STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXTRA DIRECT SHIP FORMULA (WIC-90)

Complete the Local Agency (LA), Extra Formula and Participant Information sections and email to DSWICFormula@health.mo.gov.

TODAY'S DATE (MM/DD/YYYY)

LA INFORMATION

LA NAME		LA NUMBER
CONTACT NAME		
CONTACT PHONE	EXT.	CONTACT EMAIL

EXTRA FORMULA INFORMATION

FORMULA NAME	☐ PWD ☐ RTU ☐ CONC
CAN OR UNIT SIZE	FLAVOR (IF APPLICABLE)
AMOUNT AVAILABLE	
EXPIRATION DATE	

PARTICIPANT INFORMATION

STATE WIC ID (SWID) FOR WHOM THE FORMULA WAS ORDERED AS A DIRECT SHIP

☐ **I attest that this formula was never issued to any participant or left the security of the LA.**

CHECK ONE OF THE FOLLOWING OPTIONS:

☐ Requesting the state agency (SA) update records to show this formula will now be used for the following participant at our LA.

SWID: _____

☐ Requesting SA assistance to find another LA that can use this formula.

IMPORTANT! If requesting SA assistance, attach a picture of the extra formula to your email to DSWICFormula@health.mo.gov along with this form.

SECTIONS BELOW ARE FOR SA STAFF ONLY

SA NUTRITIONIST:

NOTES:

RECEIVING LA AND PARTICIPANT INFORMATION

LA NAME		LA NUMBER
LA SHIPPING ADDRESS		
CONTACT NAME		
CONTACT PHONE	EXT.	CONTACT EMAIL
SWID FOR WHOM THIS EXTRA FORMULA IS NOW ALLOCATED		
DATE FORMULA ARRIVED AT RECEIVING LA (MM/DD/YYYY)		