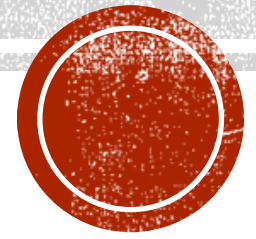


**RENEWAL TRAINING FOR
CURRENTLY AUTHORIZED WIC
PROGRAM VENDORS
2026**



TRAINING OVERVIEW AND GOALS

- Review how to maintain vendor status
 - ✓ Selection criteria
 - ✓ Competitive pricing and limits
- WIC Approved Foods List
- Minimum Variety and Inventory
- Transactions
- eWIC procedures
- Preventing Fraud and Program Compliance
 - ✓ Monitoring, Inventory Audits, Violations & Sanctions, Claims, Handling Customer Service Issues
- Completing required forms



WHAT IS WIC?

- The Special Supplemental Nutrition Program for **Women, Infants and Children**
- Federally funded by the United States Department of Agriculture (USDA)
- State-administered by the NC Department of Health and Human Services
- WIC clinical services provided by contracted public health agencies
- NC WIC-authorized vendors are contracted with the NC Department of Health and Human Services and Local WIC Agencies



WHAT IS EWIC?

- eWIC is the term used for EBT (Electronic Benefit Transfer) by the North Carolina WIC Program
- EBT is a method that permits access to WIC food benefits using a plastic card



WIC WORKS!

- In NC, every WIC dollar spent on a pregnant woman saves multiple dollars in newborn health care costs
- Children on WIC have better diets; particularly for vitamin C, thiamin, protein, niacin and vitamin B₆



MAINTAINING VENDOR STATUS

- Meet all current selection criteria
- Follow all Program policies
- Meet competitive pricing and price limits
- Attend annual vendor training
- Train all staff to properly transact eWIC benefits
- Complete vendor-related forms
 - ✓ NC WIC Vendor Information Update
 - ✓ eWIC Update for Non-Corporate Vendors
 - ✓ Verification of Attendance



SELECTION CRITERIA

- Established by U.S. Department of Agriculture and NC WIC Program
 - ✓ 20 items
- Listed in the Vendor Manual



NC PEER GROUP SYSTEM

VENDOR PEER GROUPS

#	STORE TYPE	LOCATION	DESCRIPTION
5	Pharmacy	Statewide	Free-standing pharmacy that sells a limited variety of foods
6	Convenience Store	Statewide	Retailer with a limited assortment of grocery items
7	Mass Merchandiser and Commissary	Statewide	Retailer that sells a wide variety of merchandise but also carries groceries and has store locations in most or all states Grocery store operated by US Defense Commissary on a military base
8	Independent Grocery	Urban	Retailer that primarily sells groceries with fewer than 11 store locations
9	Independent Grocery	Non-urban	Retailer that primarily sells groceries with fewer than 11 store locations
10	Regional Grocery Chain	Urban	Retailer that primarily sells groceries with at least 11 store locations and operates in 2 or more states
11	Regional Grocery Chain	Non-urban	Retailer that primarily sells groceries with at least 11 store locations and operates in 2 or more states



COMPETITIVE PRICING AND PRICE LIMITATIONS

- Peer group structure
 - ✓ Peer groups have NTEs for WIC supplemental foods and contract formula
 - ✓ No longer published by the State WIC Agency



MINIMUM REDEMPTION

- Except for Free-standing pharmacies, a vendor must redeem at least \$2,000 annually in WIC supplemental food sales
 - ✓ If not, the Vendor Agreement will be terminated
 - ✓ The store must wait 180 days to reapply



PURCHASING AND PROVIDING INFANT FORMULA FROM A STATE-APPROVED SOURCE

- Vendors must purchase all infant formula, exempt infant formula and WIC-eligible nutritionals only from the sources on the State WIC Agency's list of approved sources
- Vendors must provide only such infant formula, exempt infant formula and WIC-eligible nutritionals to WIC customers
- Authorized vendors will have their WIC Vendor Agreement terminated for failure to comply with this requirement
- A list of State-approved sources can be obtained from your Local WIC Agency or found at <https://www.ncdhhs.gov/wicvendorsconnection>



NOT-TO-EXCEED (NTE) PRICES

- **NTEs are set at 2 standard deviations above the average price for supplemental foods within a vendor peer group.**
 - ✓ **Calculated for each UPC for each WIC supplemental food**
 - ✓ **Based on redemption of all vendors in the peer group**
 - ✓ **Obtained from the eWIC system**
 - ✓ **Different NTEs for different sizes of the same food even if it is the same brand**
- **Foods and Contract Formula**



NTE VS. CURRENT SHELF PRICE

- Vendors **must** charge current shelf price
- Vendors **DO NOT** have to charge the NTE
- Charges for WIC transactions must be less than or equal to charges to regular customers
- Vendors **cannot** set their prices at the NTE and charge other customers less
 - ✓ This is a federal violation for which a vendor can be disqualified



WIC APPROVED FOODS WITH NO NTE

- NTEs do not apply to exempt infant formula or WIC-eligible nutritionals
- Open market system (shelf price)
- Exempt infant formula and WIC-eligible nutritionals can be found at <https://www.ncdhhs.gov/wicvendorsconnection>
- NTEs do not apply to fruits and vegetables purchasable with cash-value benefits (CVBs)



What about exchanges?

- **Identical items only** when:

- ✓ Defective

- ✓ spoiled or

- ✓ has exceeded its “best if used by” or “sell by” date on the date of purchase



ANNUAL VENDOR TRAINING

Vendors, their store manager or other authorized store representative are required to attend vendor training

Failure to attend annual training by September 30th of each year will result in termination of the WIC Vendor Agreement



PREDOMINANTLY WIC VENDOR (PWV)

- In North Carolina, the WIC Program classifies vendors that derive more than 50% of their annual food sales revenue from WIC food benefits (excluding CVBs) as Predominately WIC Vendors or PWVs
- PWVs cannot be authorized NC WIC vendors
 - ✓ If a vendor applicant is expected to be a PWV, the application will be denied
 - ✓ If a vendor becomes a PWV anytime during authorization, the Vendor Agreement will be terminated
 - ✓ Must wait 90 days to reapply
- State Rule 10A NCAC 43D.0706-Vendor Peer Groups
- Terms of Vendor Agreement): Section I Number 3(n)



PREDOMINANTLY WIC VENDOR (PWV) CONTINUED

- State WIC Agencies are required to identify vendors that derive more than 50% of their annual food sales revenue from WIC food benefits
- The USDA classifies these vendors as Above 50% Vendors
- In North Carolina, these stores are called Predominantly WIC vendors (PWVs)
- State WIC Agency collects data to determine total SNAP – eligible food sales as part of the PWV identification process



PWV IDENTIFICATION

PWV Identification is reviewed after six months of authorization as well as annually



PWV IDENTIFICATION CONTINUED

- Request sales records, financial statements, reports, tax documents or other verifiable documentation
- **State Agency may require vendor to sign a release of information form from the Department of Revenue to verify SNAP eligible food sales-known as the “GEN-93”**
- **Very important** for vendors to be aware that this information may be requested each year for the previous federal fiscal year



GEN-93
Tax Information Authorization for Taxpayer Records



DOR Records Request

- ▶ Do not sign this form unless all applicable lines have been completed.
- ▶ Do not use this form, Form Gen-93, to request copies of tax returns for personal use.

1 Taxpayer Information (Taxpayer(s) must sign and date this form - see Section 5.)
Taxpayer name(s) and address or name of person duly authorized to sign this form, if not individual taxpayer whose records are requested. (Print or type)

Taxpayer Identification Number _____
Daytime telephone number _____

2 Person to Receive Records If you wish to name more than one person to receive records, a separate certification is required for each authorization.
Name and address _____
Telephone No. _____
Fax No. _____

3 Tax Matters The Person to Receive Records is authorized to inspect and/or receive confidential state tax information for tax matters listed on the lines below. Release of a state tax return is not indicative of the tax liability reported by the taxpayer.

(a) Type of Tax (Individual Income, Corporate, Excise, Withholding, Sales and Use, Partnership, etc.)	(b) Year(s) or Period(s)	(c) Specific Tax Records Requested (Returns, Payments, Tax Liability Statements (TLS).)

4 Acts Authorized. - The Person to Receive Records identified on Line 2 is authorized to receive and inspect confidential tax information, which may include federal tax information. For purposes of this section, federal tax information is defined as federal tax returns and return information received from the Internal Revenue Service.

5 Signature of Taxpayer(s). - If a matter applies to a joint return, either spouse must sign. If signed by a corporate officer, partner, guardian, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form with respect to the tax matters/ periods on Line 3. Be advised that:

- ▶ Any tax liability statement provided indicates that the liability is as of the current date and is not an indication of any additional liabilities that may result from audit activity.
- ▶ This authorization Form Gen-93 permits a one-time release of taxpayer's information to the Person to Receive Records as identified on Line 2. Form Gen-93 does not authorize the Department of Revenue to release any information for periods under audit, request for review or denial of refund.
- ▶ If not signed, dated by the taxpayer, and Notarized, this tax information authorization will be returned. This form is invalid if not received within 120 days from the date signed by taxpayer(s).
- ▶ Do not sign this form if it is blank or incomplete.
- ▶ Once the NCDOR discloses your tax return to the Person to Receive Records listed on Line 2, the NCDOR has no control over what the third party does with the information.

