

FORMULAS AND WIC-ELIGIBLE NUTRITIONALS
ORDER FORMDepartment of Health and Human Services
Community Nutrition Services Section (CNSS)**Instructions: Complete Sections I – IV then fax the form to CNSS at (984)236-8298.****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 ReorderProduct Name _____
Flavor (if applicable) _____

Product Type	Product manufacturer
<input type="checkbox"/> Ready-to-Feed	<input type="checkbox"/> Abbott <input type="checkbox"/> Mead Johnson
<input type="checkbox"/> Concentrate	<input type="checkbox"/> Nestle <input type="checkbox"/> Nutricia
<input type="checkbox"/> Powder	<input type="checkbox"/> 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.