

Sample Approval Letter

Local agency letterhead

DATE

Medical Provider
Clinical Name
Clinic Address

Dear **name of requestor:**

I am writing in response to your prescription request that the WIC program provide **participant's first and last name (DOB)** with **complete name of formula** formula. The **local agency name** WIC Program will be able to provide this formula. Benefits that can be used to purchase this formula will be provided for the months of **list the months that formula will be provided**.

If the need for this formula continues beyond this time, a new prescription request for special formula will need to be submitted to allow the WIC staff to reassess **participant's first and last name** nutrition status and create a new care plan. Please feel free to call the WIC staff with questions or advice.

Sincerely,

Local Agency CPA
Local Agency Address
Local Agency Phone Number

Local agency CPAs may want to consider changing the last line of the letter to say: ...free to call "me" at...

Local agencies...if the physician has requested more formula than you were able to provide, you should add a paragraph explaining that you provided less than the amount requested and that this was due to federal rule which sets the maximum amount of formula that may be provided.