

**SPECIAL FORMULA ORDER FORM**

**I. TO BE COMPLETED BY DISTRICT/LOCAL STAFF** Date Faxed: \_\_\_\_\_

**Rush Delivery:** YES  NO

- Nutrition Services Unit called or emailed and notified of incoming fax.
- Written medical documentation with medical diagnosis attached.
- Returned packing slip to the Nutrition Services Unit when formula was received.

1. Name of WIC client & WIC ID Number \_\_\_\_\_
2. Birth Date \_\_\_\_\_
  - "First Day To Use" date on vouchers for current issuance month \_\_\_\_\_
  - Infant age (in months & days) as of "First Day To Use" date \_\_\_\_\_
3. Diagnosis(es) \_\_\_\_\_
4. Name of formula requested \_\_\_\_\_
  - Formula flavor (if applicable) \_\_\_\_\_
5. Product number/manufacturer of formula \_\_\_\_\_
6. Amount of formula needed for current month (number of cans / containers) \_\_\_\_\_
  - Amount of formula prescribed per month (total # of cans / containers) \_\_\_\_\_
  - Amount of formula on hand (number of cans / containers) \_\_\_\_\_
7. Type of formula: ready to feed, concentrate, powder, single use bottle, etc. (Provide justification for RTF formula) \_\_\_\_\_
8. Estimated time on formula \_\_\_\_\_
9. Formula issue month (based on voucher "First Day To Use" date) \_\_\_\_\_
10. Clinic name, contact person, and phone no. \_\_\_\_\_
11. Address/telephone number to ship formula \_\_\_\_\_
12. Prescribing Physician \_\_\_\_\_
13. District contact person \_\_\_\_\_
14. WIC/Nutrition Coordinator's signature or designee \_\_\_\_\_

**II. TO BE COMPLETED BY NUTRITION SERVICES UNIT**

1. Formula Cost of this order (including price per case) \_\_\_\_\_
2. Date order placed to formula company \_\_\_\_\_
3. Clinic/District's account number \_\_\_\_\_
4. Contact person at formula company/phone no. \_\_\_\_\_
5. Anticipated date of delivery \_\_\_\_\_
6. State Nutrition Program Consultant's signature & date \_\_\_\_\_

**III. TO BE COMPLETED BY STATE WIC BUDGET OFFICER**

1. Purchasing authorization number/initial date \_\_\_\_\_
2. Field Purchase Order # / initial date \_\_\_\_\_
3. WIC Financial Director's signature \_\_\_\_\_