




# 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> .	<div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <p style="color: blue; font-size: small;">GTIN-12 (UPC-12)</p>  <p style="font-size: x-small;">0 12345 67890 5</p> </div> <div style="text-align: center;"> <p style="color: blue; font-size: small;">GTIN-13 (EAN / UCC-13)</p>  <p style="font-size: x-small;">0 123456 789012 &gt;</p> </div> <div style="text-align: center;"> <p style="color: blue; font-size: small;">GTIN-8 (EAN / UCC-8)</p>  <p style="font-size: x-small;">0123 4567</p> </div> </div>

For State WIC Use Only	
Date Received	Label Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Reviewed	Reviewed By
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied - Reason for Denial
Category	Subcategory
Date UPC Entered	Entered By

## **Instructions for Mississippi WIC Program UPC Submission Form**

**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](mailto: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.

**Retention Period:**

The submission form will be kept on file for a period of no less than 3 years.