Utah WIC Program Formula and Food Authorization

Children at 12 Months of Age or Older and Women

Complete either formula amount (oz/d) OR RTF/Single Serving Product (cans/d)

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: _____

Primary Care Physician: _____ Discharging Physician: _____

B. Medical Diagnosis – Check all that apply **(must mark at least one)**

❑Allergies	❑Weight-for-length/BMI ≤ 5%ile	❑Feeding Difficulties	❑Prematurity
❑Cancer	❑BMI ≤ 18.5 (18+yrs)	❑Malnutrition	❑Other ICD 10 Medical Dx:
❑GERD	❑Inborn errors of metabolism	❑Chronic Renal Failure	_____

C. Name of Formula/Product:	
Physical Form of Formula:	❑ powder ❑ concentrated liquid ❑ ready to feed (RTF)
Formula Amount (oz/day):	❑ 8 ❑ 16 ❑ 24 ❑ 27 ❑ 29 ❑ Other: _____oz/day **(no ranges)** The maximum allowance is 30 oz/day for a 30-day month and 29 oz/day for 31-day month.
RTF/Single Serving Product (cans/day):	❑ 1 ❑ 2 ❑ 3 ❑ 3.5 ❑Other: _____

D. WIC Supplemental Foods – **Age-appropriate foods will be issued if nothing is marked.**

❑ No milk	❑ No wheat bread/brown rice/tortillas/pasta	❑ No cereal
❑ No cheese	❑ No dry beans/canned beans	❑ No juice
❑ No yogurt	❑ No canned fish	❑ No fruits/vegetables
❑ No eggs	❑ No peanut butter	

E. Whole Milk/Other

Please indicate medical reason/qualifying condition if prescribing whole milk.
Note: Personal preference is not a qualifying condition.

❑ *Allow whole milk for a child ≥ 2 years or a woman.
*WIC participant must have a medical condition, requiring a medical formula, to receive whole milk. **Medical reason**: _____
❑For children, allow jarred infant fruits and vegetables.
❑Substitute infant cereal for breakfast cereal.

Skim, 1%, 2% Milk for a 12-23 month-old with weight ≥85th %:
❑ Skim / 1% milk
❑ 2% milk

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

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

***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: ❑ MD ❑ DO ❑ NP ❑ PA

Signature: _____ Date: _____

Clinic/Hospital: _____ Phone: _____ Fax: _____

WIC USE ONLY

FID:	Approved by:	Received in Clinic Date: FAFAF Expiration Date:

UTAH | WOMEN, INFANTS & CHILDREN

See Instructions on Back

Utah Department of Health & Human Services

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. If the patient is on Medicaid and meets requirements, Medicaid should be the primary provider of the needed formula/product.

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	
• **Eggs** - 1 dozen/month • **Fruits/Vegetables** - $25 - $49 • **Cereal** - 36 oz/month • **Milk -** up to 4 gal/month (Children approximately 13 -17 oz/day)	• **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
***If formula is needed, the maximum allowance is 30 oz/day for a 30-day month and 29 oz/day for 31-day month or no more than 910 oz per month.**	