Utah WIC Program Formula and Food Authorization
Children at 12 Months of Age or Older and Women

Please complete each section below or formula/foods cannot be issued. Only complete one row for formula amount.

If specific amount per day is not checked/indicated, then the formula cannot be provided.

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

- [ ] Allergies
- [ ] Cystic fibrosis
- [ ] GERD
- [ ] FTT
- [ ] Feeding Difficulties
- [ ] Malnutrition
- [ ] Prematurity
- [ ] Other ICD 10 Medical Dx: ___________________________

C. Name of Formula/Product:

<table>
<thead>
<tr>
<th>Physical Form of Formula:</th>
<th>powder</th>
<th>concentrated liquid</th>
<th>ready to feed (RTF)</th>
</tr>
</thead>
</table>

| Formula Amount (oz/day): | 8 | 16 | 24 | 27 | Other: ________ oz/day (no ranges) |

| RTF/Single Serving Product (cans/day): | 1 | 2 | 3 | 3.5 |

D. WIC Supplemental Foods — Age appropriate foods will be issued if nothing is marked.

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

E. Whole Milk/Other

Please indicate medical reason/qualifying condition if prescribing whole milk.

Note: Personal preference is not a qualifying condition.

- [ ] Allow whole milk for a child ≥ 2 years or a woman. WIC participant must have a medical condition, requiring a medical formula, to receive whole milk.
- [ ] For children, allow jarred infant fruits and vegetables.
- [ ] Substitute infant cereal for breakfast cereal.

Medical Reason/Qualifying Condition:

F. Months of Issuance

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

- [ ] 1 mo.
- [ ] 2 mo.
- [ ] 3 mo.
- [ ] 4 mo.
- [ ] 5 mo.
- [ ] 6 mo.

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: [ ] MD [ ] DO [ ] NP [ ] PA

Signature ___________________________________ Clinic/Hospital ___________________________________

Fax# _________________________________________ Phone # _______________________________________

WIC USE ONLY

Approved by: ___________________________ Received in Clinic Date: ___________________________

F A F A F 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. Please give specific amount needed - no ranges can be accepted.
  NOTE: Breastfeeding mothers may request less.

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: WIC can only give clients ≥ 2 years of age whole milk if they are receiving a medical specialty formula and require additional calories.

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.

<table>
<thead>
<tr>
<th>Full Provision of WIC Foods*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Children and Women</strong></td>
</tr>
<tr>
<td><em>Eggs</em> - 1 dozen/month</td>
</tr>
<tr>
<td><em>Fruits/Vegetables</em> - $8-$11</td>
</tr>
<tr>
<td><em>Cereal</em> - 36 oz/month</td>
</tr>
<tr>
<td><em>Milk</em> - up to 4 gal/month (Children approximately 13-17 oz/day)</td>
</tr>
<tr>
<td><em>Juice</em> - 1 gal/month (Children approximately 4 oz/day)</td>
</tr>
<tr>
<td><em>Whole Grains</em> - 1-2 lbs/month</td>
</tr>
<tr>
<td><em>Beans</em> - 1 lb/month</td>
</tr>
<tr>
<td><em>Peanut Butter</em> - 16-18 oz/month</td>
</tr>
</tbody>
</table>

*If formula is needed, maximum allowance 29-30 oz/day based on number of days in month or no more than 910 oz per month.