



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



Please complete all of the Federal USDA requirements below.

If any requirement below is missing, the WIC clinic can not issue the formula.

Patient's Name: _____ Patient's DOB: _____

Parent/Guardian Name: _____ Today's Date: _____

Medical Diagnosis – Check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> GERD | <input type="checkbox"/> FTT |
| <input type="checkbox"/> Prematurity | <input type="checkbox"/> Gastritis |
| <input type="checkbox"/> Cystic fibrosis | <input type="checkbox"/> Lack of growth |
| <input type="checkbox"/> Feeding difficulties | <input type="checkbox"/> Malabsorption (pro/cho/fat) |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Malnutrition |
| <input type="checkbox"/> Vomiting | <input type="checkbox"/> PKU |
| <input type="checkbox"/> Other ICD 10 Medical Diagnosis: _____ | |

WIC contract formulas are Abbott which are rebatable and do not require this authorization form

* Similac Advance Early Shield (Prebiotics)	* Similac Sensitive (Lactose Free)
* Similac Sensitive RS (Rice Starch)	* Similac Isomil Advance (Soy)

Issuing contract formula will allow Utah WIC to serve increased numbers of participants.

Name of formula _____

Physical form of formula: powder concentrated liquid ready to feed

Quantity – Check the most appropriate amount of formula and/or foods listed below:

Breastfed Infant

- 3 oz/day
- 6 oz/day
- 9 oz/day
- 12 oz/day
- 15 oz/day

Formula Fed Infant

- 18 oz/day
- 21 oz/day
- 24 oz/day
- 27 oz/day
- 32 oz/day

Infants > 6 Months of Age

- Allow complementary foods including cereal and baby food
- Do not allow complementary foods

Length of time – Check only one: 1 month 3 months 6 months

Signature of state licensed prescriptive authority: _____
(A written or stamped signature is acceptable according to medical and/or local public health policy.)

Printed Name of state licensed prescriptive authority: _____

Address: _____

Phone: _____

The WIC Health Professional Completes this Section

Date & Initials Received/Approved by CPA/RD in WIC Clinic: _____

Date State Office Special Order Requested: _____ WIC Food Package Issued: _____

Comments:



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

Please complete all of the Federal USDA requirements below
If any requirement below is missing, the WIC clinic can not issue the formula.

Patient's Name: _____ **Patient's DOB:** _____

Parent/Guardian Name: _____ **Today's Date:** _____

Medical Diagnosis – Check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Anorexia | <input type="checkbox"/> FTT |
| <input type="checkbox"/> Prematurity | <input type="checkbox"/> Gastritis |
| <input type="checkbox"/> Cystic fibrosis | <input type="checkbox"/> Lack of growth |
| <input type="checkbox"/> Dermatitis | <input type="checkbox"/> Malabsorption (pro/cho/fat) |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Malnutrition |
| <input type="checkbox"/> Dysphagia | <input type="checkbox"/> PKU |
| <input type="checkbox"/> Feeding difficulties | <input type="checkbox"/> Nausea/Vomiting |
| <input type="checkbox"/> Other ICD 10 Medical Diagnosis: _____ | |

Name of formula _____

Physical form of formula: powder concentrated liquid ready to feed

Quantity – Check the most appropriate amount of formula and/or foods listed below:

Formula Amounts

- 24 oz/day
- 27 oz/day
- 30 oz/day
- 33 oz/day

RTF/Single Serving Products

- 1 can/day
- 2 cans/day
- 3 cans/day
- 3 ½ cans/day

Formula and WIC Foods

- Allow milk, cheese, cereal, juice, eggs, fresh fruits and vegetables, whole wheat bread or brown rice or tortillas, dry or canned beans or peanut butter, canned fish (fully breastfeeding only)
- Allow all foods above except milk and cheese
- Do not allow any foods listed above

Milk Substitution

- 2 lbs cheese/month
- 3 lbs cheese/month
- Allow whole milk for a child at 2 years or older or a woman who is also receiving an exempt medical formula or medical food such as Pediasure or Ensure.

Length of time – Check only one: 1 month 3 months 6 months

Signature of state licensed prescriptive authority: _____
 (A written or stamped signature is acceptable according to medical and/or local public health policy.)

Printed Name of state licensed prescriptive authority: _____

Address: _____

Phone: _____

The WIC Health Professional Completes this Section

Date & Initials Received/Approved by CPA/RD in WIC Clinic: _____

Date State Office Special Order Requested: _____ WIC Food Package Issued: _____

Comments: _____