NOTARY PUBLIC VERIFICATION REQUIRED

_____, County, North Carolina
I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she signed this GEN-93.
Name(s) of taxpayers: _____ Date: _____
Official Signature of Notary Public: _____
(Official Seal) Notary Public's printed or typed name: _____
My commission expires: _____

Signature (taxpayer) _____ Date _____ Signature (spouse) _____ Date _____
Print Name _____ Title (if applicable) _____ Print Name _____ Title (if applicable) _____

GEN-93 FORM

- Release of Tax Information Form
- Authorizes the Nutrition Services Vendor Unit to acquire the vendor's E-500 forms directly from Department of Revenue (DOR)
- Must be completed accurately matching what DOR has on file for store
- Must be notarized



SNAP-ELIGIBLE FOOD SALES RECORDS

- Vendors must maintain a record of all SNAP-eligible food sales
- SNAP-eligible food sales are sales of those foods that can be purchased with SNAP (Food Stamp) benefits
- Vendors are required to provide the State WIC Agency, upon request, a statement of the total amount of revenue derived from SNAP-eligible food sales and written documentation to support the dollar amount of sales claimed
- Food Sales
 - ✓ The sale of all foods that could be purchased with SNAP benefits
 - ✓ Food Sales Fact Sheet



APPROPRIATE DOCUMENTATION

- Each year select vendors are asked to submit SNAP eligible food sales as part of PWV determination
- Request sales records, financial statements, reports, tax documents or other verifiable documentation
- Keep a monthly copy in files



VERIFIABLE DOCUMENTATION OF SNAP-ELIGIBLE FOOD SALES

- Ledger Totals
 - ✓ Daily, Weekly or Monthly Cash Register Receipts totaled in a ledger (**DO NOT send actual cash register receipts**)
 - ✓ Some registers have the ability to separate out different types of items
 - ✓ It is highly recommended that Vendors maintain this type of system. Makes this annual process easier
- Sales and Use Tax returns are not always sufficient for documenting complete SNAP eligible food sales
 - ✓ These returns may be used along with ledger totals to verify a vendor's documentation of SNAP eligible food sales



SAMPLE LEDGER

Date	Grocery (food only 2% rate)	Non-food items	Food items	Total of Food & Non-Food	WIC	SNAP
1/1/23	\$250	\$500	\$125	\$625	\$500	\$200
1/2/23	\$120	\$650	\$25	\$675	\$100	\$100
1/3/23	\$195	\$500	\$125	\$625	\$100	\$300
1/4/23	\$135	\$1000	\$50	\$1050	\$500	\$250
“	\$195	\$1000	\$25	\$1025	\$300	\$300
“	\$210	\$1000	\$25	\$1025	\$550	\$250
“	\$150	\$1000	\$55	\$1005	\$750	\$100
1/31/23	\$105	\$1000	\$20	\$1020	\$500	\$100
Totals	\$1,400	\$6,650	\$400	\$7,050	\$3,300	\$1,600

SAMPLE ONLY



E-500
Web-Fill
10-14

Sales and Use Tax Return
North Carolina Department of Revenue



Legal Name (First 24 Characters)	Period Beginning (MM-DD-YY)		
Street Address	Period Ending (MM-DD-YY)		
City	State	Zip Code (5 Digit)	Account ID

- 1. North Carolina Gross Receipts (Do not include tax collected) 0.00
- 2. Sales for Resale (Do not include on Line 3 below) 0.00
- 3. Receipts Exempt From State Tax 0.00



Tax Type	Purchases for Use	Receipts	Rate	Tax
4. Gen. State Rate	0.00 +	0.00	x 4.75% =	0.00
5. 3% State Rate	0.00 +	0.00	x 3% =	0.00
6. Modular Homes	0.00 +	0.00	x 4.75% =	0.00
7. Mfg. Homes	0.00 +	0.00	x 4.75% =	0.00
8. 2% Food Rate	0.00 +	0.00	x 2% =	0.00
9. 2% County Rate <i>See Instructions</i>	0.00 +	0.00	x 2% =	0.00
10. 2.25% County Rate	0.00 +	0.00	x 2.25% =	0.00
11. 0.5% Transit County Rate	0.00 +	0.00	x 0.5% =	0.00
12. 0.25% Transit County Rate	0.00 +	0.00	x 0.25% =	0.00
13. Total State and County Tax (Add Tax From Lines 4 through 12)				0.00
14. Excess Collections				0.00
15. Total Tax (Add Lines 13 and 14)				0.00
16. Penalty - State and County				0.00
17. Interest - State and County				0.00
18. Less Prepayment for This Period				0.00
19. Prepayment for Next Period				0.00
20. Less any Credit (Attach Explanation)				0.00
21. Total Due (Add Lines 15 - 17 and 19, Minus Lines 18 and 20)			\$	0.00

Signature: _____ Date: _____
I certify that, to the best of my knowledge, this return is accurate and complete.

Title: _____ Phone: _____

MAIL TO: P.O. Box 25000, Raleigh, NC 27640-0700

DIFFERENT TYPES OF DOCUMENTATION



■ Sales and Use Tax Return

- ✓ If your store files electronically, it is recommended that you keep a copy for your records as this documentation may be requested as additional documentation
- ✓ Additional information may still be requested from the State WIC Agency if these forms are submitted as documentation



E-500
Web-Fill
10-14

Sales and Use Tax Return
North Carolina Department of Revenue

Legal Name (First 24 Characters) _____ Period Beginning (MM-DD-YY) _____

Street Address _____ Period Ending (MM-DD-YY) _____

City _____ State _____ Zip Code (5 Digit) _____ Account ID _____

1. North Carolina Gross Receipts (Do not include tax collected) 0.00

2. Sales for Resale (Do not include on Line 3 below) 0.00

3. Receipts Exempt From State Tax 0.00

Tax Type	Purchases for Use	Receipts	Rate	Tax
4. Gen. State Rate	0.00 +	0.00	× 4.75% =	0.00
5. 3% State Rate	0.00 +	0.00	× 3% =	0.00
6. Modular Homes	0.00 +	0.00	× 4.75% =	0.00
7. Mfg. Homes	0.00 +	0.00	× 4.75% =	0.00
8. 2% Food Rate	0.00 +	0.00	× 2% =	0.00
9. 2% County Rate	0.00 +	0.00	× 2% =	0.00
See Instructions	0.00 +	0.00	× 2% =	0.00
10. 2.25% County Rate	0.00 +	0.00	× 2.25% =	0.00
11. 0.5% Transit County Rate	0.00 +	0.00	× 0.5% =	0.00
12. 0.25% Transit County Rate	0.00 +	0.00	× 0.25% =	0.00
13. Total State and County Tax (Add Tax From Lines 4 through 12)				0.00
14. Excess Collections				0.00
15. Total Tax (Add Lines 13 and 14)				0.00
16. Penalty - State and County				0.00
17. Interest - State and County				0.00
18. Less Prepayment for This Period				0.00
19. Prepayment for Next Period				0.00
20. Less any Credit (Attach Explanation)				0.00
21. Total Due (Add Lines 15 - 17 and 19, Minus Lines 18 and 20)			\$	0.00

Signature: _____ Date: _____
I certify that, to the best of my knowledge, this return is accurate and complete.

Title: _____ Phone: _____

MAIL TO: P.O. Box 25000, Raleigh, NC 27640-0700

TYPE OF TAX RATES

■ Tax Type Column

✓ Line 8

2% Food Rate

Any food sold that only requires a tax of 2%

■ Receipts Column

✓ Line 8

Dollar (\$) total of food sold at the 2% food rate



TYPES OF TAX RATES - CONTINUED

E-500
Web-Fill
10-14

Sales and Use Tax Return
North Carolina Department of Revenue

Legal Name (First 24 Characters) _____ Period Beginning (MM-DD-YY) _____
Street Address _____ Period Ending (MM-DD-YY) _____
City _____ State _____ Zip Code (5 Digit) _____ Account ID _____

1. North Carolina Gross Receipts (Do not include tax collected) 0.00
2. Sales for Resale (Do not include on Line 3 below) 0.00
3. Receipts Exempt From State Tax 0.00

Tax Type	Purchase for Use	Receipts	Rate	Tax
4. Gen. State Rate	0.00 +	0.00	4.75% =	0.00
5. 3% State Rate	0.00 +	0.00	3% =	0.00
6. Modular Homes	0.00 +	0.00	4.75% =	0.00
7. Mfg. Homes	0.00 +	0.00	4.75% =	0.00
8. 2% Food Rate	0.00 +	0.00	2% =	0.00
9. 2% County Rate <i>See Instructions</i>	0.00 +	0.00	2% =	0.00
10. 2.25% County Rate	0.00 +	0.00	2.25% =	0.00
11. 0.5% Transit County Rate	0.00 +	0.00	0.5% =	0.00
12. 0.25% Transit County Rate	0.00 +	0.00	0.25% =	0.00
13. Total State and County Tax (Add Tax From Lines 4 through 12)				0.00
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18. Less Prepayment for This Period				0.00
19. Prepayment for Next Period				0.00
20. Less any Credit (Attach Explanation)				0.00
21. Total Due (Add Lines 15 - 17 and 19, Minus Lines 18 and 20)			\$	0.00

Signature: _____ Date: _____
I certify that, to the best of my knowledge, this return is accurate and complete.
Title: _____ Phone: _____

MAIL TO: P.O. Box 25000, Raleigh, NC 27640-0700

■ Tax Type Column

✓ Line 4

☐ General State Rate

■ Receipts Column

✓ Current % 4.75

✓ Food items may also be reported in this column

■ SNAP eligible food sales possibly included



SUBMITTING FALSE INFORMATION

Vendors must not submit false, erroneous, or misleading information to the State or Local WIC Agency

