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

See Instructions for Completing Form on Back

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 ≤ 5%ile ❑Feeding Difficulties ❑Prematurity
❑Cancer ❑Inborn errors of metabolism ❑Malnutrition ❑Other ICD 10 Medical Dx:
❑GERD ❑Chronic Renal Failure _____

C. Name of Formula/Product:

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

E. Formula Amount (oz/day):

❑ 9 ❑ 12 ❑ 18 ❑ 21 ❑ 24 **(no ranges)**

❑ 27 ❑ 30 ❑ 32 ❑ Other: _____ oz/day

If a specific amount per day is not checked/indicated the formula cannot be provided.

F. WIC Infant Foods

From **6 months until one year** of age, WIC infant foods are available in addition to the prescribed formula.

DO NOT check the box in this section unless infant foods need to be restricted.

❑ Infant (6-12 months of age) who is medically unable to consume complementary foods by mouth.
Provide the maximum amount of formula amount in lieu of infant foods.

G. 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.
❑ Other: _____ mo. (no greater than 12 months)

***Order will continue through the end of the expired month.**

H. 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

Utah Department of Health & Human Services

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

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 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-day/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