

2d. WIC Approved Formula Worksheet

Name: _____

Directions

Match images of WIC Approved Formulas with the check description by drawing a line from the item to the check. Write how many cans or packs of the WIC Approved Formula the WIC shopper should receive. Please note that not all products are WIC approved and may not have a check that matches.



_____ cans

NEBRASKA WIC PROGRAM
301 Centennial Mall South • Lincoln, Nebraska 68509-5026
Buying, selling or otherwise misusing WIC benefits is a crime. To report suspected abuse, call 800-424-9212 or visit www.usda.gov/oig/hotline.htm

Clinic ID: 5-15 Name: Savannah Jensen
2 (12.5 OZ) ENFAMIL INFANT POWDER



_____ cans

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Clinic ID: 5-15 Name: Savannah Jensen
4 (12.9-OZ) ENFAMIL AR - POWDER



_____ cans

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Clinic ID: 5-15 Name: Bricen Jensen
6 (6 PACKS [8-OZ]) PEDIASURE-ANY FLAVOR/NO FIBER



_____ cans

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Clinic ID: 5-15 Name: Savannah Jensen
2 (12.4-OZ) ENFAMIL GENTLEASE - POWDER



_____ packs

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Clinic ID: 5-15 Name: Sadie Jensen
4 (12.9-OZ) ENFAMIL PROSOBEE - POWDER





_____ packs

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Clinic ID: 5-15 Name: Savannah Jensen
 2 (12.4-OZ) ENFAMIL GENTLELEASE - POWDER



_____ cans

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Clinic ID: 5-15 Name: Bricen Jensen
 6 (6 PACKS [8-OZ]) PEDIASURE-ANY FLAVOR/NO FIBER



_____ packs

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Clinic ID: 5-15 Name: Savannah Jensen
 4 (12.9-OZ) ENFAMIL AR - POWDER



_____ cans

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Clinic ID: 5-15 Name: Bricen Jensen
 6 (6 PACKS [8-OZ]) PEDIASURE ANY FLAVOR WITH FIBER



_____ packs

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Clinic ID: 5-15 Name: Sadie Jensen
 4 (12.9-OZ) ENFAMIL PROSOBEE - POWDER