Failure to comply will lead to denial of a vendor applicant's authorization or termination of an authorized vendor's WIC Vendor Agreement

The store must wait 1 year to become eligible to reapply for WIC vendor authorization



**EWIC PAYMENTS
THROUGH THE
BANKING SYSTEM**



AUTOMATED CLEARING HOUSE (ACH)

- Vendors will receive payment for all eWIC transactions processed in their store through an Automated Clearinghouse (ACH) system in which payments are directly deposited into their bank account
- Each approved food has an NTE
- If a vendor submits an item price that is above the NTE, their payment will be decreased to the NTE amount for the item



VENDOR BANK ACCOUNTS

- Vendors (with stand-beside devices because FIS pays them directly) must submit their most current banking information to the eWIC contractor, FIS, (or third-party processor) to ensure payment for eWIC transactions.
- Current vendors (with stand-beside devices because FIS pays them directly) must contact the eWIC contractor with any changes in a vendor's bank account.
- Vendors can contact FIS at 1-800-894-0050 Monday- Friday from 8:00 AM to 5:00 PM CT for account changes or updates



FIS RETAILER HELPDESK

- FIS Retailer Helpdesk for stand-beside device assistance:
 - ✓ Retailer Helpdesk: 1-844-230-0836 (available 24/7)
 - ✓ Email: merchant.services.support@fisglobal.com



VENDOR REIMBURSEMENT POLICY

- Vendors may not ask the WIC customer:
 - ✓ To make up the difference in price for eWIC transactions
- Vendors are responsible for keeping their prices at or below the NTE for their peer group



PAYING ABOVE THE MAXIMUM

- Customer can pay for an amount that exceeds the CVB maximum
 - ✓ Example: \$10.00 CVB
 - ✓ Total cost of WIC fruits and vegetables is \$10.25 Customer can pay 25¢ plus tax on the 25¢ or use other acceptable methods to pay for the outstanding balance, e.g., SNAP which is not taxable
 - ✓ Vendor submits an eWIC transaction for \$10.00 in CVBs



QUESTIONS





WIC APPROVED FOODS

<https://www.ncdhhs.gov/ncwicfoods>



WIC APPROVED FOODS

**NC WIC Program Approved
Foods and UPC Submission
Process**

**Implementation of the Revised
WIC Food Packages**

WIC Approved Food Categories

**Minimum Inventory
Requirements**



NC WIC PROGRAM APPROVED FOODS

**Approved Foods
Nutrition Criteria**

**Universal Product
Code (UPC)
Submission**

**NC WIC
Authorized
Product List
(APL)**

<https://www.ncdhhs.gov/ncwicfoods>



MILK



Criteria for Approval

- ✓ Pasteurized cow's milk
- ✓ Skim/1%/2%/Whole
- ✓ Lactose-reduced/free
- ✓ Ultra High Temperature (UHT)
- ✓ Evaporated
- ✓ Gallons, half gallons, quarts and cans*

****Evaporated milk only***



MILK



Unit of Measure

= GAL (Gallon)



Gallon
1.0 Gal.



Half Gallon + Quart
 $0.5 + 0.25 = 0.75$ Gal.



Half Gallon
0.5 Gal.



Quart
0.25 Gal.

5 cans
= appx.
1 Gallon



12 oz.
0.19 Gal.



PLANT-BASED MILK ALTERNATIVES



Criteria for Approval

- ✓ Half gallon (64 oz.) container
- ✓ Unflavored
- ✓ Meets nutrient requirements



Unit of Measure

= **GAL (Gallon)**

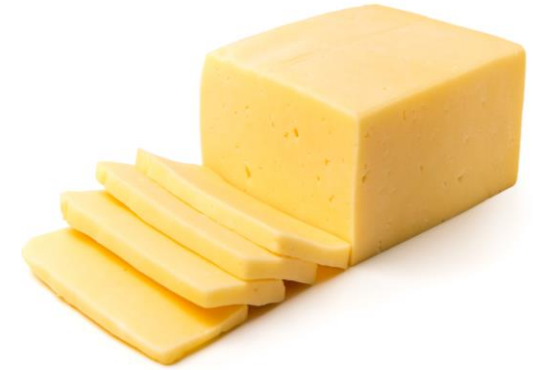


CHEESE



Criteria for Approval

- ✓ Equivalent to one pound (16 oz.)
 - Package sizes of 8 oz. or 16 oz.
- ✓ Low-sodium varieties
- ✓ Reduced-fat/cholesterol varieties
- ✓ Types:
 - Cheddar (Mild, Medium, Sharp, Extra Sharp)
 - Colby
 - Pasteurized Processed American
 - Monterey Jack
 - Mozzarella
 - Muenster
 - Provolone
 - Swiss



CHEESE

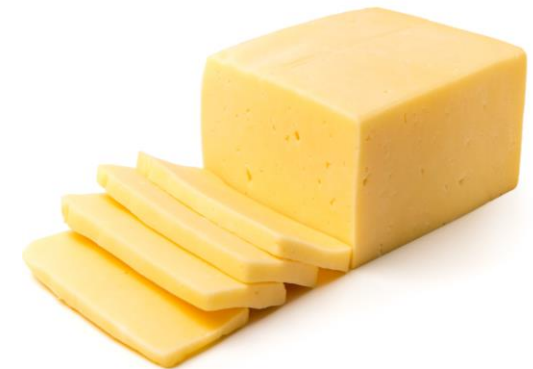


Unit of Measure = LB (Pound)

One container = 16 oz. package or two 8 oz. packages

Approved forms:

- ✓ Block cheese
- ✓ Sliced cheese
- ✓ Shredded cheese
- ✓ String cheese
- ✓ Shaped or Cubed Cheese
- ✓ Snack Cheese
- ✓ Diced Cheese
- ✓ Crumbled Cheese
- ✓ Grated Cheese



PLANT-BASED CHEESE ALTERNATIVES



Criteria for Approval

- ✓ 8 oz. or 16 oz. prepackaged block or sliced (wrapped or unwrapped), snack, cubed, shaped, crumbled, strips, sticks, diced, grated, string or shredded cheese
- ✓ Must contain a minimum of 250 mg of calcium per 1.5 oz. plant-based cheese
- ✓ Must contain a minimum of 6.5 grams of protein per 1.5 oz. plant-based cheese



Unit of Measure

= **LB (Pound)**



TOFU



Criteria for Approval

- ✓ 14 to 16 ounce prepackaged
- ✓ Must contain a minimum of 100 mg of calcium per 100 grams of tofu



Unit of Measure

= LB (Pound)

One container = 14 - 16 oz. package



YOGURT



Criteria for Approval

- ✓ Equivalent to one 32 oz. container
 - Package sizes of 16 oz. or 32 oz.
- ✓ Pasteurized
- ✓ Flavored or unflavored
- ✓ Contain no more than 16 gm of added sugars and minimum of 106 IU (2.67 micrograms) of vitamin D per cup (8 oz) yogurt
- ✓ Fortified with Vitamin A and D
- ✓ Non-fat, Low-fat, Whole-fat yogurt



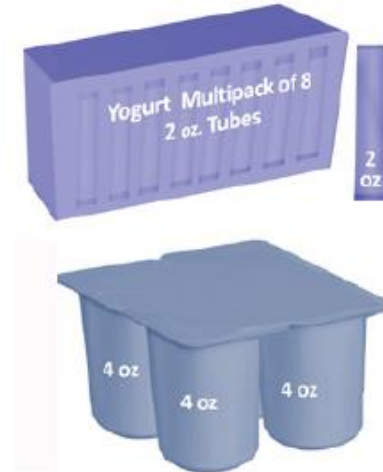
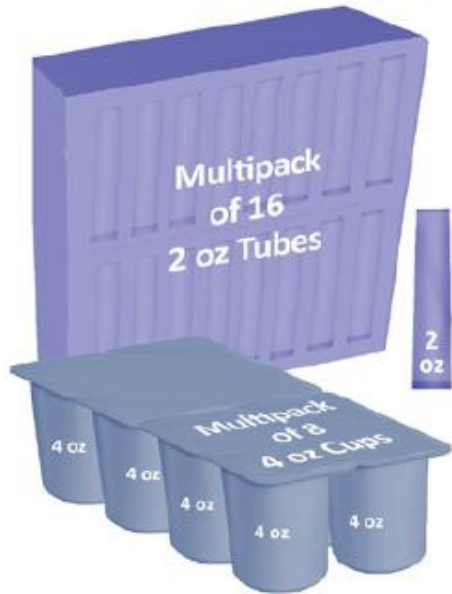
YOGURT



Unit of Measure

= CTR (Container)

One container = 32 oz. package or two 16 oz. packages



PLANT-BASED YOGURT ALTERNATIVE



Criteria for Approval

- ✓ Equivalent to one 32 oz. container
 - Package sizes of 16 oz. or 32 oz.
- ✓ Pasteurized
- ✓ Flavored or unflavored
- ✓ Contain no more than 16 gm of added sugars and minimum of 106 IU (2.67 micrograms) of vitamin D per cup (8 oz) yogurt
- ✓ Fortified with Vitamin A and D
- ✓ Non-fat, Low-fat, Whole-fat yogurt



Unit of Measure = CTR (Container)



JUICE



Criteria for Approval

- ✓ 64 oz. containers
- ✓ 100% fruit or vegetable juice or blends
 - unsweetened and pasteurized
- ✓ Fortified with Calcium, Vitamin D or Vitamin C
- ✓ Contains >30mg of Vitamin C per 100 mL
- ✓ Plastic, glass, cans or refrigerated paper cartons



Unit of Measure

= **CTR (Container)**



CEREAL



Criteria for Approval

- ✓ 11.8 / 12 oz. or larger, box or bag
- ✓ Ready to eat
- ✓ Instant and regular hot cereal
- ✓ ≤ 6 grams sugar per dry ounce
- ✓ At least 28 mg Iron per 100 g dry cereal
- ✓ Includes 'whole grain' as the primary ingredient by weight.

