

Utah WIC Program Formula and Food Authorization

Children at 12 Months of Age or Older and Women

Please complete each appropriate section below or formula/foods cannot be issued.

A. Patient's Name: _____ Patient's DOB: _____ Parent/Guardian Name: _____ Today's Date: _____ Primary Care Physician : _____ Discharging Physician: _____	
B. Medical Diagnosis – Check all that apply	
<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"/> 24 <input type="checkbox"/> 27 <input type="checkbox"/> 29 <input type="checkbox"/> Other: _____ oz/day (no ranges)	
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"/> Full WIC Formula Provision (issued if nothing is marked)	
D. WIC Supplemental Foods – Age appropriate foods will be issued if nothing is marked.	
<input type="checkbox"/> No milk <input type="checkbox"/> No whole wheat bread/brown rice/tortillas <input type="checkbox"/> No cereal <input type="checkbox"/> No yogurt <input type="checkbox"/> No dry beans/canned beans <input type="checkbox"/> No juice <input type="checkbox"/> No cheese <input type="checkbox"/> No canned fish <input type="checkbox"/> No fresh fruits/vegetables <input type="checkbox"/> No eggs <input type="checkbox"/> No peanut butter	
E. Milk Substitution Please indicate medical reason/qualifying condition if prescribing any of the following foods. Note: Personal preference is not a qualifying condition.	
<input type="checkbox"/> 2 lbs cheese/month <input type="checkbox"/> 3 lbs cheese/month <input type="checkbox"/> Allow whole milk for a child \geq 2 years or a woman. WIC participant must also be receiving a medical formula to receive whole milk.	Medical Reason/ Qualifying Condition:
F. Months of Issuance <input type="checkbox"/> 1 mo. <input type="checkbox"/> 2 mo. <input type="checkbox"/> 3 mo. <input type="checkbox"/> 4 mo. <input type="checkbox"/> 5 mo. <input type="checkbox"/> 6 mo. (6 months will be issued including current month if nothing is marked) 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 _____ Clinic/Hospital _____ Fax# _____ Phone # _____	
WIC USE ONLY	Approved by: _____ Received in Clinic Date: _____ FAFAF 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. **The full WIC provision (see table below) will be issued unless other instructions are noted.** Please give specific amount needed -no ranges can be accepted.
NOTE: Breastfeeding mothers may request less than the full WIC provision to supplement their breast milk.

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: If appropriate, milk substitution provides the option to authorize additional cheese greater than the standard 1 lb. for medical reasons. Participants who receive more cheese will be issued less milk. WIC can only give clients ≥ 2 years of age whole milk if they are receiving specialty formula and require additional calories. Children < 2 years of age can only be issued whole milk.

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 - \$6-\$10 • 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 - 18 oz/month
*If formula is needed, maximum allowance is approximately 29 oz/day	



UTAH | WOMEN, INFANTS & CHILDREN