

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: <input type="checkbox"/> powder <input type="checkbox"/> concentrated liquid <input type="checkbox"/> ready to feed (RTF)	
Formula Amount (oz/day): <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 <input type="checkbox"/> 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. <input type="checkbox"/> No infant cereal <input type="checkbox"/> No infant fruits and infant vegetables <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.	
E. Months of Issuance (6 months will be issued including current month if nothing is marked) <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. 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 <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> NP <input type="checkbox"/> 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

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

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	
<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: <input type="checkbox"/> powder <input type="checkbox"/> concentrated liquid <input type="checkbox"/> ready to feed (RTF)	
Formula Amount (oz/day): <input type="checkbox"/> 8 <input type="checkbox"/> 16 <input type="checkbox"/> 24 <input type="checkbox"/> 27 <input type="checkbox"/> 29 <input type="checkbox"/> Other: _____ oz/day (no ranges) <small>*The maximum allowance is 30 oz/day for a 30 day month and 29 oz/day for 31 day month.</small>	
RTF/Single Serving Product (cans/day): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 3.5	
D. WIC Supplemental Foods – Age appropriate foods will be issued if nothing is marked.	
<input type="checkbox"/> No milk <input type="checkbox"/> No wheat bread/brown rice/tortillas/pasta <input type="checkbox"/> No cereal <input type="checkbox"/> No cheese <input type="checkbox"/> No dry beans/canned beans <input type="checkbox"/> No juice <input type="checkbox"/> No yogurt <input type="checkbox"/> No canned fish <input type="checkbox"/> No fresh fruits/vegetables <input type="checkbox"/> No eggs <input type="checkbox"/> No peanut butter	
E. Whole Milk/Other Please indicate medical reason/qualifying condition if prescribing whole milk. <small>Note: Personal preference is not a qualifying condition.</small>	
<input type="checkbox"/> Allow whole milk for a child \geq 2 years or a woman. WIC participant must have a medical condition, requiring a medical formula, to receive whole milk. Medical reason: _____ <input type="checkbox"/> For children, allow jarred infant fruits and vegetables. <input type="checkbox"/> Substitute infant cereal for breakfast cereal.	
Skim, 1%, 2% Milk for a 12-23 month old with weight at or > 85th %: <input type="checkbox"/> Skim milk <input type="checkbox"/> 1% milk <input type="checkbox"/> 2% milk	
F. Months of Issuance <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. <small>(6 months will be issued including current month if nothing is marked)</small> 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 <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> NP <input type="checkbox"/> 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 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.

Full Provision of WIC Foods*	
Children and Women	
<ul style="list-style-type: none"> • Eggs - 1 dozen/month • Fruits/Vegetables - \$8-\$11 • Cereal - 36 oz/month • Milk - up to 4 gal/month (Children approximately 13 -17 oz/day) 	<ul style="list-style-type: none"> • Juice - 1 gal/month (Children approximately 4 oz/day) • Whole Grains - 1-2 lbs/month • Beans - 1 lb/month • Peanut Butter - 16 - 18 oz/month
<p>*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.</p>	

