



Iowa Women, Infants, and Children (WIC) Program Documentation of Nutrition Products from WIC

This form documents WIC participation and the amount of formula provided in the WIC food package. This form does not authorize payment by Medicaid. It is to be submitted along with certification of medical necessity and any other documents needed for prior authorization of payment.

Participant's Name: _____

Medicaid Number: _____

Diagnosis: _____

Formula Prescribed: _____

Amount of formula per month provided by the WIC Program: _____

Months WIC Provided Formula: _____

Amount of formula needed for the Medical Nutrition Therapy Plan: _____

Signature of Staff

Phone Number

Date

I authorize the WIC program to release the above information to _____.

Signature of Participant/Parent/Guardian

Date

USDA is an equal opportunity provider, employer, and lender.