

MSDH WIC Program Verification of Cashier Training

This form verifies that MSDH WIC specific training has been provided to cashiers at each store location. Submission of this form indicates that, at a minimum, training included or will include the information listed below. Please note training must be completed at each store location before eWIC can be accepted. Vendors will not receive Vendor materials (i.e. shelf tags, window cling, etc) or be authorized to accept eWIC until this form is submitted and approved by the MSDH WIC Program. Vendors who do not provide training to cashiers and other store associates may not be authorized for the WIC Program.

- Purpose of WIC
- Role of the WIC Vendor
- WIC Vendor Requirements
- WIC Approved Foods (for Grocery Store Vendors only)
- WIC Approved Formula
- Identifying an eWIC Card
- Processing an eWIC transaction
- How WIC monitors and assigns sanctions
- Store- specific point of sale system transactions

Cashier training materials can be found at www.freshnewwic.com, and is listed as WIC Vendor Training for Grocery Store Associates and WIC Vendor Training for Pharmacy Associates. Please note that training for store specific point of sale system transactions is not developed by the MSDH WIC Program. This is specific to the point-of-sale system to be used for eWIC transactions.

For vendors who have provided training to cashiers and store associates at the time of submission of the verification form:

Please provide proof of attendance (including dates) certifying that cashiers at each store participated in training. Proof may include agendas, sign in sheets, or other proof of attendance.

Please provide a list of stores, including the WIC Vendor ID Number, store name and full physical address for all store locations who received training. For vendors with one store, please provide the information for the one store location. The WIC Vendor ID number may be found on the vendor agreement.

Submit the required information via email to vmu@msdh.ms.gov.

<u>For vendors who have not provided training to cashiers and store associates at the time of submission of the verification form:</u>

Please provide a training plan. The training plan must include the following:

- List of stores. Include the WIC ID number, store name, and physical address. For vendors with one store, please provide the information for the one store location. The WIC Vendor ID number may be found on the vendor agreement.
- Dates of scheduled trainings. Please note training must be completed before eWIC can be accepted at each store location.

Once training is provided, please provide proof of attendance (including dates) certifying that cashiers at each store participated in training. Proof may include agendas, sign in sheets, or other proof of attendance. Please provide a list of stores, including the WIC Vendor ID Number, store name and full physical address for all store locations who received training. For vendors with one store, please provide the information for the one store location. The WIC Vendor ID number may be found on the vendor agreement.

Submit the required information via email to vmu@msdh.ms.gov.

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verify with a check (E) all thems included with this form
☐ Sign- in sheets or other proof of attendance (if applicable)
List of stores for which training was or will be provided (including store name and physical address)
☐ Training plan (if applicable)
Corporation Name (for vendor with multiple stores) -or- Vendor Store Name and Number (for vendor with one store)
Name of Vendor Representative (Print)
Signature of Vendor Representative
Date

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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/ad-3027.pdf, or from any USDA office by calling (866) 632-9992, or by writing a letter addressed to the USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail:

U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or

2. fax:

(833) 256-1665 or (202) 690-7442; or

3. email:

Program.Intake@usda.gov

This institution is an equal opportunity provider.

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