DSS SOUTH CAROLINA
DEPARTMENT of SOCIAL SERVICES

HENRY McMASTER, GOVERNOR
TONY CATONE, STATE DIRECTOR

SNAP Healthy Food Choice Demonstration Project
South Carolina SNAP-Authorized Retailer Attestation Form

This form serves as a formal attestation that, as a Supplemental Nutrition Assistance Program (SNAP) Authorized Retailer, you understand and agree to comply with the U.S. Department of Agriculture (USDA) Food and Nutrition Service (FNS) SNAP requirements — specifically the new SNAP food restrictions on candy, energy drinks, soft drinks, and sweetened beverages in South Carolina — as well as any approved internal compliance policies and training obligations.

This form must be emailed to the Retailer Attestation Mailbox at **HFC_Attestation@dss.sc.gov** **by August 31, 2026.**

Retailer Information

Name of Retailer: _____

Address of Retailer: _____

Point of Contact (POC): _____

POC Phone Number: _____ **POC Email Address:** _____

Attestation Statement

1. I have reviewed and fully understand all USDA SNAP retailer rules and regulations, including the guidelines on prohibited activities and eligible food items.
2. I acknowledge that SNAP benefits may only be used to purchase eligible food items, and that exchanging SNAP benefits for cash, credit, or ineligible products is strictly prohibited.
3. All personnel engaged in SNAP transactions will receive compliance training prior to handling SNAP payments and will continue to receive annual training for the duration of the demonstration project/waiver. Training records will be retained for a minimum of three years.
4. The retailer will maintain:
    a. Complete and accurate records of inventory, SNAP transactions, and training logs.
    b. Transparent and secure EBT point-of-sale (POS) systems with appropriate item restrictions.
5. I understand that any suspected SNAP violations or irregularities will be reported promptly to USDA/FNS or the appropriate authorities.
6. I understand that violations of SNAP regulations may result in fines, program disqualification, and/or potential criminal prosecution.
7. The retailer will fully cooperate during all USDA audits, investigations, and site visits.
8. I acknowledge that the SNAP retailer is responsible for any costs related to modifications and/or upgrades of the POS system necessary to ensure compliance with waiver requirements.

Retailer Certification

By signing below, I certify that the above-named SNAP retailer has completed all required system modifications, is waiver compliant, and that all information provided is true and accurate to the best of my knowledge.

Signature of Owner/Authorized Representative: _____

Printed Name: _____

Title: _____ **Date:** _____