



Department of Health and Human Services
Maine Center for Disease Control and Prevention
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TTY Users: Dial 711 (Maine Relay)
WIC Nutrition Program
Tel. (207) 287-3991 or (800) 437-9300
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Tuesday, February 11, 2014

Subject: WIC Soy Beverage Checks Update

Dear Maine WIC Authorized Store:

Some participants in the WIC Nutrition Program receive checks for soy beverage. These WIC checks currently list the specific brand of soy beverage that participants can buy, such as “8th Continent Soy Bev” or “Pacific Ultra Original Soy Bev.” We have heard from both stores and WIC participants that the brand of soy beverage listed on the check may not always be available, and thus participants have been unable to purchase soy beverage. At the end of February we will be changing the wording on our soy beverage checks to be more generic with the term “WIC approved soy beverage.” Please refer to your Vendor Booklet for a list of WIC approved soy beverages. Please be aware that you will see both the specific and more generic soy beverage checks until June 2014. Examples of both types of these WIC checks are attached.

The new more generic checks may also list both half gallons and quarts. If your store only sells quarts of WIC approved soy beverage, a participant may purchase 2 quarts for each half gallon listed on their WIC checks. With the more generic checks, participants may choose to purchase a combination of WIC approved soy beverages. Using the image of the new version of soy beverage check attached as an example, a participant may select 2 half gallons of 8th Continent Original Soy Beverage and 1 quart of Pacific Ultra Soy Bev Original to purchase with the one check.

Please contact us at 1-800-437-9300 if you have any questions or concerns. Thank you for your cooperation during this transition period.

Sincerely,
Maine CDC, WIC Nutrition Program
Ph. (207)287-3993
wic.maine@maine.gov

Thank you for your interest in providing nutritious foods to women, infants, and children in Maine.



This type of soy beverage check will be discontinued June 2014:

MAINE WIC NUTRITION PROGRAM					Department of Health and Human Services 11 SHS, Augusta, Maine 04333 - 1-800-437-9300 - www.WICforME.com		ACCT# 802054	
NAME OF PARTICIPANT					FIRST DAY TO USE	LAST DAY TO USE	CHECK NUMBER	
Monty Moose					2/4/2084	3/3/2084	01534353	
PARTICIPANT I.D.	AGENCY	CLINIC	FOOD PACKAGE	FI TYPE	STAMP BELOW			
10000168								
FOR PURCHASE OF APPROVED WIC FOODS ONLY (NO SUBSTITUTIONS ALLOWED):					AMOUNT			
4 HALF-GAL 8TH CONTINENT SOY BEV, ORIG 70663					\$			
XXX END OF ORDER XXX								

MAINE WIC NUTRITION PROGRAM					Department of Health and Human Services 11 SHS, Augusta, Maine 04333 - 1-800-437-9300 - www.WICforME.com		ACCT# 802054	
NAME OF PARTICIPANT					FIRST DAY TO USE	LAST DAY TO USE	CHECK NUMBER	
Monty Moose					2/4/2084	3/3/2084	01534354	
PARTICIPANT I.D.	AGENCY	CLINIC	FOOD PACKAGE	FI TYPE	STAMP BELOW			
10000168								
FOR PURCHASE OF APPROVED WIC FOODS ONLY (NO SUBSTITUTIONS ALLOWED):					AMOUNT			
3 QT PACIFIC ULTRA SOY BEV, ORIGINAL 82006					\$			
XXX END OF ORDER XXX								
					DEPOSIT WITHIN 60 DAYS OF FIRST DAY TO USE PAY TO THE ORDER OF MAINE WIC VENDOR		VOID	
					X		SIGNATURE OF AUTHORIZED REPRESENTATIVE OR PROXY	

There will be a transition phase in which both types of checks will be in circulation. Both checks should be accepted and vendors will follow the same procedures when accepting a WIC check. Checks that designate a specific brand of soy beverage may still only be redeemed for that brand of soy beverage.

New version of soy beverage check beginning Feb 2014:

MAINE WIC NUTRITION PROGRAM					Department of Health and Human Services 11 SHS, Augusta, Maine 04333 - 1-800-437-9300 - www.WICforME.com		ACCT# 802054	
NAME OF PARTICIPANT					FIRST DAY TO USE	LAST DAY TO USE	CHECK NUMBER	
MONTY T MOOSE					2/6/2014	3/7/2014	01220699	
PARTICIPANT I.D.	AGENCY	CLINIC	FOOD PACKAGE	FI TYPE	STAMP BELOW			
10016943								
FOR PURCHASE OF APPROVED WIC FOODS ONLY (NO SUBSTITUTIONS ALLOWED):					AMOUNT			
4 HALF-GAL WIC APPROVED SOY BEVERAGE					\$			
XXX END OF ORDER XXX								
					VOID		Sample	
					X		SIGNATURE OF AUTHORIZED REPRESENTATIVE OR PROXY	