

Utah WIC Program Formula and Food Authorization

Children at 12 Months of Age or Older and Women

Complete either formula amount (oz/d) OR RTF/Single Serving Product (cans/d)

If specific amount per day is not checked/indicated, then the formula cannot be provided.

A. Patient's Name: _____ Patient's DOB: _____	
Parent/Guardian Name: _____	
Primary Care Physician: _____ Discharging Physician: _____	
B. Medical Diagnosis – Check all that apply (must mark at least one)	
<input type="checkbox"/> Allergies <input type="checkbox"/> GERD <input type="checkbox"/> Feeding Difficulties <input type="checkbox"/> Prematurity <input type="checkbox"/> Cystic fibrosis <input type="checkbox"/> FTT <input type="checkbox"/> Malnutrition <input type="checkbox"/> Other ICD 10 Medical Dx: _____	
C. Name of Formula/Product:	
Physical Form of Formula:	<input type="checkbox"/> powder <input type="checkbox"/> concentrated liquid <input type="checkbox"/> ready to feed (RTF)
Formula Amount (oz/day):	<input type="checkbox"/> 8 <input type="checkbox"/> 16 <input type="checkbox"/> 24 <input type="checkbox"/> 27 <input type="checkbox"/> 29 <input type="checkbox"/> Other: _____ oz/day (no ranges) <small>The maximum allowance is 30 oz/day for a 30-day month and 29 oz/day for 31-day month.</small>
RTF/Single Serving Product (cans/day):	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 3.5 <input type="checkbox"/> Other: _____
D. WIC Supplemental Foods – Age-appropriate foods will be issued if nothing is marked.	
<input type="checkbox"/> No milk <input type="checkbox"/> No wheat bread/brown rice/tortillas/pasta <input type="checkbox"/> No cereal <input type="checkbox"/> No cheese <input type="checkbox"/> No dry beans/canned beans <input type="checkbox"/> No juice <input type="checkbox"/> No yogurt <input type="checkbox"/> No canned fish <input type="checkbox"/> No fruits/vegetables <input type="checkbox"/> No eggs <input type="checkbox"/> No peanut butter	
E. Whole Milk/Other	Please indicate medical reason/qualifying condition if prescribing whole milk. Note: Personal preference is not a qualifying condition.
<input type="checkbox"/> *Allow whole milk for a child \geq 2 years or a woman. *WIC participant must have a medical condition, requiring a medical formula, to receive whole milk. Medical reason: _____ <input type="checkbox"/> For children, allow jarred infant fruits and vegetables. <input type="checkbox"/> Substitute infant cereal for breakfast cereal.	Skim, 1%, 2% Milk for a 12-23 month-old with weight \geq85th %: <input type="checkbox"/> Skim / 1% milk <input type="checkbox"/> 2% milk
F. Months of Issuance (6 months will be issued including current month if nothing is marked)	<input type="checkbox"/> 2 mo. <input type="checkbox"/> 4 mo. <input type="checkbox"/> 6 mo. <input type="checkbox"/> 8 mo. <input type="checkbox"/> 10 mo. <input type="checkbox"/> 12 mo. *Order will continue through the end of the expired month.
G. Health Care Provider Information (A written or stamped signature is acceptable.)	
State Licensed Prescriptive Authority: <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> NP <input type="checkbox"/> PA	
Signature: _____ Date: _____	
Clinic/Hospital: _____ Phone: _____ Fax: _____	
WIC USE ONLY	
FID:	Approved by: _____
	Received in Clinic Date: _____ FAFAP Expiration Date: _____

Instructions to Complete Utah WIC Formula and Food Authorization Form Children at 12 Months of Age or Older and Women

Step A: Complete patient information.

Step B: Indicate all medical diagnoses that apply to patient. If diagnosis is not listed, please write in the ICD 10 Medical Diagnosis that applies.

Step C: Formula/Product

- List name and brand of formula required.
Authorization should be based on medical need and not patient preference.
- Specify if the requested formula is powder, concentrated liquid, or ready to feed.
- Indicate quantity of authorized food or formula needed per day. Please give specific amount needed -no ranges can be accepted.
NOTE: Breastfeeding mothers may request less.

Step D: Please indicate if WIC supplemental foods are allowed or if there are any restrictions. Full provision of WIC food packages are listed below.

Step E: WIC can only give clients ≥ 2 years of age whole milk if they are receiving a medical specialty formula and require additional calories.

Step F: Specify the length of time this formula and food authorization will be valid.

Step G: Health Care Provider Information must be signed by a Utah state licensed prescriptive authority.

Full Provision of WIC Foods*	
Children and Women	
<ul style="list-style-type: none"> • Eggs - 1 dozen/month • Fruits/Vegetables - \$25 - \$49 • Cereal - 36 oz/month • Milk - up to 4 gal/month (Children approximately 13 -17 oz/day) 	<ul style="list-style-type: none"> • Juice - 1 gal/month (Children approximately 4 oz/day) • Whole Grains - 1-2 lbs/month • Beans - 1 lb/month • Peanut Butter - 16 - 18 oz/month
<p>*If formula is needed, the maximum allowance is 30 oz/day for a 30-day month and 29 oz/day for 31-day month or no more than 910 oz per month.</p>	