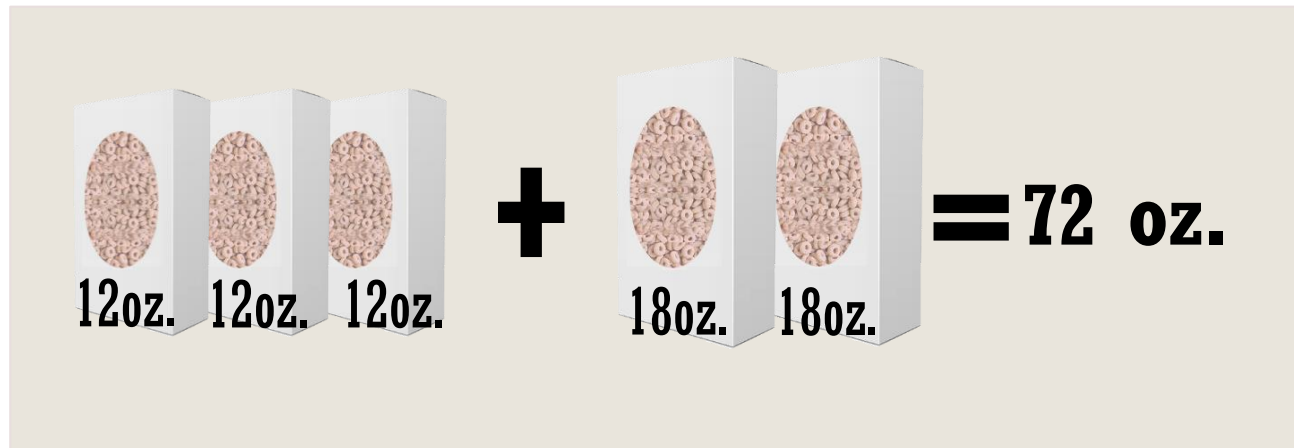


CEREAL



Unit of Measure

= OZ (Ounce)



4/1/2023 thru 4/30/2023	135264497	\$16.00	\$\$\$	Fruit and Vegetables
	135264497	3.25	GAL	Whole Milk
	135264497	2	CTR	Cheese
	135264497	4	CTR	Juice 64 oz Fluid
	135264497	64	OZ	WW Bread or Whole Grains
	135264497	2	CTR	Eggs Grade A Large White
	135264497	72	OZ	Breakfast Cereal
	135264497	2	CTR	Beans, Peas, Lentils, or Peanut Btr



BREAD / WHOLE GRAINS

- ✓ Whole wheat tortillas
- ✓ Soft corn tortillas
- ✓ Whole grain/whole wheat Bread/Buns/Bagels/Rolls
- ✓ Brown rice
- ✓ Whole wheat pasta
- ✓ Whole grain Barley
- ✓ Bulgur
- ✓ Oats



BREAD / BUNS / BAGELS / ROLLS



Criteria for Approval

- ✓ 14 to 24 oz. loaf
- ✓ 100% whole-grain and/or whole-wheat Bread/Buns/Bagels/Rolls



TORTILLAS



Criteria for Approval

- ✓ 14 to 24 oz. package
- ✓ Soft corn tortillas (yellow or white)
- ✓ Whole wheat tortillas



BROWN RICE



Criteria for Approval

- ✓ 14 to 24 oz. bag or box
- ✓ Plain, whole grain brown rice
- ✓ Instant, quick or regular cooking



WHOLE WHEAT PASTA



Criteria for Approval

- ✓ 14 to 24 oz. packages
- ✓ 100% whole grain and/or whole wheat
- ✓ All shapes



WHOLE GRAIN BARLEY/BULGUR/OATS



Criteria for Approval

- ✓ 14 to 24 oz. bag or box
- ✓ Plain, whole grain
barley/bulgur/oats
- ✓ Instant, quick or regular cooking
- ✓ No added sugars, fats, oils, or salt



WHOLE GRAINS



Unit of Measure

= OZ (Ounce)



3/28/2026 Thru 4/27/2026

160872421
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\$52.00 \$\$\$
2 LB
80 OZ
2 DOZ
72 OZ
2 CTR

Fruit and Vegetables
Cheese
WW Bread or Whole Grains
Eggs
Breakfast Cereal
Bean/Pea, 4 Cans, 1 Dry, or Peanut Btr



EGGS



Criteria for Approval

- ✓ One dozen chicken eggs, large Grade A only



Unit of Measure

= **DOZ (Dozen)**



LEGUMES: BEANS, PEAS, AND LENTILS



Criteria for Approval

- ✓ Dry
 - (Any type) plain, unseasoned mature bean/pea/lentil
 - 16 oz. bag or box

- ✓ Canned
 - (Any type) plain, unseasoned mature bean/pea/lentil
 - Regular or low sodium
 - 15 to 16 oz. can



LEGUMES: BEANS, PEAS, AND LENTILS

Food Benefits

Mature

- ✓ Black Beans
- ✓ Butter Beans
- ✓ Lima Beans
- ✓ Garbanzo Beans
- ✓ Soybeans
- ✓ Lentils
- ✓ Split Peas

VS

Cash-value Vegetable Benefits (CVB)

- ✓ Green Beans
- ✓ Green Peas
- ✓ Snap Peas
- ✓ Snow Peas
- ✓ Snap Beans
- ✓ Garden Peas
- ✓ Wax Beans



PEANUT BUTTER



Criteria for Approval

- ✓ 16 to 18 oz. container
- ✓ Regular, natural or less sugar, salted or unsalted
- ✓ Regular or reduced-fat varieties
- ✓ Plain, creamy, crunchy or chunky



Unit of Measure

= CTR (Container)



NUT AND SEED BUTTER



Criteria for Approval

- ✓ 16 to 18 oz. container
- ✓ Regular, natural or less sugar, salted or unsalted
- ✓ Regular or reduced-fat varieties
- ✓ Plain, creamy, crunchy or chunky



Unit of Measure

= CTR (Container)



FOOD CATEGORY SUBSTITUTION OPTIONS FOR LEGUMES



18 oz. peanut butter
(1 container)

OR

1-pound (14-16 oz) Tofu



1-pound (16 oz) dried legumes



64 ounces (4 cans) canned legumes



18 ounces (1 container) other nut
butter
or seed butter



FISH



Criteria for Approval

- ✓ 5 to 6 oz. cans or foil packs
- ✓ Plain, unseasoned pink salmon
 - with or without bones
- ✓ Chunk-light tuna packed in water



Unit of Measure

= OZ (Ounce)



INFANT FORMULA

- WIC participants must purchase what is specified on their food benefit account:
 - ✓ Brand
 - ✓ Size
 - ✓ Type (Powder, Concentrate, RTF)
 - ✓ Quantity



NC WIC PROGRAM CONTRACT FORMULA

Similac Advance[®]

- 12.7 oz. Powder
- 13.0 oz. Concentrate
- 32.0 oz. Ready-to-Feed

Similac Soy Isomil[®]

- 12.4 oz. Powder
- 13.0 oz. Concentrate
- 32.0 oz. Ready-to-Feed

Similac Sensitive[®]

- 12.5 oz. Powder
- 32.0 oz. Ready-to-Feed

Similac Gentle Comfort[®]

- 12.6 oz. Powder



INFANT CEREAL



Criteria for Approval

- ✓ 8-ounce box of plain, dry infant cereal
- ✓ Must contain minimum of 45 mgs of iron per 100 grams of dry cereal
- ✓ Regular or organic



Unit of Measure

= OZ (Ounce)



INFANT MEATS



Criteria for Approval

- ✓ Plain meat with gravy or with broth
- ✓ 2.5-ounce containers, single or multi-pack
- ✓ Regular or organic



Unit of Measure

= OZ (Ounce)



INFANT FRUITS & VEGETABLES



Criteria for Approval

- ✓ Single ingredient fruit or blends of fruits
- ✓ Single ingredient vegetable or blends of vegetables
- ✓ Without added sugars, starches, or salt
- ✓ Combination of Infant fruits and vegetables
 - 2 oz. (2 pack),
 - 3.5 or 4 oz. containers, single or multi pack
- ✓ Regular or organic



Unit of Measure = OZ (Ounce)



SHOPPING FOR INFANT FOODS

Food	Amount Listed	Is Equal To
Infant Fruits & Vegetables	128 oz.	32: 2 oz. 2-pack or 4 oz. containers of infant fruits and vegetables.
		18: 3.5 oz. 2-pack containers of infant fruits and vegetables.
		16: 4 oz. 2-pack containers of Infant fruits and vegetables.
Infant Meats	40 oz.	16: 2.5 oz. containers of infant meats.



