

Local Agency Formula and Nutritional Donation Log WIC-405

Purpose: To document the donation of approved WIC-issued formula and nutritionals to local food assistance programs.

Reference: FDS 03.2.1

Procedure: Complete the form as follows.

1. **WIC Clinic Name:** Enter the WIC clinic name.
2. **Federal Fiscal Year:** Enter the Federal Fiscal Year. The Federal Fiscal Year begins October 1st and ends September 30th.
3. **Month:** Enter the month in which the form is being completed
4. **Donation Date:** Enter the date on which the formula/nutritional is donated
5. **Formula/Nutritional Name, Form, and Flavor:** Enter the name of the formula/nutritional being donated. Include the product form and flavor, as applicable. Each product form and flavor must be documented on a separate line.
6. **Donation Amount:** Enter the amount of formula/nutritionals being donated. This amount should be represented in containers.
7. **Donation Recipient:** Enter the name of the organization receiving the donated formula/nutritionals.
8. **Staff Initials:** The WIC staff member completing this form and removing the formula/nutritionals from inventory shall initial the form verifying the information on that line is correct.
9. **WIC Coordinator:** Within 5 business days of the end of each month, the WIC Coordinator shall review and sign the Local Agency Formula and Nutritional Donation Log (WIC-405) to ensure that the all formula/nutritionals donation for that month have been appropriately donated and documented. Any errors should be corrected and initialed by the WIC Coordinator.
10. **Date:** The WIC Coordinator shall provide the date on which the form was reviewed and signed.

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

**Local Agency Formula and Nutritional Donation Log
WIC-405**

WIC Clinic Name: _____ **Federal Fiscal Year:** _____ **Month:** _____

Donation Date	Formula/Nutritional Name, Form, and Flavor	Donation Amount	Donation Recipient	Staff Initials

WIC Coordinator / Site Supervisor Signature: _____ **Date:** _____