


**An Orientation for
Free-standing Pharmacy
Vendor Applicants
2021-2022**



1

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



2

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



3

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.



4

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



5

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



6

Types of Vendors

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



7

Free-standing Pharmacy Vendors

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



8

Vendor Applicant's Responsibility

- Attend training by Local WIC Agency
- Meet all applicable selection criteria
- Contact Solutran, the eWIC processor for the North Carolina WIC Program, for preparation in accepting eWIC
 - Retailer Helpdesk: 1-866-730-7746 (available 24/7)
 - Email: ebtservices@Solutran.com
- Complete required forms accurately, honestly and completely
- Understand and follow all Federal and State regulations and rules
- Train all staff handling eWIC transactions



9

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



10

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 Solutran 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



11

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



12

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



13

Contract Formulas

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

- **Gerber Good Start Gentle®**
 - 12.7 oz cans Powder
 - 8.1 oz Concentrate Containers (GentlePro)
 - 33.8 oz Ready to Feed (4 pack of 8.45 oz Containers) (GentlePro)

Gerber Good Start SoothePro®

- 12.4 oz cans Powder

Gerber Good Start Soy®

- 12.9 oz cans Powder
- 8.1 oz Concentrate Containers
- 33.8 oz Ready to Feed (4 pack of 8.45 oz Containers)



14

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 at www.nutritionnc.com/wic/vendor.htm



15

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



16

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	Statewide	Retailer that sells a wide variety of merchandise but also carries groceries and has store locations in most or all states
	Commissary		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

17

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.



18

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.



19

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



20

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 at: www.nutritionnc.com/wic/vendor.htm
- 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**



21

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



22

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



23

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



24

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



25

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



26

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



27

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



28

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



29

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



30

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



31

**eWIC Payments
Through the
Banking System**



32

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.



33

Vendor Bank Accounts



- Vendor applicants submit their most current banking information to the eWIC contractor or their third-party processor to ensure payment for eWIC transactions
- Vendors can contact Solutran at 1-866-730-7746 or via email at ebtservices@solutran.com
- A representative from Solutran will email an ACH Authorization form for vendors to complete and submit, if necessary.



34

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.



35

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.



36

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.



37

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



38

After Authorization continued

- It is important to continue to follow policies and procedures to maintain authorization
- Federal regulations provide processes to support program integrity



39

Policy and Procedures

40

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

41

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

42

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



43

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



44

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



45

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



46

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



47

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



48

Vendor Violations and Sanctions

- 10A NCAC 43D.0710 has been amended to include language for eWIC transactions. The updated 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.

49

Vendor violations and sanctions

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.

50

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.

51

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).



52

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



53

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



54

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



55

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



56

Overcharging?

Example #1

- A vendor charges the WIC customer \$10.69 for Nutramigen LIPIL ready-to-feed. The current shelf price is \$9.50. Is this vendor overcharging?

Example #2

- A vendor charges a WIC customer \$6.50 for WIC approved exempt infant formula. \$7.50 is the current shelf price. Is this vendor overcharging?



57

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



58

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.



59

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



60

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



61

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



62

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



63

Disqualification

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



64

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 days



65

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



66

Completion of Forms using DocuSign



67

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 2021-2024
 - WIC Vendor Application (DHHS 3282)
 - WIC Price List for Free-standing Pharmacies (DHHS 2766P)
 - Cost Containment Exemption form for Pharmacies
 - Verification of Attendance form (provided by Local WIC Agency, not in DocuSign)



68

Completing Required Forms continued

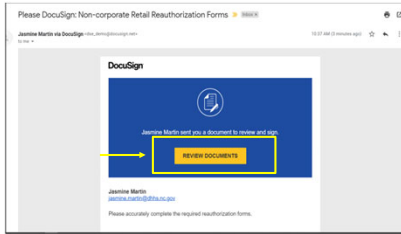
- Provide an email address for the pharmacy that is closely monitored. Forms to be completed using DocuSign will be emailed
- Complete Verification of Attendance form using blue or black ink
- Use the exact same pharmacy name on all forms
- Review all forms for accuracy. If you make an error, you may 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



69

Using DocuSign

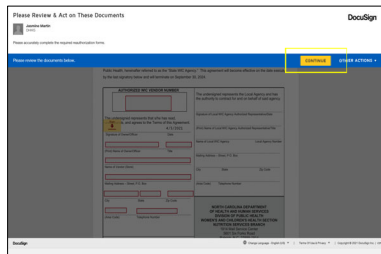
- You will receive an email from the State Agency via DocuSign
- This is the email you will receive
- Click on the "Review Documents" button



70

Vendor Process

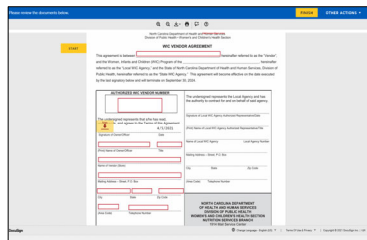
- Once you have clicked "Review Documents," this screen will open
- You will click the "Continue" button to review and complete the application documents (forms)



