

AN ORIENTATION FOR FREE-STANDING PHARMACY VENDOR APPLICANTS 2026-2027

ORIENTATION TO NC WIC PROGRAM

What is WIC?

What is the role of vendors?

Free-standing pharmacy WIC vendors

How to become a WIC vendor

Guidance for completing required forms

WHAT IS WIC?

- The Special Supplemental Nutrition Program for **W**omen, **I**nfants and **C**hildren
- 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 B_6



HOW PHARMACIES BECOME AUTHORIZED WIC VENDORS

- Vendors work primarily with the Local WIC Agency
  - ✓Orientation and training
  - ✓Completing required forms
  - ✓Technical assistance
  - ✓Monitoring
- Local WIC Agency submits vendor forms to the State WIC Agency
- Vendor is authorized by State WIC Agency

TYPES OF VENDORS

- Vendors under **Corporate Agreement**
  - 20 or more WIC-authorized pharmacies
    - ✓ CVS
    - ✓ Walgreens
- Vendors not under Corporate Agreement

FREE-STANDING PHARMACY VENDORS

- A Free-standing Pharmacy
  - ✓Pharmacy that does not operate within a retail store
  - ✓Individual or corporate agreement



VENDOR APPLICANT'S RESPONSIBILITY

- Attend training by Local WIC Agency
- Meet all applicable selection criteria
- Complete required forms accurately, honestly and completely
- Understand and follow all Federal and State regulations and rules
- Train all staff handling eWIC transactions



LOCAL WIC AGENCY'S RESPONSIBILITIES

- Provide orientation and training to pharmacy owner, manager or designee
- Respond to questions about required forms and application process
- Review required forms for completeness

LOCAL WIC AGENCY'S RESPONSIBILITIES CONTINUED

In a timely manner:

- Perform pre-authorization monitoring
- Review and complete required forms to be sent to State WIC Agency
- Ensure vendor is set up to accept eWIC prior to final authorization
  - ✓State Agency Staff will complete Level III Certification testing once equipment has been received by vendor or the state banking contractor has determined the vendors cash register system meets the requirements
- Inform vendor of Vendor ID number (to be used on vendor forms only)
- Address any questions from the vendor



SELECTION CRITERIA

- Established by U.S. Department of Agriculture and NC WIC Program
  - ✓20 items
  - ✓Free-standing pharmacies must only comply with 18 of the items listed
- Free-standing pharmacies do not have to be Supplemental Nutrition Assistance Program (SNAP) vendors, also known as the Food Stamp Program, or maintain shelf price



TRANSACTIONS AT PHARMACIES

- Pharmacies can only transact exempt infant formula and WIC-eligible nutritionals
  - ✓ Exempt infant formula is intended for infants with unusual medical or dietary problems
  - ✓ WIC-eligible nutritionals are products to manage specific dietary needs of children and women
  - ✓ Pharmacies cannot transact eWIC benefits for contract infant formula



CONTRACT FORMULAS

- The milk-based and soy-based contract formulas **cannot** be provided to WIC customers by Free-standing Pharmacies

WIC APPROVED FOODS WITH NO NTE

- NTE stands for not-to-exceed
- NTEs refer to maximum prices set for approved food items
- NTEs do not apply to exempt infant formula or WIC-eligible nutritionals.
- Open market system (shelf price)
- Exempt infant formula and WIC-eligible nutritionals are listed on the Vendor Connection webpage, under the Resources tab



COMPETITIVE PRICING AND PRICE LIMITATIONS

- Peer group structure
  - ✓Not-to-exceed (NTEs) prices for each WIC supplemental food and contract formula

- Free-standing pharmacies not subject to NTE guidelines

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

STORE TYPES

- **Pharmacy** – pharmacy retailer that sells limited variety of food
- **Mass Merchandiser** – retailer that sells a wide variety of merchandise, but also carries groceries and has outlets in most or all states
- **Commissary** – grocery store operated by US Defense Commissary within the confines of a military installation
- **Convenience Store** – retailer with limited assortment of grocery items



STORE TYPES CONTINUED

- **Independent Grocery** – a vendor that primarily sells groceries in fewer than eleven store locations.

- **Regional Grocery Chain** – a vendor that primarily sells groceries in eleven or more store locations whose parent company operates in more than two states.

QUESTIONS



PURCHASING AND PROVIDING INFANT FORMULA FROM A STATE-APPROVED SOURCE

- Vendors must purchase and provide exempt infant formula and WIC-eligible nutritionals directly from a State-approved source

- Authorized pharmacies will have their WIC Vendor Agreement terminated for failure to comply with these requirements

PURCHASING AND PROVIDING INFANT FORMULA FROM A STATE-APPROVED SOURCE, CONTINUED

- A State-approved list of sources can be obtained from your Local WIC Agency or found on the Vendor Connection webpage

- Vendors MUST keep invoices and receipts showing dates purchased and sources of exempt infant formula and WIC-eligible nutritionals

- **Authorized pharmacies may only accept eWIC benefits for exempt infant formula and WIC-eligible nutritionals**

EQUITABLE TREATMENT

- Section 246.12(h)(3)(iii) of the Federal WIC Regulations requires WIC-authorized vendors to offer WIC Program 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 increases 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

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 WIC Program State 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

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

REMINDERS

- Prevent mistakes with good training
- Pharmacies cannot accept eWIC for contract formulas
- You can only accept eWIC for exempt infant formula or WIC-eligible nutritionals

EWIC PAYMENTS THROUGH THE BANKING SYSTEM



AUTOMATED CLEARING HOUSE (ACH)

- Vendors will receive payment for all eWIC transactions processed in their pharmacy through an Automated Clearinghouse (ACH) system in which payments are directly deposited into their bank account.

VENDOR BANK ACCOUNTS



- Vendor applicants submit their most current banking information to the FIS, the eWIC contractor or their third-party processor to ensure payment for eWIC transactions
- 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

AFTER AUTHORIZATION

- 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 pharmacy.

- 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.



AFTER AUTHORIZATION 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

AFTER AUTHORIZATION CONTINUED

Vendors with Integrated Cash Register Systems:

- 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

AFTER AUTHORIZATION CONTINUED

- Process EBT transactions accurately, in a timely manner, and in accordance with the terms of the North Carolina WIC Vendor Agreement. Maintain compliance with the EBT Processor Vendor Agreement, the FNS EBT operating rules, standards and technical requirements, WIC Program Rules, and state and federal regulations, and statutes,

- Maintain certified eWIC system that is available for WIC redemption processing during all hours the pharmacy 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

AFTER AUTHORIZATION CONTINUED

- It is important to continue to follow policies and procedures to maintain authorization

- Federal regulations provide processes to support program integrity



QUESTIONS



POLICY AND PROCEDURES



WIC CERTIFICATION TESTING

- After authorization State WIC Agency staff will complete L3 WIC Certification testing

- FIS connectivity testing is not certification testing

TERMINATION OF WIC VENDOR AGREEMENT

- Change in ownership will result in termination of the WIC Vendor Agreement by the State WIC Agency

- Change in pharmacy location of more than three miles from the pharmacy's previous location will result in termination of the WIC Vendor Agreement by the State WIC Agency

- Cessation of operations, withdrawal from the WIC Program or disqualification from the WIC Program will result in termination of the WIC Vendor Agreement by the State WIC Agency



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, obstruction of justice

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 transacts eWIC 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



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 violation or pattern or violations and may include:
  - Disqualification and civil money penalties 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

FEDERAL VS. STATE VIOLATIONS

Federal violations for which vendors are subject to disqualification

- ✓Carry longer disqualification
- ✓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

PATTERN OF OCCURRENCES

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



PATTERNS OF VIOLATIONS THAT LEAD TO DISQUALIFICATION

- Three occurrences within a 12-month period of stocking WIC supplemental foods outside of the manufacturer's expiration date

VENDOR VIOLATIONS AND SANCTIONS

- 10A NCAC 43D.0710 has been amended to include 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 participant, scanning the UPC or PLU codes from UPC codebooks or reference sheets when completing a WIC participant's EBT transaction, not entering the correct quantity and item price, or not providing the WIC participant with a receipt that shows the items purchased and the participant'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.

VENDOR VIOLATIONS AND SANCTIONS CONTINUED

- 10A NCAC 43D.0710 has also been amended with the addition of 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

- 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).

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 Agency is 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 receive a letter from the State WIC Agency if problems are noted



VENDOR OVERCHARGING

- Intentionally or unintentionally charging more for exempt infant formula or WIC-eligible nutritionals to a WIC customer than a non-WIC customer or charging more than the current shelf price for exempt infant formula or WIC-eligible nutritionals provided to a WIC customer

- Overcharging is a serious federal violation that can lead to vendor disqualification

- This violation is uncovered during compliance buys

OVERCHARGING?

Example #1

- A vendor charges the WIC customer $16.25 for Nutramigen ready-to-feed. The current shelf price is $14.29. Is this vendor overcharging?

Example #2

- A vendor charges a WIC customer $13.29 for WIC approved exempt infant formula. $14.29 is the current shelf price. Is this vendor overcharging?

INVENTORY AUDITS

- A vendor must make available at any reasonable time and place ALL:
  - Program-related records: invoices, purchase orders, various tax records and records of financial and business transactions.

- **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 pharmacy 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 pharmacy'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

- More information regarding inventory audits can be found in the Vendor Manual



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 WIC 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

VENDOR AGREEMENT: IMPORTANT!

- Claiming reimbursement for the sale of an amount of a specific exempt formula or medical food which exceeds the pharmacy'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 still a violation

- More information regarding inventory audits can be found in the Vendor Manual



DISQUALIFICATION



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

ROUTINE MONITORING

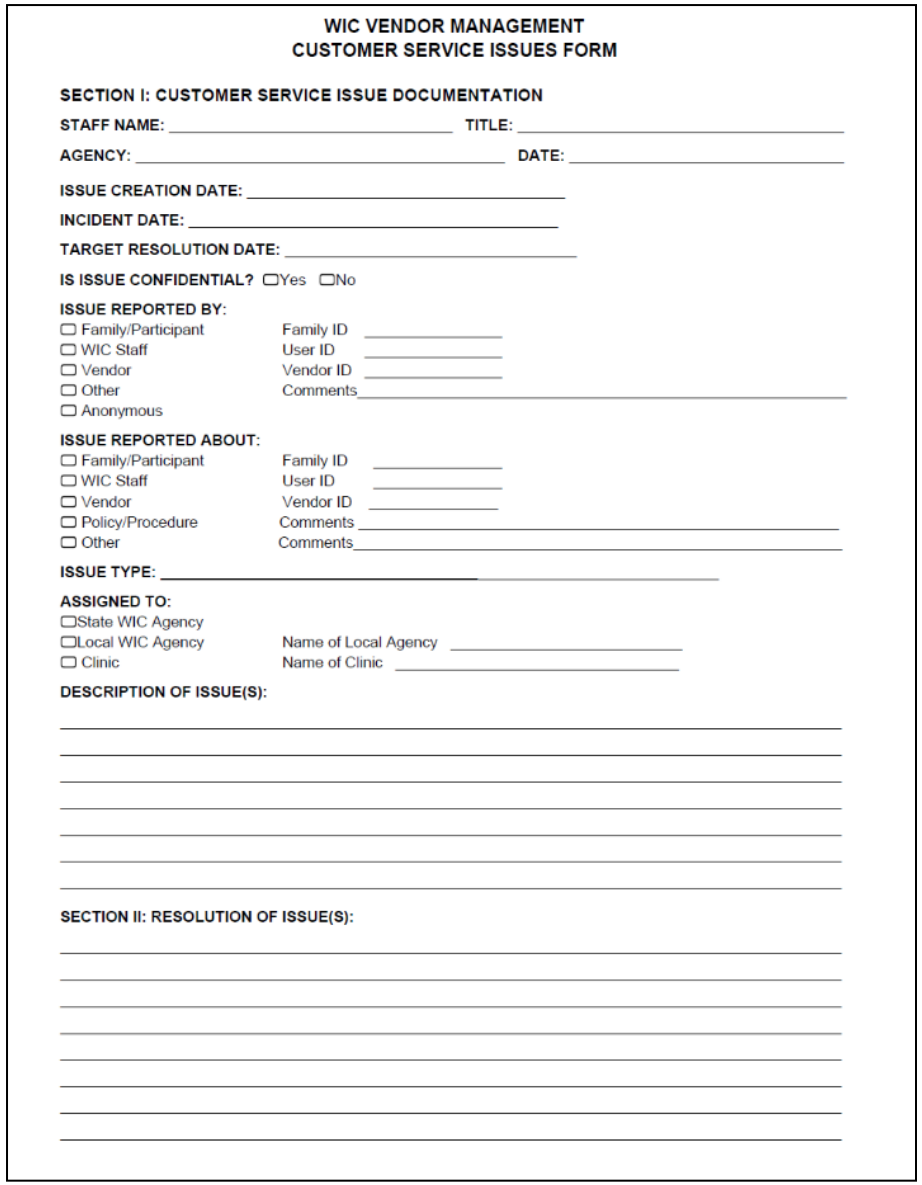
- Includes, but is not limited to:
  - ✓Review of formula invoices and receipts
  - ✓Treatment of WIC customers
  - ✓Verify vendor is willing to provide exempt infant formula and WIC-eligible nutritionals within 24 to 48 hours
  - ✓Ensure “stand beside” equipment for use in transacting eWIC is accessible (if applicable)

- Visits are documented and if violation(s) found:
  - ✓An occurrence is noted
  - ✓The vendor must take steps to correct violation(s)
  - ✓Will be monitored again within 21 calendar days



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
- Complaints about other vendors
- May use form in the Vendor Manual



WIC VENDOR MANAGEMENT
CUSTOMER SERVICE ISSUES FORM

SECTION I: CUSTOMER SERVICE ISSUE DOCUMENTATION

STAFF NAME: _____ **TITLE:** _____

AGENCY: _____ **DATE:** _____

ISSUE CREATION DATE: _____

INCIDENT DATE: _____

TARGET RESOLUTION DATE: _____

IS ISSUE CONFIDENTIAL? ☐Yes ☐No

ISSUE REPORTED BY:

☐ Family/Participant — Family ID _____
☐ WIC Staff — User ID _____
☐ Vendor — Vendor ID _____
☐ Other — Comments _____
☐ Anonymous

ISSUE REPORTED ABOUT:

☐ Family/Participant — Family ID _____
☐ WIC Staff — User ID _____
☐ Vendor — Vendor ID _____
☐ Policy/Procedure — Comments _____
☐ Other — Comments _____

ISSUE TYPE: _____

ASSIGNED TO:

☐State WIC Agency
☐Local WIC Agency — Name of Local Agency _____
☐ Clinic — Name of Clinic _____

DESCRIPTION OF ISSUE(S):

_____
_____
_____
_____
_____
_____
_____

SECTION II: RESOLUTION OF ISSUE(S):

_____
_____
_____
_____
_____
_____
_____
_____

QUESTIONS?



