



Pennsylvania WIC Program Formula Authorization Form

Effective Date: January 1, 2026

Client's First & Last Name: _____ Birth Date: _____

Parent/Caregiver's First & Last Name: _____

1. Formula requested: _____

I authorize WIC to substitute a different brand of comparable formula, if needed. Yes No

Ready-to-Feed Required (must be justified by medical condition below): Yes No

Via tube feeding? Yes No

Special instructions for preparation and use (if necessary):

2. Amount requested: oz/day (if formula) Tbsp/day (if modular formula)

WIC maximum monthly allowance per CFR 246.10(e)(9) - (for infant formulas only)

WIC determined amount for partially breastfeeding infants - (based on individual assessment)

3. Length of use: 1 month 3 months 6 months through this date _____ (max 6 months)

Monthly renewal is required for pre-discharge premature formulas.

4. Qualifying Medical Condition(s): ICD-10 Code:

(Justifies the authorization of above formula).

5. Please check all applicable WIC food restrictions: No WIC Food Restrictions

Infants (6-11 months): infant cereal jarred infant meat jarred infant fruits & vegetables CVB[^]

| | | | | |
|-------------------|-------------------------------------|-------------------------------------|------------------|---|
| Children & Women: | cow's milk | canned fish | breakfast cereal | [^] Cash Value Benefits (CVB) - includes fresh, frozen, canned fruits & vegetables |
| | cheese | eggs | whole grains | |
| | yogurt | beans (canned or dried) | CVB [^] | |
| | tofu | nut & seed butters | 100% fruit juice | |
| | plant-based milk (soy or pea based) | (peanut, almond, cashew, sunflower) | | |

Length of restriction: 1 month 3 months 6 months other: _____

Reasons/Instructions/Comments: _____

6. Dairy Authorization for Women and Children Only:

Please provide the WIC standard milk and yogurt types which are:

- whole fat milk and whole or low-fat yogurt for children 12-23 months.

- 1% or skim milk and low-fat or non-fat yogurt for children 2-5 years and women.

Please provide an alternate milk and yogurt type as selected below:

- children 12-23 months: 2% milk 1% or skim milk plant-based milk (soy or pea based) non-fat yogurt

- children 2-5 years and women: whole milk* 2% milk plant-based milk (soy or pea based) whole fat yogurt

*Whole milk may be provided for women and children age 2 and over, only if a special formula is prescribed.

Signature: _____ Date: _____
Physician, Certified Registered Nurse Practitioner, Certified Nurse Midwife, Physician Assistant, Licensed Dietitian Nutritionist

Printed Name: _____

Medical Office/ Clinic: _____ Telephone: _____

Address: _____ Fax: _____