71

Fields to Complete

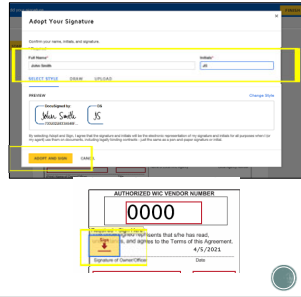
- Red boxes will appear on the fields required for completion



72

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



73

SIGNATURE

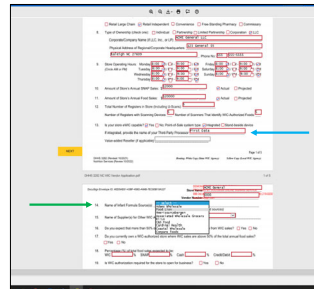


Once signature and initials have been adopted, when you click any space labeled sign or initial, the adopted signature will appear.

74

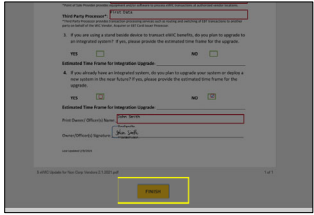
Form Fields

- Certain fields triggered once specific fields selected.
 - Blue arrow at question 13 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 14 shows a drop-down option.
 - Ensures vendors only choose State approved sources
 - Also available for question 15



75

Vendor Process Completed

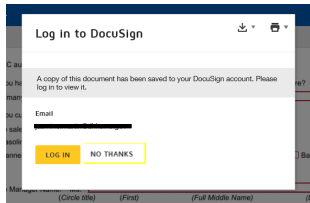


Once you have gone through all documents and completed all required fields, you will be able to click the "Finish" button.

76

Final Screen

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



77

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

78

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
 - Independent/Convenience
 - Free-standing Pharmacy
 - Commissary (Military Based Stores)

79

Application (DHHS 3282)

- **Question #8 - check only one!**
 - Individual
 - Partnership
 - Limited Partnership
 - Corporation
 - LLC
- **Question #9**
Since business hours are a selection criteria, please be accurate and indicate AM/PM
- **Question #10-11**
 - Annual SNAP & Food Sales - Projected for new pharmacies
- **Question #12- 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
- **Question #13**
 - eWIC capable

80

Application (DHHS 3282)

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

81

Application (DHHS 3282)

- Question #20-21**
 - Inventory invoices
- Question #22**
 - Required minimum inventory-not applicable
- Question #23**
 - Check all boxes that apply
- Question #24-25**
 - Manager's full name
 - Indicate if manager is primary contact for the pharmacy

82

Application (DHHS 3282)

- Questions #26-35**
 - Business integrity questions
 - Do not leave any blanks
 - Provide explanations and dates for "yes" responses

83

Ownership Data Section

- Pharmacies under corporate agreement do not complete this section
- Pharmacies not under corporate agreement should list all owners/officers
- For more than two owners, request a page 3a
- Incorporated or Limited Liability Companies (LLC) list officers

84

Page 3a

• Additional ownership page

• For vendors with more than 2 owners or officers

WIC Form

Vendor Number

OWNERSHIP DATA For vendors under Cooperative Agreement with State WIC Agency, and its affiliates.
Complete the following information for each owner and officer. Use the same Page 3a (3a) for each owner and officer.

Owner (Other Name) _____ Title of Officer _____

Residential Address _____

City _____ State _____ Zip _____

Home Telephone No. 1 _____ Percentage of Business/Share Owned _____ %

Has the owner/officer ever been convicted of a misdemeanor involving fraud, theft, or misuse of state or federal funds, or any felony? No Yes. If Yes, explain on page 3a.

Is the owner/officer the owner's spouse or partner? (affiliated by blood or marriage?) No Yes. If Yes, please list name, city & state, and WIC vendor number if authorized by WIC.

Does the owner (including a corporate partner) own any other business? No Yes. If Yes, please list name, city & state, and WIC vendor number if authorized by WIC.

Owner (Other Name) _____ Title of Officer _____

Residential Address _____

City _____ State _____ Zip _____

Home Telephone No. 1 _____ Percentage of Business/Share Owned _____ %

Has the owner/officer ever been convicted of a misdemeanor involving fraud, theft, or misuse of state or federal funds, or any felony? No Yes. If Yes, explain on page 3a.

Is the owner/officer the owner's spouse or partner? (affiliated by blood or marriage?) No Yes. If Yes, please list name, city & state, and WIC vendor number if authorized by WIC.

Does the owner (including a corporate partner) own any other business? No Yes. If Yes, please list name, city & state, and WIC vendor number if authorized by WIC.

Page 3a (3a)

85

Page 4

• Read application statement

• Pharmacy Owner/Officer signs

• Check all answers before signing and clicking finish to avoid delay of processing the application

WIC Form

Vendor Number

Owner (Other Name) _____ Title of Officer _____

Residential Address _____

City _____ State _____ Zip _____

Home Telephone No. 1 _____ Percentage of Business/Share Owned _____ %

Has the owner/officer ever been convicted of a misdemeanor involving fraud, theft, or misuse of state or federal funds, or any felony? No Yes. If Yes, explain on page 3a.

