MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
WIC AND NUTRITION SERVICES

PARTICIPANT RECEIPT OF FORMULA FORM

A. PARTICIPANT'S FORMULA ISSUANCE INFORMATION

Participant's Name: State WIC ID:

Name of formula(s) received:

Type of Formula Received:	☐ Powder	☐ Concentrate	☐ RTU/RTF	☐ Nursette (2 oz or 3 oz)
Total Amount of Formula Received	_____ Cans	_____ 4-pack	_____ 8-Pack	
	_____ Bottles	_____ 6-pack	☐ Other _____	

This formula is for the month of	☐ January	☐ February	☐ March	☐ April	☐ May	☐ June
	☐ July	☐ August	☐ September	☐ October	☐ November	☐ December

First Day To Use (FDTU) Last Day To Use (LDTU):

I _____ **(Print Name)** ☐ Participant ☐ Guardian **(Check one)** acknowledge that I have received formula in the quantity documented above.

Signature of WIC Participant/Guardian: _____ Date: _____

B. LOCAL WIC PROVIDER USE ONLY - Local WIC provider must scan this form in MOWINS for documentation of issuance of formula if packing slip is not used.

LWP Name: LWP Number:

Name of Staff Issuing Formula to Participant: Date:

Signature of Staff Issuing Formula to Participant:_____

Check as applicable: ☐ CPA ☐ Nutritionist ☐ WIC Certifier ☐ HPA ☐ WIC Clerk

The formula issued was ☐ Direct Shipment ☐ Extra Supply at LWP ☐ Shipped From Another LWP

Reference number on packing slip if Direct Shipment:

Comments: