

Special Formula Request Form

WIC-396C

Purpose: To complete an original Special Formula Request Form WIC-396C to order special formula from the Community Action Program Distribution Center. The CAP Distribution Center will ship requested formula to either the Local Agency site or the participant's home considering which one is more appropriate.

Reference: [FDS 03.2.2-C](#)

Procedure: Complete the [WIC-396 Special Formula Request Form](#) as follows:

1. **Order Date** – Enter the date the order will be submitted.
2. **Clinic ID Number (4-6 digit)** – Enter the state assigned local agency site (4 digit) number.
3. **Local Agency / Clinic Name** – Enter the local agency / site name that will be submitting the request.
4. **Participant Name** – Enter the client name as listed on the food benefit issuance.
5. **Participant ID#** – Enter the client identification number assigned to the food benefit issuance.
6. **Contact Person** – Enter the name of the local agency / site contact person
7. **Phone Number** – Enter the telephone number of the contact person at the local agency / site.
8. **Fax Number** – Enter the local agency site fax machine number (including area code). This information is required in case a problem should arise.
9. **Email Address** – Enter the local agency contact person VDH email address. This information is required in case a problem should arise.
10. **Shipping Name** – Enter the name of client name, parent/guardian name.
11. **Shipping Address** – Enter the client or local agency address. **Do not use address stamps.**
12. **Local Agency / Participant Home** – Place an “X” in the appropriate field for the ship to location.
13. **Food Benefit Issuance #** – Enter the food issuance number listed on the issued food benefits.
14. **Spend Dates, Start / End** – Enter the first date to spend and the last date to spend for the food benefits.
15. **Product Name** – Enter the product name as listed on the WIC benefits.
16. **Concentrate, RTF, PWD or Pudding** – Enter the form of the product, concentrate, ready-to-feed, powder, etc....

17. **Qty** – Enter the quantity to be replaced. **The quantity can not exceed the quantity specified on the assigned food benefit issuance.**
18. **Container Size** – Enter the appropriate container size for the prescribed food package.
19. **Flavor Packet Type** – Enter the flavor packet to be provided, manufactured and available from the formula distribution center.
20. **Flavor**– Enter the flavor of the product to be provided that is manufactured and available from the formula distribution center.