

# Utah WIC Program

## Formula and Food Authorization Form (FAFAP)

### Infants 0 to 11 months-of-age

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)

- |                                    |   |   |   |
|------------------------------------|---|---|---|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Weight-for-length $\leq$ 5%ile | <input type="checkbox"/> Feeding Difficulties | <input type="checkbox"/> Prematurity                    |
| <input type="checkbox"/> Cancer    | <input type="checkbox"/> Inborn errors of metabolism    | <input type="checkbox"/> Malnutrition         | <input type="checkbox"/> Other ICD 10 Medical Dx: _____ |
| <input type="checkbox"/> GERD      | <input type="checkbox"/> Chronic Renal Failure          |   |   |

C. Name of formula or product: \_\_\_\_\_

- Physical form:                       Powder       Ready-to-feed (RTF)       Concentrated liquid
- Amount per day (in ounces):       9       12       18       21       24
- 27       30       32       Other: \_\_\_\_\_

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

**D. WIC infant foods (infants 6 to 11 months-of-age only)**

Infant jarred fruits and vegetables and cereals are provided in addition to formula for infants 6 to 11 months-of-age.

- Infant is medically unable to consume complementary foods by mouth.  
The maximum amount of formula will be provided instead of infant foods.

E. Months of issuance                       2 mo.       4 mo.       6 mo.       8 mo.       10 mo.       12 mo.

6 months will be issued, including current month, if nothing is marked       Other: \_\_\_\_\_ mo. (<12 mo.)

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:

## Instructions to complete the Utah WIC Formula and Food Authorization Form Infants 0 to 11-months-of-age

- Section A:** Complete participant information.
- Section B:** Indicate all medical diagnoses that apply to the participant. Write the ICD 10 Medical Diagnosis on the "Other" line if diagnosis is not listed. If the patient is on Medicaid and has an inborn error of metabolism, Medicaid should be the primary provider of the needed formula or product.
- Sections C:** Formula or product information.  
**The WIC contract formulas listed below do not require prescriptive authorization for infants 0 to 11-months-of-age.**
- Write name and brand of formula or product needed. **This should be based on medical need only. 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. Breastfeeding mothers may request less formula than full formula feeding mothers.
- Section D:** Indicate if the infant is medically unable to consume complementary WIC infant foods. The maximum amount of formula or product needed, up to the prescribed amount, will be provided instead of infant foods for these patients.
- Section E:** Specify the length of time this formula and food authorization form is valid.
- Section F:** Healthcare provider information must be signed by a Utah state-licensed prescriptive authority.

### Utah WIC contract formulas

The Utah WIC program receives a rebate for the contract formulas listed below. This helps the program serve as many participants as possible. A FAFAF is not required to issue these formulas:

- **Similac Advance**
- **Similac Soy Isomil**
- **Similac Sensitive** (except concentrate)
- **Similac Total Comfort**

Scan the QR code with your phone for information about Utah WIC-approved infant formulas.

English:

Spanish:



Full provision of WIC formula and food	
Amounts are based on 30- and 31-day months	
Infants 0 to 11 months-of-age	
<p><b>0 to 3 months-of-age:</b></p> <ul style="list-style-type: none"> <li>• 28 to 29 oz formula each day</li> </ul> <p><b>4 to 5 months-of-age:</b></p> <ul style="list-style-type: none"> <li>• 30 to 32 oz formula each day</li> </ul>	<p><b>6 to 11 months-of-age:</b></p> <ul style="list-style-type: none"> <li>• 22 to 23 oz formula each day</li> <li>• 8 oz infant cereal each month</li> <li>• 32 jars (4 oz size) of infant food fruits and vegetables each month</li> <li>• may request fresh fruits and vegetables in place of jarred infant food</li> </ul>