Mississippi WIC Program UPC Submission Form

Submitter's Information	
Name	Phone Number
Email	WIC Vendor ID or eWIC card number
Store or Business Name	
Address	City, State, ZIP Code

Attach a copy of the product label. It must include the product name, size, manufacturer, nutrition facts, and UPC bar code. Only products with a UPC code denoted on the container will be considered. Manufacturers must provide a list of stores where the product is available.

Product Information	
Product Type	Product Name
Product Brand/Manufacturer	Package Size

UPC Code* (8, 12 or 13 digits) _____

Fill in the number <u>exactly</u> as it appears on the product label and <u>include **all** numbers</u>.

GTIN-12 (UPC-12)   0 12345 67890 5
GTIN-13 (EAN / UCC-13)   0 123456 789012 >
GTIN-8 (EAN / UCC-8)   0123 4567

MISSISSIPPI STATE DEPARTMENT OF HEALTH
FORM INSTRUCTIONS
MISSISSIPPI WIC PROGRAM UPC SUBMISSION FORM

FORM NUMBER   **F-1178**

REVISION DATE   **10/30/2024**

RETENTION PERIOD   **No less than three (3) years.**

PURPOSE

The Mississippi WIC Program UPC Submission form is used to submit UPC Code information to request inclusion on the eWIC Approved Product List. The form may be submitted by vendors or participants.

INSTRUCTIONS

Submitter's Information

1) Enter the name, phone number and email address of the submitter
2) Enter the WIC Vendor ID number if submitter is a Vendor or the eWIC card number if the submitter is a WIC participant
3) Enter the Store or Business name and physical address where the product is available

Product Information

1) Enter the Product Type (Example: Milk, Cheese, Cereal, etc.)
2) Enter the Product Name
3) Enter the Product Brand/Manufacturer
4) Enter package size (Example: Ounces, dozen, gallon, etc.)
5) Enter UPC Code (8, 12 or 13 digits) exactly as it appears on the product including all numbers.
6) Attach a copy of the product label. The product label must include the product name, size, manufacturer, nutrition facts, and UPC bar code.
7) Only Products with a UPC code denoted on the container will be considered.
8) Manufacturers must provide a list of stores where the product is available.

The completed form may be submitted via email, fax or US Postal Service.

- Email form to eWICMS@msdh.ms.gov
- Fax form to 601-956-2969
- Mail form to MSDH WIC Program, Attn: Nutritionist Unit, PO Box 1700, Jackson, MS 39215

For State WIC Use Only

1) Enter the date the form is received.
2) Document whether a label is submitted with the form
3) Enter the review date
4) Enter the name of the person completing the review
5) Document the outcome of the review and the reason for denial if applicable
6) Enter the product Category and Subcategory
7) Enter the date the approved UPC Code is added to the system
8) Enter the name of the person entering the UPC Code in the system

OFFICE MECHANICS AND FILING

The submission form will be filed at the WIC Central Office.