COMPLETION OF FORMS USING DOCUSIGN



COMPLETING REQUIRED FORMS

- Free-standing pharmacies authorized through corporate vendor agreements must complete:
  - ✓Application (DHHS 3282) – **completed through the vendor portal**
  - ✓Verification of Attendance form

- All other Free-standing pharmacies will complete the following in DocuSign:
  - ✓WIC Vendor Agreement for Free-standing Pharmacies (DHHS 2768P)
  - ✓FFY 2024-2027
  - ✓WIC Vendor Application (DHHS 3282)
  - ✓WIC Price List for Free-standing Pharmacies (DHHS 2766P)
  - ✓Cost Containment Exemption form for Pharmacies
  - ✓Vendor Site Survey
  - ✓Verification of Attendance form (provided by Local WIC Agency, not in DocuSign)

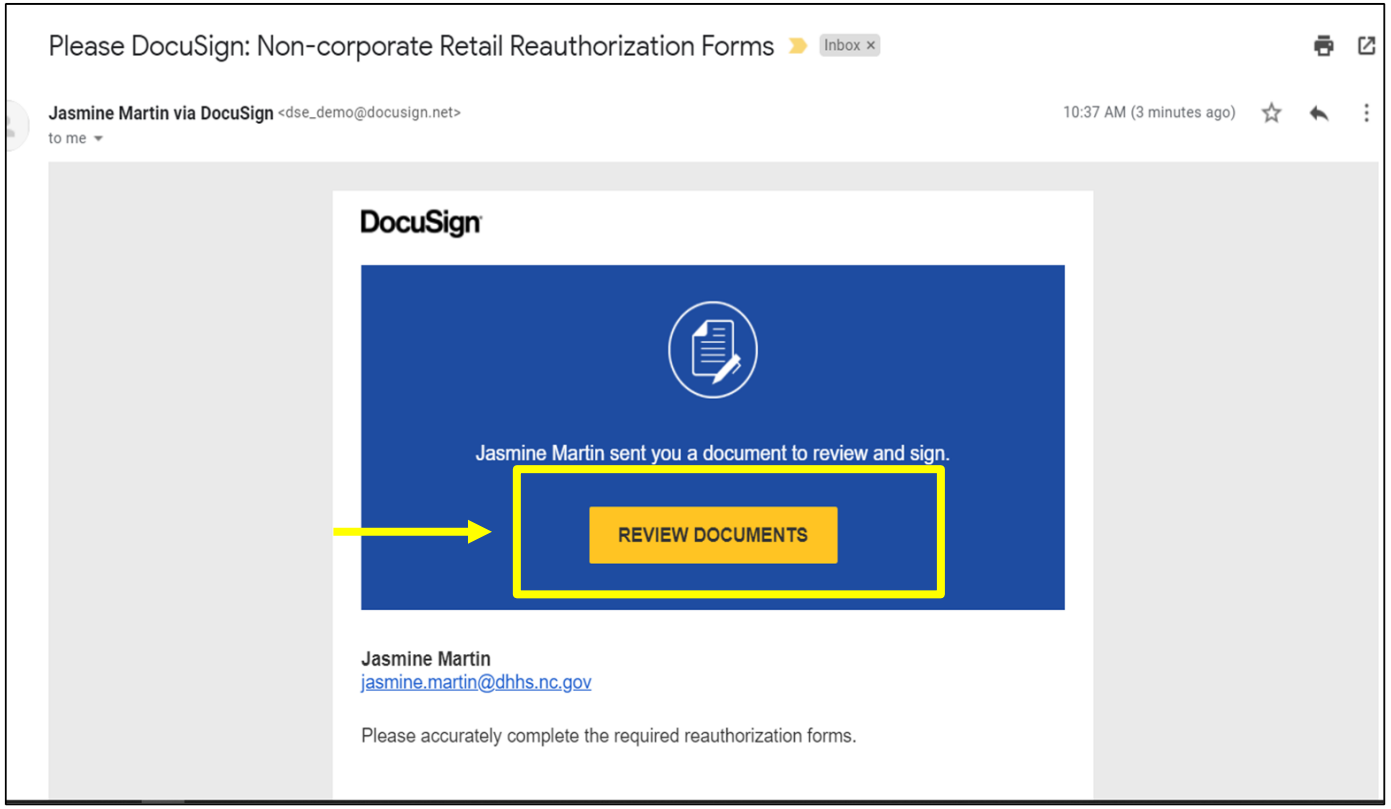
COMPLETING REQUIRED FORMS CONTINUED

- Provide an email address for the pharmacy that is closely monitored. Forms to be completed using DocuSign will be emailed
- Complete Verification of Attendance form using blue or black ink
- Use the exact same pharmacy name on all forms
- Review all forms for accuracy. If you make an error, you may be sent forms via email again, starting the process over
- Instructions for completing each form can be found in the Vendor Manual
- Be complete and accurate

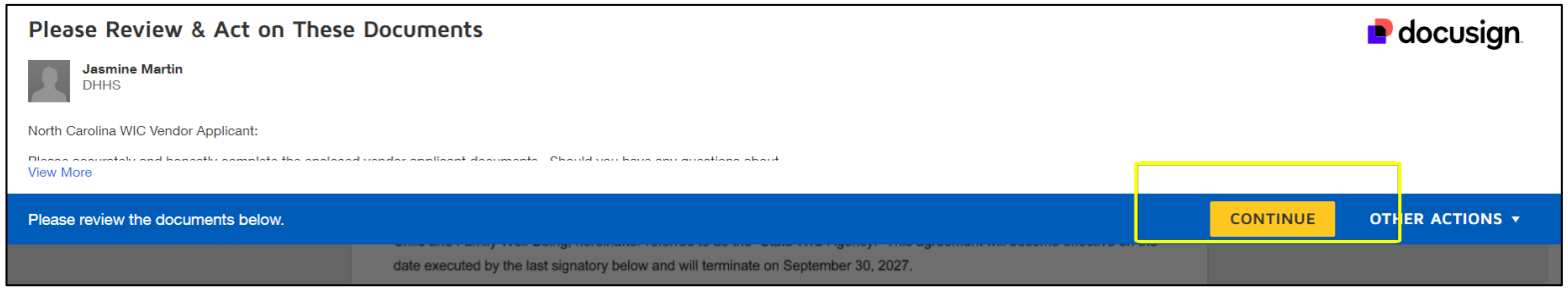


USING DOCUSIGN

- You will receive an email from the State Agency via DocuSign
- This is the email you will receive
- Click on the “Review Documents” button



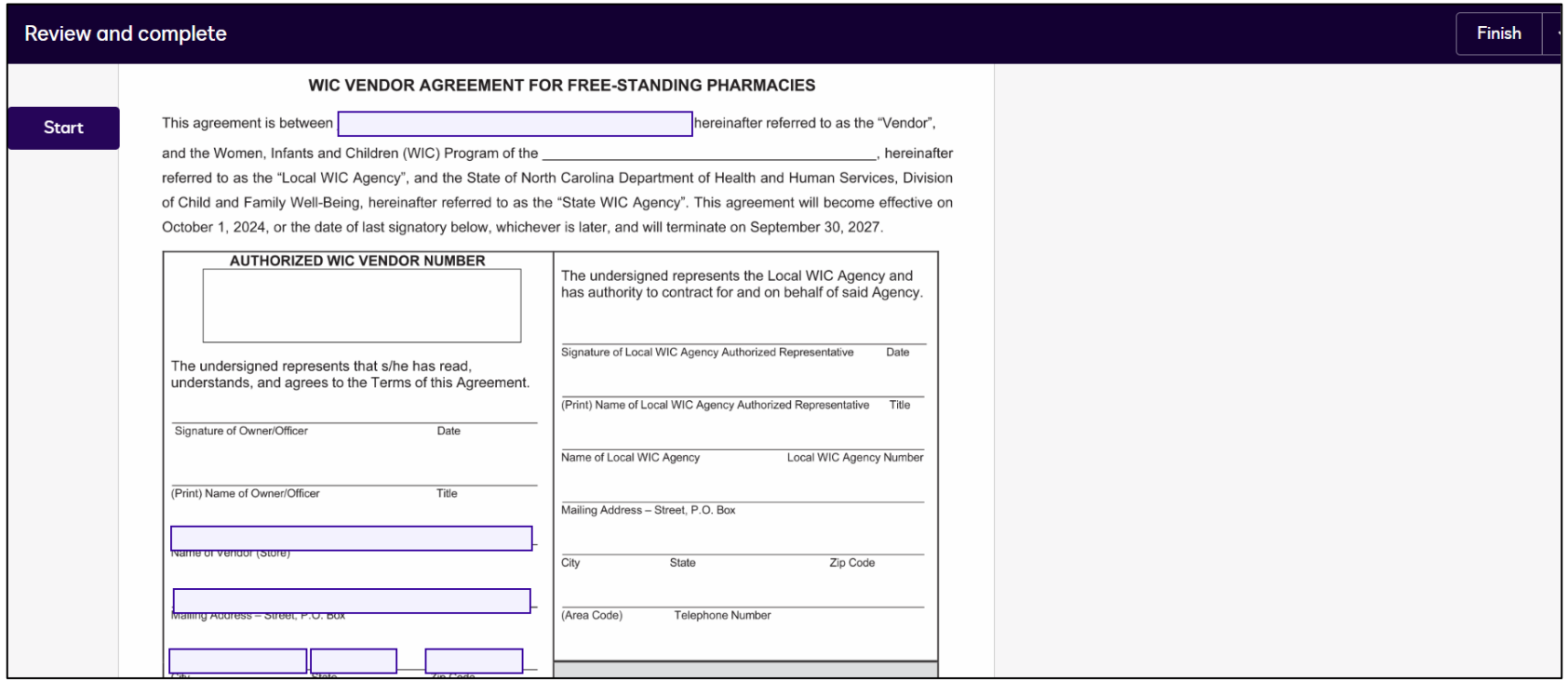
VENDOR PROCESS



- Once you have clicked “Review Documents,” this screen will open

- You will click the “Continue” button to review and complete the application documents (forms)

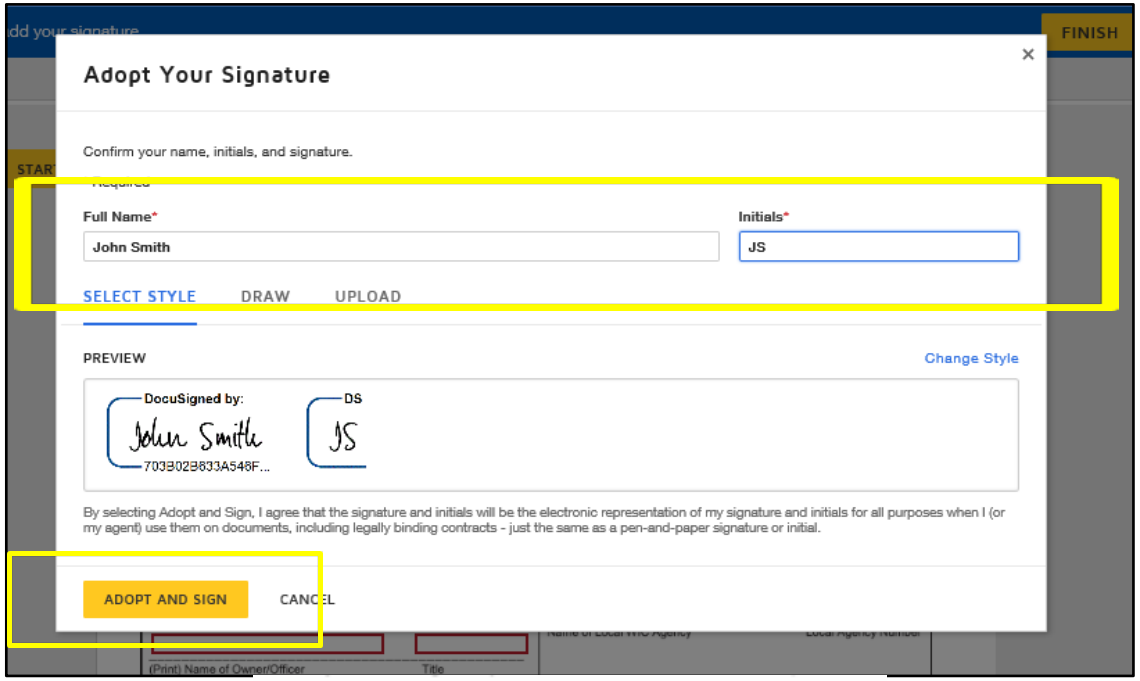
FIELDS TO COMPLETE

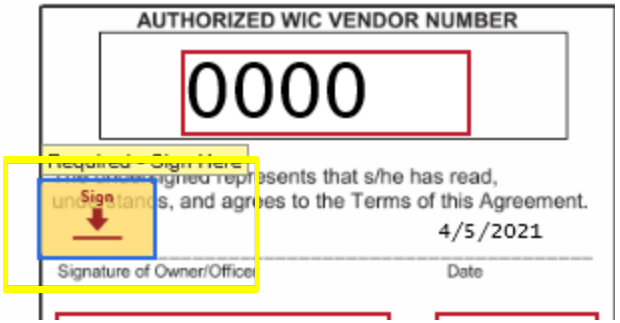


- Boxes will appear on the fields required for completion

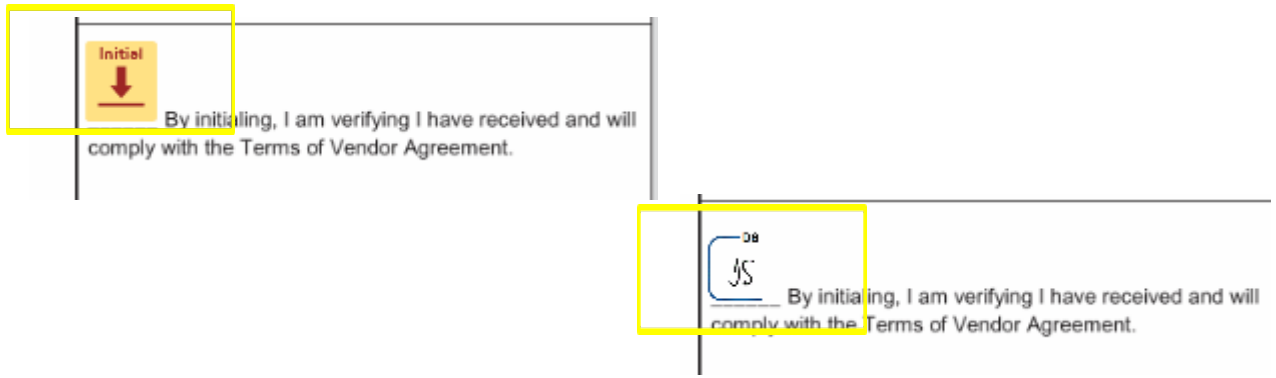
ADOPTING A SIGNATURE

- When you click on the first Sign button, the "Adopt Your Signature" screen will appear.
- Signature options
  - ✓ Type your name and initials and change the style to look more like your handwritten signature
  - ✓ Draw or "write" signature by selecting the draw tab and using the mouse
  - ✓ Upload a clear picture of signature for use





