

Drop Ship Check List

Participant Name _____

Benefit Month _____

Place a checkmark when each step is completed.

Pre-Order Steps

- _____ 1. Approve the formula request
- _____ 2. Load benefits on the EBT card
- _____ 3. Participant signs the “Do not buy” statement and attaches it to the shopping list.
- _____ 4. Complete the Order form (**Fill in all blanks**)
- _____ 5. Fax the form to the vendor

Post-Order Steps

- _____ 6. Receive the shipment, check the order, initial and date
- _____ 7. Verify the PAN number
- _____ 8. Make sure the participant signs and dates within the benefit month.
- _____ 9. Immediately fax the current signed order form to the vendor