

Special Formula Change Request Form WIC-392

Purpose: To change or correct a Special Formula Shipping Request Form (396) submitted to the Distribution Center. The Special Formula Change Request Form (392) can only be use to increase the formula quantity for a previously submitted Special Formula Shipping Request Form (396) or to correct the formula name so that it matches the WICNET food instrument.

Reference: [FDS 03.2.2](#)

Procedure: Complete the form as follows:

1. **Original Order Date & Food Instrument** – Enter the previously submitted order date and food instrument number.
2. **Participant ID** – Enter the original participant ID number.
3. **Site Code** – Enter the state assigned local agency site (4 digit) WICNET number.
4. **Local Site Name** – Enter the local site name form the original special formula order request.
5. **Participant Name, Client ID** – Enter the participant name and ID as listed on the original special formula order request.
6. **Contact Person** – Enter the name of the site contact person
7. **Telephone Number** – Enter the telephone number of the contact person at the site.
8. **Name** – Enter the name of the delivery to person or local agency building name.
9. **Address, City, State, Zip** – Enter the address information from the original special formula order.
10. Check box if for delivery to local agency or participant home.
11. **Product Name** – Enter name of special formula
12. Enter the form of special formula (concentrate, powder, ready to feed).
13. **Quantity** – Enter the total quantity of formula requesting.
14. **Size** – Enter the container size of special formula.
15. **Issued Food Instrument #** - Enter the correct food instrument number issued for the special formula.
16. **First Date / Last Date** – Enter the first date to spend and the last date to spend listed on the food instrument.

(Original Order Must Be Less Than One Day)

CHANGE FORMULA ORDER

Special Formula Change Request Form

Virginia WIC Program

Original Order Date: _____

Original Check #: _____

Participant ID: _____

Order Date:

Participant and Local Agency Information		Shipping Information			
Site Code (4 digit):		Name :			
Local Site Name:		Address:			
Participant Name:		City:			
Client ID:		State:		Zip:	
Contact Person:		To Site/Room/Apt/Lot.:			
Telephone Number:		Attn:			
		Delivery to: <input type="checkbox"/> Local Agency <input type="checkbox"/> Participant Home			
*Required Information.					
*Product Name: (One item per order form)		*Conc., RTF, Pwd. Pudding	*Quantity Cans / Bottles	*Container Size	Flavor Packet Type
*Issued Food Instrument #:			*First Date to Spend		*Last Date To Spend
<div style="text-align: right;"><u>For Ware House Use Only</u></div>					