

ADDITIONAL BENEFIT ISSUANCE FORM



AUTHORIZED PARTICIPANT NAME: _____ FID: _____

PARTICIPANT NAME: _____

REASON FOR ADDITIONAL BENEFITS

- FORMULA CHANGE DURING PANDEMIC FOSTER PLACEMENT CUSTODY CHANGE

DESCRIPTION OF SITUATION OR EVENT:

ORIGINAL AND REPLACEMENT FORMULA DETAILS

ORIGINAL FORMULA: _____

ISSUED FOR MONTH OF: _____

NUMBER OF CANS PURCHASED: _____

NUMBER OF CANS USED/OPENED: _____

NUMBER OF CANS UNOPENED
AND DESTROYED: _____

REPLACEMENT FORMULA: _____

DATE OF REPLACEMENT: _____

NUMBER OF CANS REPLACED: _____

NAME OF STAFF: _____ DATE: _____