CASH-VALUE BENEFITS (CVB): FRUITS AND VEGETABLES



Criteria for Approval

- ✓ Fresh, frozen or canned fruits and vegetables
- ✓ Fresh herbs
- ✓ Regular or organic



Unit of Measure = \$ (dollar amount)



FRUITS



Criteria for Approval

- ✓ Fresh, frozen, canned
- ✓ Whole or cut fruit without added sugar, fats, oils or salt



VEGETABLES



Criteria for Approval

- ✓ Fresh, frozen and canned
- ✓ Whole or cut without added sugar, fats or oils
- ✓ Vegetables can contain added salt



FRUITS AND VEGETABLES



NOT Approved

- Dried herbs used for flavoring
- Infant fruits and vegetables*
- Mature legumes (dry or canned beans, peas, lentils)*
- Ornamental or decorative fruits or vegetables
- Catsup or other condiments
- Dried fruits or vegetables
- Sauerkraut
- Pickled vegetables, olives
- Fruit and/or vegetable juices*
- Fruit baskets
- Fruit leathers and fruit roll-ups
- Fruit or vegetable items on party trays
- Fruit or vegetable items on salad bars

* *See other approved criteria: 'Infant fruits and vegetables'; 'Beans, Peas, Lentils' and "Juice".*





PRODUCE MAPPING





NC WIC Authorized Product List (APL):
<https://www.ncdhhs.gov/ncwicfoods>



MINIMUM INVENTORY REQUIREMENTS



Food Category	Required Package Size	Required Quantity
Milk (Skim/1% Milk AND Whole Milk)	Gallons	Skim/1% milk = six (6) gallons Whole Milk =two (2) gallons *2 types required*
Cheese	One (1) pound = 16 oz.	Two (2) pounds of one approved type
Juice	64 oz. container	64 oz. container = Six (6) containers *2 varieties required*
Cereal	12+ oz. package	Six (6) packages *required to have 2 types whole grain cereal*



MINIMUM INVENTORY REQUIREMENTS



Food Category	Required Package Size	Required Quantity
Bread	16 to 24 oz. loaf of bread, 16 to 24 oz. package of tortillas	Two (2) loaves or packages OR One (1) loaf & one (1) package
Brown Rice	14 to 24 oz. package	Two (2) packages
Eggs	One (1) dozen, Grade A, Large, White	Two (2) packages
Legumes: Beans, Peas, Lentils	One (1) pound dry beans, peas, lentils OR Four (4) 15-16 oz. cans	Two (2) packages of dry beans, peas, lentils OR Eight (8) cans of beans, peas, lentils OR One (1) package dry & four (4) cans of beans, peas, lentils *2 varieties required*



MINIMUM INVENTORY REQUIREMENTS



Food Category	Required Package Size	Required Quantity
Peanut Butter	16 to 18 oz. container	Two (2) containers
Fish	5 to 6 oz. container	Six (6) cans
CVB: Fruit (Canned Fruit)	14 to 16 oz. can	10 cans *2 varieties required*
CVB: Vegetable (Canned Vegetables)	14 to 16 oz. can	10 cans *3 varieties required*



MINIMUM INVENTORY REQUIREMENTS



Food Category	Required Package Size	Required Quantity
Infant Formula (contract milk-based AND soy-based, powder)	11.0 – 14.0 oz. cans	Milk-based infant formula = Eight (8) cans Soy-based infant formula = Four (4) cans
Infant Cereal	8 oz. container	Six (6) boxes *only one (1) approved type required*
Infant Fruits and Vegetables (Fruit AND vegetable)	3.5 to 4 oz. containers	64 ounces total (or ~16-18 containers) *required to have one (1) type of fruit and one (1) type of vegetable*



NORTH CAROLINA WIC PROGRAM RESOURCES

SHOPPING GUIDE FOR HEALTHY FOODS



WIC shopping made easy!
Download the ebtEDGESM app

WIC Vendor Transaction Guide



Vendors play a unique role in the WIC Program and are critical to the success of the program. Local WIC Programs issue benefits to customers who redeem them at WIC authorized grocery stores. Vendors receive payment directly into their bank account for foods provided to WIC customers.

This Guide is a complement to the North Carolina WIC Vendor Manual. It highlights aspects of WIC transactions most relevant to cashiers and frontline vendor staff. Staff should reference the Vendor Manual for specific policies and procedures. The Vendor Manual is available at www.ncdhhs.gov/media/17913/download/attachment.

Key Definitions and Acronyms	A2	Bread	8
The Authorized Product List (APL)	A3	Tortillas	9
Mapping Fresh Produce	A3	Buns	9
Single Function Device	A4	Barley, Bulgur, Oats	9
Integrated Systems	A4	Rice	11

SUMMARY



The NC WIC Program offers a variety of nutritious foods as part of the Authorized Product List (APL).



The APL includes all approved products meeting the nutrition criteria for WIC foods and submissions for new products are considered on a continual basis.



Each supplemental food category has a specified 'unit of measure'.



Required minimum inventory of approved products ensures products are available to WIC customers.



QUESTIONS



eWIC Requirements

- Obtain card readers to support eWIC transactions within their store(s). The vendor must ensure that the card readers they obtain meet all eWIC requirements (Integrated systems)
- Cessation of operations, withdrawal from the WIC Program or disqualification from the WIC Program shall result in termination of the WIC Vendor Agreement by the State WIC Agency



EWIC REQUIREMENTS - CONTINUED

- **Process eWIC transactions accurately, in a timely manner, and in accordance with the terms of the North Carolina WIC Vendor Agreement. Maintain compliance with the eWIC Processor Vendor Agreement, the FNS EBT operating rules, standards and technical requirements, WIC Program Rules, and state and federal regulations, and statutes**
- **Maintain a certified eWIC system that is available for WIC redemption processing during all hours the store is open;**
- **Request eWIC Processor re-certify the vendor's eWIC system if it is altered or revised in any manner that impacts eWIC redemption**



EWIC REQUIREMENTS - CONTINUED

Integrated Vendors:

- There is no need for WIC customers to separate their items when transacting WIC benefits
- Do not make them separate their WIC items from non-WIC items
- ✓ All items can be rung up together; however, the WIC customer must swipe their eWIC card first before any other tender type is applied to ensure that the proper items are deducted from the WIC customer's benefit balance before another tender type is used for purchase



EWIC REQUIREMENTS - CONTINUED

- Should a vendor that uses stand-beside device(s) to transact eWIC decide to upgrade to an integrated system, the vendor must:
 1. Inform the eWIC processor before making **any** change, so that it can be determined if the system needs to be certified, and testing can be performed to establish connectivity
 2. Inform the State WIC Agency so that Level III certification testing can be performed prior to use of the system in the store

- Testing performed with the eWIC processor for a new system that a vendor chooses to use does not supersede the Level III certification testing that must be performed by the State WIC Agency

- These procedures also apply to vendors who alter the integrated system that they currently use or decide to use a different integrated system altogether



EWIC REQUIREMENTS - CONTINUED

- **The State WIC Agency, not the eWIC processor, must grant final approval before a new system or system that has been altered is used by a vendor**
- **Vendors must inform the State WIC Agency if their integrated cash register system will be altered or revised in any manner that impacts eWIC redemption. This is a requirement detailed in the Terms of Vendor Agreement. Failure to do so may result in the termination of their WIC Vendor Agreement**



EWIC REQUIREMENTS - CONTINUED

- It is important to continue to follow policies and procedures to maintain authorization
- Federal regulations provide processes to support program integrity
- Review your Vendor Manual for more detailed information regarding federally and state mandated WIC Vendor policies and procedures



BUSINESS INTEGRITY STANDARDS

- May not have any owners, officers or managers who have been convicted of or had a civil judgment entered against them in the last six years for any activity indicating a lack of business integrity
- Includes, but is not limited to fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, receiving stolen property, making false claims, and obstruction of justice



VIOLATIONS AND SANCTIONS

- A violation is an infraction of WIC Program regulations or other requirements
- A sanction is an administrative action taken as a result of a pattern of violations and may include:
 - ✓ Disqualification or civil money penalty in lieu of disqualification



VIOLATIONS

- Any intentional or unintentional action of a vendor's owners, officers, managers, agents or employees, **with or without knowledge of management**, that violates the WIC Vendor Agreement or federal or state statutes, regulations, policies or procedures governing the Program



TYPES OF VIOLATIONS

- Federal violations for which vendors are subject to disqualification
 - ✓ Federal violations; carry longest disqualification periods
 - ✓ Found through compliance buys and inventory audits
- State violations for which vendors are subject to disqualification
 - ✓ Usually found during compliance buys and Local WIC Agency monitoring



VENDOR VIOLATIONS AND SANCTIONS

- 10A NCAC 43D.0710 includes language for eWIC transactions. The rule states a vendor shall be disqualified from the WIC Program for:
 - ✓ One year for three occurrences within a 12-month period of failure to properly transact WIC food benefits by manually entering the EBT card number or entering the PIN into the POS instead of the WIC customer, scanning the UPC or PLU codes from UPC codebooks or reference sheets when completing a WIC customer's EBT transaction, not entering the correct quantity and item price, or not providing the WIC customer with a receipt that shows the items purchased and the customer's remaining food benefit balance.



