



# Local Agency Vendor Triage Form

Family ID: \_\_\_\_\_

Last 4 Digits of Card Number: \_\_\_\_\_

Transaction Date/Time: \_\_\_\_\_

Vendor Number/Name: \_\_\_\_\_

## Participant Statement



# Local Agency Vendor Triage Form

Dependent on the participant complaint, please ask the participant following questions.

1. What was the brand(s), quantity, product size and item(s) you were trying to purchase?

Brand Name	Quantity	Product Size	Item

2. Please provide the UPC for the item(s) you were trying to purchase. Please include all digits starting with the number to the farthest left and ending with the number to the farthest right.

3. Please describe the transaction (Only WIC items, mixed basket, etc.).

4. Did you present yourself as WIC participant or state that you were using your WIC/eWIC card?

5. Did the cashier verbally tell you the item(s) was not WIC approved or, as items were scanned, did the items not ring up as WIC approved?



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6. Did you use your BNFT app to scan the item(s) to see if they were WIC approved prior to the transaction?

7. Ask the participant if they have their receipts. If so, please make copies and attach to the form. In the box below, please describe your initial findings after viewing the receipts and listening to the participant's statement.

### TIPS AND ADDITIONAL INFORMATION

- Please inform and strongly encourage participants to take pictures of the UPC for the item(s) in question.
- Please remind participants to contact the local agency during or immediately after the incident has occurred.
- **Please inform participants to keep all receipts and bring the receipts to the clinic if they are reporting an issue that occurred at the store.**
- **Please send Local Agency Vendor Triage Forms to the following email address:**  
[NCWICVendorQuestions@dhhs.nc.gov](mailto:NCWICVendorQuestions@dhhs.nc.gov).