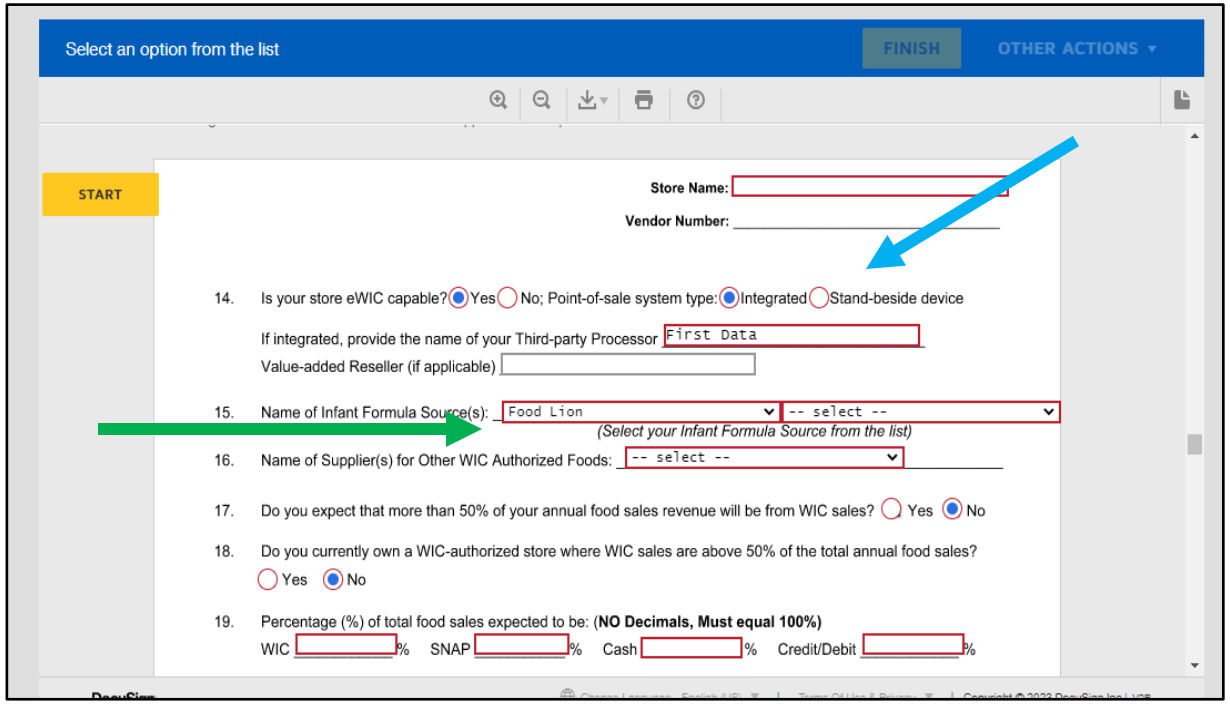
SIGNATURE



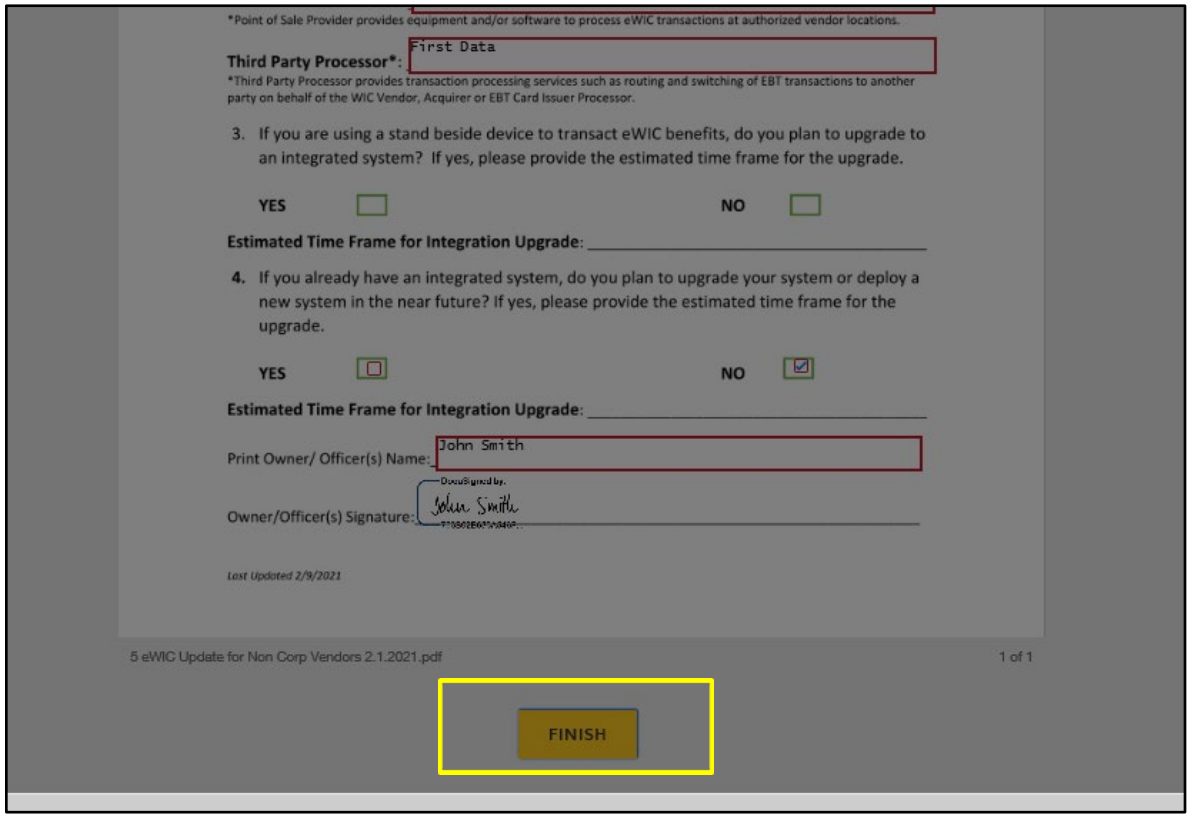
- Once signature and initials have been adopted, when you click any space labeled sign or initial, the adopted signature will appear.

FORM FIELDS

- Certain fields triggered once specific fields selected.
  - Blue arrow at question 14 shows that the check box for Integrated has been selected
    - ✓ Sub questions and corresponding fields have now been highlighted
    - ✓ The value-added reseller is not highlighted in red because this is an optional field
  - Green arrow at question 15 shows a drop-down option.
    - ✓ Ensures vendors only choose State approved sources
    - ✓ Also available for question 16



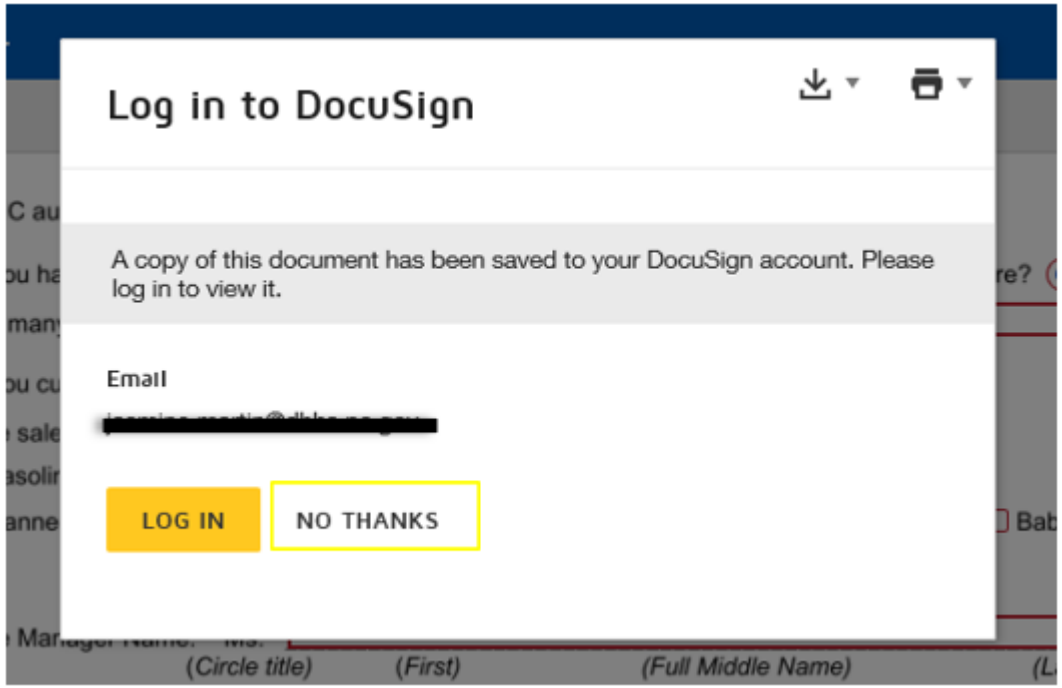
VENDOR PROCESS COMPLETED



- Once you have gone through all documents and completed all required fields, you will be able to click the “Finish” button.

FINAL SCREEN

- You may see this screen upon completion
  - ✓ Can select “No Thanks”
- All parties will receive a copy of the fully completed forms

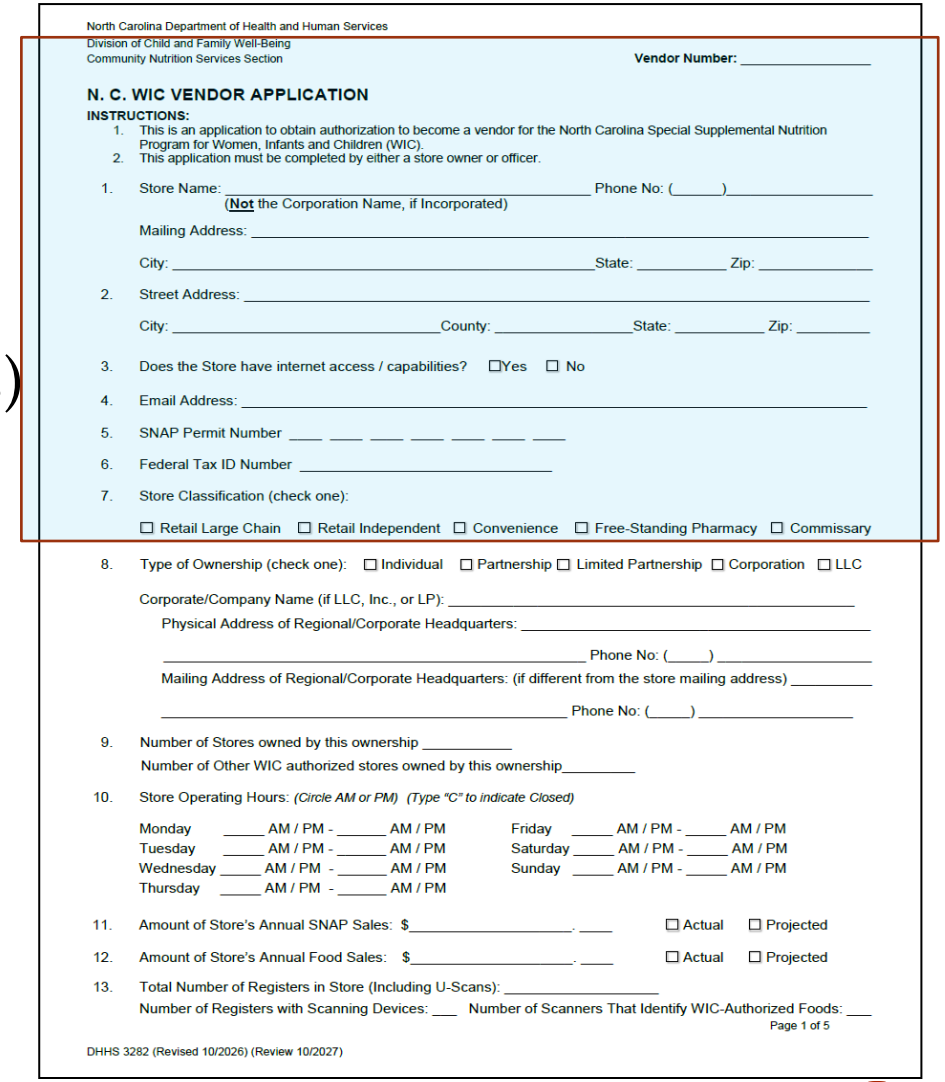


APPLICATION (DHHS 3282)

- All vendor applicants must complete an application
- The pharmacy owner or officer should complete and sign
- Do not leave blanks
- Do not type “same as above”
  - ✓All required fields must be completed to move forward in DocuSign

APPLICATION (DHHS 3282)

- **Questions #1-2**
  - ✓Pharmacy address information
- **Questions #3-4**
  - ✓Needed for future notifications
- **Question #5**
  - ✓SNAP – (Not applicable for Free-standing pharmacies)
- **Question #6**
  - ✓Provide pharmacy's Federal Tax ID number
- **Question #7 - check only one!**
  - ❑See instructions for definitions:
    - ✓Retail Large Chain
    - ✓Retail Independent
    - ✓Convenience
    - ✓Free-standing Pharmacy
    - ✓Commissary (Military Based Stores)



North Carolina Department of Health and Human Services
Division of Child and Family Well-Being
Community Nutrition Services Section

Vendor Number: _____

N. C. WIC VENDOR APPLICATION

INSTRUCTIONS:
1. This is an application to obtain authorization to become a vendor for the North Carolina Special Supplemental Nutrition Program for Women, Infants and Children (WIC).
2. This application must be completed by either a store owner or officer.

