER: DO NOT ACCEPT IF ALREADY SIGNED. MUST WATCH SIGNATURE ON ID FOLDER.											

6. Specifically states the Program "FARMERS' MARKET 2011"
7. Statement "NOT REDEEMABLE IN GROCERY STORES"
8. Note to growers "GROWERS: DEPOSIT BY NOVEMBER 30, 2011"
9. FMNP checks have the dollar amount printed in the "Actual \$ Amount" box
10. The date range for the First Date to Use and Last Date to Use is March 1, 2011 through October 31, 2011.