

# Pennsylvania WIC PROGRAM Formula Authorization Form

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

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

## 1. Formula/Fortifier Requested \_\_\_\_\_

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

**Intended length of use:**  1 month  3 months  6 months  through this date \_\_\_\_\_ (max 6 months)  
(Monthly renewal required for premature formulas or breast milk fortifiers. WIC recommends re-challenging with primary infant formula after solids have been introduced, generally at 6 months of age.)

**Via tube feeding?**  Yes  No

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

## 2. Qualifying Medical Condition(s): \_\_\_\_\_ ICD-9 Code: \_\_\_\_\_

*Justifies the prescription of above formula or fortifier.*

## 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:**  juice  breakfast cereal  whole wheat bread or other whole grains  
 eggs  vegetables & fruits  fish (tuna/salmon/sardine/mackerel)  
 legumes  peanut butter (available after age 2 only)  
 Tofu  Soy beverage  1% or skim milk  
 whole milk for Children 1-2 years of age

**Length of restriction:**  1 month  3 months  6 months  Other: \_\_\_\_\_

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

## 4. Authorization for whole or 2% milk (ONLY for women or children >2 years AND on exempt formula or WIC-eligible nutritional): Whole Milk 2% Milk

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Physician, Certified Registered Nurse Practitioner, Physician Assistant

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

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

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



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