1. Store Name: _____ Phone No: (_____)_____
   (**Not** the Corporation Name, if Incorporated)
   Mailing Address: _____
   City: _____ State: _____ Zip: _____
2. Street Address: _____
   City: _____ County: _____ State: _____ Zip: _____
3. Does the Store have internet access / capabilities? ☐Yes ☐ No
4. Email Address: _____
5. SNAP Permit Number ___ ___ ___ ___ ___ ___ ___
6. Federal Tax ID Number _____
7. Store Classification (check one):
   ☐ Retail Large Chain ☐ Retail Independent ☐ Convenience ☐ Free-Standing Pharmacy ☐ Commissary
8. Type of Ownership (check one): ☐ Individual ☐ Partnership ☐ Limited Partnership ☐ Corporation ☐ LLC
   Corporate/Company Name (if LLC, Inc., or LP): _____
   Physical Address of Regional/Corporate Headquarters: _____
   _____ Phone No: (_____) _____
   Mailing Address of Regional/Corporate Headquarters: (if different from the store mailing address) _____
   _____ Phone No: (_____) _____
9. Number of Stores owned by this ownership _____
   Number of Other WIC authorized stores owned by this ownership_____
10. Store Operating Hours: *(Circle AM or PM) (Type "C" to indicate Closed)*

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		

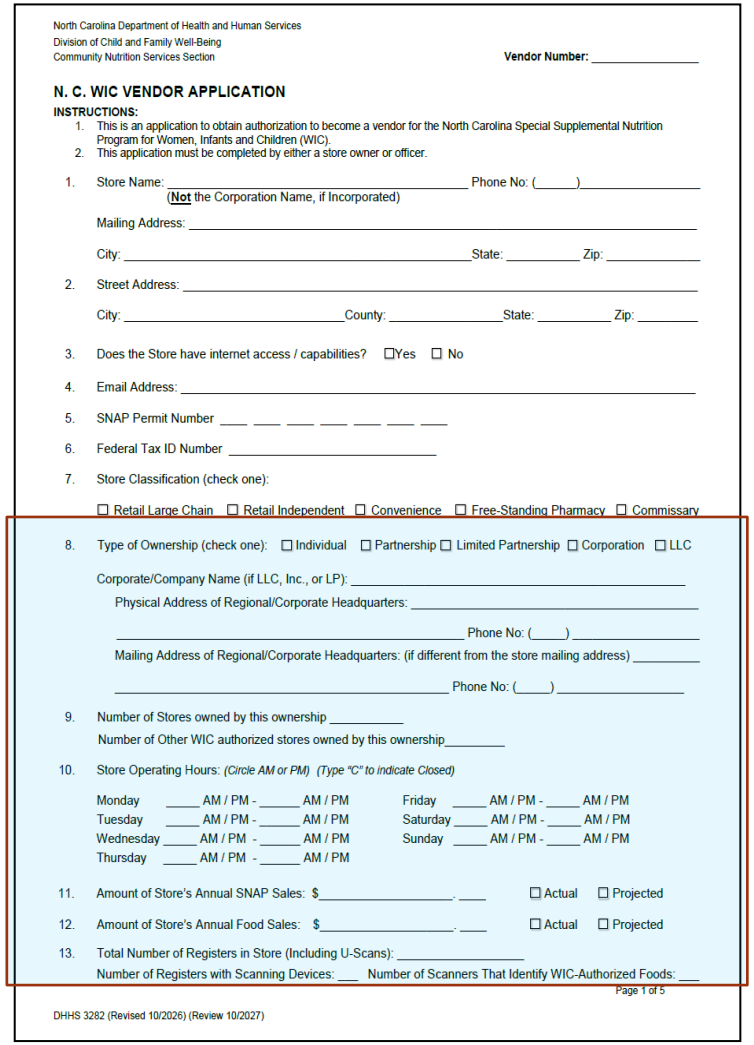
11. Amount of Store's Annual SNAP Sales: $_____.___ ☐ Actual ☐ Projected
12. Amount of Store's Annual Food Sales: $_____.___ ☐ Actual ☐ Projected
13. Total Number of Registers in Store (Including U-Scans): _____
    Number of Registers with Scanning Devices: ___ Number of Scanners That Identify WIC-Authorized Foods: ___

Page 1 of 5

DHHS 3282 (Revised 10/2026) (Review 10/2027)

APPLICATION (DHHS 3282)

- **Question #8 - check only one**
  - ❑ Individual
  - ❑ Partnership
  - ❑ Limited Partnership
  - ❑ Corporation
  - ❑ LLC
- **Question #9**
  - ✓ Number of stores owned by this ownership (at least 1)
  - ✓ Number of other WIC authorized stores owned by this ownership
- **Question #10**
  - ✓ Since business hours are a selection criteria, please be accurate and indicate AM/PM
- **Question #11-12**
  - ✓ Annual SNAP & Food Sales – Projected for new pharmacies
- **Question #13- Important! May determine peer group**
  - ✓ Total Number of registers in pharmacy - not number in use (including U-Scans)
  - ✓ Number of registers with scanning devices
  - ✓ Number of scanners that identify WIC approved foods



North Carolina Department of Health and Human Services
Division of Child and Family Well-Being
Community Nutrition Services Section

Vendor Number: _____

N. C. WIC VENDOR APPLICATION

INSTRUCTIONS:
1. This is an application to obtain authorization to become a vendor for the North Carolina Special Supplemental Nutrition Program for Women, Infants and Children (WIC).
2. This application must be completed by either a store owner or officer.

1. Store Name: _____ Phone No: (____)_____
   (Not the Corporation Name, if Incorporated)
   Mailing Address: _____
   City: _____ State: _____ Zip: _____
2. Street Address: _____
   City: _____ County: _____ State: _____ Zip: _____
3. Does the Store have internet access / capabilities? ☐Yes ☐ No
4. Email Address: _____
5. SNAP Permit Number ___ ___ ___ ___ ___ ___ ___
6. Federal Tax ID Number _____
7. Store Classification (check one):
   ☐ Retail Large Chain ☐ Retail Independent ☐ Convenience ☐ Free-Standing Pharmacy ☐ Commissary
8. Type of Ownership (check one): ☐ Individual ☐ Partnership ☐ Limited Partnership ☐ Corporation ☐ LLC
   Corporate/Company Name (if LLC, Inc., or LP): _____
   Physical Address of Regional/Corporate Headquarters: _____
   _____ Phone No: (____) _____
   Mailing Address of Regional/Corporate Headquarters: (if different from the store mailing address) _____
   _____ Phone No: (____) _____
9. Number of Stores owned by this ownership _____
   Number of Other WIC authorized stores owned by this ownership_____
10. Store Operating Hours: *(Circle AM or PM) (Type "C" to indicate Closed)*

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		

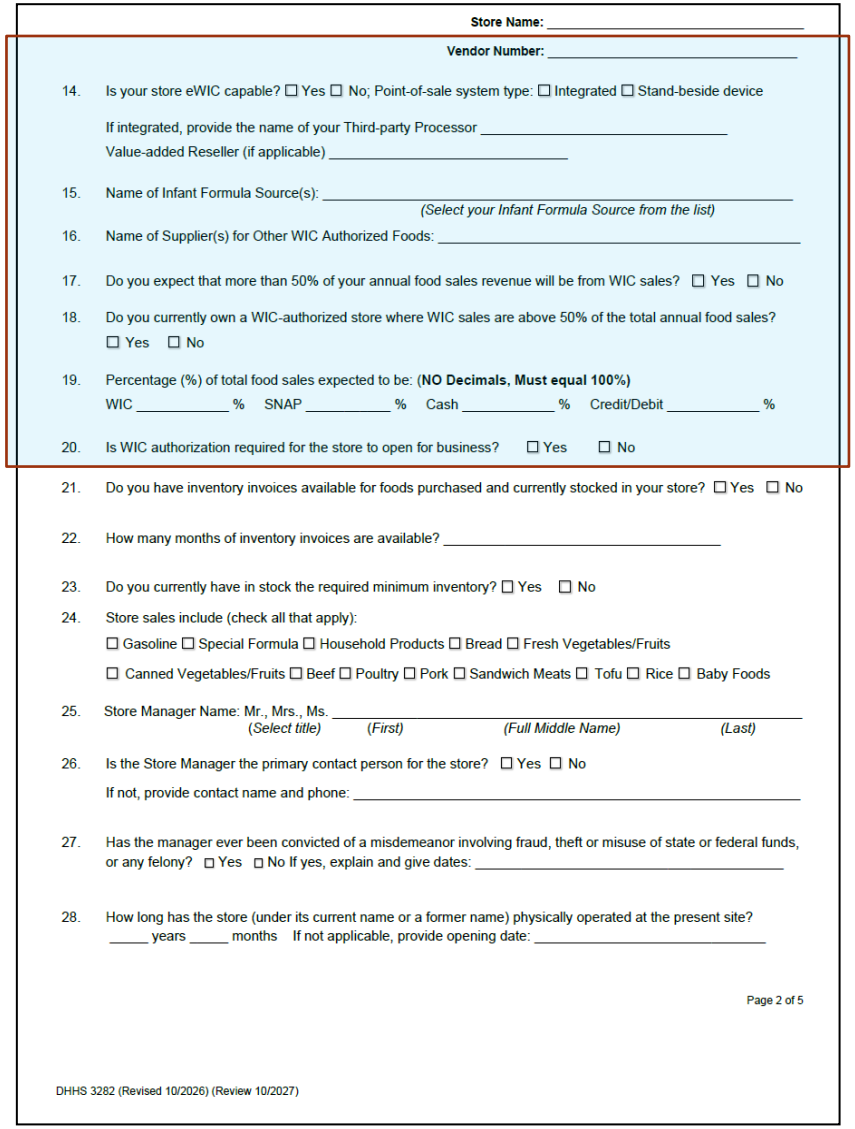
11. Amount of Store's Annual SNAP Sales: $_____. ___ ☐ Actual ☐ Projected
12. Amount of Store's Annual Food Sales: $_____. ___ ☐ Actual ☐ Projected
13. Total Number of Registers in Store (Including U-Scans): _____
    Number of Registers with Scanning Devices: ___ Number of Scanners That Identify WIC-Authorized Foods: ___

Page 1 of 5

DHHS 3282 (Revised 10/2026) (Review 10/2027)

APPLICATION (DHHS 3282)

- **Question #14**
  - ✓eWIC capable
- **Question #15-16**
  - ✓Infant formula source
  - ✓Food suppliers
- **Question #17-18**
  - ✓More than fifty percent of pharmacies annual revenue from WIC?
- **Question #19**
  - ✓Percentage of business expected to be WIC, SNAP, cash, and credit/debit card (no decimals)
- **Question #20**
  - ✓WIC authorization required?



Store Name: _____

Vendor Number: _____

14. Is your store eWIC capable? ☐ Yes ☐ No; Point-of-sale system type: ☐ Integrated ☐ Stand-beside device

    If integrated, provide the name of your Third-party Processor _____

    Value-added Reseller (if applicable) _____

15. Name of Infant Formula Source(s): _____

    (Select your Infant Formula Source from the list)

16. Name of Supplier(s) for Other WIC Authorized Foods: _____

17. Do you expect that more than 50% of your annual food sales revenue will be from WIC sales? ☐ Yes ☐ No

18. Do you currently own a WIC-authorized store where WIC sales are above 50% of the total annual food sales?

    ☐ Yes ☐ No

19. Percentage (%) of total food sales expected to be: **(NO Decimals, Must equal 100%)**

    WIC _____ % SNAP _____ % Cash _____ % Credit/Debit _____ %

20. Is WIC authorization required for the store to open for business? ☐ Yes ☐ No

21. Do you have inventory invoices available for foods purchased and currently stocked in your store? ☐ Yes ☐ No

22. How many months of inventory invoices are available? _____

23. Do you currently have in stock the required minimum inventory? ☐ Yes ☐ No

24. Store sales include (check all that apply):

    ☐ Gasoline ☐ Special Formula ☐ Household Products ☐ Bread ☐ Fresh Vegetables/Fruits

    ☐ Canned Vegetables/Fruits ☐ Beef ☐ Poultry ☐ Pork ☐ Sandwich Meats ☐ Tofu ☐ Rice ☐ Baby Foods

25. Store Manager Name: Mr., Mrs., Ms. _____

    (Select title) (First) (Full Middle Name) (Last)

26. Is the Store Manager the primary contact person for the store? ☐ Yes ☐ No

    If not, provide contact name and phone: _____

27. Has the manager ever been convicted of a misdemeanor involving fraud, theft or misuse of state or federal funds, or any felony? ☐ Yes ☐ No If yes, explain and give dates: _____

