Monthly eWIC Card Inventory Form

Idaho WIC Program

Email completed form to WICHD@dhw.idaho.gov by the last business day of each month.

District: _____ **Month/Year:** _____

CARD SLEEVES RECEIVED

Date	Beg Card #	End Card #	Initials

END OF MONTH PHYSICAL COUNT

a) # Unopened Sleeves --------- _____

b) Line **a** multiplied by 250 ---------- _____

c) # Loose Cards ---------- _____

Total Physical Count (add lines b and c) _____

Instructions:

This form needs to be completed by your District's designated eWIC card inventory monitor monthly. Submit completed form to WICHD@dhw.idaho.gov by the last business day of each month. Cards need to be counted at least once per month. All cards for your District need to be inlcluded on this form. If cards are kept at satellite clinics, Districts are responsible for determining a way to include them all on this form. If no cards are received during the month, document N/A under Cards Received along with the date and initial. Please remember it is easier to count unopened sleeves.