

**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: \_\_\_\_\_