Full completion of all fields in Sections A-D required at submission. Forms with missing information will not be approved and will require resubmission.

CHILD FORM

				CITIED	TOM
A. Patient Information					
Child Name:	DOB:				
Parent/Guardian Name:	Telephone:				
Does child have current Virginia Medicaid Coverage? □ Yes □ No					
B. Formula Information If multiple products are needed, they must ALL be included on a single form.					
Formula(s) requested:					
Amount per day: oz/day	Calories per ounce: Standard dilution or kcal/o				kcal/oz
Length of use: □ 1 month	\square 2 months	\square 3 months	\Box 4 months	\Box 5 months	\Box 6 months
Diagnosis with ICD code:					
Please refer to the first page of this form for additional details on allowable diagnoses and issuance amounts.					
C Allervahle WIC Summlere	antal Fands				
C. Allowable WIC Supplemental Foods					
□ No restrictions, issue all WIC foods in addition to formula □ Provide formula only, remove ALL other WIC foods					
☐ Remove the following WIC food					
☐ Milk/Yogurt/Cheese ☐ 100% Juice ☐ Whole Grains ☐ Eggs		☐ Cereal ☐ Fruits/Vegetables		☐ Beans/Legumes☐ Peanut Butter	
	☐ Eggs		•	☐ Peanut Bt	iller
Provide the following modifications in addition to the requested formula: □ Pureed fruits/vegetables instead of □ Whole milk instead of 1% and skim □ 2% milk instead of 1% and skim					
regular fruits and vegetables		milk (age 2 and older, only) milk (age 2 and older, only)			
D. Health Care Provider Information					
Printed Name: Claude, Karam MD.		NPI #: 1235203290			
Clinic Name: Pedia-Care Of Virginia		Phone: 571-434-7337		Fax: 571-434-7338	
Signature:				Date:	
Federal regulations require this form be completed and signed by a healthcare provider authorized to write medical prescription under state law.					
L					
WIC STAFF USE ONLY		WIC Family ID:			
Approved? ☐ Yes ☐ No ☐ Pending		OTM Amount Requested? \square No \square Yes \square Yes, but unable to provide			
Pending/Denial Details:					
Staff Name:	Staff Position: ☐ RD ☐ Nutritionist ☐ CPPA				tritionist CPPA
Staff Signature:		Approval Date:			
WIC staff notes/additional details:					