

Request for Ready to Feed Formula WIC-407C

NOTE: This form does not apply to formulas that are only available as ready to feed

Participant's Name: _____

Date of Birth: _____

WIC Client ID #: _____

Local Agency Name: _____

Name of Formula/ Medical Food: _____

Reason(s) for Request for Ready to Feed Formula:

- Unsanitary or restricted water supply
- Parent / legal guardian or caretaker has difficulty in correctly diluting concentrate or powder formula
- RTF formula better accommodates the participant's condition (special formula only)
- RTF formula improves the participant's compliance in consuming the prescribed formula (special formula only)

CPA Name: _____

CPA Signature: _____

Date: _____

CPA Phone Number: _____

CPA email: _____

Submit form to State WIC Office.

Print a copy of this form and place in the participant's record.

* *A request for Ready to Feed formula shall be renewed at each WIC certification