

Local Agency Returned Formula and Nutritional Inventory Form WIC- 404

Purpose: To document the return of WIC-issued formula and nutritionals to the Local Agency.

Reference: FDS 03.2.1

Procedure: Complete the form as follows.

1. **Clinic Name:** Enter the clinic name.
2. **Federal Fiscal Year:** Enter the Federal Fiscal Year in which the form is being used. The Federal Fiscal Year begins on October 1st and ends on September 30th.
3. **Page Number:** Enter the page number for the log. Page numbers are for the Federal Fiscal Year and start over on October 1st of each year.
4. **Return Date:** Enter the date on which the formula/nutritional was returned to the clinic. This shall include the month, day, and year of the date.
5. **Family ID Number:** Enter the Family ID for the participant who was issued the returned formula/nutritional.
6. **Product Name, Form and Flavor:** Enter the name, form (Powder, Concentrate, or RTF), and flavor (if applicable) of the returned formula/nutritional. If there are multiple products, forms, and/or flavors returned for one participant, a separate entry shall be created for each product and variations of that product (ex. Chocolate PediaSure would be listed on a separate line from Vanilla PediaSure even if they were returned in the same transaction).
7. **Number of Containers Returned:** Enter the number of containers of the formula/nutritional that were returned to clinic.
8. **Product Expiration Date:** Enter the expiration date of the returned formula/nutritional. If there are multiple expiration dates for the formula/nutritional returned for one participant, a separate entry shall be created for each expiration date.
9. **Reason for Return:** Enter the reason that the formula was returned. Reasons may include- formula change, extra formula, etc.
10. **Staff Initials:** Enter the initials of the staff member who received and is documenting the returned formula/nutritional.

Retention: Forms shall be maintained in accordance with policy ADM 11.0.

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Clinic Name: _____ Federal Fiscal Year: _____ Page # _____

Return Date	Family ID Number	Product Name Form and Flavor (<i>if applicable</i>)	Number of Containers Returned	Product Expiration Date	Reason for Return	Staff Initials