

# Washington State WIC Nutrition Program

## WIC Medicaid Nutrition Form

Complete the WIC Medicaid Nutrition Form below when requested. You may refer to [Process to request Formula from Medicaid](#) to correctly complete the form and learn more about the process. All WIC staff (clerk, certifier, nutritionist, etc.) have authorization to complete this form.

### Section 1: Caregiver/Participants Completes the Following

- As a WIC caregiver/participant I have read and signed the [Release of Information](#).

Caregiver/participant signature: \_\_\_\_\_

### Section 2: WIC Staff or Medical Provider Completes the Following

1. Patient's name: \_\_\_\_\_ DOB: \_\_\_\_\_
2. Caregiver's name: \_\_\_\_\_ Phone number: \_\_\_\_\_

### Section 3: WIC Staff Complete the Following

1. WIC clinic name and address: \_\_\_\_\_
2. WIC clinic phone number: \_\_\_\_\_
3. Is the patient WIC eligible:  Yes  No
4. WIC staff name: \_\_\_\_\_
5. WIC staff signature \_\_\_\_\_ Date: \_\_\_\_\_

### Section 4: WIC Staff or Medical Provider Completes the Following

1. Requested product name: \_\_\_\_\_
2. Check the box that applies:  
 The requested product isn't WIC approved: [WA State WIC Approved Formulas](#)  
 The product is available as a [WIC Approved Formula](#). However, the amount prescribed exceeds the [maximum monthly allowance](#).
3. **If the requested formula exceeds the [maximum monthly allowance](#), complete the table below:**

Age	0-3 Months	4- 5 Months	6-11 Months	Child 1-5 Years	Adult
Total cans requested					
Maximum cans WIC allows					
Total cans WIC cannot provide					

### Section 5: Optional Additional Information

1. ProviderOne ID: \_\_\_\_\_
2. Primary Medical Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_
3. Name of Dietitian (if applicable): \_\_\_\_\_ Phone Number: \_\_\_\_\_
4. Is a WIC Nutrition Assessment included:  Yes  No

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email [civil.rights@doh.wa.gov](mailto:civil.rights@doh.wa.gov).

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