

## **Formula Request Form**

- Local Agency staff can email this form to the VMA at [vma@healthsolutions.org](mailto:vma@healthsolutions.org).
  - To make the process as efficient as possible, this method is preferred but Local Agency staff can still email the VMA without this form or call the VMA if that is their preferred method in reporting this information.
  - If the VMA can locate the formula, the participant's preferred method of contact will be used to contact them
  - If the VMA is unable to locate the formula, the Local Agency will be contacted for next steps. At this time the Local Agency can request a drop shipment if they deem it necessary.
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Please provide the below information to Public Health Solutions at [vma@healthsolutions.org](mailto:vma@healthsolutions.org).

1. Name of the formula requested (please verify the UPC via the APL). Please specify the formula is powder, concentrate, or RTU.  
\_\_\_\_\_
2. Does the participant have any formula or are they completely out?  
\_\_\_\_\_
3. How many cans are available in the participant's package and when do their current benefits expire?  
\_\_\_\_\_
4. What is the participant's name, email, phone number, and zip code?  
\_\_\_\_\_
5. What is the participant's preferred method of contact (email or phone)?  
\_\_\_\_\_
6. Where is most convenient for the participant to shop?  
\_\_\_\_\_
7. How far is the participant able to travel to a store to purchase formula?  
\_\_\_\_\_
8. What stores has the participant called or visited to ask about this formula, and when?  
\_\_\_\_\_
9. What if anything, was the participant told by store staff when asking about the formula?  
\_\_\_\_\_
10. Local Agency contact person and address should the need to facilitate a drop shipment be available:  
\_\_\_\_\_  
\_\_\_\_\_

Please provide any additional information: