



# Providence Home Medical Equipment (PHME) WIC Medical Formula Request

Order Date: \_\_\_\_\_ Voucher Issuance Month: \_\_\_\_\_

Participant's Name: \_\_\_\_\_  
( Last , First , MI )

Parent/Guardian Name \_\_\_\_\_ Phone #: \_\_\_\_\_  
( Last , First , MI )

WIC Voucher #s: \_\_\_\_\_ WIC ID#: \_\_\_\_\_

Prescribed Formula: \_\_\_\_\_ Quantity: \_\_\_\_\_

Powder  Concentrate  Ready-to-feed  Other:

Flavored:  Yes  No If yes, flavor name: \_\_\_\_\_ Fiber (check one):  With  Without

**Instructions for Providence HME (check one):**

- Client will pick up at PHME storefront
- Mail to client
- Mail to WIC clinic - Attn: WIC contact (see below)
- Mail to parent/guardian

**Vouchers and request form have been checked for accuracy by WIC staff.**

**Formula Mailing Address (street addresses only):**

Street address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Special Instructions:** \_\_\_\_\_**WIC Local Agency:** \_\_\_\_\_

WIC Contact Name \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

WIC Contact Name \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Order Submission:**

① Fax this request form and copies of the vouchers to: FAX: (503) 215-4424 Attn: Halsey Store Front/Referral Intake-PHME	② Mail signed vouchers (one month at a time) to: Providence Home Medical Equipment Attn: Halsey Store Front 6410 NE Halsey St, Ste 500, Portland OR 97213 WIC vouchers mailed to Providence on (date): _____
--------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**If this is a replacement order for stolen formula, have the participant or guardian read and sign the following statement:**

I am reporting that the original shipment of formula has been stolen. I understand that if the original shipment is found, I must return it to the WIC program. I have been informed that using the formula after I have received the replacement formula is considered misuse of WIC funds. I may be subject to penalties including disqualification from the program and/or repayment.

Signature of participant or guardian: \_\_\_\_\_ Date signed: \_\_\_\_\_