

# Utah WIC Program Formula and Food Authorization Infants up to 12 Months of Age

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>B. Medical Diagnosis</b> – 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: _____	
<b>C. Name of Formula/Product:</b>	
<b>Physical Form of Formula:</b>	<input type="checkbox"/> powder <input type="checkbox"/> concentrated liquid <input type="checkbox"/> ready to feed (RTF)
<b>Partially Breastfed Infant Formula Amount (oz/day):</b>	<input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9 <input type="checkbox"/> 12 <input type="checkbox"/> Other: _____ oz/day (no ranges)
<b>Fully Formula Fed Infant Formula Amount (oz/day):</b>	<input type="checkbox"/> 20 <input type="checkbox"/> 24 <input type="checkbox"/> 27 <input type="checkbox"/> 29 <input type="checkbox"/> Other: _____ oz/day (no ranges) <input type="checkbox"/> Full WIC Formula Provision (Issued if nothing is marked)
<b>D. WIC Infant Foods</b>	From 6 months until one year of age, WIC infant foods are available in addition to the prescribed formula. <b>If nothing is marked, all foods will be issued.</b>
<input type="checkbox"/> No infant cereal <input type="checkbox"/> No infant fruits and infant vegetables	
<b>E. Months of Issuance</b> (6 months will be issued including current month if nothing is marked)  **See reverse for exceptions	<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.  <b>Order will continue through the end of the expired month.</b>
<b>F. Health Care Provider Information</b> (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 # _____	
<b>WIC USE ONLY</b>	Approved by: _____
	Received in Clinic Date: _____ FAFAF Expiration Date: _____



# Instructions to Complete Utah WIC Formula and Food Authorization Form Infants up to 12 Months of Age

**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

**NOTE:** Please see list of WIC contract formulas that do not require this authorization for infants < 12 months.

- 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 formula and food 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 formula provision to supplement their breast milk.

**Step D:** Please indicate if WIC Complementary Foods are allowed or if there are any restrictions. For infants, foods are given at ≥ 6 months of age. **Infant meats are only available for fully breastfeeding infants.** (Full provision of WIC food packages are listed below.)

**Step E:** Specify the length of time this formula and food authorization will be valid.  
\*\*Pharmacy-ordered premature formulas must be requested monthly.

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

## Utah WIC Contract Formulas

**Issuing the following contract formula doesn't require the use of this form and will allow the Utah WIC Program to serve more participants.**

Similac Advance

Gerber Good Start Soy

Gerber Graduates Soy

## Full Provision of WIC Formula and Food

### Infants

**0-3 months of age:**

- 26 oz formula/day

**4-5 months of age:**

- 29 oz formula/day

**6-11 months of age:**

- 20 oz formula/day,
- 24 oz infant cereal/month,
- 32 jars (4 oz. size) of infant food fruits/vegetables/month