

Welcome to the Connecticut WIC Vendor Portal Renewal Application User Guide, a screen-by-screen review of the online application screens necessary to apply for Connecticut WIC vendor authorization.

This document is a reference guide for the Connecticut WIC Vendor Portal. It focuses on how to apply online for authorization in the WIC Program. It has procedures for registering for a user account, re-entering the portal and how to create and submit an application. This user guide does not provide information on the WIC Vendor Agreement that determines authorization into the WIC Program. Information regarding authorization can be found on the Department of Public Health WIC Retailers webpage at <https://portal.ct.gov/DPH/WIC/Retailers>.

If at any time during this process you have questions please call the Connecticut WIC Program at 860.509.8084 and press #2 or send an email to DPH.ptwic@ct.gov and ask for assistance with the online portal application.

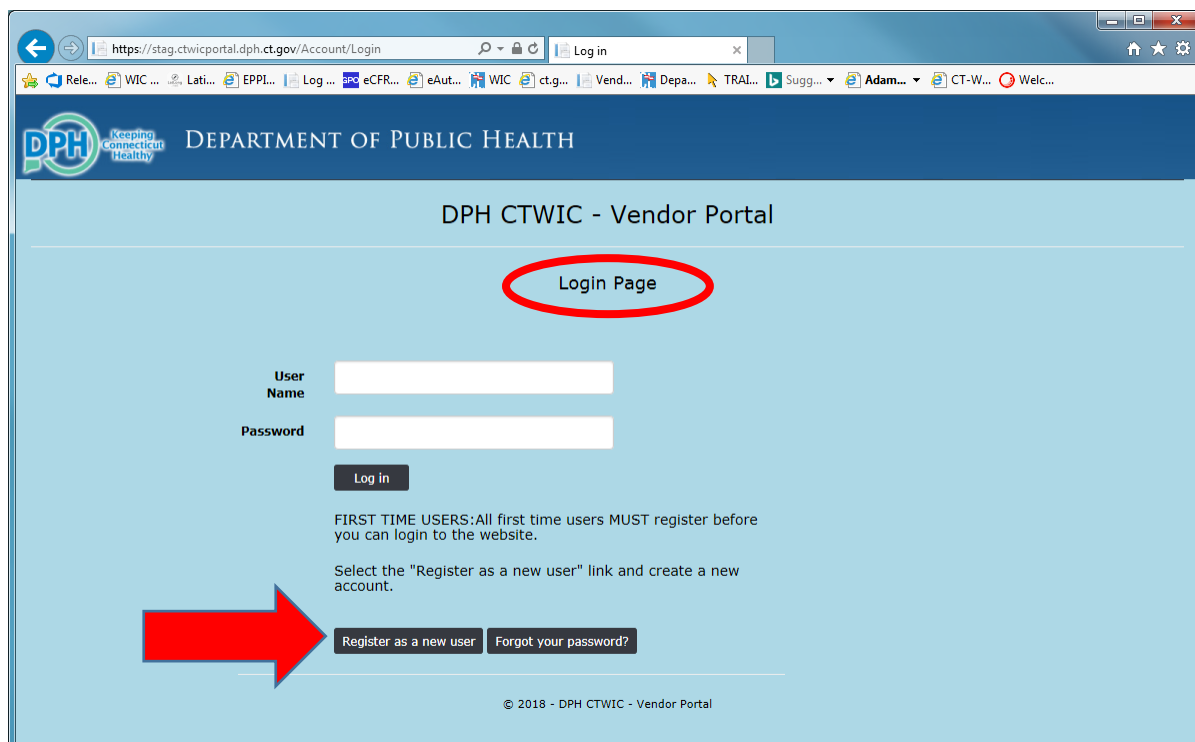
This application process will require you to review and confirm demographic information in a variety of internet screens. To help you with this task, review and complete the **Vendor Portal Worksheet** available for download and printing on the WIC Retailers webpage.

You will also be required to upload documents to the application through the portal. These uploads can take the form of PDF, word documents, and images. For help with scanning, search your mobile device's app store for "scanner apps." You may also want to consult with your local office supply store about scanning.

Lastly, no matter the internet browser that you use, turn off the pop-up blocker in that browser to ensure that all required screens and pop-ups are able to open.

Let's begin. Proceed to the Login Page of the vendor portal <https://ctwicportal.dph.ct.gov/Account/Login>. If you are a new user follow the instructions that begin right here. **If you are a previously registered user you can skip ahead to the bottom of Page 3 of this user guide.**

Login Page – First time users must click on the **Register as a new user** button.



Registration Page – After clicking on the **Register as a new user** button, fill in all the fields with the required information.

Registration Page

<p>First Name <input type="text"/></p> <p>MI <input type="text"/></p> <p>Last Name <input type="text"/></p> <p>Driver's License # <input type="text"/> <small>Take photo of license (with phone) and email to DPH.PTWIC@ct.gov in order to activate your account.</small></p> <p>Phone Number <input type="text"/></p> <p>Email <input type="text"/></p>	<p>Store Name <input type="text"/></p> <p><input type="checkbox"/> Multiple Stores</p> <p>Address <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/></p> <p>Zip <input type="text"/></p> <p>User Name <input type="text"/> <small>Choose a username that is 6-50 characters long.</small></p> <p>Password <input type="password"/> <small>Passwords must have at least one non letter or digit character. Passwords must have at least one digit ('0'-9'). Passwords must have at least one uppercase ('A'-Z').</small></p> <p>Confirm password <input type="password"/></p>
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Disclaimer

- I hereby certify that the creation of a user account and the use of the Vendor Portal are for the purpose of applying for the Connecticut WIC Program.
- I agree not to provide my user name and password to others.
- I have read and understand the Vendor Agreement. I understand that this application and agreement does not guarantee selection and authorization to participate in the WIC Program.
- I hereby certify that the information presented in this application is true and correct to the best of my knowledge and understanding.
- I understand that misrepresentation of the information contained herein will result in rejection of this application and/or immediate revocation for the store's WIC Vendor authorization.
- The undersigned represents that he or she is the owner, partner, member, franchisee or authorized representative or has the authority to contract for and on behalf of the retail vendor.

Please check here if you agree with the above terms.

