1. Assess eWIC Readiness
   - Corporate Contract applicants: Proceed with current process.
   - Non-Corporate contract applicants: Does store have an integrated system that is eWIC capable? If so:
     - Provide applicant with Solutran’s information
     - Retailer Helpdesk: 1-866-730-7746 (available 24/7)
     - Email: ebt-services@solutran.com

2. If applicant does not have an integrated system and will require a stand-by device:
   - Inform applicant that they will be responsible for establishing the equipment lease and paying all associated costs for the stand-by device equipment they obtain to transact eWIC.
   - If applicant agrees to lease the equipment – provide the applicant an application and proceed with the authorization process
   - Provide applicant with Solutran’s information
   - If the applicant does not want to pay the designated costs and fees, do not give them a vendor application to complete
Steps to Authorization continued

3. Orientation and review of module
4. Completion of forms
5. Entry of Information from Forms into Crossroads by Local Agency
   - Local WIC Agency should thoroughly review and have corrections made as necessary prior to entering in Crossroads and submitting to the State WIC Agency.

6. Pre-Authorization Monitoring
   - Corporate stores will submit application directly to State WIC Agency through the Vendor Portal. Monitoring Reports and Verification of Attendance (VOA) forms, will still be submitted to State WIC Agency by Local Agency.

7. Send forms to State WIC Agency for processing:
   - Send the appropriate copies (the bottom of each form directs how to distribute copies of vendor forms (including WIC Vendor Monitoring Reports) together in one (1) packet to the State WIC Agency.
   - Vendor Agreement - ending date 9/30/2021 (vendor applicant keeps Terms of Vendor Agreement)
   - Amendment to the WIC Vendor Agreement (effective March 2, 2020-September 30, 2021)
   - All other forms – White copy only
8. Once the State Agency has determined that the vendor applicant will be authorized, they will contact Solutran.
   • Solutran will perform a full analysis of the vendor applicant’s cash register system, including the potential need for stand beside equipment and get the necessary deposit for equipment and lease agreement in place.
   • State agency staff will complete L3 Certification testing once stand beside equipment has been received by the vendor and the vendor has been trained.
   • State agency staff will complete L3 Certification testing for vendor applicants with an integrated cash register system, once the cash register system has been approved by Solutran.

9. Completion of Orientation
   • If vendor is authorized to become a NC WIC vendor, the State WIC Agency will provide the Local WIC Agency the vendor ID along with various WIC handouts and NC WIC Vendor Transaction Guides for each register.
   • Local agency staff should review all enclosed materials as well as transaction procedures with the vendor, prior to giving the vendor their vendor ID. THIS IS IMPORTANT!!

DO NOT INFORM VENDOR THAT THEY ARE AUTHORIZED UNTIL YOU HAVE RECEIVED CORRESPONDENCE FROM THE STATE WIC AGENCY

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**Forms**

**Who Gets What?**
Vendor Types

- Corporate Contract Vendors
- Free-standing Pharmacies
- Other Retail Vendors
- Retail Vendor Applicants (Non-Corporate Contract)

Applicants Under Corporate Contract

- Application completed by corporate offices through the Vendor Portal
- Local Agencies to give Corporate Contract applicants:
  - Verification of Attendance form
  - Vendor Manual
  - NC WIC Vendor Transaction Guide(s)

Retail Vendor Applicants (Non-Corporate Contract)

1. Solutton's Contact Information
2. Verification of Attendance form
4. Vendor Agreement/Terms of Agreement
5. Amendment to the WIC Vendor Agreement (effective March 2, 2020-September 30, 2021)
6. Vendor Application + page 3a (If More Than 1 Owner/Officer)
7. Price List
8. Above Fifty-Percent Vendor Self Declaration Form
9. Any Relevant Memos, as Instructed
10. NC WIC Vendor Transaction Guide(s)
Pharmacies NOT Under Corporate Contract

1. Solution’s Contact Information
2. Verification of Attendance Form
4. Vendor Agreement/Terms of Agreement for Free-Standing Pharmacies
5. Amendment to the WIC Vendor Agreement (effective March 2, 2020-September 30, 2021)
6. Vendor Application
7. WIC Price List for Free-Standing Pharmacies
8. Cost Containment Exemption Form
9. Any Relevant Memos, as Instructed

Vendor Agreements

- Please note, the Local Agency representative signing Vendor Agreements should only be the Health Director, WIC Director, or Nutrition Director when there is not a specific WIC Director. Vendor Coordinators or Processing Assistants cannot sign the Vendor Agreement.

