DIRECT BILL FOR REQUEST FOR NUTRITIONAL SUPPLIES

1. Clinic No. _____

First Day to Use: _____ Last Day to Use: _____

2. _____ is authorized to receive the following special nutritional supplement
Responsible Adult

for _____; ID # _____.
Participant Name Participant ID #

3. Amount: _____ Nutritional Supplement: _____

4. _____
Registered Dietitian

_____
Vendor Name

_____
Address

_____
City Zip Code

5. I received the above special nutritional supplement on _____.
Date

_____ _____
Responsible Adult Signature Responsible Adult Countersignature

6. _____
Clinic Staff Signature Date

Directions for filling out the Direct Bill for Request for Nutritional Supplies. **This form replaces WIC checks and must be filled out completely**.

1. Fill in the clinic number. "First Day to Use" will be the day the participant comes in for the WIC appointment and "Last Day to Use" will be the day before the next appointment time (just like a WIC check).
2. Enter the Responsible Adult's name and the participant's name with the participant ID number.
3. Fill in the total amount (quantity) and nutritional supplement.
4. The form must have a WIC Registered Dietitian's signature. Enter the vendor's name, address, city and zip code.
5. The Responsible Adult needs to sign the signature line at the time they pick up this form and sign again on the countersignature line when they receive the product (just like a WIC check).
6. The clinic staff signature line is signed only if the nutritional supplement line is delivered to the clinic and a staff person signed for the shipment. When the Responsible Adult comes in to pick up the shipment, the Responsibile Adult signs on both lines with the date the participant received the nutritional supplement.
7. A copy of this form should be sent to the vendor or given to the Responsible Adult to deliver to the vendor. A copy must also be retained at the WIC clinic.

The vendor will send this form, signed and dated, with an invoice to: Idaho WIC Program, Department of Health & Welfare, Bureau of Clinical & Preventive Services, P.O. Box 83720, Boise, ID 83720-0036. Reimbursement will not be made unless a completed copy of this form is included with invoice.

The WIC Program is an equal opportunity provider and employer.