

STAFF COMMUNICATION FORM

Client _____

BREASTFEEDING: EB FF MBF SBF Mother's Food Pkg Code: _____

Formula Code: _____

Infant Food Pkg Code: _____

Infant Quantity per Issuance Month:*

| | | | | | | | | | | | | |
|---|----|---|---|---|---|---|---|---|---|---|----|----|
| 0 | <1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| | | | | | | | | | | | | |

***note: Formula issuance screen for infants born on the first day of the month will differ. Omit the <1 month.**

FORMULA

- Issuing Formula with EBT + Stock for current month
- Formula Exchange
- Reminder: PRINT SCREEN

| Formula Code | Name of Formula | Return in Hand | New Qty | Issue from Stock |
|--------------|-----------------|----------------|---------|------------------|
| | | | | |
| | | | | |
| | | | | |

- New Formula Name: _____ Code: _____
 Rx Expiration Date: _____ Quantity per month: _____
- Change Contract Formula from _____ to _____ New code: _____

FOOD PACKAGE

- New Food Package Code: _____
- Customized Food Package:
 Line item Delete the following foods:

Infants (6-11 months)

- Infant cereal
- Infant food

Children (1-5 Years) and Women

- Milk Eggs Cereal Juice Beans
- Cheese Peanut butter Whole grain Fruits/Vegetables

NEXT APPOINTMENT FOR: CL SC PC BFPC RD OTHER _____ (CIRCLE ONE)

CERTIFYING AUTHORITY INITIALS _____ DATE: _____