28. How long has the store (under its current name or a former name) physically operated at the present site?

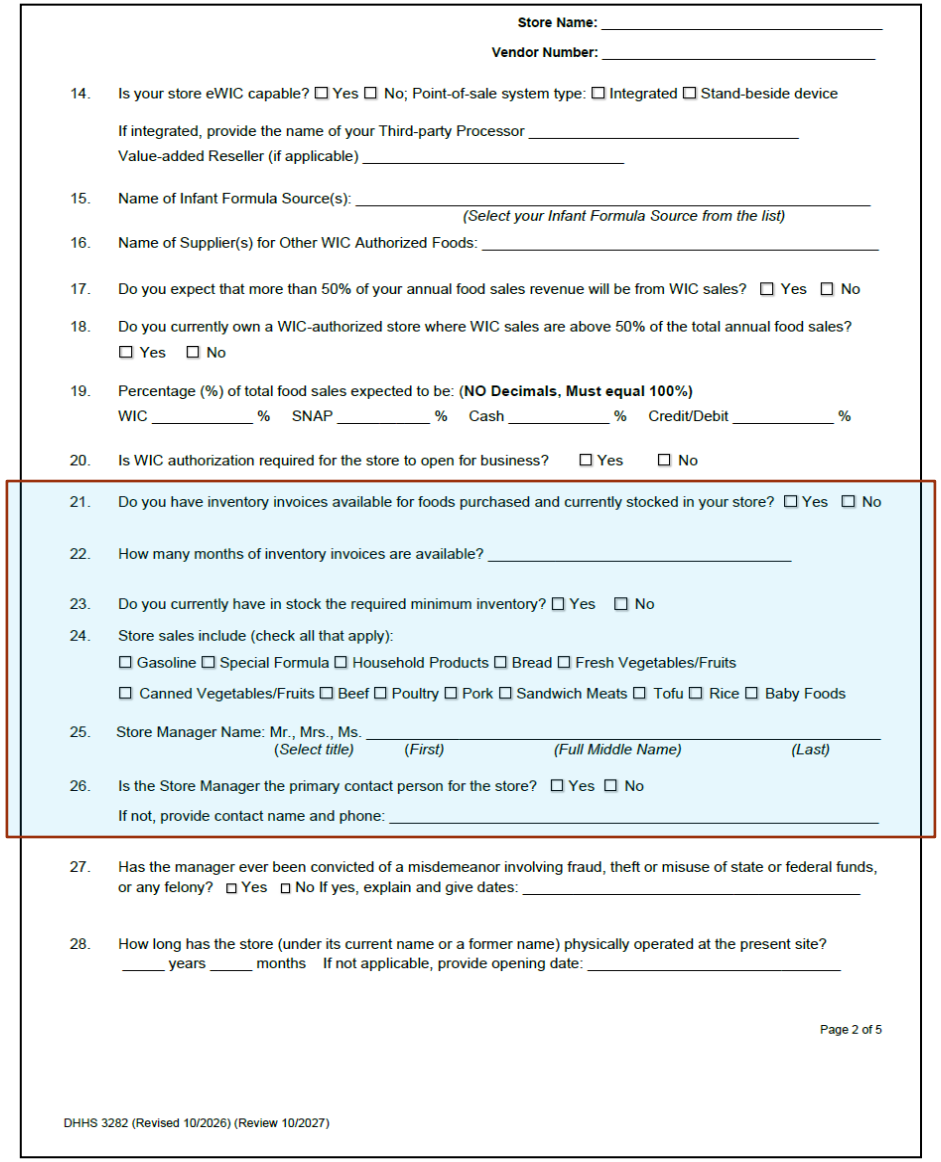
    _____ years _____ months If not applicable, provide opening date: _____

Page 2 of 5

DHHS 3282 (Revised 10/2026) (Review 10/2027)

APPLICATION (DHHS 3282)

- **Question #21-22**
  - ✓Inventory invoices
- **Question #23**
  - ✓Required minimum inventory-not applicable
- **Question #24**
  - ✓Check all boxes that apply
- **Question #25-26**
  - ✓Manager's full name
  - ✓Indicate if manager is primary contact for the pharmacy



Store Name: _____

Vendor Number: _____

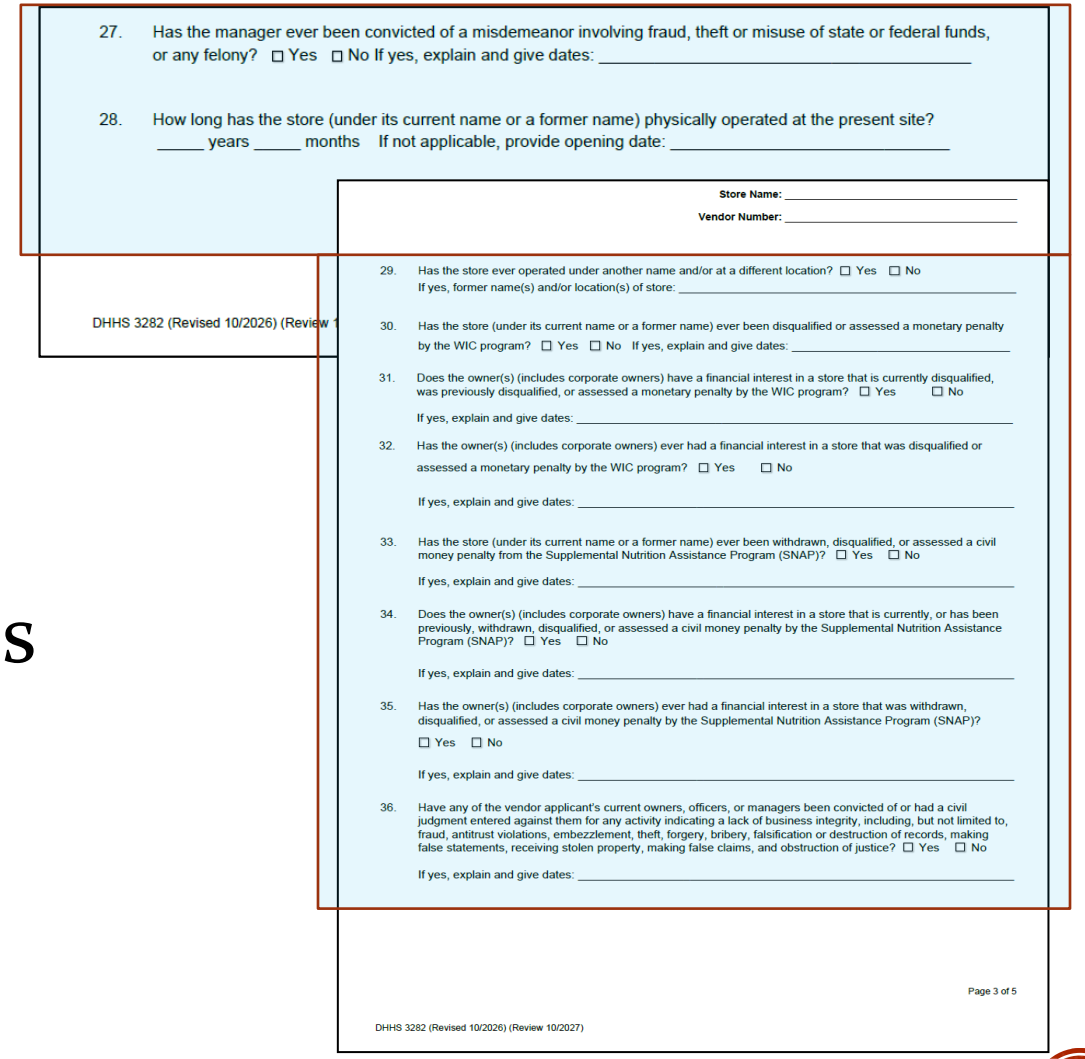
14. Is your store eWIC capable? ☐ Yes ☐ No; Point-of-sale system type: ☐ Integrated ☐ Stand-beside device
    If integrated, provide the name of your Third-party Processor _____
    Value-added Reseller (if applicable) _____
15. Name of Infant Formula Source(s): _____
    (Select your Infant Formula Source from the list)
16. Name of Supplier(s) for Other WIC Authorized Foods: _____
17. Do you expect that more than 50% of your annual food sales revenue will be from WIC sales? ☐ Yes ☐ No
18. Do you currently own a WIC-authorized store where WIC sales are above 50% of the total annual food sales?
    ☐ Yes ☐ No
19. Percentage (%) of total food sales expected to be: **(NO Decimals, Must equal 100%)**
    WIC _____ % SNAP _____ % Cash _____ % Credit/Debit _____ %
20. Is WIC authorization required for the store to open for business? ☐ Yes ☐ No
21. Do you have inventory invoices available for foods purchased and currently stocked in your store? ☐ Yes ☐ No
22. How many months of inventory invoices are available? _____
23. Do you currently have in stock the required minimum inventory? ☐ Yes ☐ No
24. Store sales include (check all that apply):
    ☐ Gasoline ☐ Special Formula ☐ Household Products ☐ Bread ☐ Fresh Vegetables/Fruits
    ☐ Canned Vegetables/Fruits ☐ Beef ☐ Poultry ☐ Pork ☐ Sandwich Meats ☐ Tofu ☐ Rice ☐ Baby Foods
25. Store Manager Name: Mr., Mrs., Ms. _____
    (Select title) (First) (Full Middle Name) (Last)
26. Is the Store Manager the primary contact person for the store? ☐ Yes ☐ No
    If not, provide contact name and phone: _____
27. Has the manager ever been convicted of a misdemeanor involving fraud, theft or misuse of state or federal funds, or any felony? ☐ Yes ☐ No If yes, explain and give dates: _____
28. How long has the store (under its current name or a former name) physically operated at the present site?
    _____ years _____ months If not applicable, provide opening date: _____

Page 2 of 5

DHHS 3282 (Revised 10/2026) (Review 10/2027)

APPLICATION (DHHS 3282)

- **Questions #27-36**
  - ✓Business integrity questions
  - ✓Do not leave any blanks
  - ✓Provide explanations and dates for “yes” responses



27. Has the manager ever been convicted of a misdemeanor involving fraud, theft or misuse of state or federal funds, or any felony? ☐ Yes ☐ No If yes, explain and give dates: _____

28. How long has the store (under its current name or a former name) physically operated at the present site? _____ years _____ months If not applicable, provide opening date: _____

DHHS 3282 (Revised 10/2026) (Review 1

Store Name: _____

Vendor Number: _____

29. Has the store ever operated under another name and/or at a different location? ☐ Yes ☐ No
If yes, former name(s) and/or location(s) of store: _____

30. Has the store (under its current name or a former name) ever been disqualified or assessed a monetary penalty by the WIC program? ☐ Yes ☐ No If yes, explain and give dates: _____

31. Does the owner(s) (includes corporate owners) have a financial interest in a store that is currently disqualified, was previously disqualified, or assessed a monetary penalty by the WIC program? ☐ Yes ☐ No
If yes, explain and give dates: _____

32. Has the owner(s) (includes corporate owners) ever had a financial interest in a store that was disqualified or assessed a monetary penalty by the WIC program? ☐ Yes ☐ No
If yes, explain and give dates: _____

33. Has the store (under its current name or a former name) ever been withdrawn, disqualified, or assessed a civil money penalty from the Supplemental Nutrition Assistance Program (SNAP)? ☐ Yes ☐ No
If yes, explain and give dates: _____

34. Does the owner(s) (includes corporate owners) have a financial interest in a store that is currently, or has been previously, withdrawn, disqualified, or assessed a civil money penalty by the Supplemental Nutrition Assistance Program (SNAP)? ☐ Yes ☐ No
If yes, explain and give dates: _____

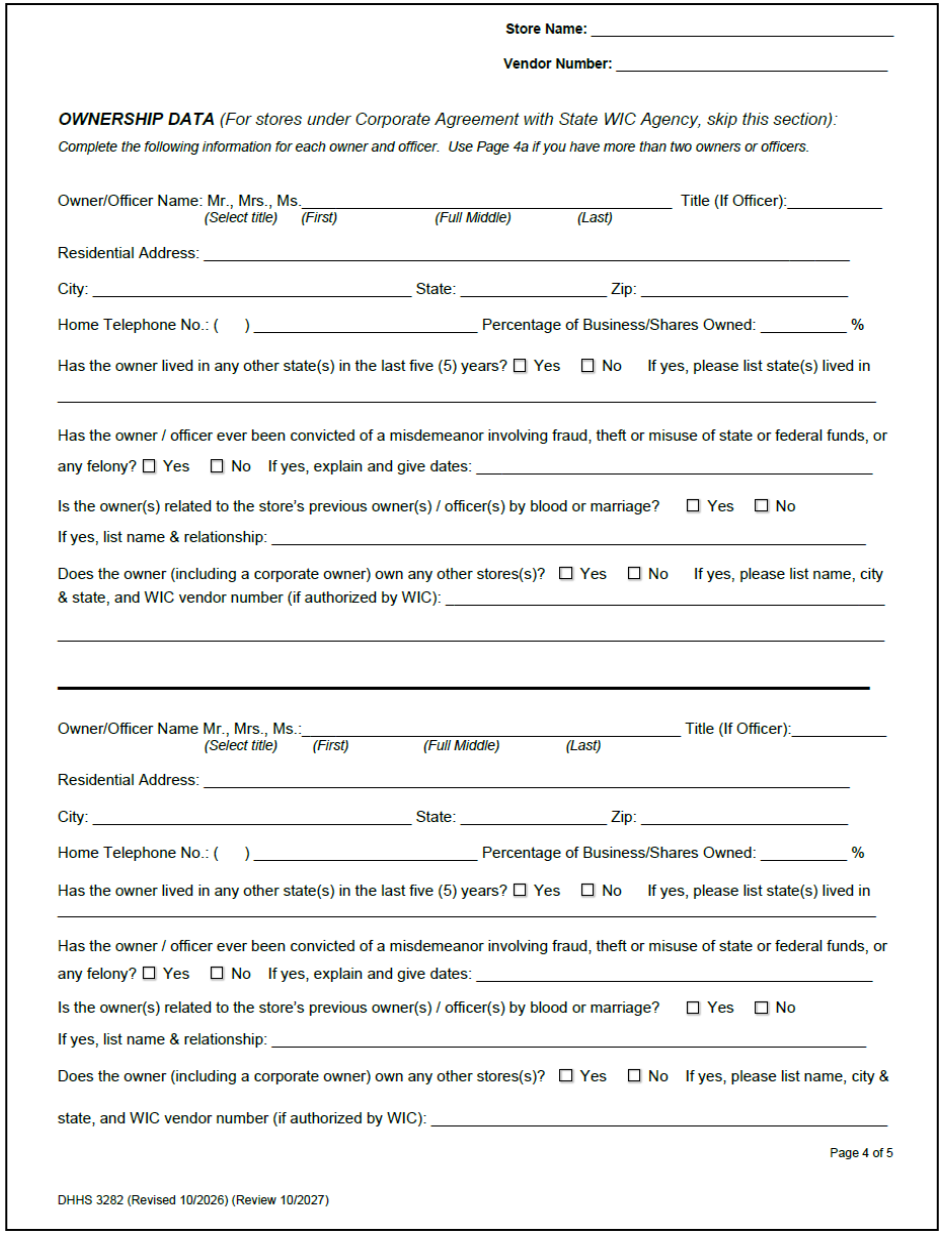
35. Has the owner(s) (includes corporate owners) ever had a financial interest in a store that was withdrawn, disqualified, or assessed a civil money penalty by the Supplemental Nutrition Assistance Program (SNAP)?
☐ Yes ☐ No
If yes, explain and give dates: _____

36. 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 and give dates: _____

Page 3 of 5

DHHS 3282 (Revised 10/2026) (Review 10/2027)

OWNERSHIP DATA SECTION



Store Name: _____

Vendor Number: _____

OWNERSHIP DATA *(For stores under Corporate Agreement with State WIC Agency, skip this section):*

Complete the following information for each owner and officer. Use Page 4a if you have more than two owners or officers.