Only after entering data in all fields correctly, reading the Disclaimer, and clicking the **Disclaimer agreement** checkbox will you be able to click on the **Register** button. Please note the instructions under the **Driver's License #** data field. To complete your registration and have your registration approved, the Connecticut WIC Program must receive an electronic photo of the registrant's valid state or federal identification.

Registration Page

<p>First Name <input type="text" value="Open Enrollment"/></p> <p>MI <input type="text"/></p> <p>Last Name <input type="text" value="Test Store"/></p> <p>Driver's License # <input type="text" value="CT000000000"/> <small>Take photo of license (with phone) and email to DPH.PTWIC@ct.gov in order to activate your account.</small></p> <p>Phone Number <input type="text" value="(860) 509-8084"/></p> <p>Email <input type="text" value="DPH.ptwic@ct.gov"/></p>	<p>Store Name <input type="text" value="Open Enrollment Test Store"/></p> <p><input type="checkbox"/> Multiple Stores</p> <p>Address <input type="text" value="410 Capitol Avenue"/></p> <p>City <input type="text" value="Hartford"/></p> <p>State <input type="text" value="CT"/></p> <p>Zip <input type="text" value="06106"/></p> <p>User Name <input type="text" value="openenrollmentteststore"/> <small>Choose a username that is 6-50 characters long.</small></p> <p>Password <input type="password" value="*****"/> <small>Passwords must have at least one non letter or digit character. Passwords must have at least one digit ('0'-9'). Passwords must have at least one uppercase ('A'-Z').</small></p> <p>Confirm password <input type="password" value="*****"/></p>
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Disclaimer

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- I agree not to provide my user name and password to others.
- I have read and understand the Vendor Agreement. I understand that this application and agreement does not guarantee selection and authorization to participate in the WIC Program.
- I hereby certify that the information presented in this application is true and correct to the best of my knowledge and understanding.
- I understand that misrepresentation of the information contained herein will result in rejection of this application and/or immediate revocation for the store's WIC Vendor authorization.
- The undersigned represents that he or she is the owner, partner, member, franchisee or authorized representative or has the authority to contract for and on behalf of the retail vendor.

Please check here if you agree with the above terms.

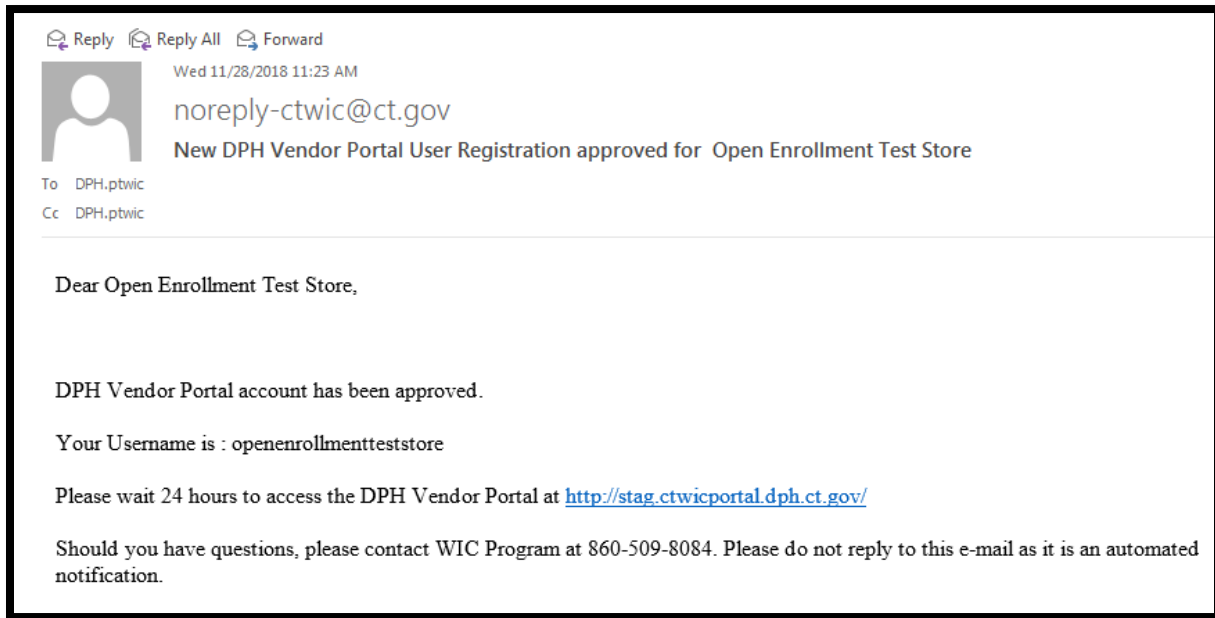
After clicking on the button you will receive the message seen below.

DPH CTWIC - Vendor Portal

Registration Confirmation.

Your DPH-CTWIC Vendor Portal registration request has been received. DPH-CTWIC personnel will review your registration request and once it is approved you will receive an email notification with the confirmation. Should you have questions, please contact WIC Program at 860-509-8084.

