

# 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.

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

<input type="checkbox"/> Allergies	<input type="checkbox"/> GERD	<input type="checkbox"/> Feeding Difficulties	<input type="checkbox"/> Prematurity
<input type="checkbox"/> Cystic fibrosis	<input type="checkbox"/> FTT	<input type="checkbox"/> Malnutrition	<input type="checkbox"/> Other ICD 10 Medical Dx: _____

C. Name of Formula/Product: \_\_\_\_\_

Physical Form of Formula:     powder     concentrated liquid     ready to feed (RTF)

**Formula Amount (oz/day):**

3     6     9     12     18     21     24     27     30     32

Other: \_\_\_ oz/day (no ranges)

**D. WIC Infant Foods**

From 6 months until one year of age, WIC infant foods are available in addition to the prescribed formula. **If nothing is marked below, all foods will be issued.**

No infant cereal     No infant fruits and infant vegetables

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.

**E. Months of Issuance** (6 months will be issued including current month if nothing is marked)

2 mo.     4 mo.     6 mo.     8 mo.     10mo.     12 mo.

Order will continue through the end of the expired month.

\*\*See reverse for exceptions

**F. 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: \_\_\_\_\_  
 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	Similac Soy Isomil
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

\*Amounts based off of 30/31 day months

**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