



RETURNED ITEM(S) FORM

Date:	WIC ID #:
Responsible Adult Full Name:	Participant Full Name:
Address:	
Telephone Number:	

For Clinic Staff use ONLY:

Please document all the items returned below. Sealed infant formula and/or food may be accepted by the clinic (See Idaho WIC Policy Manual, Chapter 7, section B for further guidelines).

Date Returned	QTY	Product Description	Reason(s) Returned	Donated (Y or N) / Date of Donation

After signing please:

- I. Keep the original form
- II. Provide a copy to the participant.
- III. Fax or email a copy to the State office.

All expected items returned:

Y N N/A

X _____
 Signature of Responsible Adult Date

X _____
 Clinic Staff/Position Date

WIC is an equal opportunity provider. For the full nondiscrimination statement and contact information to file a complaint, please visit the Idaho WIC website at www.wic.dhw.idaho.gov.