



Memorandum

#10-041

TO: Regional Medical Directors for
Health Service Regions 4/5, 6 & 5 South, 9/10 and 11
WIC Local Agency Directors

FROM: Linda Brumble, Unit Manager
Nutrition Education/Clinic Services Unit
Nutrition Services Section

DATE: April 16, 2010

SUBJECT: Update Regarding *Drop Ship Tracking Forms*

Drop Ship Tracking Forms:

It has recently come to our attention that some local agencies are still faxing *Drop Ship Tracking Forms* to the State Office. One is attached to this email for your reference. This was required for voucher agencies and was optional for EBT agencies. Now that EBT has rolled out statewide, most of the information collected on the drop ship tracking form is already captured on the *Drop Ship Order Form*. **It is not necessary to use these forms. If you choose to use them anyway, please do not fax them to the State Office.**

Drop Ship Update:

Neocate (formula code 050) is no longer available for order from Star Medical. Neocate DHA/ARA (formula code 440) is available. Please take care when ordering or issuing these formulas. If the participant is already using the formula, order or issue the one he or she is using. It is unlikely that the physician will have a preference for the non-DHA/ARA formula at this time.

Elecare Vanilla:

Elecare is also available in two versions, one with and one without DHA/ARA. Elecare Vanilla is only available **without** DHA/ARA. The formula code 110 must be used when vanilla is desired. Formula code 479 must be used for Elecare DHA/ARA. Vanilla Elecare is not meant for infants.

In summary:

Formula Code	Description
110	Elecare (plain) and vanilla
479	Elecare DHA/ARA

If you have any questions or require additional information, please contact Cathy Plyler at (512) 341-4577 or at Cathy.Plyler@dshs.state.tx.us, or Maricela Montoya at (512) 341-4578 or at Maricela.Montoya@dshs.state.tx.us.

EBT Drop Ship Order Tracking

LA/Site _____

Month/Year _____

	Participant	Phone Number	Date Ordered	Formula/Quantity	Vendor	Benefit Month	Date Received in Clinic
	Date Client Received	Date Form Faxed to Vendor	1st Contact	1st Response	2nd Contact	2nd Response	3rd Contact
	3rd Response	Date Returned to Vendor	Comments				

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Drop Ship Order Tracking

Participant	_____
Date of Birth or PAN	_____
Parent/Guardian Name	_____
Phone Number	_____
Date Ordered	_____
Formula/Quantity	_____
Vendor	_____
Benefit Month	_____
Date Received in Clinic	_____
Date Client Received	_____
Date Form Faxed to Vendor	_____
1st Contact	_____
1st Response	_____
2nd Contact	_____
2nd Response	_____
3rd Contact	_____
3rd Response	_____
Date Returned to Vendor	_____
Comments	_____
