

CAP Warehouse Order Tracking Form

All CAP Warehouse products shipped to the Local Agency Clinic will be tracked on Attachment #1, CAP Warehouse Order Tracking Form.

Sections 1 - 4 must be completed by the staff completing the order to CAP Formula Warehouse.

Section 1: Order Date. This is the actual date the exempt formula or WIC eligible nutritional was sent to the CAP Formula Warehouse.

Section 2: Participant and Parent/Guardian Name and Phone Number. This includes the Participant name for whom the formula is intended and the Parent/Guardian's name and telephone number.

Section 3: Product Name. The name of the exempt formula or WIC eligible nutritional that was ordered.

Section 4: WIC Staff Initials. The employee placing the CAP Warehouse order.

Sections 5 - 7 must be completed upon the delivery to the Local Agency.

Section 5: Received Date. The date the exempt formula or WIC eligible nutritional is delivered to the Local Agency.

Section 6: WIC Staff Initials. The initials of the Local Agency staff member who received the CAP Warehouse product.

Section 7: Comments. Include comments such as condition of the shipped formula (i.e. broken glass bottles, out-dated formula, formula intact, etc.) and when the Participant, Parent/Guardian or Caretaker was contacted.

Section 8 must be completed by the Parent, Guardian or Caretaker when they receive the CAP Warehouse product.

Section 8: Parent/Guardian/Caretaker Signature and Date Picked Up. The Parent, Guardian or Caretaker must sign when the exempt formula or WIC eligible nutritional is picked up and taken out of the local agency. **Only the Parent, Guardian or Caretaker may sign for and pick up the exempt formula or WIC eligible nutritional.**