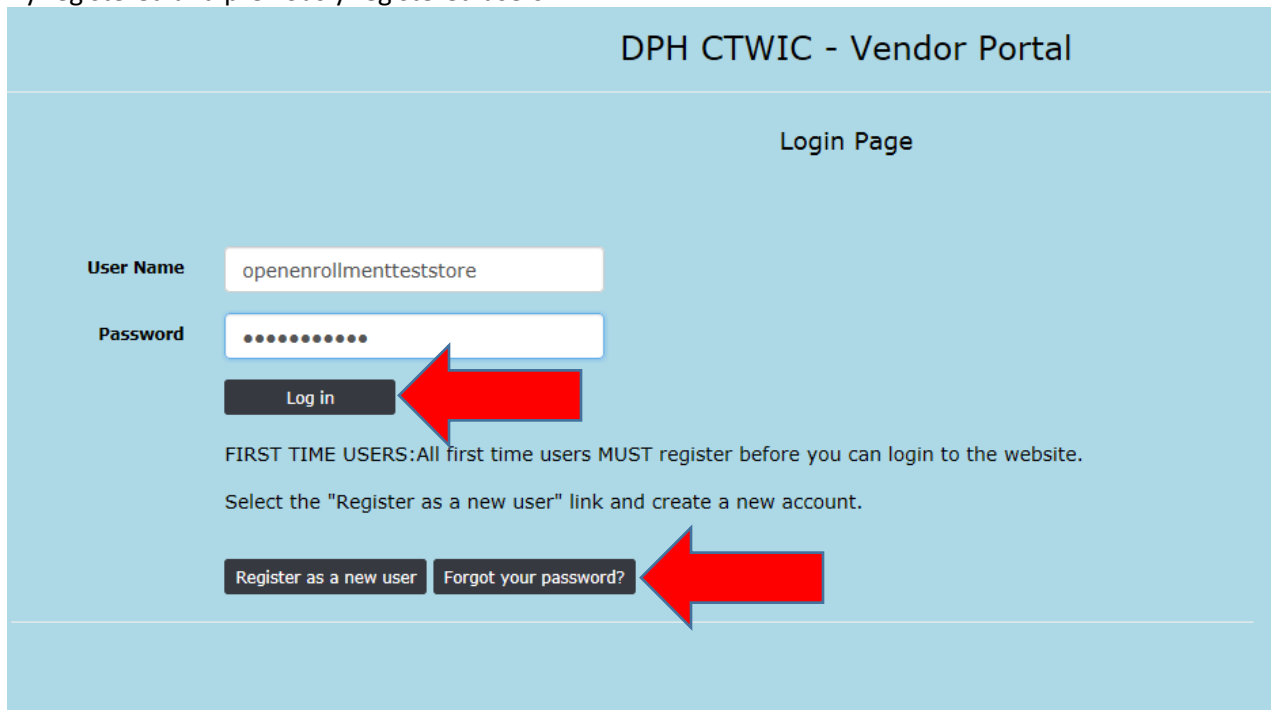
After WIC personnel have reviewed your registration, received your photo of your valid state or federal identification and activated your user account, you will receive an email similar to the one found below with your specific registration information and instructions to log into the portal to complete your online application. This email will be sent to the email address used for account registration.



If you are a **previously registered user** and have forgotten your password, click on the **Forgot your password?** button and follow the instructions.

If you have forgotten your username, email the following information to DPH.ptwic@ct.gov: (1)your store name (2)WIC vendor number (3)the store's street address and city (4)the first and last name of the person who registered (5)the email that was used to register.


For newly registered and previously registered users:




After clicking the **Log In** button you will be redirected to the **State** screen.

Click on the word **Vendor** in the upper left side.


Connecticut Women Infant & Children Program



VENDOR



Many documents on this site are PDF files which require the use of the free Adobe Acrobat Reader.



Last Login
11/28/18 11:30

*** Welcome to the Test Server ***

Use of this system is authorized only to registered Connecticut WIC Program users and limited for approved WIC business purposes. Unauthorized access is prohibited. Anyone knowingly or intentionally accessing State of Connecticut or U.S. government information resources without authorization faces termination of employment or contract, prosecution where applicable, and fines/imprisonment if found guilty. All system activities may be recorded/monitored.

On the **Make Active** screen click on the row of the store that you are renewing and click the **Make Active** button. **Make sure that this is the store record that you want to work in.**

stag.ctwicportal.dph.ct.gov/VendorExt/WebForms/Template.aspx?fiFAlYRVc2VyVG9rZW49MjQ3OTIxNCZVc2VyTmFtZT10ZXN0c3RhZ2luZzgvMjQvMjMmTGfzdExvZ2luU2Vzc2lvbkklP...

Connecticut **WIC**
WIC
WOMEN IN CONTROL AND RESOURCES

File - Vendor Application - Communication - Help - Fri 3/15/2024

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To enter a vendor record click on the row of the store that you want to enter and click the Make Active button.

- If you have entered the portal for the purpose of completing an application click on the Vendor Application menu on the left and click on the Application screen.
- If you have entered the portal for the purpose of selecting training click on the Training menu on the left and click on the Select Training screen.
- If you have entered the portal for the purpose of uploading or reviewing documents click on the Communication menu on the left and click on the Uploaded Documents screen.

Vendors

Vendor ID	Vendor Name	Status	App. Status	App. Date	Auth End Date	Term. Date
	TESTSTAGING8/24/23	Pending	Submitted			

Vendor Record

Vendor Number:
LA:
Init Auth Date:
Auth Start Date:
Auth End Date:
Peer Group ID:
Status:
Legal Action:

Vendor Application
Training
Communication
Logoff

Version: 1.0.0.0

Vendor has been made active. teststaging8/24/23 **Make Active** CTWIC-

Vendor Application ▲

- Application
- Demographics
- Store Details
- Sales Information
- Food Price Entry

Training ▼

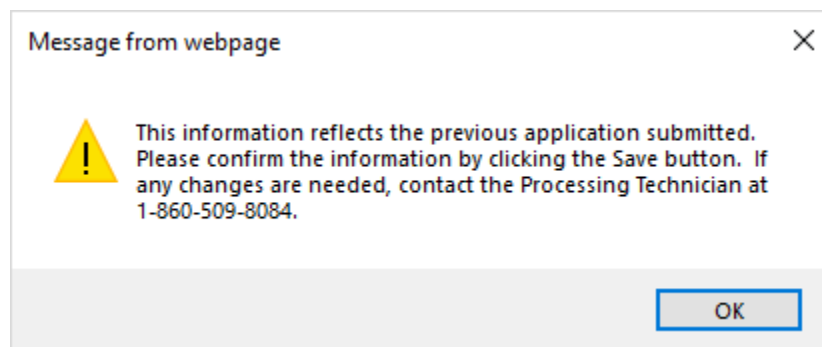
Communication ▼

Logoff

Click on **Vendor Application**. When the menu expands click on **Application**.

You are now on the **Application** screen. The Application Type has been preset for you. Please click the **Go** button.

You should receive the message found below. By clicking **OK** you are confirming that the information on the Application screen is accurate and you are ready to proceed to the other required screens. If any information on this screen is not accurate please contact the state WIC office at 860.509.8084.



After clicking the **Save** button click **Next**.

