

WIC Formula Drop Ship Procedures

May 2013

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Initial Order

Approval and Issuance

1. The Certifying Authority (CA) approves the formula request. If drop shipment is required, print the drop ship order form during benefit issuance. Obtain formula name, code, quantity, and food issuance information from the CA.

Note: In most cases the amount issued to the EBT card is the same as the amount to be ordered. However, some formula may be issued from stock, or have packaging limitations.

Example: Similac Human Milk Fortifier must be ordered in multiples of 50 packets. Formulas shaded in gray on the Formula Code list indicate that there is no UPC for an individual unit. Contact the formula pager for assistance at (512) 499-6814.

2. Issue benefits on the EBT card and print the shopping list.
3. Press *Esc* (escape).
4. Go to the "Issuance" tab, arrow down to "Formula Exchange" and press *Enter*.
5. The participant will need to enter her/his PIN.
6. "Formula Exchange Client List" opens.
7. Highlight the correct participant (if more than one) and press *F8/Issue*.
8. "Formula Exchange Monthly Details" screen opens.
9. Use arrows to highlight the desired month and press *Enter*. For issuance from stock or formula exchange, see steps 10 and 11. If these adjustments are not needed, skip to step 12.
10. (Optional – see step 9.) For partial issuance from stock, or for formula exchanges, make all changes at this time including "cans in hand" (returning formula) or "from stock" (issuing stock). Don't forget to print the screen if returned formula or stock were involved in the changes made. Remember that issuance from stock is only allowed during a current month, never for future months. When all transactions are completed, press *F10/Save*.
11. (Optional – see step 9.) If changes were made in step 10, ensure that the desired month is highlighted and press *Enter* again before continuing to step 12.

Preparing and Printing the Drop Ship Order Form

12. "F3DropShip" option is highlighted. Press *F3*.
13. The screen opens to show Formula Drop Ship Quantity.

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14. The screen shows the following based on what was issued to the card – formula code, formula name, quantity on card, quantity to drop ship. The quantity to drop ship amount can be changed and may be decreased to “1.”
15. Press *F8* to print the drop ship order form. It is recommended that staff use a laser or LED printer for clarity when faxing the form to the vendor.
16. Set the form aside for further manual completion.
17. If benefits are on the card for future months and drop shipment is needed, print a form for each month issued by following steps 12 through 15 above at this time. Press *Esc* to highlight the desired month and then press *Enter*.
18. **Drop ship order forms cannot be printed when the EBT card is not in the clinic.**

“Do Not Buy” Statement

19. Tell the participant not to buy the formula issued to the WIC EBT Card that is to be drop shipped. The participant acknowledges this by signing a statement on or attached to the WIC shopping list. The signed copy of the shopping list and statement is kept by the clinic as an issuance log. The second copy of the shopping list and statement is given to the participant. The participant’s copy does not have to be signed.

Participant Acknowledgement Statement for the Shopping List

The WIC clinic has special ordered the formula _____ for my infant/child because it is not available locally. I understand that I am not to purchase any of this formula with my WIC EBT Card. If I buy this formula with my WIC EBT card, I will have to pay for the cost of that formula.

Participant’s Signature _____

Spanish and Vietnamese translations are available online at:

<http://www.dshs.state.tx.us/wichd/nut/foods-nut.shtm>

Completing the Drop Ship Order Form

20. The clinic completes the “To be completed by clinic” section of the *WIC Formula Drop Ship Order Form* (see example below) generated by TWIN. Be sure to fill out all that is requested.
21. The following fields will be *prepopulated* by TWIN (total of 8 fields):
 - Benefit period (month)
 - LA/Clinic
 - Clinic phone number
 - Participant name

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- PAN
- Name of formula, size and form
- Formula code
- Formula quantity

Note: Verify that the preprinted information is correct, especially the formula name, size, form and code.

22. Clinic contacts the drop ship vendor to order the formula and obtain the price and cost of shipping/handling (if applicable). State Agency (SA) approval is required for overnight delivery if this is a separate added expense.
23. Inform the participant that the formula will only be held at the clinic for approximately seven (7) days (not to exceed the last day of the benefit month). After 7 days it will be returned to the vendor and will need to be reordered.
24. At this point, the participant and EBT card are no longer needed and the participant may leave the clinic.
25. The following fields are *not prepopulated* and need to be manually completed (total of 7 or 8 fields):
 - 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 flavors requested for the formula.
26. All fields must be completed prior to ordering the formula. Prepopulated fields are shown in **bold** below. Fields requiring manual entry are shown with letters corresponding to the descriptions given in step 25 **(A) - (H)**. See example below.

