



Ngec ikom kit ma myero itii ki WIC cek a meri kwede (pot karatac 5) – nen cal cek ma pinyi

1. **Tiiki cek me WIC kekn i ot gwoko jami ma kiye me tic kwede.**
- ② **Nen nino dwe ma i cek me WIC.** Nino dwe me acel aye nino me acel ma itwero tic kwede ki cek man. Nino dwe me aryoni aye nino me agiki ma itwero tic kwede ki cek man. Itwero tic ki nama cek me WIC mo kekne ma tye ikin nino dwe aryo magi.
- ③ **Nen cam ma kiryeyo nying-gi ki welgi ma itwero wilo ki cek ma meg.** Labole, wel galan me cak, wel kilo me nyig cam, onyo wel cupa me juic ma iromo wilo, weng kicoyo kany. Cam ma WIC oye ni kicat bikonyi me neno cam mene ma myero iwil.
4. **Pok cam me WIC woko ki ikom cam mukene ma iwilo kikama kingiyo iye jami.** Ka ibitiyo ki cek ma kato acel, ket cam ma ibiwilo I dul ma pat pat ma rwate ki cek ma ibitiyo kwede.
- 5 **Mii boc me WIC mMiia meri bot ngat ma kiculo cul bote ma peya kiteto cam i macin me menyone.**
- ⑥ **Coo wel cam ducu me WIC i cek nikwanyo ka ngat ma kiculo cul bote ocoyo ki macin ma nyuto cul.**
- ⑦ **Sign Ket cingi inyim cek kitere tung lacuc ci idwok cek bot ngat ma kiculo cul bote.** Ngat ma kiculo cul bote bineno ni cing ma iketoni rwate ki cing ma kiye ni iti kwede, ma meg i kikome onyo pa ngat ma cing piri i boc me WIC.
8. **Ka iwilo juic ma i cupa, myero icul ciling me cupa, ma tye ciling abic pi cupa acel acel.**
9. **Bed ki gen ni ibinongo boc ma meri kacel ki ricit ma peya iaa ki kama kingiyo jami iye.**

MAINE WIC NUTRITION PROGRAM Department of Health and Human Services
 11 SHS, Augusta, Maine 04333 - 1-800-437-9300 - www.WICforME.com

NAME OF PARTICIPANT		FIRST DAY TO USE	LAST DAY TO USE	CHECK NUMBER
SAMPLE CHECK		3/23/2016	4/22/2016	03356295
PARTICIPANT I.D.	AGENCY	CLINIC	FOOD PACKAGE	FI TYPE
10043571				
FOR PURCHASE OF APPROVED WIC FOODS ONLY (NO SUBSTITUTIONS ALLOWED):				AMOUNT
2	Gallon(s) 1% or Skim Milk			\$
1	Pound(s) WIC Approved Cheese			
1	Dozen WIC Approved Eggs			
2	Can 11.5-12oz Frzn or Liq Concentrate Juice			
36	Ounces WIC Approved Cereal			
16	Ounces WIC Approved Whole Grain Item			
XXX END OF ORDER XXX				
				DEPOSIT WITHIN 80 DAYS OF FIRST DAY TO USE PAY TO THE ORDER OF MAINE WIC VENDOR
				X SIGNATURE OF AUTHORIZED REPRESENTATIVE OR PROXY