VENDOR VIOLATIONS AND SANCTIONS CONTINUED

As a Reminder:

- 10A NCAC 43D.0708 (20)(j) states that the vendor must:
 - ✓ Scan or manually enter Universal Product Codes (UPC) only from approved supplemental foods being purchased by the WIC customer in the types, sizes, and quantities available on the WIC customer's EBT account. The vendor shall not scan codes from UPC codebooks or reference sheets;
- This requirement is also listed in the current Terms of Vendor Agreement
- 10A NCAC 43D.0710 has two state violations relating to the eWIC system
- Vendors may be disqualified from the WIC Program if they commit either of these state-established violations



VENDOR VIOLATIONS AND SANCTIONS CONTINUED

- The two violations for which a vendor can be disqualified are failure to make EBT point of sale equipment accessible to WIC customers and failure to comply with minimum lane coverage criteria. The pattern of occurrences and respective disqualification periods are:
- 180 days for three occurrences within a 12-month period of failure to make EBT point of sale equipment accessible to WIC customers to ensure that EBT transactions are completed in accordance with 10A NCAC 43D .0708(20)
- 90 days for three occurrences within a 12-month period of failure to comply with minimum lane coverage criteria required by 7 CFR 246.12(z)(2) and 10A NCAC 43D .0708(20)(c)



PATTERN OF OCCURRENCES

- The nature of the violation and the number of violations determine the sanction imposed
- Sanctions remain on a vendor's record for 12 months or until a vendor is disqualified
- A pattern of occurrences for the same violation may result in disqualification
- The number of occurrences needed to establish a pattern depends on the violation



EXAMPLES OF PATTERNS OF VIOLATIONS

- **Three occurrences within a 12-month period of failure to stock minimum inventory**
- **Three occurrences within a 12-month period of stocking WIC supplemental foods outside of the manufacturer's expiration date**
- **Three occurrences within a 12-month period of failure to mark the current shelf prices of all WIC supplemental foods**
- **Three occurrences within a 12-month period of failure to make EBT point of sale equipment accessible to WIC customers**



PREVENTING FRAUD AND ENSURING COMPLIANCE

- State WIC Agency must investigate at least 5% of vendors annually using:
 - ✓ compliance (undercover) buys
 - ✓ inventory audits
- Must also ensure that vendors are monitored by Local WIC Agency staff



COMPLIANCE BUYS AND AUDITS

- State WIC Programs are required to identify and investigate high-risk vendors
- NC sometimes works with the U.S. Office of Inspector General for investigations



COMPLIANCE BUYS

- Undercover purchases by a compliance investigator
- May make multiple visits over one year
- Vendors may receive a letter from the State WIC Agency if problems are noted



VENDOR OVERCHARGING

- Intentionally or unintentionally charging more for supplemental food provided to a WIC customer than a non-WIC customer or charging more than the current shelf price for supplemental food provided to a WIC customer
- Overcharging is a serious federal violation that can lead to vendor disqualification
- This violation is uncovered during compliance buys
- Vendor overcharging is **NOT** the same as charging over the NTE



OVERCHARGING?

- A vendor looks at the NTE to determine what they could charge the WIC customer for a gallon of whole milk. The current shelf price is \$2.79. They charge the WIC customer \$3.69 for the gallon of whole milk because that is the current NTE for the month. Is this vendor overcharging?
- A vendor charges a WIC customer \$6.50 for WIC approved cheese. The current shelf price is \$6.50. The NTE is \$6.29. Is this vendor overcharging?



FOOD SUBSTITUTION

- Per the Vendor Agreement:
 - ✓ Vendors must provide to the WIC customer only the approved supplemental foods, fruit, and vegetables contained in the authorized product list (APL) after it has been determined that the WIC customer has an available balance for the item on the date of the transaction
- Vendors must properly transact the WIC supplemental foods that are listed on the participant's food benefit balance
- **Vendors cannot substitute one food subcategory for another**
 - Federal violation that carries 1-year disqualification
 - ✓ **Example:** Substituting 1% Milk/Skim Milk for 2% Milk or Whole Milk



QUESTIONS



USE OF SCANNING SHEETS PROHIBITED

- Vendors cannot use a collection of UPC barcodes on Scanning Sheets, cash registers, computers, tablets, cell phones or any other similar electronic devices to transact eWIC
- Failure to comply with this policy could result in termination of their WIC Vendor Agreement



INVENTORY AUDITS



- A vendor must make available at any reasonable time and place **ALL**:
 - ✓ Program-related records: invoices, purchase orders, various tax and business records
- **MUST** be retained 3 years or until audit pertaining to these records is resolved, whichever is later



PURCHASE DOCUMENTATION REQUIREMENT

- Specific requirements for purchase documentation of WIC supplemental foods
- Invoices, receipts, purchase orders, and any other proofs of purchase for WIC supplemental foods must include the following:
 1. The name of the seller and be prepared entirely by the seller or on the seller's business letterhead;
 2. The date of purchase and the date the authorized vendor received the WIC supplemental food at the store if this date is different;
 3. A description of each WIC supplemental food item purchased, including brand name, unit size, type or form, and quantity



VIOLATIONS DETECTED DURING INVENTORY AUDIT

- Claiming reimbursement for the sale of an amount of a specific supplemental food item which exceeds the store's documented inventory of that supplemental food item for six or more days within the 60-day period
 - The six or more days do not have to be consecutive
- Inability to provide records or providing false records is also a violation



VENDOR CLAIMS

- Overpayment to a vendor as determined by an inventory audit or compliance buy investigation requires repayment to the WIC Program
- The State WIC Agency assesses a claim against the vendor in the amount of the overpayment
- Vendors can request a conference to review the claim, but this action cannot be appealed



CLAIMS ASSESSED FOR VENDOR VIOLATIONS

- **If a vendor is assessed a claim, the vendor must reimburse the State WIC Agency in full or agree to a repayment plan within 30 days of written notification of the claim**
 - ✓ **Failure to do so will lead to termination of the Vendor Agreement**
- **A vendor applicant cannot be authorized if any of the vendor applicant's owners, officers or managers currently have or previously had a financial interest in a WIC Vendor that was assessed a claim by the WIC Program and the claim has not been paid in full**



DISQUALIFICATION

- Ranges from 60 days to permanent
- WIC status may impact status with SNAP (formerly the Food Stamp Program)
- Vendor has right to appeal



DISQUALIFICATION CONTINUED

- Upon disqualification or termination, vendors are required to return their stand-beside equipment to FIS within 10 business days
 - ✓ Including all cords, cables, scanners and pin pads (if applicable)
 - ✓ FIS will send a shipping label
- Failure to return all stand-beside equipment to FIS will result in the initiation of an ACH debit from the vendor's account
- If a vendor's bank account has been closed, Local Agency staff will be asked to retrieve all equipment from the vendor location



OFFICE OF INSPECTOR GENERAL

- MISSION:

- ✓ Perform audits and investigations of the Department's programs and operations;
- ✓ Work with the Department's management team in activities that promote economy, efficiency, and effectiveness or that prevent and detect fraud and abuse in programs and operations, both within USDA and in non-Federal entities that receive USDA assistance;

- OIG web site: <https://usdaoig.oversight.gov/>



CONFLICT OF INTEREST

- A vendor shall not have any owner(s), officer(s) or manager(s) who are employed, or who have a spouse, child, or parent employed by the State WIC Agency or the Local WIC Agency serving the county in which the vendor conducts business
- A vendor shall not have an employee who handles or transacts food benefits or cash-value benefits who is employed or has a spouse, child or parent who is employed by the State WIC Agency or the Local WIC Agency serving the county in which the vendor conducts business
- Ask your staff if they have a spouse, child or parent who works for the WIC program
 - ✓ If they do, report it to your vendor contact at your Local WIC Agency



ROUTINE MONITORING

- Includes, but is not limited to:
 - ✓ Review of formula invoices and receipts
 - ✓ Price checks
 - ✓ Treatment of WIC Program participants and customers
 - ✓ Inventory of WIC-approved foods subject to minimum inventory requirement
 - ✓ Ensure equipment for use in transacting eWIC is accessible
- Visits are documented and if violations found:
 - ✓ An occurrence assessed
 - ✓ The vendor must take steps to correct them
 - ✓ Will be monitored again within 21 days



EQUITABLE TREATMENT

- Section 246.12(h)(3)iii of the Federal WIC Regulations requires WIC-authorized vendors to offer WIC customers the same courtesies that are offered to other (non-WIC) customers
 - ✓ WIC customers cannot be excluded from in-store promotions
- Failure to provide the same courtesies to WIC customers is a violation of Federal WIC Regulations, thereby constituting a vendor violation
 - ✓ Discrimination on the basis of WIC participation
 - ✓ May result in disqualification



DEFINITIONS

- **Incentive item**-an item or service provided by a vendor to attract customers or encourage customer loyalty
- **Vendor discount**-an in-store promotion that reduces the price or increase the quantity of a given product; a vendor discount could also result from the use of a coupon
- **In-store promotion**-a sales promotion in which a vendor may offer incentive items, vendor discounts or coupons in order to increase sales of certain items or to encourage customer loyalty to the vendor



INCENTIVE ITEMS

- Incentive items must be approved by the North Carolina WIC Program prior to providing them to WIC customers
- The North Carolina WIC Program may approve incentive items-including food, merchandise or services-that a vendor obtained at no cost or that cost a vendor less than \$2.00. Vendors may also provide food sales or specials (vendor discounts) that involve no cost or cost the vendor less than \$2.00



APPROVAL FOR INCENTIVE ITEMS

- To obtain approval to provide incentive items to WIC customers, a vendor must submit a written request directly to the North Carolina State WIC Agency
- WIC vendors **cannot** offer incentive items to WIC customers without approval from the State WIC Agency