On the **Demographics** screen, review and confirm that the information contained on this screen is accurate. If any information in any of the grayed out data fields is not accurate you must contact the state WIC office. The white data fields are updateable. Add **Store Contacts** and their information by clicking on **Add** and entering the required data. If any of the listed Store Contacts have changed contact the state WIC office to change that information.

stagg.ctwicportal.dph.ct.gov/VendorExt/WebForms/Template.aspx?fiFAlYRVc2VyVG9rZW49MjQ3OTIyMCZVc2VyTmFtZT10ZXN0c3RhZ2luZzgvMjQvMjMmTGfzdExvZ2luU2Vzc2lvbkklPW...

Connecticut WIC

Vendor Record

TEST STAGING8/24/23

Vendor Number: Not Assigned

Vendor Name: TESTSTAGING8/24/23

Store Email: eric.marszalek@ct.gov

Store Phone: (860) 509-8072

Owner: MARA'S GROCERY LLC

Peer Group: C1

Last Updated Date: 3/13/2024

Street Address

Mailing Address Same as Street Address

State: Connecticut

City: HARTFORD

Zip: 06106

Device Type: Stand beside

TPP: NA

Number of Registers: 2

Contact Type	First Name	Last Name	Phone Number	Email	Phone
Owner	ERIC	MARSZALEK	(860) 509-8072	ERIC.MARSZALEK@CT.GOV	


Add

Save Cancel Next

Data Saved Successfully teststaging8/24/23 CTWIC-

When all data has been reviewed, confirmed or entered on the **Demographics** screen click **Save**. The message "Data Saved Successfully" will appear in the blue bar at the bottom of the screen. You may now click **Next**.

On the **Store Details** screen, enter all the required data in the white data fields that are blank or incorrect. Selecting the Language you wish to be trained in is a very important part of this screen. The language selected in that field will determine what training classes you are offered after your application has been approved. Please select the primary language that is spoken by the store personnel who will attend the mandatory training. Enter the **Open** and **Close** times for your store. Enter the correct **Number of store workers** and **Number of store workers who will handle WIC transactions**. Answer all the **Questions**.

Before clicking  and  click on .

Store Details - Google Chrome

stag.ctwicportal.dph.ct.gov/VendorExt/WebForms/Template.aspx?fiFAlyRvc2VyVG9rZW49MjQ3OTIyMSZVc2VyTmFtZT10ZXN0c3RhZ2luZzgvMjQvMjMmTGFzdE...

Connecticut WIC

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um TESTSTAGING8/24/23

Store Details

* CT Tax ID Number 7777777777 FEIN SSN 77-777777

Authorized SNAP Number 777777

* Language to be trained in English Other Language English

Number of store workers 2

How many workers will handle WIC transactions 2

Days/Hours of the Week Open

Day	Open time	Close time
SUNDAY		
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
SATURDAY		

ID	* Question	Yes	No	Notes
1	Do you intend to purchase infant formula from the authorized distributor/retailer list ...	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	Do you expect to derive more than 50% of your food sales revenue from WIC sales?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3	Do you plan on providing incentive items or other free merchandise to WIC customer...	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4	During the past six (6) years, has any current owner, officer, or manager at your stor...	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5	Has any owner, partner, franchisee, member, manager, shareholder, officer, trustee b...	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
6	Has any owner, partner, franchisee, member, manager, shareholder, officer, trustee b...	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7	Has any owner, partner, franchisee, member, manager, shareholder, officer, trustee h...	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
8	Do you intend to offer WIC customers the same courtesies that are offered to non-W...	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9	Is this application a change of ownership or a new store to the WIC Program? If yes,...	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Vendor Record

TESTSTAGING8/24/23

Vendor Number:

LA: 030000 - BURGSDORF/FLEET HEALTH CENTER

Init Auth Date:

Auth Start Date:

Auth End Date:

