

Utah WIC Program  
Formula and Food Authorization Form (FAF)

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.

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 whole milk

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

Medical reason: \_\_\_\_\_

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: _____ FAF 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.

<b>Full provision of WIC foods each month</b>	
<b>Children 1 to 5 years-of-age and women</b>	
<ul style="list-style-type: none"> <li>• <b>Eggs</b> – 1 dozen</li> <li>• <b>Fruits/Vegetables</b> – \$26 to \$52</li> <li>• <b>Cereal</b> – 36 ounces</li> <li>• <b>Milk</b> – up to 4 gallons (Children: approx. 13 to 17 ounces each day)</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Juice</b> – 1 gallon (Children: approx. 4 ounces each day)</li> <li>• <b>Whole Grains</b> – 1 to 2 pounds</li> <li>• <b>Beans</b> – 1 pound</li> <li>• <b>Peanut Butter</b> - 16 to 18 ounces</li> </ul>
<p><b>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.</b></p>	