Is the owner/officer the owner's spouse or partner? (affiliated by blood or marriage?) No Yes. If Yes, please list name, city & state, and WIC vendor number if authorized by WIC.

Does the owner (including a corporate partner) own any other business? No Yes. If Yes, please list name, city & state, and WIC vendor number if authorized by WIC.

Check All That Apply (Check all that apply and circle the appropriate response on the application.) (Check all that apply.) (Check all that apply.) (Check all that apply.) (Check all that apply.)

1. Applying for a WIC Vendor Agreement.

2. Applying for a WIC Vendor Agreement with a WIC Program Agreement.

3. Being interviewed, interviewed and/or audited periodically, and

4. Complying and working with the WIC Program Agreement.

Consent: I hereby agree to the application to be a WIC vendor and to the conditions of the WIC Vendor Agreement with the WIC Agency. I understand that applying for a WIC Vendor Agreement is subject to the approval of the WIC Program Agreement.

Owner (Other Name) _____ Title of Officer _____

Owner (Other Name) _____ Title of Officer _____

Signature _____ Date _____

Page 4 (4)

86

Page 5

• Page 5 is completed by the Local WIC Agency before being sent to the State WIC Agency

WIC Form

Vendor Number

Consent of WIC Program Agreement

The vendor hereby agrees to the conditions of the WIC Vendor Agreement with the WIC Agency, and to the conditions of the WIC Program Agreement. I understand that applying for a WIC Vendor Agreement is subject to the approval of the WIC Program Agreement.

This agreement is a condition of the WIC Vendor Agreement and is subject to the approval of the WIC Agency. I understand that applying for a WIC Vendor Agreement is subject to the approval of the WIC Program Agreement.

This agreement is a condition of the WIC Vendor Agreement and is subject to the approval of the WIC Agency. I understand that applying for a WIC Vendor Agreement is subject to the approval of the WIC Program Agreement.

LOCAL WIC AGENCY USE ONLY - Application received by:

Name _____ Title _____ Date _____

Local WIC Agency _____ (signature) _____

STATE WIC AGENCY USE ONLY - Application received by:

Name _____ Title _____ Date _____

Page 5 (5)

87

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



88

Local Agency Name: _____
(no abbreviations)

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

Vendor Number _____	Store Name _____
Date _____	Store Address _____
Phone Number _____	City/State/Zip _____

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

89

WIC Vendor Agreement For Free-standing Pharmacies

Read and understand all terms!

90

North Carolina Department of Health and Human Services
State WIC Program

WIC VENDOR AGREEMENT FOR FREE-STANDING PHARMACIES

This agreement is between _____, hereinafter referred to as the "Vendor," and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) _____, hereinafter referred to as the "Local WIC Agency," and the State of North Carolina Department of Health and Human Services, hereinafter referred to as the "State WIC Agency." This agreement will become effective on the date executed by the local agency and will terminate on September 30, 2024.

AUTHORIZED WIC VENDOR NUMBER

The undersigned represents the Local WIC Agency and has the 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 _____

Print Name of Local WIC Agency _____

Street Address - Street, P.O. Box _____

City _____ State _____ Zip Code _____

Phone Number (Area Code) _____ Telephone Number _____

Signature of Vendor/Owner Date _____

Name of Vendor/Owner _____

Street Address - Street, P.O. Box _____

City _____ State _____ Zip Code _____

**NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
STATE WIC PROGRAM**

Both names **must** match

91

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

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
State WIC Program

WIC VENDOR AGREEMENT FOR FREE-STANDING PHARMACIES

This agreement is between _____, hereinafter referred to as the "Vendor," and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) _____, hereinafter referred to as the "Local WIC Agency," and the State of North Carolina Department of Health and Human Services, hereinafter referred to as the "State WIC Agency." This agreement will become effective on the date executed by the local agency and will terminate on September 30, 2024.

AUTHORIZED WIC VENDOR NUMBER

The undersigned represents the Local WIC Agency and has the 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 _____

Print Name of Local WIC Agency _____

Street Address - Street, P.O. Box _____

City _____ State _____ Zip Code _____

Phone Number (Area Code) _____ Telephone Number _____

Signature of Vendor/Owner Date _____

Name of Vendor/Owner _____

Street Address - Street, P.O. Box _____

City _____ State _____ Zip Code _____

**NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
STATE WIC PROGRAM**

92

ID Requirement

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

93

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. 12131-12188) 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, 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.



94

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-ONASCR%20Program-Discrimination-Form-5092-0002-5098-11-28-17-Final.pdf>, from any USDA office, by calling (866) 632-9922, 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
1430 Independence Avenue, SW
Washington, D.C. 20250-9410.
2. fax: (833) 256-1665 or (202) 696-7442; or
3. email: program.intake@usda.gov

This institution is an equal opportunity provider.

95

Questions?



Please contact your Local WIC Agency



96
