

Nutrition And WIC Services Management Evaluation Tool Special Authorization

Agency / Clinic: _____ Date of ME: _____

Evaluator(s): _____

Write comments on back as needed..

Client Name	Form on File	Rx Signed	Rx Date	LA use sect	Authorization in KWIC matches form									
					Product Requested		Diagnosis			Issuance Length		Foods Issued		
					Form	KWIC	Form	KWIC	OK	Form	KWIC	Form	KWIC	
1.														
2.														
3.														
4.														
5.														
6.														
7.														
8.														

Total Charts Reviewed with Errors _____

Total Charts Reviewed _____

Percent of Charts Reviewed with Errors _____