



RI WIC Program Authorization for Milk Substitutes

WIC Office:
Fax Number:
Attention:

To be completed by WIC Staff	
Participant's Name:	DOB:
Parent/Caregiver's Name (if applicable):	

To be completed by Health Care Provider	
Please complete all sections (1-3) to avoid delays in issuance.	

WIC provides all children (ages 1-5 years) with cow's milk:

- Whole milk (for ages 1-2 yrs)
- 1% low-fat/non-fat milk (for ages > 2 yrs)
- Lactose-reduced, evaporated & powdered milk available *without* medical documentation

1. Please check authorized substitutes to give in place of cow's milk:
<input type="checkbox"/> Pacific Ultra Soy Beverage
<input type="checkbox"/> Tofu
<input type="checkbox"/> Both

2. Please check reason for substitution:
<input type="checkbox"/> Lactose maldigestion
<input type="checkbox"/> Milk allergy
<input type="checkbox"/> Vegan

****The WIC Office will authorize this substitution for one year. Reauthorization is required annually.**

3. Health Care Provider Information		
Provider's Name: (please print)	<input type="checkbox"/> MD <input type="checkbox"/> PA <input type="checkbox"/> DO <input type="checkbox"/> NP	
Signature of Provider:		
Medical office/clinic:		
Phone #:	Fax#:	Date: