

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

See Instructions for Completing Form on Back

<b>A. Patient's Name:</b> _____ <b>Patient's DOB:</b> _____ <b>Parent/Guardian Name:</b> _____ <b>Primary Care Physician:</b> _____ <b>Discharging Physician:</b> _____		
<b>B. Medical Diagnosis</b> – Check all that apply ( <b>must mark at least one</b> ) <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: _____		
<b>C. Name of Formula/Product:</b> _____		
<b>D. Physical Form of Formula:</b> <input type="checkbox"/> powder <input type="checkbox"/> ready to feed (RTF) <input type="checkbox"/> concentrated liquid		
<b>E. Formula Amount (oz/day):</b> <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 <input type="checkbox"/> Other: ___ oz/day <p style="text-align: center; color: red; font-size: small;">If a specific amount per day is not checked/indicated the formula cannot be provided.</p>		
<b>F. WIC Infant Foods</b> <p style="text-align: center;">From <b>6 months</b> until <b>one year</b> of age, WIC infant foods are available in addition to the prescribed formula.</p> <p style="text-align: center; background-color: yellow;"><b>DO NOT check the box in this section unless infant foods need to be restricted.</b></p> <input type="checkbox"/> Infant (6-12 months of age) who is medically unable to consume complementary foods by mouth. <b>Provide the maximum amount of formula amount in lieu of infant foods.</b>		
<b>G. Months of Issuance</b> (6 months will be issued if nothing is marked) <input type="checkbox"/> 2 mo. <input type="checkbox"/> 4 mo. <input type="checkbox"/> 6 mo. <input type="checkbox"/> 8 mo. <input type="checkbox"/> 10mo. <input type="checkbox"/> 12 mo. <input type="checkbox"/> Other: ___ mo. (no greater than 12 months) <p style="text-align: center;"><b>Order will continue through the end of the expired month.</b></p>		
<b>H. 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 Signature _____ Print name _____ Date _____ Clinic/Hospital _____ Phone _____ Fax _____		
<b>WIC USE ONLY</b>	Approved by: _____	Received in Clinic Date: _____ FAFAF Expiration Date: _____



**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-E:** Formula/Product

**NOTE:** Please see list of WIC contract formulas below 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 formula than full formula feeding mothers.

**Step F:** Please indicate if there are any restrictions for WIC Complementary Foods. 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 G:** Specify the length of time this formula and food authorization will be valid.

**Step H:** Health Care Provider Information must be signed by a Utah state licensed prescriptive authority.

## Utah WIC Rebate (Contract) 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