



STATE OF WEST VIRGINIA  
DEPARTMENT OF HUMAN SERVICES  
BUREAU FOR FAMILY ASSISTANCE

Alex J. Mayer  
Cabinet Secretary

Janie Cole  
Commissioner

## West Virginia: SNAP Soda Restriction Retailer Compliance Attestation

*Effective Date: January 1, 2026*

### Compliance Statement

I understand that starting January 1, 2026, SNAP benefits cannot be used to buy soda in my store. The restriction is limited to soda, including regular, diet, and zero-calorie soda varieties. The following beverages are not affected by this restriction and will remain eligible for purchase with SNAP: Milk and milk products, Fruit and vegetable juices, Water and water products. Retailers found to be non-compliant after **January 1, 2027**, may be investigated for Intentional Program Violations (IPVs). Failure to comply may result in no longer being a SNAP authorized retailer.

### SNAP Retailer Responsibilities

By signing this form, the entity agrees to:

- ☐ Stop selling soda with SNAP benefits;
- ☐ Update the point of sale system to block soda from SNAP purchases;
- ☐ Train retailer staff about this rule;
- ☐ Work with DoHS and/or USDA to ensure compliance; and
- ☐ Notify DoHS if the retailer is unable to comply.

### Retailer Information

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Store Name

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Store Address

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Store FNS Retailer Number

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Owner/Manager Name

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Contact Phone

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Contact Email

Please complete the following information accurately and legibly. This attestation is required for all participating retailers. **Return the form to [bfasnapretailer@wv.gov](mailto:bfasnapretailer@wv.gov), or DoHS BFA, Attn: Division of Family Assistance Policy; 350 Capitol Street, Charleston, WV 25301.**

**Attestation Statement:**

I certify that the information provided above is true and accurate to the best of my knowledge. I also agree to abide by all SNAP program rules, regulations, and guidelines as set forth by the Department of Agriculture Food & Nutrition Service (USDA FNS) and the West Virginia Department of Human Services (DoHS). I understand that my attestation and compliance are required to remain a West Virginia authorized SNAP retailer

**Signature:** \_\_\_\_\_ **Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_