APPROVAL FOR INCENTIVE ITEMS CONTINUED

- **Following is a list of prohibited incentive items:**
 - ✓ **Assistance applying for WIC benefits**
 - ✓ **Transportation for WIC customer to and/or from vendor premises**
 - ✓ **Delivery of WIC supplemental foods**
 - ✓ **Lottery tickets**
 - ✓ **Cash gifts**
 - ✓ **Any other service that results in a conflict of interest, any item that incurs a liability to the WIC Program or violates any Federal, State or Local law or regulation**



IN-STORE PROMOTIONS AND COUPONS

- **Allowing WIC customers to use vendor discounts in WIC purchases reinforces wise food purchasing practices**
- **Vendor staff/cashiers should be well-informed about the use of different types of in-store promotions and coupons**
 - ✓ **Understand the temporary nature of some offers in order to reduce confusion at the point of sale**
 - ✓ **Know how to properly transact eWIC using in-store promotions and coupons**



TYPES OF IN-STORE PROMOTIONS AND COUPONS

- **Buy One, Get One Free (BOGO)**
- **Buy One, Get One at a Reduced Price**
- **Free Ounces Added to Food Item by Manufacturer (Bonus Size Items)**
- **Transaction Discounts**
- **Store Loyalty/Rewards Cards**
- **Manufacturers' Cents Off Coupons**



IN-STORE PROMOTIONS: BOGOS AND EWIC

Per the USDA WIC EBT Operating Rules:

- In a true BOGO, the free item cannot be deducted from the WIC customer's benefit balance or reported to the State Agency.
- If a food item is advertised as “Buy one, get one free” **with the disclosure that each item is sold for half the advertised price**, both food items shall be redeemed using WIC benefits and shall reflect an item price of half the advertised price in the transaction.
 - ✓ Quantity discount
 - ✓ If using this methodology for BOGOs, vendors must put this disclosure in store advertising



SALES TAX & CASH BACK

- Sales Tax on Manufacturers' Coupons
 - ✓ Not permitted to tax WIC items, so cannot charge WIC customers tax on manufacturer's coupons
- Cash Back
 - ✓ Not permitted as a result of vendor discount in any WIC transaction



REPORTING CUSTOMER SERVICE ISSUES (COMPLAINTS)

- Vendors should report customer service issues (complaints) to the Local WIC Agency concerning:
 - WIC customer inappropriate behavior
 - ✓ Vendors are not required to tolerate behavior from a WIC customer that they would not tolerate from other customers
 - ✓ May also report complaints about other vendors
- May use form in the Vendor Manual or on website at:
<https://www.ncdhhs.gov/wicvendorsconnection>



TRAINING EMPLOYEES

- Vendor owners/managers are responsible for training all cashiers on WIC as it pertains to the following:
 - ✓ WIC-approved foods
 - ✓ WIC Vendor Transaction Guides
 - ✓ Allowing same courtesies to WIC customers that are provided to non-WIC customers
 - ✓ Completing eWIC transactions
 - ✓ All other NC WIC-vendor related policies and procedures



QUESTIONS



COMPLETING REQUIRED FORMS



COMPLETING REQUIRED FORMS

To comply with renewal requirements, these documents must be completed

■ **Corporate Contract Vendors**

✓ The corporate office will:

1. Update the vendor record using the Vendor Portal

✓ Individual corporate contract store managers must complete annual training and submit the **Verification of Attendance**

■ **Non-corporate contract vendors**

1. Pre-populated NC WIC Information Update

2. eWIC Update for Non-Corporate Vendors

3. Verification of Attendance



NC WIC INFORMATION UPDATE

North Carolina Department of Health and Human Services
 Division of Child and Family Well-Being
 Community Nutrition Services Section
 1914 Mail Service Center
 Raleigh, NC 27699-1914

Local Agency Name: Wake County Health Department

Vendor Number: 0000

Complete ALL sections--no blank spaces, no "N/A" (typewritten or print-blue or black ink). Sign and date form.

N. C. WIC VENDOR INFORMATION UPDATE

SECTION I: Current Store Information/Store Management

Store Name Acme General Store #: _____ Phone 919-555-5555
 Mailing Address 1234 Acme General St.
 City Raleigh State NC Zip 276995307
 Street Address 9
 City Raleigh State NC Zip 27699
 SNAP Permit Number 7776659 (7 digits only) Store Federal Tax ID# 561122356
 Business Hours: Monday _____ AM/PM - _____ AM/PM Friday _____ AM/PM - _____ AM/PM
 Tuesday _____ AM/PM - _____ AM/PM Saturday _____ AM/PM - _____ AM/PM
 Wednesday _____ AM/PM - _____ AM/PM Sunday _____ AM/PM - _____ AM/PM
 Thursday _____ AM/PM - _____ AM/PM

Total number of registers in this store (including U-Scans) 3
 Number of registers with scanning devices 3 Number of scanning devices that identify WIC-approved food 3
 Point of Sale system: Integrated Stand-beside device
 Name of supplier(s) of infant formula (see list of authorized suppliers) Adams Wholesale Inc
 Store Manager's (Full) Name: (Mr. Mrs. Ms.) Donna Paulson
 First Middle Last
 Is the Store Manager the Primary Contact for the store Yes No
 If no, provide primary contact name and telephone _____
 Does the store have internet access? Yes No Email Address: acme@gmail.com
 Percent of total food sales from WIC 30 % SNAP 20 % Cas 20 % Credit/Debit 30 % (must total 100%)

Section II: Store Ownership Information

Type of Ownership: (check one) Individual Partnership Limited Partnershi Corporation LLC
 Total Number of Stores Owned by this Ownershi 1 Number of Other WIC Stores Owned by this Ownershi 0
 If incorporated or LLC, Corporate/Company Nam Acme General
 Mailing Address of Regional/Corporate Headquarters 12345 Acme St
 Phone: 555-555-5555 Raleigh, NC 55555

Owner/Officer Name Ms. Donna M. Paulson
 Residential Address _____
 City _____ State NC Zip _____ Phone No. _____
 Percentage of Business Owned 0.00 % Please list complete name and physical location of other stores owned _____

Have any of the vendor applicant's current owners, officers, or managers been convicted of or had a civil judgment entered against them for any activity indicating a lack of business integrity, including, but not limited to, fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, and obstruction of justice?
 Yes No If Yes, Explain _____

Owner/Officer Signature _____ Title (if Officer) _____ Date _____

DHHS 779 (Revised 10/2026)
 Nutrition Services (Review 10/2027)

- Pre-populated

- Non-Corporate Contract vendors only

- Review data and make corrections or update information where necessary



NC WIC INFORMATION UPDATE - REMINDER

Have any of the vendor applicant's current owners, officers, or managers been convicted of or had a civil judgment entered against them for any activity indicating a lack of business integrity, including, but not limited to, fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, and obstruction of justice?

Yes No If Yes, Explain _____

Owner/Officer Signature _____ Title (if Officer) _____ Date _____

DHHS 779 (Revised 10/2026)
Nutrition Services (Review 10/2027)

- Business Integrity and Signature
- Question must be read and answered
- Must only be signed and dated by an owner or officer (no managers)

North Carolina Department of Health and Human Services
Division of Child and Family Well-Being
Community Nutrition Services Section
1514 Mail Service Center
Raleigh, NC 27699-1914
Complete ALL sections--no blank spaces, no "N/A" (typewritten or print-blue or black ink). Sign and date form.

Local Agency Name: Wake County Health Department

Vendor Number: 0000

N. C. WIC VENDOR INFORMATION UPDATE

SECTION I: Current Store Information/Store Management

Store Name: **Acme General** Store #: _____ Phone: **919-555-5555**

Mailing Address: **1234 Acme General St.**

City: **Raleigh** State: **NC** Zip: **276995307**

Street Address: **9**

City: **Raleigh** State: **NC** Zip: **27699**

SNAP Permit Number: **7776659** (7 digits only) Store Federal Tax ID# **561122356**

Business Hours: Monday _____ AMPM - _____ AMPM Friday _____ AMPM - _____ AMPM
Tuesday _____ AMPM - _____ AMPM Saturday _____ AMPM - _____ AMPM
Wednesday _____ AMPM - _____ AMPM Sunday _____ AMPM - _____ AMPM
Thursday _____ AMPM - _____ AMPM

Total number of registers in this store (including U-Scans) **3**

Number of registers with scanning devices **3** Number of scanning devices that identify WIC-approved food **3**

Point of Sale system: Integrated Stand-beside device

Name of supplier(s) of infant formula (see list of authorized suppliers) **Adams Wholesale Inc**

Store Manager's (Full) Name: (Mr. Mrs. Ms.) **Donna Paulson**
First Middle Last

Is the Store Manager the Primary Contact for the store? Yes No
If no, provide primary contact name and telephone _____

Does the store have internet access? Yes No Email Address: **acme@gmail.com**

Percent of total food sales from WIC **30** % SNAP **20** % Cas **20** % Credit/Debit **30** % (must total 100%)

Section II: Store Ownership Information

Type of Ownership: (check one) Individual Partnership Limited Partnershi Corporation LLC

Total Number of Stores Owned by this Ownership **1** Number of Other WIC Stores Owned by this Ownership **0**

If incorporated or LLC, Corporate/Company Name **Acme General**

Mailing Address of Regional/Corporate Headquarters **12345 Acme St**

Phone: **555-555-5555** Raleigh, NC **55555**

Owner/Officer Name: **Ms. Donna M. Paulson**

Residential Address _____

City _____ State **NC** Zip _____ Phone No. _____

Percentage of Business Owned **0.00** % Please list complete name and physical location of other stores owned _____

Have any of the vendor applicant's current owners, officers, or managers been convicted of or had a civil judgment entered against them for any activity indicating a lack of business integrity, including, but not limited to, fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, and obstruction of justice?

