

Utah WIC Program
Formula and Food Authorization Form (FAFAP)

Children 1 to 5 years-of-age and women

See instructions for completing the form on back

A. Participant's name: _____ Participant's date of birth: _____

Parent or guardian's name: _____

Primary care physician: _____ Discharging physician: _____

B. Medical diagnosis – Check all that apply (must mark at least one)

- ☐ Allergies ☐ Weight-for-length/BMI \leq 5%ile ☐ Feeding Difficulties ☐ Prematurity
☐ Cancer ☐ BMI \leq 18.5 (18+yrs) ☐ Malnutrition ☐ Other ICD 10 Medical Dx:
☐ GERD ☐ Inborn errors of metabolism ☐ Chronic Renal Failure _____

C. Name of formula or product: _____

Physical form: ☐ Powder ☐ Ready-to-feed (RTF) ☐ Concentrated liquid

Amount per day (in ounces): ☐ 8 ☐ 16 ☐ 24 ☐ 27 ☐ 29 ☐ Other: _____

or

No ranges. If a specific amount per day is not indicated, the product cannot be provided.

Amount per day (in containers): ☐ 1 ☐ 2 ☐ 3 ☐ 3.5 ☐ Other: _____

D. WIC supplemental foods – Age-appropriate foods will be issued if not marked.

- ☐ No milk ☐ No wheat bread/brown rice/tortillas/pasta ☐ No cereal ☐ No peanut butter
☐ No cheese ☐ No dry beans/canned beans ☐ No juice ☐ No eggs
☐ No yogurt ☐ No canned fish ☐ No fruits or vegetables

Food substitutions

- ☐ *Substitute pureed fruits and vegetables for fresh fruits and vegetables.
☐ *Substitute infant cereal for adult cereal.

*Participant must have a medical diagnosis that requires a medical formula or product to receive this substitution. Personal preference isn't allowed.

Milk substitutions

Standard issuance for children \geq 1 year and $<$ 2 years is whole milk.

- ☐ *Substitute with skim/1% milk
☐ *Substitute with 2% milk

Standard issuance for children \geq 2 years and women is skim/1% milk.

- ☐ *Substitute with 2% milk
☐ *Substitute with whole milk

E. Months of issuance ☐ 3 mo. ☐ 6 mo. ☐ 9 mo. ☐ 12 mo. ☐ Other: _____ mo. ($<$ 12 mo.)

6 months will be issued, including current month, if nothing is marked

Order will continue through the end of the month.

F. Healthcare provider information (Written or stamped signature is acceptable.)

State licensed prescriptive authority: ☐ MD ☐ DO ☐ NP or APRN ☐ PA ☐ CNM

Signature: _____ Date: _____

Clinic or hospital: _____ Phone: _____ Fax: _____

WIC USE ONLY

FID:	Approved by:	Received in Clinic Date: FAFAP Expiration Date:
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Instructions to complete the
Utah WIC Formula and Food Authorization Form
Children 1 to 5 years-of-age and women

Section A: Complete participant information.

Section B: Indicate all medical diagnoses that apply to the participant. Write in the ICD 10 Medical Diagnosis on the "Other" line if diagnosis is not listed. If the patient is on Medicaid and meets requirements, Medicaid should be the primary provider of the needed formula or product.

Section C: Formula or product information.

- Write name and brand of formula or product needed.
This should be based on medical need. Not patient preference.
- Specify the physical form of the needed formula or product.
- Indicate specific amount of formula or product needed per day. Ranges will not be accepted.

Section D: Indicate any needed restrictions or substitutions to the provided WIC foods. The full provision of WIC foods are listed below.

Section E: Specify the length of time this formula and food authorization will be valid.

Section F: Healthcare provider information must be signed by a Utah state-licensed prescriptive authority.

Full provision of WIC foods each month	
Children 1 to 5 years-of-age and women	
<ul style="list-style-type: none">• Eggs – 1 to 2 dozen• Fruits/Vegetables – \$26 to \$52, adjusted annually for inflation• Cereal – 36 ounces• Milk – up to 4 gallons	<ul style="list-style-type: none">• Juice – 64 ounces• Whole Grains – 24 to 48 ounces• Legumes – 1 to 2 pounds• Canned fish – 6 to 20 ounces
If a medical formula or product is prescribed, WIC can provide a maximum of 910 oz per month. This is approximately 30 oz per day for a 30-day month and 29 oz per day for a 31-day month.	