

## Iowa WIC Formula Approval Application

**Instructions:** Section I should be completed by the local agency CPA and sent electronically to the agency's assigned Nutrition Consultant and the WIC Helpdesk. Section II will be completed by state office staff.

Section I (to be completed by local agency CPA)	
1. Formula name:	
2. Manufacturer:	
3. Product Description:	
4. Indication for use:	
5. Reason for request: <i>(e.g., diagnosis)</i>	
6. Does diagnosis match product indications?	
Section II (to be completed by state WIC office staff)	
7. UPC:	
8. Product size and physical form:	
9. Reconstitution amount per unit:	
10. Retail cost:	
11. Does product meet minimum requirements outlined in 7 CFR Part 246?	
12. Is product nutritionally different from an existing state approved product? (If no, describe)	
13. Decision (circle one)	APPROVED                      NOT APPROVED
14. Reasoning to support outcome:	
15. Date of outcome:	
16. Cat/Subcat if approved:	