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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

WIC Nutrition Program

29 HAZEN DRIVE, CONCORD, NH 03301-6504
603-271-4546 1-800-852-3345 Ext. 4546
Fax: 603-271-4779 TDD Access: 1-800-735-2964

Adding Foods to the Approved Product List (APL)

Request to add UPC form

The form to request additional products to be added to the APL can be found online at <https://www.dhhs.nh.gov/dphs/nhp/wic/vendors.htm>. The form requires the following information about the product being submitted: name, size, manufacturer, nutritional facts, ingredients and UPC barcode. The form can be emailed to WIC@dhhs.nh.gov or faxed to (603) 271-4779.

Review and approval of requests

The State WIC Agency will review the food item request and determine if the product meets the requirements to be added to the APL. The goal is to review the product within one business day. Submitted foods are not considered approved until they are added to the NH APL.

How to view the Approved Product List

The approved Product list (APL) can be viewed online at <https://www.dhhs.nh.gov/dphs/nhp/wic/vendors.htm>. The APL file located at this site will be updated weekly or as products are added. If you have any questions regarding the APL, please contact the NH WIC Program at (603) 271-4546.

PRODUCT MUST BE SOLD IN NEW HAMPSHIRE STORES TO BE CONSIDERED

NH WIC Request to Add Product to Authorized Product List (APL)

Select which best describes yourself:

Vendor (Store) Manufacturer Wholesaler WIC staff

1. Confirm that the item you are requesting is not already included in the NH APL at www.dhhs.nh.gov/dphs/nhp/wic/vendors.htm
2. Complete this form for each requested product to be added to the APL database. If you are submitting multiple items, you may submit all the required information listed below for each product in www.dhhs.nh.gov/dphs/nhp/wic/vendors.htm and with one form. All submissions must include the product name, size, manufacturer, nutritional facts, ingredients and UPC barcode.
3. Email (WIC@dhhs.nh.gov) or fax (603-271-4779) this completed form.

PRODUCT MUST BE SOLD IN NEW HAMPSHIRE STORES TO BE CONSIDERED

Product name: _____

Sold in New Hampshire Stores Yes _____ No _____

UPC Code (Include all digits): _____



Product Size: _____

Product Manufacturer: _____

Contact person submitting request: _____

Phone #: _____ Email Address: _____

Company or Store Affiliation: _____

Which NH store(s) is this product sold in? _____

If you have any questions, call the New Hampshire WIC Office at (603) 271-4546.

State Agency Use Only:	Date Rcvd: _____
Approved by: _____	Date: _____
Entered by: _____	Date: _____
Other Comments/Notes:	