

New Jersey WIC Vendor Portal Initial Assessment User Guide for Interested Retailers

The New Jersey WIC Vendor Portal is a new website that New Jersey State WIC Agency is using to facilitate communication with retailers interested in becoming WIC authorized. The portal will be used by retailers who are interested in becoming a WIC Vendor.

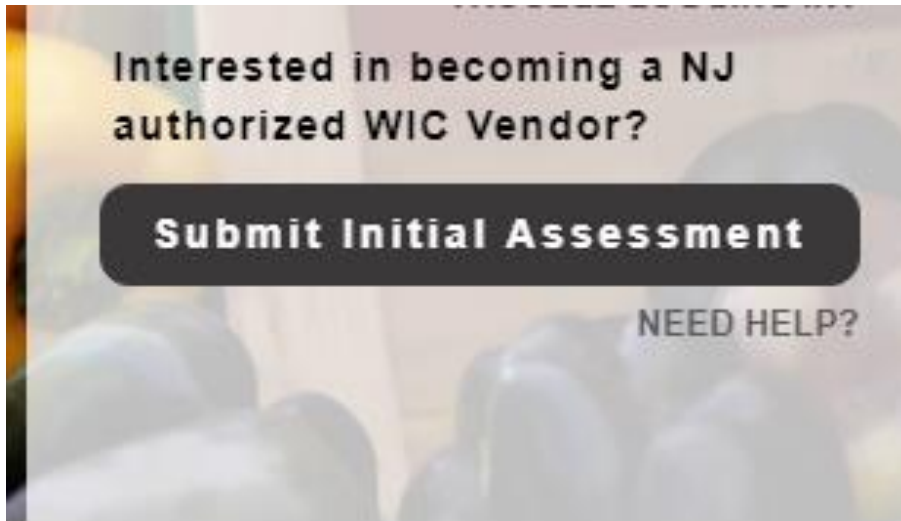
Retailers who are interested in becoming a WIC authorized vendor will submit an initial assessment using the vendor portal to determine their eligibility.



Interested retailers will click on the initial assessment section in the vendor portal website to submit their initial assessment.

The initial assessment is designed to determine the eligibility of a retailer, interested in becoming WIC authorized.

The retailer is expected to meet vendor selection criteria which will be provided in the initial assessment.



The interested retailers will complete the questions provided in the initial assessment form. The initial assessment questions require YES or NO responses to determine if the interested retailer meets the federal and state requirements to become a NJ WIC authorized vendor.

Failure to answer the questions correctly will disqualify the retailer from becoming WIC authorized.

NJ WIC Vendor Portal v3.6.0

Request for Access

- 1 Questions**
First, determine your eligibility
- 2 Retail Store Information
Initial Assessment Form
- 3 Owner Business Information
Initial Assessment Form
- 4 Primary Owner Information
Initial Assessment Form
- 5 Agreement
Initial Assessment Form
- 6 Recent Change of Store Ownership
Possibility of a Duplicate Submission.
- 7 Duplicate Submission Detected
Initial Assessment Form
- 8 Received / Thank You
Complete the request process.

The New Jersey Supplemental Nutrition Program for Women Infants and Children (WIC) provides wholesome food, nutrition education and community support for income eligible women who are pregnant and post-partum, infants and children up to five years old.

The NJ WIC Vendor Portal is used to determine an interested retailer's program eligibility through the Initial Retailer Assessment questions which begin at the bottom of this page. The eight assessment questions are the minimum requirements for receiving a New Jersey WIC Application for Vendor Authorization Packet. The assessments questions were obtained from the Vendor Selection Criteria. The complete Vendor Selection Criteria can be found here: <http://www.nj.gov/health/forms/wic-6.pdf> <http://www.nj.gov/health/forms/wic-6.pdf>

The State Agency (SA) will assess all retailer information to determine their eligibility for Vendor Authorization within 120 calendar days. The milestones begin with an interested retailers' submission of an Initial Retailer Assessment Form. The NJ WIC Application Process Milestones can be found here: <http://www.nj.gov/health/forms/wic/vendors/>

Retailers who are deemed ineligible as determined by the SA's review of the Initial Retailer Assessment may resubmit via the online portal no more than two additional times per calendar year unless the store location has changed ownership within that period.

Interested retailers who answer "no" to any of the questions on the Initial Retailer Assessment Form will not receive an application. Interested Retailers who have knowingly submitted false or misleading information to the SA will be denied authorization upon review of the New Jersey WIC Application Packet for Vendor Authorization. For additional information, please visit the NJ Department of Health WIC website at <http://www.nj.gov/health/forms/wic/vendors/>

Are you a single permanent fixed location and a full-service retail grocery establishment in New Jersey?

Initial Vendor Assessment Form - Retail Store Information:

NJ WIC Vendor Portal **v2.8.0**

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Initial Assessment Form - Retail Store Information

Please complete the Initial Assessment Form if you are interested in being evaluated as a WIC authorized vendor for the authorization period **October 1, 2018** through **September 30, 2021**.

NOTE: All Fields in **RED** are required.

Retail Store Name **x**
This field is required.

Street Address 1 **x**
This field is required.

Street Address 2

City

State

County

Zip **x** [Get Cities](#)
This field is required.

Zip +4

Store Contact First Name **x**
This field is required.

Store Contact Last Name **x**
This field is required.

Once the assessment has been completed the interested retailer will receive an email from noreply@cma.com confirming the form has been received. If you do not see the email within 24 hours, please double check your SPAM or Junk folder.

If you need further assistance, please call the State WIC Office at 609-292-9560 and ask to speak with a Vendor Unit Representative.