Peer Group ID: C1

Status: Pending

Legal Action: NO

Vendor Application

Application

Demographics

Store Details

Sales Information

Food Price Entry

Training

Communication

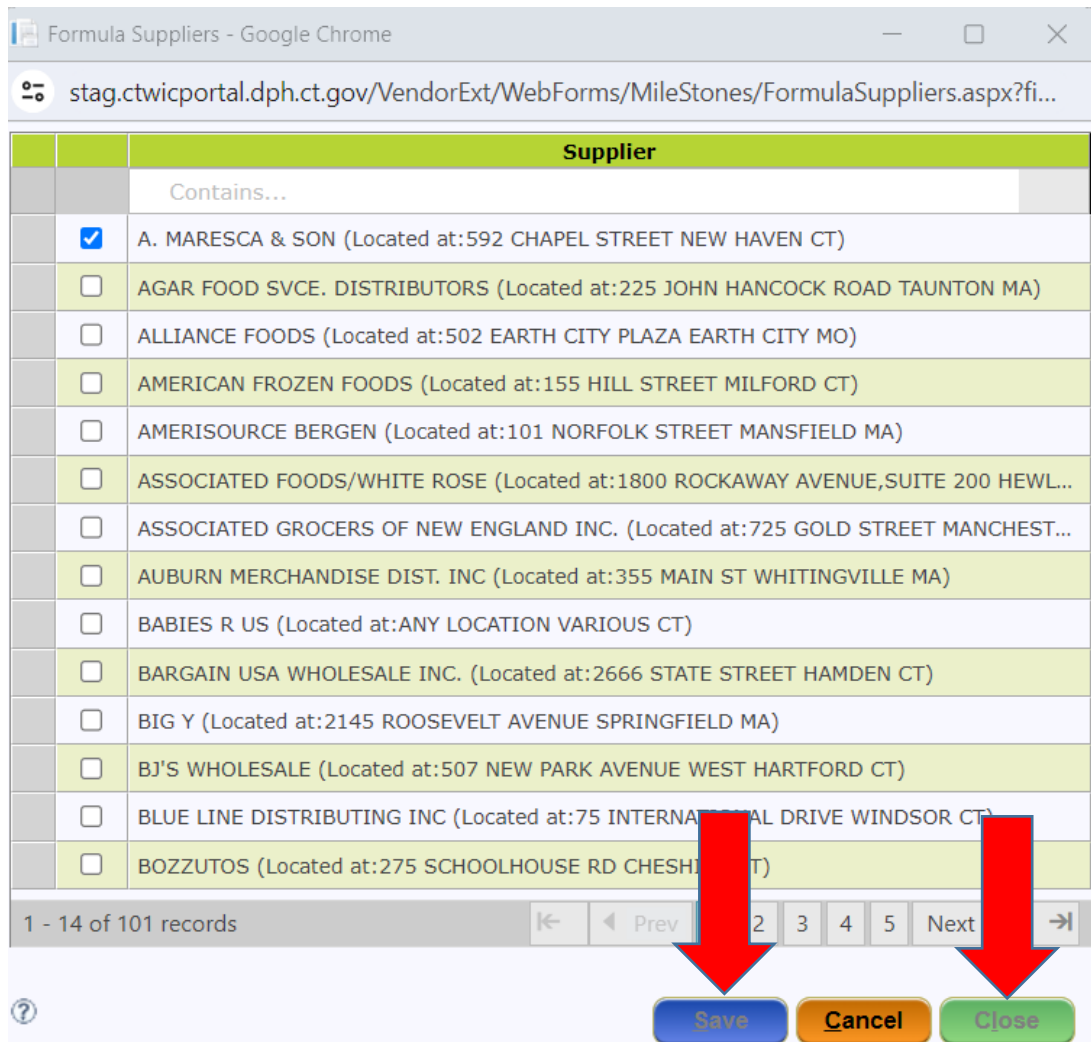
Logout

Version: 1.0.0.0

Data Saved Successfully teststaging8/24/23 CTWIC-

Formula Suppliers Save Cancel Next

When the **Formula Suppliers** button is clicked:



Review and confirm that the Formula Supplier that you use to supply your store with the required infant formula is selected. You may select and de-select in this popup. When complete, click on **Save** and then **Close**.

You have now been returned to the **Store Details** screen. When all data has been entered on the **Store Details** screen click **Save**. The message "Data Saved Successfully" will appear in the blue bar at the bottom of the screen. You may now click **Next**.

On the **Sales Information** screen, enter all the required data in the white data fields that are blank. Please enter the sales and tax information for the last four tax filing quarters from April 1 of the previous year to March 31 of the current year.

The screenshot shows a web browser window with the URL `stag.ctwicportal.dph.ct.gov/VendorExt/WebForms/Template.aspx?fiFalyRVc2VyVG9rZW49MjQ3OTlyMSZVc2VyTmFtZT10ZXN0c3RhZ2luZzgvMjQvMjMmTGZkdE...`. The page title is "Sales Information - Google Chrome". The browser address bar shows the URL. The page content includes a sidebar with a "Vendor Record" section and a "Vendor Application" section. The "Sales Information" section is highlighted with a red circle. The main content area is titled "TESTSTAGING8/24/23" and contains several sections for data entry. The "Sales Information" section is highlighted with a red circle. The form includes fields for Start Date (4/1/2018), End Date (3/31/2019), and various sales and tax information fields. A "Data Saved Successfully" message is visible at the bottom of the form.

Vendor Record
TESTSTAGING8/24/23
Vendor Number:
LA:
030000 -
BURGDORF/FLEET
HEALTH CENTER
Init Auth Date:
Auth Start Date:
Auth End Date:
Peer Group ID: C1
Status: Pending
Legal Action: NO

Vendor Application
Application
Demographics
Store Details
Sales Information
Food Price Entry

Training
Communication
Logoff

Version: 1.0.0.0

File Vendor Application Communication Help
Fri 3/15/2024
VM TESTSTAGING8/24/23

Start Date 4/1/2018 End Date 3/31/2019

1. When did you assume ownership of this business? 03/01/2024

2. On what date did you or will you open continuously for business? 03/01/2024

3. Gross Volume of all Sales Last Four Tax Filing Quarters.

4. Provide the information below
a. Enter Line 21 from OS-114:
(Last Four Tax Filing Quarters. Submit OS-114 document) 777777
b. Taxable food sales:
(Sales from soda, candy, gum, and other snack foods) 777
c. Vending machine sales and hot food sales: 777777
d. Total Food Sales Last Four Tax Filing Quarters: 777


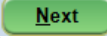
5. Total Food Sales for the months the store was in operation:
(Submit copy of Bill of Sale)

Number of Months Open if less than 12:

6. What do you estimate the percentages of your future sales by type of payment will be:
(Total must equal 100%)
Cash % 10 WIC % 10 SNAP % 10 Other % 10 Credit/Debit % 60

Save Cancel Next

Data Saved Successfully teststaging8/24/23 CTWIC-

When all data has been entered on the **Sales Information** screen click . The message "Data Saved Successfully" will appear in the blue bar at the bottom of the screen. You may now click .

On the **Food Price Entry** screen, enter all the required data in the **Lowest Price** and **Highest Price** data fields.

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File - Vendor Application - Communication - Help - Fri 3/15/2024

um TESTSTAGING8/24/23

Food Price Entry

Cat/SubCat	Item	Size	* Lowest Price	* Highest Price
02 / 001	Cheese - 1 pound	LB		
03 / 001	Eggs - Large - Dozen	DOZ		
52 / 003	Milk - 1%, Lowfat-Gallon	GAL		
06 / 001	Peanut Butter - 16-18 oz. jar	LB		
16 / 001	Whole Grains (Price for bread)	LB		
06 / 002	Dry Legumes - 1 pound	LB		
12 / 001	Infant Fruits - 4oz. jars	PKG		
12 / 002	Infant Vegetables - 4oz. jars	PKG		
09 / 001	Infant Cereal - 8 oz. boxes	OZ		
05 / 001	Breakfast Cereal - Cold - 12 oz. or larger (price per ounce)	OZ		
53 / 002	Juice - Fluid - 64 oz. bottle (price per ounce)	OZ		
21 / 082	12.4 oz Similac Advance Powder - Blue Label	CAN	\$24.99	\$24.99

Vendor Record

TESTSTAGING8/24/23

Vendor Number:
LA: 030000 -
BURGDORF/FLEET
HEALTH CENTER
Init Auth Date:
Auth Start Date:
Auth End Date:
Peer Group ID: C1
Status: Pending
Legal Action: NO

Vendor Application

Application

Demographics

Store Details

Sales Information

Food Price Entry

Training

Communication

Logoff

Version: 1.0.0.0

Data Saved Successfully teststaging8/24/23 CTWIC-

Save Cancel Next

When all data has been entered on the **Food Price Entry** screen click **Save**. The message “Data Saved Successfully” will appear in the blue bar at the bottom of the screen. You may now click **Next**.

