NEVADA WIC APPENDIX

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

APPENDIX ID
VM: D

TITLE
Electronic Cash Register (ECR)/Point of Sale (POS) Questionnaire

APPLIES TO
Nevada WIC Program

EFFECTIVE DATE
10/19/2026

Electronic Cash Register (ECR)/Point of Sale (POS) Questionnaire

Vendor Name:_____

Vendor Address: _____ State: ____ Zip Code: _____

Vendor e-mail address: _____ Vendor Phone: _____

I. Does the store have an Electronic Cash Register (ECR) and Point-of-Sale (POS) system?
   - ☐ Yes
   - ☐ No

   If Yes, please complete the following questions. If No, please go to Section II.

1. (ECR/POS) Name: _____ Version: _____
2. (ECR/POS) Provider Contact Person: _____ Phone: _____
3. Are you able to scan bar codes on your stores (ECR/POS) ☐Yes ☐No
4. Is your current (ECR/POS) WIC CARD Ready? ☐Yes ☐No
5. If No, do you plan to upgrade to a version that is WIC Card Ready? ☐Yes ☐No
6. Who is your 3rd party Processor? ☐ First Data ☐ World Pay ☐Vantiv ☐FiServe
   ☐ Other: _____
7. How many total retail lanes (including all departments, pharmacy, garden, etc.) do you have in your store? _____
8. How many retail lanes accept WIC? _____
9. If applicable, in what other departments do you allow WIC purchases?
   - ☐ Garden
   - ☐ Automotive
   - ☐ Pharmacy
   - ☐ Other: _____

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II. Does your store currently process Debit/Credit on a Stand Alone (SA) device separate from your store's cash register system? ☐Yes ☐No

1. Does your store process SNAP (Food Stamps)? ☐Yes ☐No
2. What is your SNAP (Food Stamps) Number? _____
3. Does your store currently process SNAP on this same SA device? ☐Yes ☐No
4. Provider Contact Person: _____ Phone: _____
   e-mail: _____
5. Does your store have a completely separate SA device to process SNAP? ☐Yes ☐No
6. Provider Contact Person: _____ Phone: _____

III. Does your store currently have a high-speed internet connection? ☐Yes ☐No

1. If Yes, Provider Name: _____ Phone: _____
2. If No, do you use a phone line to connect your Debit/Credit/SNAP device? ☐Yes ☐No

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Version History

Version	*Entry Author*	*Date*	*Description of Change*
1	NV WIC State Office	10/19/2026	Appendix converted to DPBH format