Donation of WIC Formula
Acknowledgment Form

**Purpose:** To document the donation of Local Agency WIC Clinic formula/nutritionals to a local food assistance program.

**Reference:** FDS 03.2.1

**Procedure:** Complete the form as follows.

1. **Local Agency Name:** Enter the name of the Local Agency that is donating the formula/nutritionals.

2. **Clinic Name:** Enter the clinic name within the above Local Agency that is donating the formula/nutritionals.

3. **Receiving Organization Name:** Enter the name of the organization that is receiving the donated formula/nutritionals.

4. **Receiving Organization Telephone #:** Enter the telephone number for the organization receiving the donated formula/nutritionals.

5. **Receiving Organization Address:** Enter the address of the organization that is receiving the donated formula/nutritionals.

6. **Formula/Nutritional Name:** Enter the name of each formula/nutritional that is being donated. The product form (powder, concentrate, or RTF) and flavor should also be included, as applicable.

7. **Formula/Nutritional Amount:** Enter the amount of each of the formula/nutritionals that are being donated.

8. **Organization Representative Signature:** The representative from the receiving organization shall sign the form acknowledging the receipt of the donated formula/nutritionals and terms of the donation.

9. **Date:** The representative from the receiving organization shall document the date on which they received the donated formula/nutritionals.

10. **Organization Representative Name and Title:** The representative from the receiving organization shall provide his/her printed name and official title with the receiving organization.

11. **WIC Staff Signature:** The WIC staff member who is present during the donation of the formula/nutritionals shall sign the form after the organizational representative signs his/her name and acknowledges the terms of the donation.

12. **Date:** The WIC staff member shall document the date on which the formula/nutritional donation occurred. This date shall match the date of the organizational representative’s signature.

13. **WIC Staff Name and Title:** The WIC staff member shall provide his/her printed name and official title within the WIC Local Agency.

**Issuance:** This form shall be used each time a local food assistance organization accepts donated formula and/or nutritionals from a Local Agency WIC clinic.

**Retention:** This form shall be filed with the corresponding month’s WIC-405 forms and maintained in accordance with policy ADM 11.0.

WIC-388
Rev. 03/2020
Donation of WIC Formula
Acknowledgment Form

This form is to document the receipt of donated formula and/or nutritionals directly from:

Local Agency Name: ___________________________________  Clinic Name: ___________________________________

Donated formula and/or nutritionals were either returned to the clinic by a WIC participant who could not use the product or was delivered to the WIC clinic by our formula distribution warehouse and never picked up by the participant who ordered it.

<table>
<thead>
<tr>
<th>Receiving Organization Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name</strong></td>
</tr>
<tr>
<td><strong>Telephone #</strong></td>
</tr>
<tr>
<td><strong>Address</strong></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Formula/Nutritional Donation Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Product Name</strong></td>
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By accepting the donated formula and/or nutritionals and signing this form, you acknowledge that per The Good Samaritan Food Donation Act and Virginia Code 3.2-5144 (Exemption from Civil Liability in Certain Cases), the Virginia WIC Program has no liability related to any donated formula or nutritionals.

Organization Representative Signature: _____________________________________________________________ Date: ______________________

Organization Representative Printed Name and Title: ________________________________________________

WIC Staff Signature: ___________________________________________________________ Date: ______________________

WIC Staff Printed Name and Title: ________________________________________________________________

This institution is an equal opportunity provider.