Owner/Officer Name: Mr., Mrs., Ms._____ Title (If Officer):_____
(Select title) (First) (Full Middle) (Last)

Residential Address: _____

City: _____ State: _____ Zip: _____

Home Telephone No.: ( ) _____ Percentage of Business/Shares Owned: _____ %

Has the owner lived in any other state(s) in the last five (5) years? ☐ Yes ☐ No If yes, please list state(s) lived in

_____

Has the owner / officer ever been convicted of a misdemeanor involving fraud, theft or misuse of state or federal funds, or any felony? ☐ Yes ☐ No If yes, explain and give dates: _____

Is the owner(s) related to the store's previous owner(s) / officer(s) by blood or marriage? ☐ Yes ☐ No

If yes, list name & relationship: _____

Does the owner (including a corporate owner) own any other stores(s)? ☐ Yes ☐ No If yes, please list name, city & state, and WIC vendor number (if authorized by WIC): _____

_____

Owner/Officer Name Mr., Mrs., Ms.:_____ Title (If Officer):_____
(Select title) (First) (Full Middle) (Last)

Residential Address: _____

City: _____ State: _____ Zip: _____

Home Telephone No.: ( ) _____ Percentage of Business/Shares Owned: _____ %

Has the owner lived in any other state(s) in the last five (5) years? ☐ Yes ☐ No If yes, please list state(s) lived in

_____

Has the owner / officer ever been convicted of a misdemeanor involving fraud, theft or misuse of state or federal funds, or any felony? ☐ Yes ☐ No If yes, explain and give dates: _____

Is the owner(s) related to the store's previous owner(s) / officer(s) by blood or marriage? ☐ Yes ☐ No

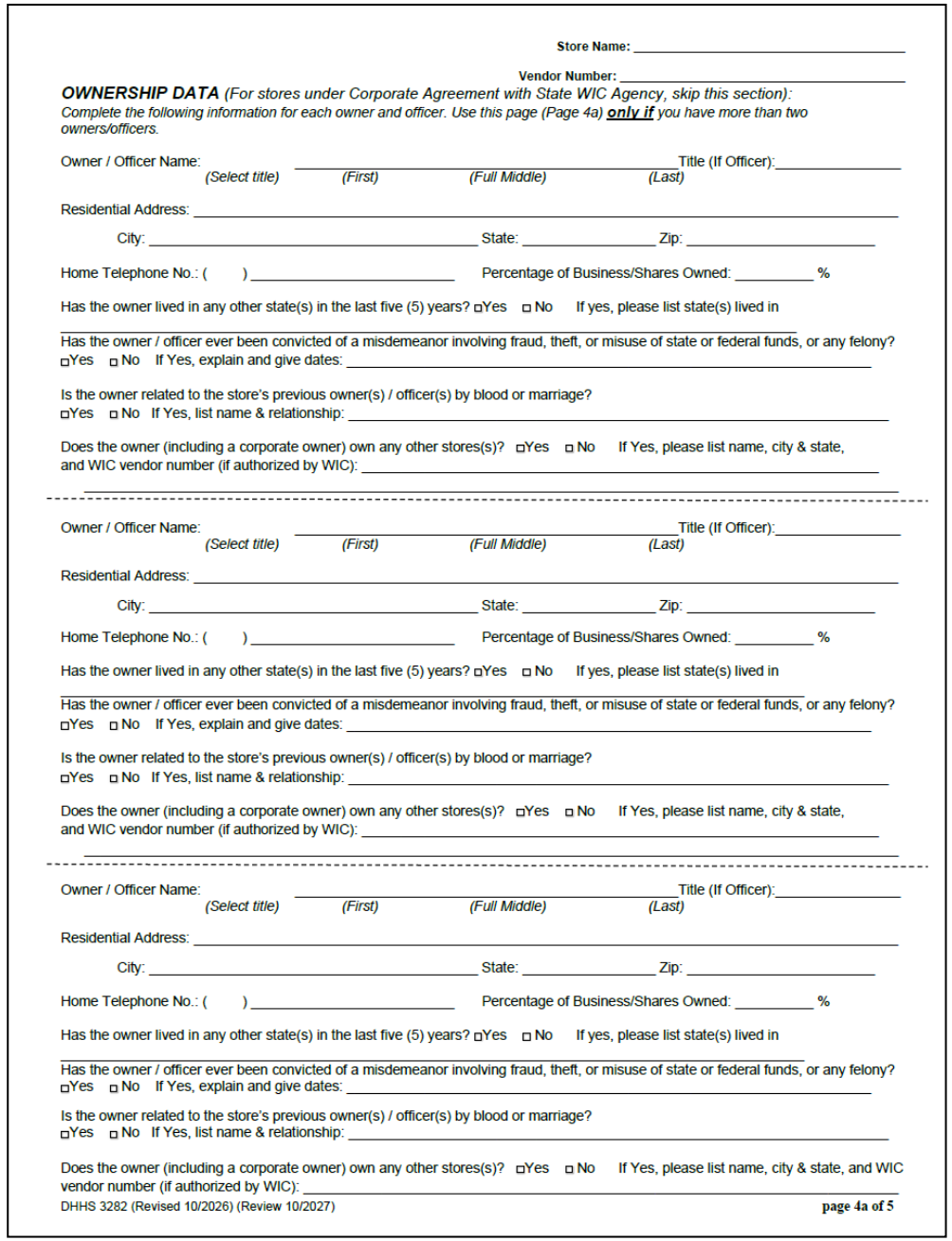
If yes, list name & relationship: _____

Does the owner (including a corporate owner) own any other stores(s)? ☐ Yes ☐ No If yes, please list name, city & state, and WIC vendor number (if authorized by WIC): _____

Page 4 of 5

DHHS 3282 (Revised 10/2026) (Review 10/2027)

- Pharmacies under corporate agreement do not complete this section
- Pharmacies not under corporate agreement should list all owners/officers
- For more than two (2) owners, request a page 4a
- Incorporated or Limited Liability Companies (LLC) list officers



Store Name: _____

Vendor Number: _____

OWNERSHIP DATA *(For stores under Corporate Agreement with State WIC Agency, skip this section):*
Complete the following information for each owner and officer. Use this page (Page 4a) ***only if*** *you have more than two owners/officers.*

Owner / Officer Name: _____ Title (If Officer):_____
(Select title) (First) (Full Middle) (Last)

Residential Address: _____

City: _____ State: _____ Zip: _____

Home Telephone No.: ( ) _____ Percentage of Business/Shares Owned: _____ %

Has the owner lived in any other state(s) in the last five (5) years? ☐Yes ☐ No If yes, please list state(s) lived in
_____

Has the owner / officer ever been convicted of a misdemeanor involving fraud, theft, or misuse of state or federal funds, or any felony?
☐Yes ☐ No If Yes, explain and give dates: _____

Is the owner related to the store's previous owner(s) / officer(s) by blood or marriage?
☐Yes ☐ No If Yes, list name & relationship: _____

Does the owner (including a corporate owner) own any other stores(s)? ☐Yes ☐ No If Yes, please list name, city & state, and WIC vendor number (if authorized by WIC): _____
_____

Owner / Officer Name: _____ Title (If Officer):_____
(Select title) (First) (Full Middle) (Last)

Residential Address: _____

City: _____ State: _____ Zip: _____

Home Telephone No.: ( ) _____ Percentage of Business/Shares Owned: _____ %

Has the owner lived in any other state(s) in the last five (5) years? ☐Yes ☐ No If yes, please list state(s) lived in
_____

Has the owner / officer ever been convicted of a misdemeanor involving fraud, theft, or misuse of state or federal funds, or any felony?
☐Yes ☐ No If Yes, explain and give dates: _____

Is the owner related to the store's previous owner(s) / officer(s) by blood or marriage?
☐Yes ☐ No If Yes, list name & relationship: _____

Does the owner (including a corporate owner) own any other stores(s)? ☐Yes ☐ No If Yes, please list name, city & state, and WIC vendor number (if authorized by WIC): _____
_____

Owner / Officer Name: _____ Title (If Officer):_____
(Select title) (First) (Full Middle) (Last)

Residential Address: _____

City: _____ State: _____ Zip: _____

Home Telephone No.: ( ) _____ Percentage of Business/Shares Owned: _____ %

Has the owner lived in any other state(s) in the last five (5) years? ☐Yes ☐ No If yes, please list state(s) lived in
_____

Has the owner / officer ever been convicted of a misdemeanor involving fraud, theft, or misuse of state or federal funds, or any felony?
☐Yes ☐ No If Yes, explain and give dates: _____

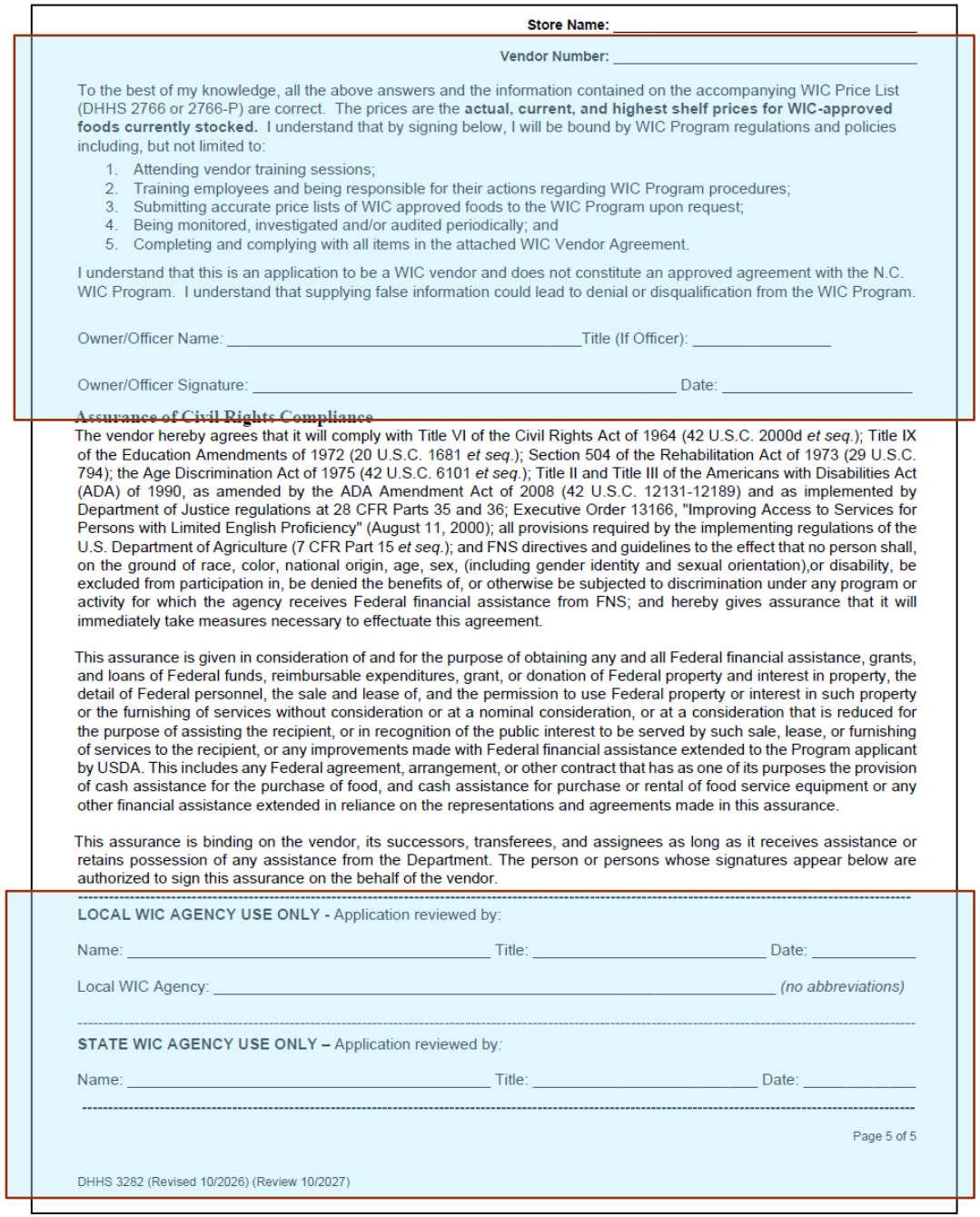
Is the owner related to the store's previous owner(s) / officer(s) by blood or marriage?
☐Yes ☐ No If Yes, list name & relationship: _____

Does the owner (including a corporate owner) own any other stores(s)? ☐Yes ☐ No If Yes, please list name, city & state, and WIC vendor number (if authorized by WIC): _____

DHHS 3282 (Revised 10/2026) (Review 10/2027) **page 4a of 5**

PAGE 4A

- Additional ownership page
- For vendors with more than two (2) owners or officers



Store Name: _____

Vendor Number: _____

To the best of my knowledge, all the above answers and the information contained on the accompanying WIC Price List (DHHS 2766 or 2766-P) are correct. The prices are the **actual, current, and highest shelf prices for WIC-approved foods currently stocked.** I understand that by signing below, I will be bound by WIC Program regulations and policies including, but not limited to:

1. Attending vendor training sessions;
2. Training employees and being responsible for their actions regarding WIC Program procedures;
3. Submitting accurate price lists of WIC approved foods to the WIC Program upon request;
4. Being monitored, investigated and/or audited periodically; and
5. Completing and complying with all items in the attached WIC Vendor Agreement.

I understand that this is an application to be a WIC vendor and does not constitute an approved agreement with the N.C. WIC Program. I understand that supplying false information could lead to denial or disqualification from the WIC Program.

Owner/Officer Name: _____ Title (If Officer): _____

Owner/Officer Signature: _____ Date: _____

Assurance of Civil Rights Compliance

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.

