

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

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.

|  |  |
|--|--|
| <b>A. Patient's Name:</b> _____ <b>Patient's DOB:</b> _____<br><b>Parent/Guardian Name:</b> _____ <b>Today's Date:</b> _____<br><b>Primary Care Physician :</b> _____ <b>Discharging Physician:</b> _____  |  |
| <b>B. Medical Diagnosis</b> – Check all that apply<br><input type="checkbox"/> Allergies <input type="checkbox"/> GERD <input type="checkbox"/> Feeding Difficulties <input type="checkbox"/> Prematurity<br><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> _____   | <input type="checkbox"/> powder <input type="checkbox"/> concentrated liquid <input type="checkbox"/> ready to feed (RTF)  |
| <b>Formula Amount (oz/day):</b>  | <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9 <input type="checkbox"/> 12 <input type="checkbox"/> 18 <input type="checkbox"/> 21 <input type="checkbox"/> 24 <input type="checkbox"/> 27 <input type="checkbox"/> 30 <input type="checkbox"/> 32<br><input type="checkbox"/> Other: ___ oz/day (no ranges)   |
| <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 below, all foods will be issued.</b><br><input type="checkbox"/> No infant cereal <input type="checkbox"/> No infant fruits and infant vegetables<br><input type="checkbox"/> 6 - 11 month old infant who is medically unable to consume complementary foods. Provide the maximum formula amount of 31 oz/day for a 31 day month or 32 oz/day for a 30 day month. |
| <b>E. Months of Issuance</b><br>(6 months will be issued including current month if nothing is marked)<br><br>**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.<br><br><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<br>Signature _____ Clinic/Hospital _____<br>Fax# _____ Phone # _____   |  |
| <b>WIC USE ONLY</b>  | Approved by: _____<br><br>Received in Clinic Date: _____<br>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. Please give specific amount needed - no ranges can be accepted.

NOTE: Breastfeeding mothers may request less than full formula feeding mothers.

**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 Rebate Formulas

**Issuing the following contract formula doesn't require the use of this form and will be more cost effective allowing the Utah WIC Program to serve more participants**

Similac Advance

Gerber Good Start Soy

Gerber Graduates Soy

**The following formulas must be ordered by the health care provider, using this form, and will still result in a rebate**

Similac Sensitive

Similac for Spit Up

Similac Total Comfort

## Full Provision of WIC Formula and Food\*

### Infants

**0-3 months of age:**

- 28/29 oz formula/day

**4-5 months of age:**

- 30/32 oz formula/day

**6-11 months of age:**

- 22/23 oz formula/day,
- 24 oz infant cereal/month,
- 32 jars (4 oz. size) of infant food fruits/vegetables/month

**9-11 months of age:**

- may get fresh fruits and vegetables to replace some jarred infant food

\*Amounts based off of 30/31 day months