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Enter Date of Order: **(A)** _____

For Benefit Period: **February 2012**

SECTION A: (To be completed by clinic)

LA/Clinic#: 108/01 Clinic Phone #: 432-620-0080 Vendor Store Name: **(C)** _____
Participant Name: Jennifer Reynolds Vendor Phone #: **(D)** _____
PAN: 5077 1710 1234 5678 910 Vendor FAX#: **(E)** _____

Clinic Contact (print name): **(B)** _____ Vendor Representative Contact: **(F)** _____

FORMULA REQUIREMENTS:

Name, Size & Form	Code	Quantity	Unit Price	Ship to Clinic
Elecare DHA/ARA 14.1 oz Powder	479	3	(G)	Hereford Clinic 125 W. Park Ave. Hereford, TX 79045
Shipping Charge:				*State agency approval required for shipments to non-clinic addresses.

Special Shipping Instructions: **(H)** _____

Ordering and Receiving the Formula

27. The clinic faxes the order form to the vendor.
28. After the formula is received, the clinic staff signs and dates the *original WIC Formula Drop Ship Order Form* (not the packing slip that might be sent by the vendor), indicating receipt of the formula.
29. Clinic staff opens the formula box(es), counts and checks the formula to be certain the correct formula and amount were received. Circle Y or N as appropriate. (If N, contact formula vendor and/or state pager at (512) 499-6814.)
30. Clinic staff calls the participant to pick up the formula.
31. **The participant must also sign and date the *original WIC Formula Drop Ship Order Form* (not the packing slip sent by the vendor) the day participant picks up the formula.** (See below for steps 27 - 30).

To be completed by LA/Clinic Staff receiving and storing formula(s): *Correct amount and type of formula received: Y / N*

Date shipment received: 2/15/12 Signature of staff: Staff person

Judy Brice 2/17/12

Signature of Client/Parent/Guardian receiving formula Date (MM/DD/YY) Month must match benefit month.

LA/Clinic: Fax signed form to vendor when all shipments have been issued/signed for by parent/guardian.

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32. Prior to the participant leaving the clinic, check the following:
- a. Verify that the PAN number on the form and the participant's PAN number on the card are the same.
 - b. If the PAN number has changed:
 - For the current month's order, cross out the old PAN (one line through the number) and write the new PAN *legibly* next to or above the old PAN on the *WIC Drop Ship Order Form*.
 - Include a brief note of explanation for why the PAN has changed such as lost card, custody change, etc.
 - At this time print new order forms for all other months with formula benefits that will need to be drop shipped.
 - Remember to shred any forms with the old PAN that will not be used.
 - c. **Since the formula ordered can only be delivered to the participant in the current month, verify that the date of the participant's signature is in the same month as the benefit month printed on the form.**
Example: If the benefit month is February, the date the client signed must be in February. The signature date cannot be in January or March.
 - d. Make certain you have printed the order form for the next month.

Faxing the Signed Order Form

33. **The *original* signed *WIC Formula Drop Ship Order Form* for the current month shall be *immediately* faxed to the vendor.** (This will be the second time this form is faxed).
34. **The order form shall be faxed to the vendor no later than the last day of the benefit-month.**

Record Keeping

35. Keep the order form in a designated location. It is recommended that drop ship formula requests be filed together in an easy-to-locate place that separates completed (past), current and future orders. Retain all related documentation. Keep a copy of these procedures with the orders for quick reference.

Vendor Section Only

36. The vendor completes the "To be completed by vendor" section of the *WIC Formula Drop Ship Order Form* (see example below), signs and mails it to the SA Food Issuance and Redemption (FIRS) Unit.

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Section B: To be completed by vendor

WIC ACCT # _____ OUTLET# _____ Vendor Ref/Order # _____			Date Shipped: _____	
UPC #	Pkg Type	Pkg Price	Shipped Qty	Claim Price
Vendor Signature: _____				Total Formula Cost: _____
				Shipping and Handling: _____
				Total Cost: _____

37. The SA uses the signed *WIC Formula Drop Ship Order Form* to pay the vendor. **This form must be received and the data entered by the SA no later than the 15th of the month following the end of the benefit month.** The vendor is responsible for mailing this form.

Subsequent Orders or Formula Changes/Exchanges

1. Contact the participant to make certain the formula is still needed and has not changed.
2. Contact the vendor to confirm that the formula is in stock and that the price has not changed.
3. If the formula requested has changed and the new formula also requires drop shipment, complete the following steps:
 - Approve the request (if appropriate).
 - Complete the formula change/exchange.
 - Print a new copy of the order form for all appropriate benefit months.
 - Shred any old forms no longer needed. Preprinted forms have participant information and require secure destruction.
4. An order form with the correct benefit month must be available before ordering the formula.
5. If you don't have an appropriate form and the participant is not in the clinic, contact the formula pager staff at (512) 499-6814 for further instructions.