

# 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.

## 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.

Receiving Organization Information			
<b>Name</b>			
<b>Telephone #</b>			
<b>Address</b>			
Formula/Nutritional Donation Information			
Product Name	Amount		Product Name

**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:** \_\_\_\_\_