

Formula Request Form

To help us better service your request, please provide the following information and email us at vma@healthsolutions.org :

1. Name of formula requested (staff should verify the UPC via APL).
Please specify if the formula is powder, concentrate, or RTU
2. Does the participant have any formula or are they completely out?
3. What is the participant's zip code?
4. Where is most convenient for the participant to shop?
5. If there are transportation limitations, how far is the participant able to travel?
6. Where have they already tried calling or visiting, and when?
Provide specifics:
7. What they were told at the stores, if anything.
8. When current/active benefits expire.
9. How many cans are available in their package.
10. YOUR (LA) contact person and address should we need to facilitate a drop shipment.

Any additional information: