

# Pennsylvania WIC Program Formula Authorization Form



Client's First & Last Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Parent/Caregiver's First & Last Name \_\_\_\_\_

1. Formula requested: \_\_\_\_\_

Amount requested:    \_\_\_ oz/day (if formula)    \_\_\_ Tbsp/day (if modular formula)

Length of use:  1 month     3 months     6 months     through this date \_\_\_\_\_ (max 6 months)  
*(Monthly renewal required for pre-discharge premature formulas. WIC encourages re-challenge with primary infant formula after solids have been introduced, generally at 6 months of age, with physician approval.)*

Via tube feeding?     Yes     No

Special instructions for preparation and use (if necessary): \_\_\_\_\_

2. Qualifying Medical Condition(s): \_\_\_\_\_ ICD-10 Code: \_\_\_\_\_  
*(Justifies the prescription of above formula).*

3. Are there any WIC food restrictions?     Yes     No  
*If yes, please check the foods below that your client should **not** receive from WIC as well as length of restriction:*

Infants (6-11 months):     infant cereal     infant vegetable or fruit     infant meat

Children & Women:     tofu     soy beverage     milk     yogurt     cheese  
                                   juice     breakfast cereal     whole wheat bread or other whole grains  
                                   eggs     vegetables & fruits     fish (tuna/salmon/sardines)  
                                   legumes     peanut butter (available after age 2 only)

Length of restriction:     1 month     3 months     6 months     other: \_\_\_\_\_

Reasons/Instructions/Comments: \_\_\_\_\_

4. WIC authorizes the following types of milk and yogurt:

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

*Check box below if other than whole milk is indicated:*

milk:     2%     1%     skim     soy beverage     tofu: 1-4 lbs: \_\_\_\_\_ > 4 lbs: \_\_\_\_\_     yogurt: low fat/non fat

b. 1% or skim milk or lowfat/nonfat yogurt for women and children age 2 and over.

*Check box below if other than 1% or skim milk is indicated:*

milk:     whole\*     2%     soy beverage     tofu: 1-4 lbs: \_\_\_\_\_ > 4 lbs: \_\_\_\_\_     yogurt: whole fat

\* 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

Printed Name: \_\_\_\_\_

Medical Office/ Clinic: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_