LOCAL WIC AGENCY USE ONLY - Application reviewed by:

Name: _____ Title: _____ Date: _____

Local WIC Agency: _____ *(no abbreviations)*

STATE WIC AGENCY USE ONLY – Application reviewed by:

Name: _____ Title: _____ Date: _____

Page 5 of 5

DHHS 3282 (Revised 10/2026) (Review 10/2027)

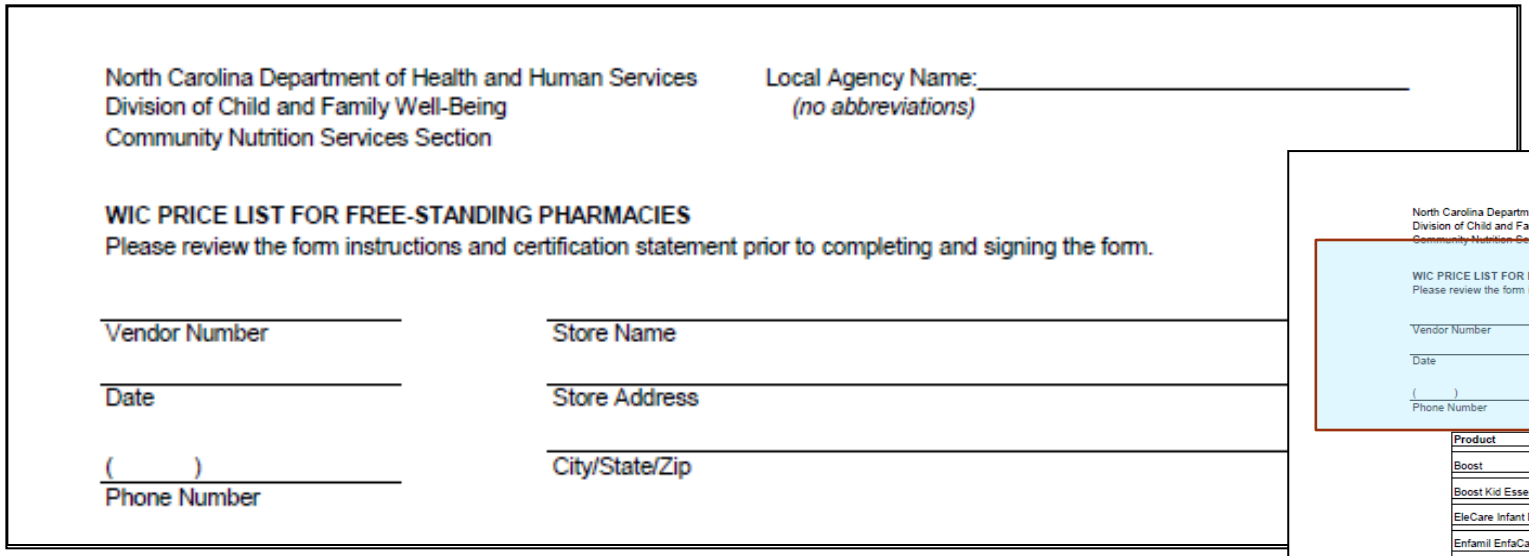
PAGE 5

- Read application statement Pharmacy Owner/Officer signs
- Check all answers before signing and clicking finish to avoid delay of processing the application
- Bottom section is to be completed by the Local WIC Agency before being sent to the State WIC Agency

WIC PRICE LIST FOR FREE-STANDING PHARMACIES (DHHS 2766P)

- Must be completed individually by each free-standing pharmacy at authorization and when requested by the State WIC Agency.

- Complete price for each WIC exempt formula and eligible nutritional on the form.
  - ✓Not restricted to NTE prices
  - ✓For reporting purposes only



North Carolina Department of Health and Human Services
Division of Child and Family Well-Being
Community Nutrition Services Section

Local Agency Name:_____
(no abbreviations)

WIC PRICE LIST FOR FREE-STANDING PHARMACIES
Please review the form instructions and certification statement prior to completing and signing the form.

Vendor Number

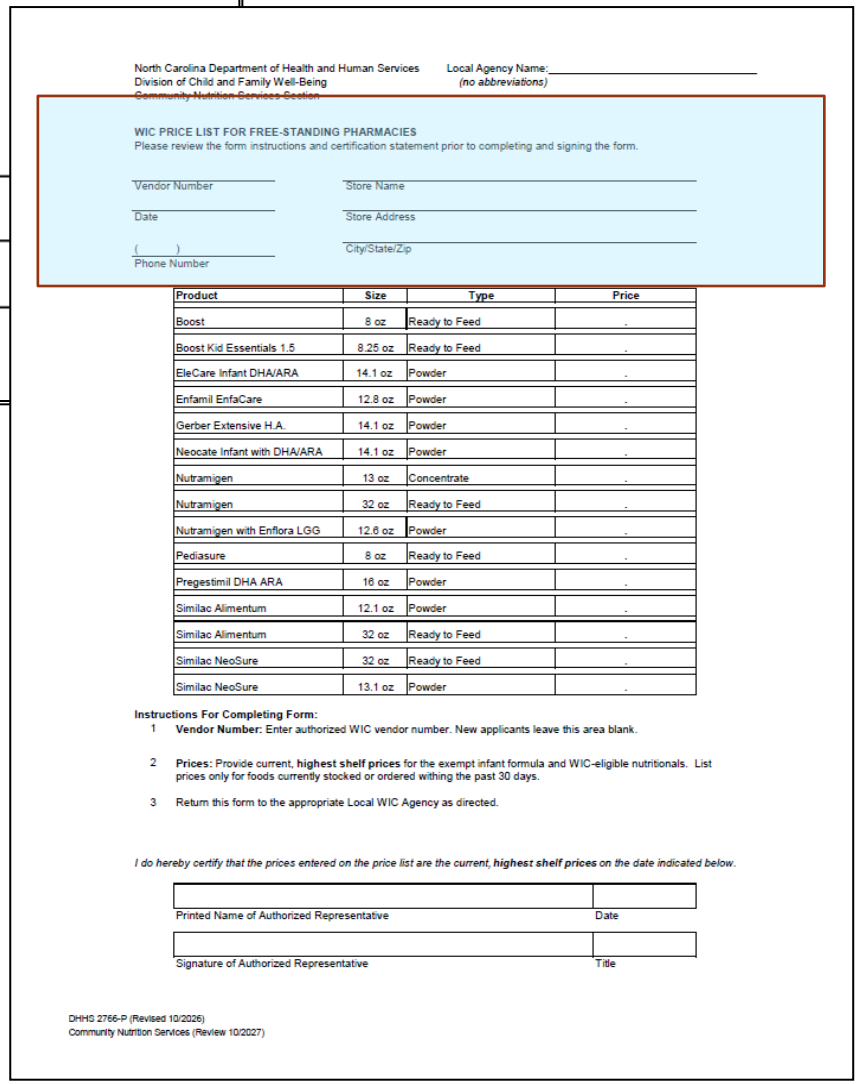
Store Name

Date

Store Address

( )
Phone Number

City/State/Zip



North Carolina Department of Health and Human Services
Division of Child and Family Well-Being
Community Nutrition Services Section

Local Agency Name:_____
(no abbreviations)

WIC PRICE LIST FOR FREE-STANDING PHARMACIES
Please review the form instructions and certification statement prior to completing and signing the form.

Vendor Number

Store Name

Date

Store Address

( )
Phone Number

City/State/Zip

Product	Size	Type	Price
Boost	8 oz	Ready to Feed	.
Boost Kid Essentials 1.5	8.25 oz	Ready to Feed	.
EleCare Infant DHA/ARA	14.1 oz	Powder	.
Enfamil EnfaCare	12.8 oz	Powder	.
Gerber Extensive H.A.	14.1 oz	Powder	.
Neocate Infant with DHA/ARA	14.1 oz	Powder	.
Nutramigen	13 oz	Concentrate	.
Nutramigen	32 oz	Ready to Feed	.
Nutramigen with Enflora LGG	12.6 oz	Powder	.
Pediasure	8 oz	Ready to Feed	.
Pregestimil DHA ARA	16 oz	Powder	.
Similac Alimentum	12.1 oz	Powder	.
Similac Alimentum	32 oz	Ready to Feed	.
Similac NeoSure	32 oz	Ready to Feed	.
Similac NeoSure	13.1 oz	Powder	.

Instructions For Completing Form:

1 **Vendor Number:** Enter authorized WIC vendor number. New applicants leave this area blank.

2 **Prices:** Provide current, **highest shelf prices** for the exempt infant formula and WIC-eligible nutritionals. List prices only for foods currently stocked or ordered withing the past 30 days.

3 Return this form to the appropriate Local WIC Agency as directed.

*I do hereby certify that the prices entered on the price list are the current, **highest shelf prices** on the date indicated below.*

Printed Name of Authorized Representative | Date

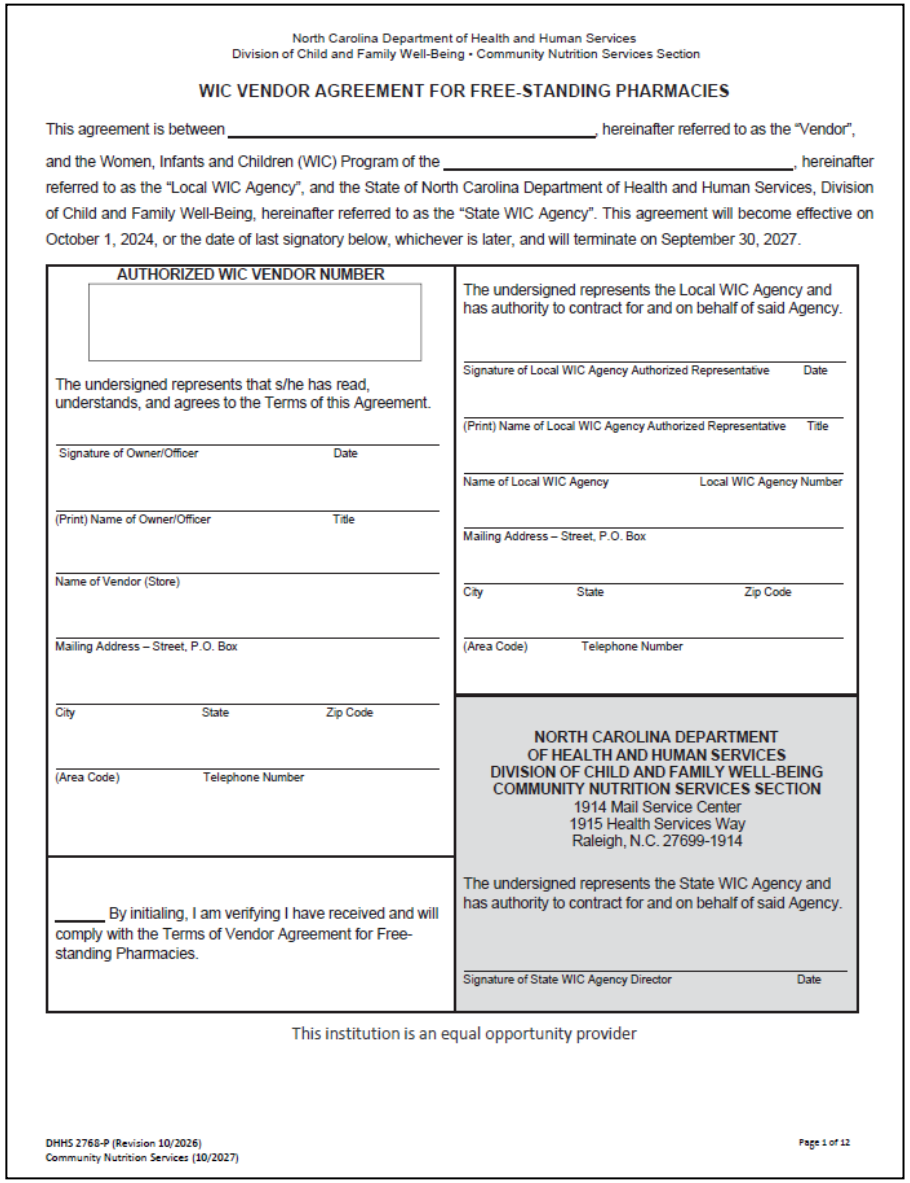
Signature of Authorized Representative | Title

DHHS 2766-P (Revised 10/2026)
Community Nutrition Services (Review 10/2027)

- Pharmacy Name **and** Number
- Street Address
- Phone Number
- Date

WIC VENDOR AGREEMENT FOR FREE-STANDING PHARMACIES

Read and understand all terms!



North Carolina Department of Health and Human Services
Division of Child and Family Well-Being • Community Nutrition Services Section

WIC VENDOR AGREEMENT FOR FREE-STANDING PHARMACIES

This agreement is between _____, hereinafter referred to as the "Vendor", and the Women, Infants and Children (WIC) Program of the _____, hereinafter referred to as the "Local WIC Agency", and the State of North Carolina Department of Health and Human Services, Division of Child and Family Well-Being, hereinafter referred to as the "State WIC Agency". This agreement will become effective on October 1, 2024, or the date of last signatory below, whichever is later, and will terminate on September 30, 2027.

AUTHORIZED WIC VENDOR NUMBER

The undersigned represents that s/he has read, understands, and agrees to the Terms of this Agreement.

Signature of Owner/Officer Date

(Print) Name of Owner/Officer Title

Name of Vendor (Store)

Mailing Address – Street, P.O. Box

City State Zip Code

(Area Code) Telephone Number

_____ By initialing, I am verifying I have received and will comply with the Terms of Vendor Agreement for Free-standing Pharmacies.

The undersigned represents the Local WIC Agency and has authority to contract for and on behalf of said Agency.