You have now been re-directed to the **Uploaded Documents** screen which can be found under the **Communication** button. On the **Uploaded Documents** screen, you are required to **Upload** a minimum of three different documents. The required documents are the following: the **Owner Information Form**, the **Owner's** valid and current state or federal picture **identification**, and the **Connecticut Department of Revenue Services Sales and Tax Use Summary form OS-114**. There are other documents that may be required for uploading depending on your store's demographic profile. See below.

The **Owner Information Form** must be printed from the WIC Retailers webpage and filled out completely. You must then scan the **two page form as one PDF** (creating one document) for uploading to this screen.

The Connecticut WIC Program considers a **state issued driver's license or picture identification card** as a valid form of identification if it is not expired. The Program also considers a **U.S. government issued passport or visa** as a valid form of identification if it is not expired. You must take a photo of the valid identification and upload it to this screen.

If you have a **store manager** you are required to upload their valid picture identification to this screen.

You are required to provide your **Sales and Tax Use Summary form OS-114** for the last four tax filing quarters (April 1 of the previous year to March 31 of the current year). For each filing, depending on whether you file quarterly or monthly, these documents are two pages each. These two-page documents (eight pages total if you file quarterly or twenty-four pages total if you file monthly) should be scanned as one document and then uploaded to your application in the portal.

Connecticut WIC

Vendor Record

TESTSTAGING8/24/23

Vendor Number:

LA: 030000 - BURGENDORF/FLEET HEALTH CENTER

Init Auth Date:

Auth Start Date:

Auth End Date:

Peer Group ID: C1

Status: Pending

Legal Action: NO

Vendor Application

Training

Communication

Uploaded Documents

Communication History

Logoff

Version: 1.0.0.0

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TESTSTAGING8/24/23

Required Documents to be Uploaded:

1. Owner's valid picture identification
2. Owner Information Form
3. Form OS-114-Sales and Tax Use Summary

If you have a Store Manager, upload his/her valid picture identification.

During the application process, following the uploading of all required documents and the completion and saving of all other screens, please return to the Application screen and click the blue Submit button. If the submission is successful you will see "Application Submitted Successfully" in the blue bar in the lower left corner. In addition, you will receive an email to all emails listed in the Store Contacts grid on the Demographics screen detailing the successful submission of the application. If the application is missing any required element that will be detailed in a popup message on the Application screen.

Document Format	Document Type	Description	Source	File Name	Uploaded Date
PDF	Owner Information Form	test	Upload page	20-024 Attachment Instructions ...	03/13/2024
PDF	OS-114	test	Upload page	20-024 Attachment Instructions ...	03/13/2024
PDF	Driver's License-Owner	test	Upload page	20-024 Attachment Instructions ...	03/13/2024

Upload View Doc

Save Cancel Close

teststaging8/24/23 CTWIC-

Upload - Google Chrome

stag.ctwicportal.dph.ct.gov/VendorExt/WebForms/Miscellaneous/UploadDocument.aspx?fiFAlyR...

* Document Format

- Word
- Image
- PDF
- Non-Existing

* Document Type

* Document

Choose File No file chosen

Upload Cancel

Upload - Google Chrome

stag.ctwicportal.dph.ct.gov/VendorExt/WebForms/Miscellaneous/UploadDocument.aspx?fiFAlyR...

* Document Format

* Document Type

- Driver's License-Owner
- Driver's License-Store Manager
- OS-114
- Bill of Sale
- Owner Information Form
- Report

* Description

* Document

Choose File No file chosen

Upload Cancel

After uploading all the required documents in the proper format and with the proper document type you must proceed back to the **Application** screen to **Submit** your application. Do this by clicking on **Vendor Application**. When the menu expands click on **Application**.

The screenshot shows a web browser window with the URL `stag.ctwicportal.dph.ct.gov/VendorExt/WebForms/Template.aspx?fiFAlYRVc2VyVG9rZW49MjQ3OTlyMSZVc2VyTmFtZT10ZXN0c3RhZ2luZzgvMjQvMjMmTGZzdExvZ2luU2Vzc2lvbkklPW...`. The page title is "Upload Documents - Google Chrome".

The main content area is titled "TESTSTAGING8/24/23" and contains the following text:

Required Documents to be Uploaded:

1. Owner's valid picture identification
2. Owner Information Form
3. Form OS-114-Sales and Tax Use Summary

If you have a Store Manager, upload his/her valid picture identification.

During the application process, following the uploading of all required documents and the completion and saving of all other screens, please return to the Application screen and click the blue Submit button. If the submission is successful you will see "Application Submitted Successfully" in the blue bar in the lower left corner. In addition, you will receive an email to all emails listed in the Store Contacts grid on the Demographics screen detailing the successful submission of the application. If the application is missing any required element that will be detailed in a popup message on the Application screen.

Document Format	Document Type	Description	Source	File Name	Uploaded Date
	Owner Information Form	test	Upload page	20-024 Attachment Instructions ...	03/13/2024
PDF	OS-114	test	Upload page	20-024 Attachment Instructions ...	03/13/2024
PDF	Driver's License-Owner	test	Upload page	20-024 Attachment Instructions ...	03/13/2024

At the bottom of the table area are buttons for "Upload" and "View Doc". At the bottom right of the page are buttons for "Save", "Cancel", and "Close".

The left sidebar contains the following menu items:

- Vendor Record (TESTSTAGING8/24/23)
- Vendor Number: 030000 - BURGSDORF/FLEET HEALTH CENTER
- Init Auth Date:
- Auth Start Date:
- Auth End Date:
- Peer Group ID: C1
- Status: Pending
- Legal Action: NO
- Vendor Application (selected)
- Training
- Communication
- Uploaded Documents
- Communication History
- Logoff

Version: 1.0.0.0

teststaging8/24/23

CTWIC-

Once back on the Application screen click **Submit** . If all the requirements of the Vendor Application screens have been met then the message “Application Submitted Successfully” will appear in the blue bar at the bottom of the screen.

