

Drop Ship Check List – Revised May 2013

Participant Name _____

Benefit Month _____

Place a checkmark when each step is completed.

Pre-Order Steps

- _____ 1. Approve the formula request
- _____ 2. Issue benefits to the EBT card
- _____ 3. Print the WIC Formula Drop Ship Order Form for all appropriate months.
- _____ 4. Participant signs the “Do not buy” statement and attaches it to the shopping list.
- _____ 5. Review the pre-populated portions and check for accuracy.
- _____ 6. Manually complete the rest of the Order form (**Fill in all blanks**)
 - A. Date of order**
 - B. Clinic contact (staff name)**
 - C. Vendor store name**
 - D. Vendor phone number**
 - E. Vendor fax number**
 - F. Vendor representative contact**
 - G. Unit price of the formula**
 - H. Special shipping instructions (only if needed.) This would include delivery information such as clinic closed on Fridays etc) or specific flavor requested for the formula**
- _____ 7. Fax the form to the vendor

Post-Order Steps

- _____ 8. Receive the shipment, check the order, initial and date
- _____ 9. Verify the PAN number
- _____ 10. Make sure the participant signs and dates within the benefit month.
 - 4 additional fields to be completed prior to faxing:**
 - A. Date shipment received in clinic**
 - B. Staff signature**
 - C. Client signature (when formula is picked up by client)**
 - D. Date client signed**
- _____ 11. Immediately fax the current signed order form to the vendor