Signature of Local WIC Agency Authorized Representative Date

(Print) Name of Local WIC Agency Authorized Representative Title

Name of Local WIC Agency Local WIC Agency Number

Mailing Address – Street, P.O. Box

City State Zip Code

(Area Code) Telephone Number

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF CHILD AND FAMILY WELL-BEING
COMMUNITY NUTRITION SERVICES SECTION
1914 Mail Service Center
1915 Health Services Way
Raleigh, N.C. 27699-1914

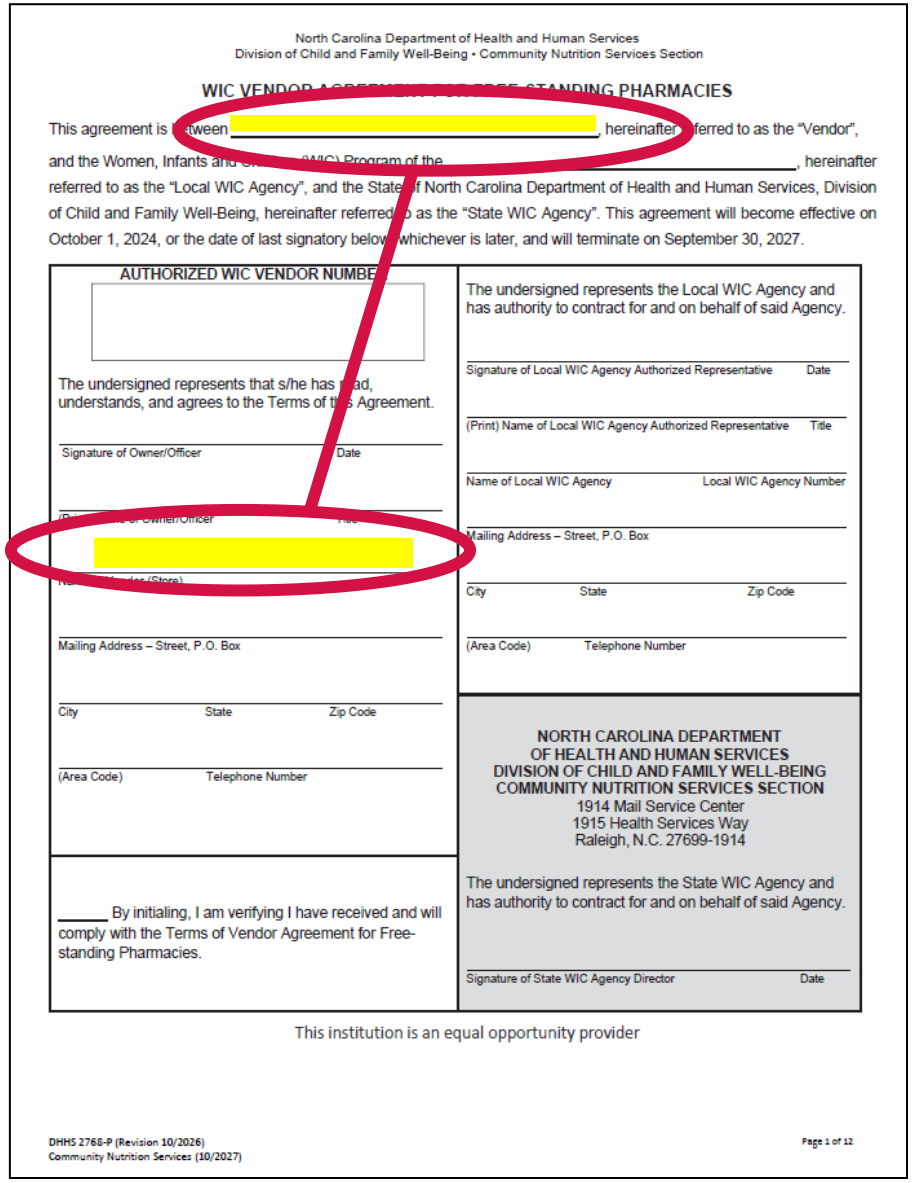
The undersigned represents the State WIC Agency and has authority to contract for and on behalf of said Agency.

Signature of State WIC Agency Director Date

This institution is an equal opportunity provider

DHHS 2768-P (Revision 10/2026)
Community Nutrition Services (10/2027)

Page 1 of 12



North Carolina Department of Health and Human Services
Division of Child and Family Well-Being • Community Nutrition Services Section

WIC VENDOR AGREEMENT FOR FREE-STANDING PHARMACIES

This agreement is between _____, hereinafter referred to as the "Vendor", and the Women, Infants and Children (WIC) Program of the _____, hereinafter referred to as the "Local WIC Agency", and the State of North Carolina Department of Health and Human Services, Division of Child and Family Well-Being, hereinafter referred to as the "State WIC Agency". This agreement will become effective on October 1, 2024, or the date of last signatory below, whichever is later, and will terminate on September 30, 2027.

AUTHORIZED WIC VENDOR NUMBER

The undersigned represents that s/he has read, understands, and agrees to the Terms of this Agreement.

Signature of Owner/Officer Date

(Print) Name of Owner/Officer Title

Name of Vendor (Store)

Mailing Address – Street, P.O. Box

City State Zip Code

(Area Code) Telephone Number

_____ By initialing, I am verifying I have received and will comply with the Terms of Vendor Agreement for Free-standing Pharmacies.

The undersigned represents the Local WIC Agency and has authority to contract for and on behalf of said Agency.

Signature of Local WIC Agency Authorized Representative Date

(Print) Name of Local WIC Agency Authorized Representative Title

Name of Local WIC Agency Local WIC Agency Number

Mailing Address – Street, P.O. Box

City State Zip Code

(Area Code) Telephone Number

NORTH CAROLINA DEPARTMENT
OF HEALTH AND HUMAN SERVICES
DIVISION OF CHILD AND FAMILY WELL-BEING
COMMUNITY NUTRITION SERVICES SECTION
1914 Mail Service Center
1915 Health Services Way
Raleigh, N.C. 27699-1914

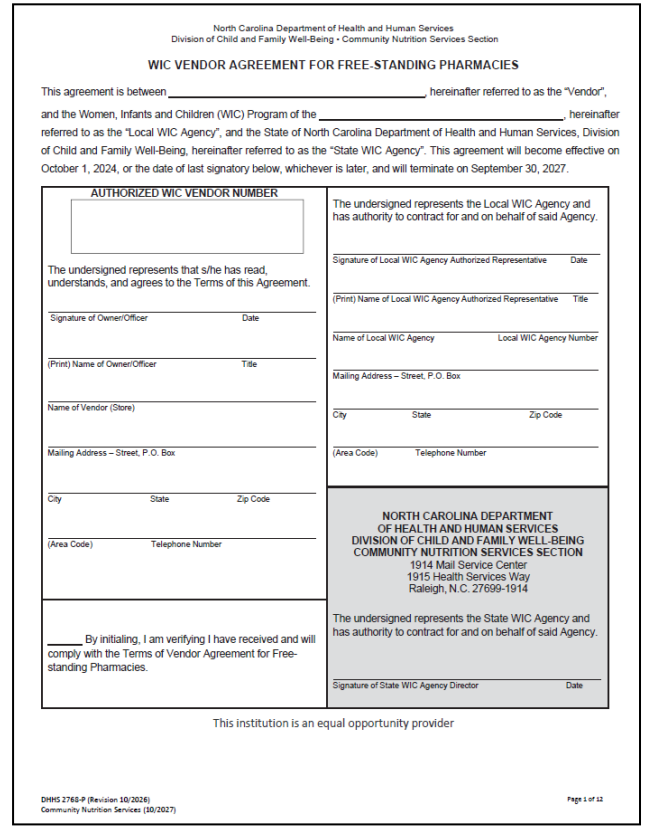
The undersigned represents the State WIC Agency and has authority to contract for and on behalf of said Agency.

Signature of State WIC Agency Director Date

This institution is an equal opportunity provider

DHHS 2768-P (Revision 10/2026)
Community Nutrition Services (10/2027)

Page 1 of 12



North Carolina Department of Health and Human Services
Division of Child and Family Well-Being • Community Nutrition Services Section

WIC VENDOR AGREEMENT FOR FREE-STANDING PHARMACIES

This agreement is between _____, hereinafter referred to as the "Vendor", and the Women, Infants and Children (WIC) Program of the _____, hereinafter referred to as the "Local WIC Agency", and the State of North Carolina Department of Health and Human Services, Division of Child and Family Well-Being, hereinafter referred to as the "State WIC Agency". This agreement will become effective on October 1, 2024, or the date of last signatory below, whichever is later, and will terminate on September 30, 2027.

AUTHORIZED WIC VENDOR NUMBER

The undersigned represents that s/he has read, understands, and agrees to the Terms of this Agreement.

Signature of Owner/Officer Date

(Print) Name of Owner/Officer Title

Name of Vendor (Store)

Mailing Address – Street, P.O. Box

City State Zip Code

(Area Code) Telephone Number

_____ By initialing, I am verifying I have received and will comply with the Terms of Vendor Agreement for Free-standing Pharmacies.

The undersigned represents the Local WIC Agency and has authority to contract for and on behalf of said Agency.

Signature of Local WIC Agency Authorized Representative Date

(Print) Name of Local WIC Agency Authorized Representative Title

Name of Local WIC Agency Local WIC Agency Number

Mailing Address – Street, P.O. Box

City State Zip Code

(Area Code) Telephone Number

NORTH CAROLINA DEPARTMENT
OF HEALTH AND HUMAN SERVICES
DIVISION OF CHILD AND FAMILY WELL-BEING
COMMUNITY NUTRITION SERVICES SECTION
1914 Mail Service Center
1915 Health Services Way
Raleigh, N.C. 27699-1914

The undersigned represents the State WIC Agency and has authority to contract for and on behalf of said Agency.

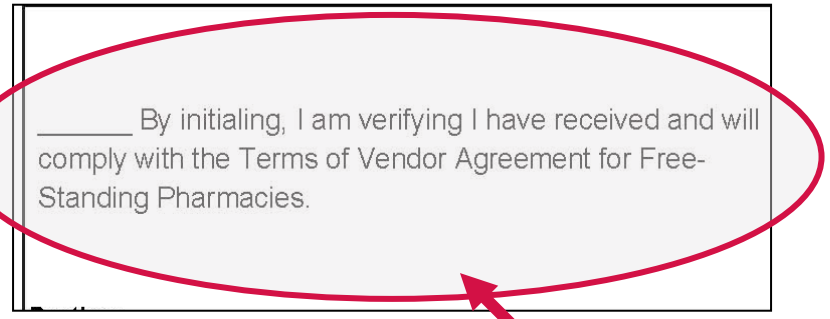
Signature of State WIC Agency Director Date

This institution is an equal opportunity provider

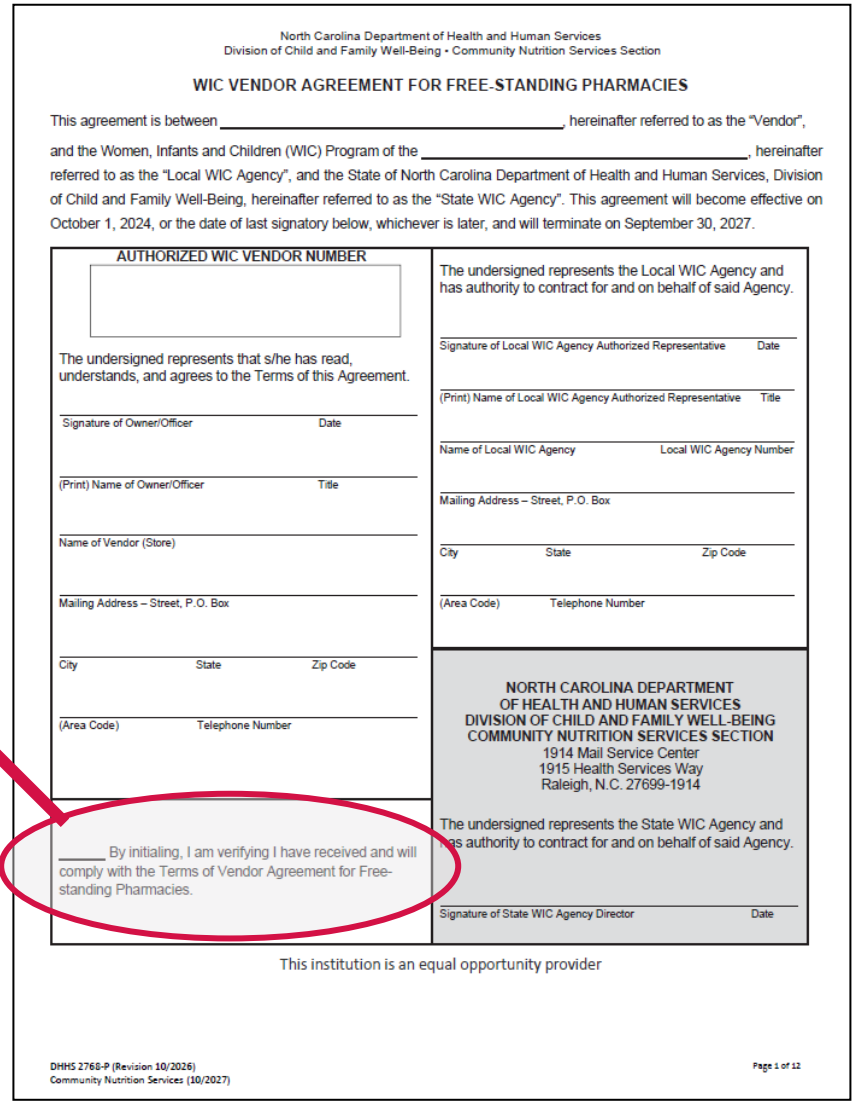
DHHS 2768-P (Revision 10/2026)
Community Nutrition Services (10/2027)

Page 1 of 12

BOTH NAMES MUST MATCH



- **Owner must initial for the receipt of the Terms of Vendor Agreement For Free-standing Pharmacies**
- **Terms of Vendor Agreement provided in DocuSign**



North Carolina Department of Health and Human Services
Division of Child and Family Well-Being • Community Nutrition Services Section

WIC VENDOR AGREEMENT FOR FREE-STANDING PHARMACIES

This agreement is between _____, hereinafter referred to as the "Vendor", and the Women, Infants and Children (WIC) Program of the _____, hereinafter referred to as the "Local WIC Agency", and the State of North Carolina Department of Health and Human Services, Division of Child and Family Well-Being, hereinafter referred to as the "State WIC Agency". This agreement will become effective on October 1, 2024, or the date of last signatory below, whichever is later, and will terminate on September 30, 2027.

AUTHORIZED WIC VENDOR NUMBER

The undersigned represents that s/he has read, understands, and agrees to the Terms of this Agreement.

Signature of Owner/Officer Date

(Print) Name of Owner/Officer Title

Name of Vendor (Store)

Mailing Address – Street, P.O. Box

City State Zip Code

(Area Code) Telephone Number

_____ By initialing, I am verifying I have received and will comply with the Terms of Vendor Agreement for Free-standing Pharmacies.

The undersigned represents the Local WIC Agency and has authority to contract for and on behalf of said Agency.

Signature of Local WIC Agency Authorized Representative Date

(Print) Name of Local WIC Agency Authorized Representative Title

Name of Local WIC Agency Local WIC Agency Number

Mailing Address – Street, P.O. Box

City State Zip Code

(Area Code) Telephone Number

NORTH CAROLINA DEPARTMENT
OF HEALTH AND HUMAN SERVICES
DIVISION OF CHILD AND FAMILY WELL-BEING
COMMUNITY NUTRITION SERVICES SECTION
1914 Mail Service Center
1915 Health Services Way
Raleigh, N.C. 27699-1914

The undersigned represents the State WIC Agency and has authority to contract for and on behalf of said Agency.

Signature of State WIC Agency Director Date

This institution is an equal opportunity provider

DHHS 2768-P (Revision 10/2026)
Community Nutrition Services (10/2027)

Page 1 of 12

ID REQUIREMENT

- The State WIC Agency requires that vendor applicants submit a valid copy of the owner's driver's license or state issued ID.

QUESTIONS



ASSURANCE OF CIVIL RIGHTS COMPLIANCE

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.

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.

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;

2. **fax:** (833) 256-1665 or (202) 690-7442; or

3. **email:** program.intake@usda.gov

This institution is an equal opportunity provider.

THANK YOU!