The screenshot shows a web browser window with the URL stag.ctwicportal.dph.ct.gov/VendorExt/WebForms/Template.aspx?fiFAlyRVc2VyVG9rZW49MjQ3OTIxNSZVc2VyTmFtZT10ZXN0c3RhZ2luZzcvNi8yMiZMYXN0TG9naW5TZXN.... The page title is "Vendor Application - Google Chrome". The browser address bar shows the URL. The page header includes "Connecticut WIC" logo and "Vendor Application - Communication - Help" menu. The main content area displays the application details for "10119 / TESTSTAGING7/6/22". A red arrow points to the "Submit" button at the bottom right. The status bar at the bottom shows "Application Submitted Successfully. teststaging7/6/22 CTWIC-".

Vendor Record

TESTSTAGING7/6/22
Vendor Number: 10119
LA: 090000 - TVCCA
Init Auth Date: 7/13/2022
Auth Start Date: 7/13/2022
Auth End Date: 9/30/2023
Peer Group ID: A2
Status: Non-Selected
Legal Action: NO

Vendor Application

Application

Demographics

Store Details

Sales Information

Food Price Entry

Training

Communication

Logoff

Version: 1.0.0.0

File Vendor Application Communication Help

10119 / TESTSTAGING7/6/22

If your Status in the green Vendor Record box on the left is Terminated, Expired, Non-Selected or Disqualified select the Application Type of **Non-active vendor-New application**. If Status is blank select the Application Type of **New vendor-New application**. If the Status in the blue Vendor Record box is Authorized the Application Type is Active vendor-Renewal application.

In all cases click the GO button to begin the application process.

Application Type
Active vendor-Renewal application

Go

Current Application Type
Non-active vendor-New application

Vendor ID
10119

Authorized SNAP Number
7777777

Application Status
Approved

FEIN SSN
77-7777777

Application Requested
07/26/2023

Store Name
TESTSTAGING7/6/22

Owner:
TESTSTAGING7/6/22

* Store Phone
(860) 509-8072

* Street #
410

* Street Name
CAPITOL AVENUE

Address 2

* State
Connecticut

* Zip
06351

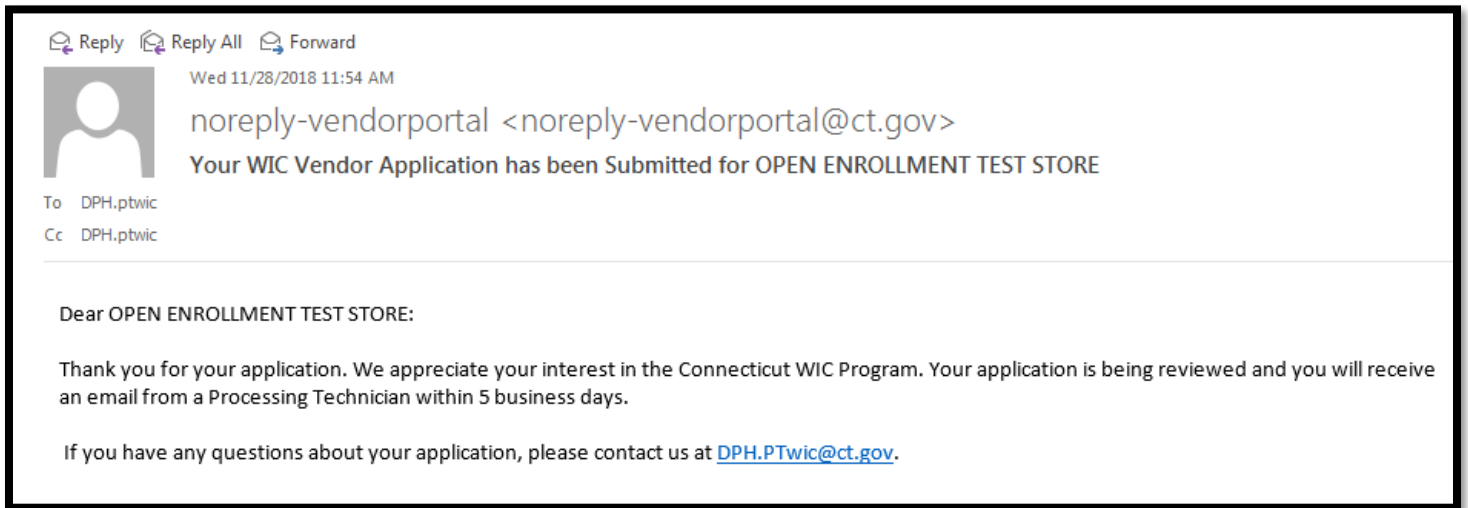
* City
LISBON

Submit Save Cancel Next

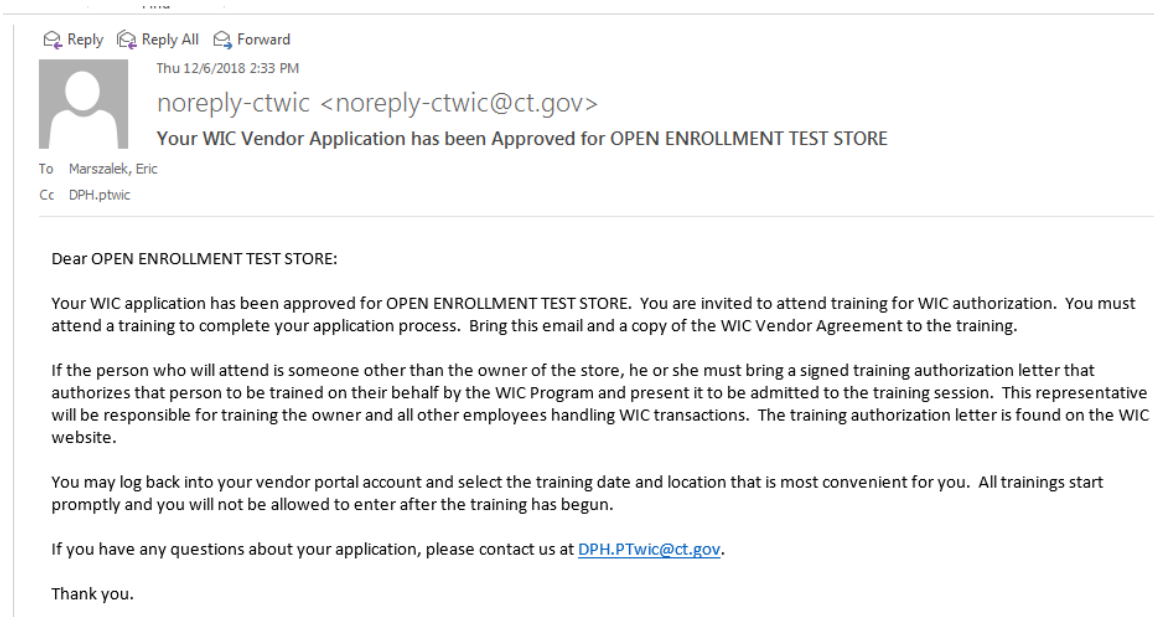
Application Submitted Successfully. teststaging7/6/22 CTWIC-