Yes No If Yes, Explain _____

Owner/Officer Signature _____ Title (if Officer) _____ Date _____

DHHS 779 (Revised 10/2026)
Nutrition Services (Review 10/2027)

STORES OWNED

Section II: Store Ownership Information

Type of Ownership: (check one) Individual Partnership Limited Partnership Corporation LLC

Total Number of Stores Owned by this Ownership _____ **Number of Other WIC Stores Owned by this Ownership** _____

If incorporated or LLC, Corporate/Company Name: Acme General

- Required to answer
- Total Number of Stores Owned by this Ownership
 - ✓ Minimum of 1
- Number of other WIC Stores owned by this Ownership
 - ✓ Must answer even if “0” other WIC stores owned

North Carolina Department of Health and Human Services
 Division of Child and Family Well-Being
 Community Nutrition Services Section
 1514 Mail Service Center
 Raleigh, NC 27699-1514

Local Agency Name: Wake County Health Department

Vendor Number: 0000

N. C. WIC VENDOR INFORMATION UPDATE

SECTION I: Current Store Information/Store Management

Store Name: Acme General Store #: _____ Phone: 919-555-5555

Mailing Address: 1234 Acme General St.

City: Raleigh State: NC Zip: 276995307

Street Address: 9

City: Raleigh State: NC Zip: 27699

SNAP Permit Number: 7776659 (7 digits only) Store Federal Tax ID#: 561122356

Business Hours: Monday _____ AMPM - _____ AMPM Friday _____ AMPM - _____ AMPM
 Tuesday _____ AMPM - _____ AMPM Saturday _____ AMPM - _____ AMPM
 Wednesday _____ AMPM - _____ AMPM Sunday _____ AMPM - _____ AMPM
 Thursday _____ AMPM - _____ AMPM

Total number of registers in this store (including U-Scans): 3

Number of registers with scanning devices: 3 Number of scanning devices that identify WIC-approved food: 3

Point of Sale system: Integrated Stand-beside device

Name of supplier(s) of infant formula (see list of authorized suppliers): Adams Wholesale Inc

Store Manager's (Full) Name: (Mr. Mrs. Ms.) Donna Paulson
 First Middle Last

Is the Store Manager the Primary Contact for the store? Yes No

If no, provide primary contact name and telephone: _____

Does the store have internet access? Yes No Email Address: acme@gmail.com

Percent of total food sales from WIC: 30 % SNAP 20 % Cas 20 % Credit/Debit 30 % (must total 100%)

Section II: Store Ownership Information

Type of Ownership: (check one) Individual Partnership Limited Partnership Corporation LLC

Total Number of Stores Owned by this Ownership 1 **Number of Other WIC Stores Owned by this Ownership** 0

If incorporated or LLC, Corporate/Company Name: Acme General

Mailing Address of Regional/Corporate Headquarters: 12345 Acme St.

Phone: 555-555-5555 Raleigh, NC 55555

Owner/Officer Name: Ms. Donna M. Paulson

Residential Address: _____

City: _____ State: NC Zip: _____ Phone No: _____

Percentage of Business Owned: 0.00 % **Please list complete name and physical location of other stores owned**

Have any of the vendor applicant's current owners, officers, or managers been convicted of or had a civil judgment entered against them for any activity indicating a lack of business integrity, including, but not limited to, fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, and obstruction of justice?

Yes No If Yes, Explain _____

Owner/Officer Signature _____ Title (if Officer) _____ Date _____

DHHS 779 (Revised 10/2020)
 Nutrition Services (Review 10/2027)

EWIC UPDATE

- Updated information needed on vendor's cash register system
- Stand-beside device or integrated system
- If integrated system:
 - ✓ Point-of-sale provider
 - ✓ Third-party processor
 - ✓ Possible plans for upgrade; time frame
- If stand-beside device:
 - ✓ Possible plans for upgrading to an integrated system

NCeWIC **eWIC Update for Non-Corporate Vendors**

Please complete the following form with the most updated information.

Date: _____ Local WIC Agency Name: _____

Vendor Information

Vendor Number: _____ Vendor Telephone Number: _____

Vendor Store Name: _____

Vendor Email Address: _____

eWIC Point of Sale Information

1. How do you transact eWIC benefits?

Stand Beside Device Integrated System

2. If you use an integrated system to transact eWIC benefits, who is your Point of Sale provider and Third-Party Processor?

Point of Sale Provider*: _____
*Point of Sale Provider provides equipment and/or software to process eWIC transactions at authorized vendor locations.

Third Party Processor*: _____
*Third Party Processor provides transaction processing services such as routing and switching of EBT transactions to another party on behalf of the WIC Vendor, Acquirer or EBT Card Issuer Processor.

3. If you are using a stand beside device to transact eWIC benefits, do you plan to upgrade to an integrated system? If yes, please provide the estimated time frame for the upgrade.

YES NO

Estimated Time Frame for Integration Upgrade: _____

4. If you already have an integrated system, do you plan to upgrade your system or deploy a new system in the near future? If yes, please provide the estimated time frame for the upgrade.

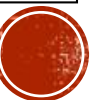
YES NO

Estimated Time Frame for Integration Upgrade: _____

Print Owner/ Officer(s) Name: _____

Owner/Officer(s) Signature: _____

Review 10/2027



EWIC UPDATE CONTINUED

- **Why Is This Form Needed?**
- Comply with the Electronic Benefit Transfer (EBT) provisions in the Terms of Vendor Agreement
 - ✓ Section I, Number 18(e)



Insert or Print on
Local Agency Letterhead

WIC Program Vendor Renewal Training 2026/2027
Verification of Attendance

This verifies that I attended the WIC Program Vendor Training. I understand the instructions provided and could ask questions. The vendor that I represent was given the information/forms checked below and instructions for their completion, if necessary. I understand that the forms are to be completed and returned to the Local WIC Program office by _____

Verify with a check (☑) all items included in the packet:

- Agenda
- Presentation Handout of Slides
- Link for Accessing the WIC Vendor Manual
- NC WIC Information Update Form (Pre-populated) *Non-corporate vendors only*
- NC eWIC Update for Non-Corporate Vendors

Vendor ID Number

Vendor Store Name and Number

Name of Vendor Representative (Print)

Signature of Vendor Representative

Date

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail:
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. fax:
(833) 256-1665 or (202) 690-7442; or
3. email:
program.intake@usda.gov

This institution is an equal opportunity provider.

VERIFICATION OF ATTENDANCE FORM

- Vendors must check off ALL items they receive in their training packets
- Vendor number must be documented on the form
- Signature of the vendor owner/ representative reviewing training ensures the receipt of forms, manual and training materials



REQUIRED FORMS REMINDERS!

- All required forms must be completed, dated and **returned** to the Vendor Coordinator at your Local WIC Agency, by the date the Vendor Coordinator has provided
- Be complete and accurate
- Vendor number, store name must be the same on each form
- Only an owner or officer can sign the Information Update form
 - ✓ *Completed by Non-corporate contract vendors only*
 - ✓ If store is Incorporated or an LLC, the store must forward the form to corporate office for signature
- Call your Local WIC Agency, if you have questions



WIC SHELF TAGS

- Identify WIC-approved foods in your store
 - ✓ Decreases confusion for WIC customers when selecting food items
- For vendors that do not have shelf tags that include WIC information already
- Vendors can request shelf tags, if needed, from your Local WIC Agency
- Highly recommended, but not required



QUESTIONS



ASSURANCE OF CIVIL RIGHTS

The vendor hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d *et seq.*); Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 *et seq.*); Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794); the Age Discrimination Act of 1975 (42 U.S.C. 6101 *et seq.*); Title II and Title III of the Americans with Disabilities Act (ADA) of 1990, as amended by the ADA Amendment Act of 2008 (42 U.S.C. 12131-12189) and as implemented by Department of Justice regulations at 28 CFR Parts 35 and 36; Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency" (August 11, 2000); all provisions required by the implementing regulations of the U.S. Department of Agriculture (7 CFR Part 15 *et seq.*); and FNS directives and guidelines to the effect that no person shall, on the ground of race, color, national origin, age, sex (including gender identity and sexual orientation), or disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity for which the agency receives Federal financial assistance from FNS; and hereby gives assurance that it will immediately take measures necessary to effectuate this agreement.

This assurance is given in consideration of and for the purpose of obtaining any and all Federal financial assistance, grants, and loans of Federal funds, reimbursable expenditures, grant, or donation of Federal property and interest in property, the detail of Federal personnel, the sale and lease of, and the permission to use Federal property or interest in such property or the furnishing of services without consideration or at a nominal consideration, or at a consideration that is reduced for the purpose of assisting the recipient, or in recognition of the public interest to be served by such sale, lease, or furnishing of services to the recipient, or any improvements made with Federal financial assistance extended to the Program applicant by USDA. This includes any Federal agreement, arrangement, or other contract that has as one of its purposes the provision of cash assistance for the purchase of food, and cash assistance for purchase or rental of food service equipment or any other financial assistance extended in reliance on the representations and agreements made in this assurance.

This assurance is binding on the vendor, its successors, transferees, and assignees as long as it receives assistance or retains possession of any assistance from the Department. The person or persons whose signatures appear below are authorized to sign this assurance on the behalf of the vendor.



USDA NONDISCRIMINATION STATEMENT

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

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Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
2. **fax:** (833) 256-1665 or (202) 690-7442; or
3. **email:** program.intake@usda.gov

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