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FORMULAS AND WIC-ELIGIBLE NUTRITIONALS ORDER FORM

Department of Health and Human Services
Community Nutrition Services Section (CNSS)

Instructions: Complete Sections I – IV then fax the form to CNSS at (919) 870-4898.

I. Contact Information for Competent Professional Authority (CPA) authorizing order

Order date _____Name and title of CPA: _____

Phone # _____ Email _____ Fax # _____

II. Participant Information

First name _____ Last name _____ DOB _____

Participant ID # _____ Medicaid ☐ Yes ☐ No

List all specific participant medical condition(s) indicating the need for the product

_____

III. Product Information ☐ Initial Order ☐ Reorder

Product Name _____

Flavor (if applicable) _____

Product Type	Product manufacturer
☐ Ready-to-Feed	☐ Abbott ☐ Mead Johnson
☐ Concentrate	☐ Nestle ☐ Nutricia
☐ Powder	☐ Vitaflo

Requested # Reconstituted Fluid Ounces (RFO's) _____

If the amount requested is less than the maximum monthly amount and differs from the amount indicated by the health care provider, indicate if:

☐ Agency has a partial supply of _____ containers or _____ RFO's

☐ Client declines or does not use the maximum monthly amount

☐ Other _____

IV. Shipping Information

Local WIC Agency Name _____

Main Site Shipping Address _____

City / State _____ Zip Code _____

CPA signature _____ _____

Name Date

State Office Use Only

Product _____ # cases_____ Order approved by/ date _____

Account # _____ PO # _____ Confirmation Order # _____

Ordered by/ date _____ Estimated delivery date _____

Order is for _____ containers. Issue ____ containers. Place remaining _____ containers in inventory.

CNSS # 7827 (10-2020, Revised: 10-2022)