New Requirement

Effective March 2, 2020 the State WIC Agency will now require that vendor applicants submit a copy of their driver’s license or state issued ID.
Remember the Golden Rules

- ONLY Blue or Black ink
  - no pencil
  - no red ink
  - no gel pens
- Corrections
  - one line through error
  - add correction
  - initial
  - date
  - no white-out
  - no scribbles
- Vendor name & number on each page
- No blank spaces

Entering Applications into Crossroads
Adding a New Vendor Application

- "Search" for applicant in Crossroads for previous authorization or pending status
- If no results found:
  - Click "New Vendor Application" from Vendor Search screen
  - Enter the initial New Vendor Application screen that pops up
  - Complete all required items and enter the SNAP ID.
  - Click "Save"

Completing Application

Vendor Information screen will pop-up
Complete All Required Items
Select Ownership Type
- If Corporation is selected as Ownership Type, choose the Corporate Parent
- If the Corporate Parent is not listed in the dropdown, you must manually add the Corporate Parent information. Complete required items

Completing Application continued

- To add Corporate Parent information, use the Add button next to the Corporation dropdown. The Corporate Parent information screen will display.
- After this information has been added select Save. You must then select that Corporate Parent from the Corporation dropdown for that vendor on the Vendor Application screen.
Answer All Required Sections

- Cost Containment:
  - This is a required section of the NC WIC Vendor Application. All questions must be answered for the application to be processed.
  - Percentage of Total Food Sales must add up to 100%.

- State Defined Questions:
  - This is a required section of the NC WIC Vendor Application. All questions must be answered for the application to be processed.
  - Select Save once all of the required fields have been completed.

Remaining Authorization Steps

Local WIC Agency’s Responsibilities

After entering application package information in Crossroads mail all forms associated with the vendor applicant to the State WIC Agency

After State WIC Agency approval and L3 Certification is Completed:

Provide Vendor ID to Vendor

Provide Green Copy of Vendor Agreement (signature page) signed by State WIC Director (for Non-Corporate contract Retail and Free-standing Pharmacy vendors)

Provide a supply of NC WIC Vendor Transaction Guides
Other Vendor Management Procedures

Handling Customer Service Issues (Complaints)

- Vendors should report customer service issues to their 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
  - Repeated efforts by WIC customers to get cash for food or cash-value benefits
  - Other vendors that appear to engage in fraudulent WIC activities

Customer Service Issues Form
Local Agency Vendor Triage Form

Purpose

• To help local agency staff ask the right questions when participants report an issue involving a vendor during an eWIC transaction
• Still continue to use standard complaint form for all non eWIC related complaints or issues


Local Agency Vendor Triage Form

• Fillable form available at: https://www.nutritionnc.com/ewic/index.htm
• Please scan and send the Local Agency Vendor Triage Form along with any copies of the receipts to the following email address: NCWICVendorQuestions@dhh.snc.gov.
• This email address is checked daily and a Vendor Consultant will be in contact with you.
• We strongly encourage local agency staff to keep a copy for their records.
For Technical Assistance

Heather Todaro – (919) 707-5738
Heather.Todaro@dhhs.nc.gov

Jasmine Martin – (919) 707-5748
Jasmine.Martin@dhhs.nc.gov

Lakia Jones – (919) 707-5747
Lakia.Jones@dhhs.nc.gov

Sue Cheek – (919) 707-5802
Sue.Cheek@dhhs.nc.gov

Assurance of Civil Rights Compliance

The State Agency hereby agrees, and is in compliance 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., the Age Discrimination Act of 1975, 42 U.S.C. 6101 et seq., the Rehabilitation Act of 1973, 29 U.S.C. 794, Title II of the Americans with Disabilities Act of 1990, 42 U.S.C. 12121 et seq., and the Age Discrimination in Employment Act of 1975, and is in compliance with Executive Order 13166, “Improving Access to Services for Persons with Limited English Proficiency.” (August 11, 2000), as amended, all provisions required by the implementing regulations of the U.S. Department of Agriculture, and FNS directives and guidelines to the effect that no person shall, on the grounds of race, color, national origin, age, sex, or disability, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Agency receives Federal financial assistance from FNS; and hereby gives assurances 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, or donations; reimbursement for expenditures, grants, or donations of Federal property; and the authorization of detailed or special agents, and the sale and lease of, or the permission to use Federal property or interest in such property or the furnishing of services without consideration, or at a consideration that is reduced for the purpose of assisting 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 control that has as one of its purposes the provision of such assistance for the purchase of land, and cash assistance for the purchase or rental of real estate or any other financial assistance extended in reliance on the representations and agreement made in this assurance.
USDA Non-Discrimination Statement

In accordance with Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, as amended, and other applicable laws, the USDA's programs and activities are available without discrimination on the basis of race, color, national origin, age, sex, religion, handicap, or political beliefs.

Persons with disabilities who require accommodations to participate in any of the agency's programs or activities should contact the USDA’s State or civil rights office at the contact information provided below. Individuals who are deaf, hard-of-hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Asterisks indicate that the information may be provided in languages other than English.

To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250—1664, or at USDA’s state offices, as indicated in “Copies of this form are available from state offices.”

If you wish to file a complaint in writing, complete the folio below and mail to this office. You must file your complaint no later than 30 days after the discrimination occurred.

1. Name of the person(s) responsible for the discrimination.
2. Date the discrimination occurred.
3. Place where the discrimination occurred.
4. Name, address, and phone number of person(s) affected.
5. Description of the discrimination.
6. Signature of the person or official making the complaint.

This institution is an equal opportunity provider.