If you have not fulfilled all the system requirements from the Vendor Application screens, clicking **Submit** will produce an **“Ineligibility”** message that will provide information as to why you are not eligible to submit the application. There are many different versions of this “ineligibility” message. These messages may be generated due to missing information or failure to meet the Connecticut WIC Program’s Vendor Selection Criteria. You should, at all times, refer back to the Vendor Agreement and Appendix A Vendor Selection Criteria for review. The vendor agreement is always available on the WIC Retailers webpage. If you have questions regarding the submission of your application please call the Connecticut WIC Program at 860.509.8084 and press #2 or send an email to DPH.ptwic@ct.gov and ask for assistance with the online portal application.

If your application was successfully submitted you will receive an email similar to the one found below at the email addresses entered on the **Demographics** screen.



As stated in the “**Application has been Submitted**” email, your application will be reviewed by WIC personnel within five business days. If your application is approved you will receive an “**Application has been Approved**” email indicating approval. In addition, the email will instruct you to re-enter the vendor portal to select your training class.



At any time, and for any reason (completing or editing the application, submitting the application, or choosing training), when **RE-ENTERING THE PORTAL** you will now be re-directed from the **State** screen to the **Make Active** screen seen below. **EVERY TIME** that you login to the vendor portal you will be re-directed to this screen and you must make the vendor record that you want to access “Active.” Do this by clicking on the row then clicking **Make Active**. The message “Vendor has been made active” will appear in the blue bar at the bottom of the screen.

stg.ctwicportal.dph.ct.gov/VendorExt/WebForms/Template.aspx?fiFAlyRVc2VyVG9rZW49MjQ3OTIxNCZVc2VyTmFtZT10ZXN0c3RhZ2luZzgvMjQvMjMmTGZdExvZ2luU2Vzc2lvcjklP...

Connecticut **WIC**
WATERFOOT IN 2007 BY REDESIGNING

File - Vendor Application - Communication - Help - Fri 3/15/2024

Vendor Record

Vendor Number:
LA:
Init Auth Date:
Auth Start Date:
Auth End Date:
Peer Group ID:
Status:
Legal Action:

Vendor Application
Training
Communication
Logoff

To enter a vendor record click on the row of the store that you want to enter and click the Make Active button.

- If you have entered the portal for the purpose of completing an application click on the Vendor Application menu on the left and click on the Application screen.
- If you have entered the portal for the purpose of selecting training click on the Training menu on the left and click on the Select Training screen.
- If you have entered the portal for the purpose of uploading or reviewing documents click on the Communication menu on the left and click on the Uploaded Documents screen.

Vendor ID	Vendor Name	Status	App. Status	App. Date	Auth End Date	Term. Date
TESTSTAGING8/24/23		Pending	Submitted			

Version: 1.0.0.0

Vendor has been made active. teststaging8/24/23 CTWIC-

To select your Training class click on **Training**.

When you click on **Training** the message found below will appear. Click **OK**.

Message from webpage

You must wait 30 days before submitting a new application after your existing one has been processed.

OK

When the menu expands click **Select Training**.

On the **Select Training** screen you will have a selection of training classes available to you for attendance. This list is created based on your **Store Type**, **Device Type**, and **Preferred Store Language**. Select the training class that you will attend. When you click **Save** an email will be sent to the email addresses listed on the **Demographics** screen. This email will contain the details of the training class you selected.

Vendor Record

TESTSTAGING8/24/23

Vendor Number:
LA: 030000 -
BURGDORF/FLEET
HEALTH CENTER
Init Auth Date:
Auth Start Date:
Auth End Date:
Peer Group ID: C1
Status: Pending
Legal Action: NO

Vendor Application

Training

Close Training

Select Training

Communication

Logoff

Version: 1.0.0.0

TESTSTAGING8/24/23

Date	Time	Class Type	Location	Available Slots	Select
3/16/2024	5:00 PM	Interactive	DPH DPH-410 Capitol Ave Conference Room 1C, Hartford CT...	5	<input type="checkbox"/>
3/17/2024	4:00 PM	Interactive	DPH DPH-410 Capitol Ave Conference Room 1C, Hartford CT...	5	<input type="checkbox"/>

Save Cancel Close

Reply Reply All Forward

Thu 12/6/2018 3:05 PM

noreply-vendorportal <noreply-vendorportal@ct.gov>

Your WIC Training Class has been selected for OPEN ENROLLMENT TEST STORE

To: Marszalek, Eric

Cc: DPH.ptwic

Dear OPEN ENROLLMENT TEST STORE:

You have selected the following training class for OPEN ENROLLMENT TEST STORE.

Date: 12/24/2018
Time: 9:00 AM
Location: Connecticut Agricultural Experiment Station 123 Huntington Street , New Haven CT-06511
Language: English
Device Type: Stand beside

You must attend this training class to complete your application process. Bring this email and your copy of the WIC Vendor Agreement to the training. If the person who will attend is someone other than the owner of the store, he or she must bring a signed training authorization letter that authorizes that person to be trained on their behalf by the WIC Program and present it to be admitted to the training class. This representative will be responsible for training the owner and all other employees handling WIC transactions. The training authorization letter is found on the WIC website, ct.gov/dph/wic/Retailer.

All training classes start promptly and you will not be allowed to enter after the training class has begun.

If you have any questions about your training class please contact us at DPH.PTwic@ct.gov.