



WIC Infant Formula Request Form
All requests are subject to WIC staff approval.
Sections A, B, C or D, and E must be completed for consideration.

A. Participant Information:

Name:	DOB:	Today's Date:
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B. Length of Time Requested (circle one or fill in end date):

Until end of certification Until first birthday Months of Age: _____ Other Date: _____

C. Medical Formulas/Nutritional Products (Food Package 3):

Prescribed Amount: Maximum Allowable OR _____ per day

Infant Formula	Brief Product Description	Diagnosis*
<input type="checkbox"/> Enfamil Enfacare NeuroPro <input type="checkbox"/> Neosure	22 calories per ounce; higher concentrations of proteins, vitamins and minerals (calcium and phosphorus) for catch up growth and development.	<input type="checkbox"/> Prematurity <input type="checkbox"/> Low/Very Birth Weight <input type="checkbox"/> Eosinophilic Esophagitis <input type="checkbox"/> Failure to Thrive <input type="checkbox"/> Malabsorption <input type="checkbox"/> Milk Allergy <input type="checkbox"/> Oral/Motor Feeding Issue or Developmental Delay <input type="checkbox"/> Short Bowel Syndrome <input type="checkbox"/> Soy Allergy <input type="checkbox"/> Tube Feeding <input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Alimentum <input type="checkbox"/> Nutramigen Enflora LGG <input type="checkbox"/> Pregestimil	Appropriate for milk or soy allergy, malabsorption, and/or other gastrointestinal diseases. Hydrolyzed proteins and/or free amino acids; higher proportion of medium chain triglycerides (MCTs); gluten and lactose free.	
<input type="checkbox"/> Alfamino <input type="checkbox"/> Elecare <input type="checkbox"/> Neocate <input type="checkbox"/> PurAmino (contains soy oil)	Appropriate for severe food allergies or multiple allergies, fat malabsorption, and/or other gastrointestinal diseases. Amino Acid based; higher proportion of medium chain triglycerides (MCTs); gluten and lactose free.	
Other Formula Requested (include justification if similar formula is listed above)**		

*Weight gain, loss or maintenance does not qualify for WIC issued medical formula
 ** Standard formulas do not require a medical prescription for issuance. However, if a medical diagnosis is appropriate to justify no complimentary WIC foods issued from 6-12 months, then these may be deleted, and additional formula issued by checking the appropriate box below and indicating an appropriate diagnosis/justification above.

D. Supplemental Infant Foods (required for 6-12 months old infants):

<input type="checkbox"/> NA - Provide Full Food Package <input type="checkbox"/> Defer to Local WIC Registered Dietitian to determine appropriate supplemental foods <input type="checkbox"/> Issue medical formula only (no foods) for 6-12 month-old infant <input type="checkbox"/> Delete the following for 6-12 month-old infant (if nothing is circled, full food package will be issued): <div style="text-align: center; margin-left: 100px;"> Cereal Fruits/Vegetables Meats </div>	Justification/other instructions:
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E. Healthcare Provider Information and Credential:

Name (Printed):	Signature:	Phone:
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WIC Child/Adult Formula Request Form

All requests are subject to WIC staff approval. All sections must be completed.

A. Participant Information:		
Name:	DOB:	Today's Date:
B. Length of Time Requested:		
<input type="checkbox"/> Until end of certification	<input type="checkbox"/> Other Date/Timeframe:	
C. Medical Formulas/Nutritional Products (Food Package 3):		
Prescribed Amount: <input type="checkbox"/> Maximum Allowable OR _____ ounces per day		
Pediatric Formula	Brief Product Description	Diagnosis*
<input type="checkbox"/> PediaSure (RTF) <small>Standard is 1cal./ml and no fiber- other version must be specified in "other" section below</small> <input type="checkbox"/> Boost Kid Essentials (RTF) <input type="checkbox"/> Nutren Junior (RTF)	Lactose free, gluten free complete nutrition drink. Appropriate when a medical condition is present that requires enhanced nutrition support and/or tube feeding.	<input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Cystic Fibrosis <input type="checkbox"/> Eosinophilic Esophagitis <input type="checkbox"/> Failure to Thrive <input type="checkbox"/> Malabsorption <input type="checkbox"/> Milk Allergy <input type="checkbox"/> Oral Motor Feeding Issues <input type="checkbox"/> Short Bowel Syndrome <input type="checkbox"/> Soy Allergy <input type="checkbox"/> Tube Feeding <input type="checkbox"/> Other (specify): *Weight gain, loss or maintenance does not qualify for WIC issued medical formula.
<input type="checkbox"/> Bright Beginnings Pediatric Soy (RTF)	Dairy free, gluten free complete soy drink.	
<input type="checkbox"/> Compleat Pediatric (RTF)	Food based liquid blend; corn and soy free; chicken-based protein source; appropriate for tube feeding.	
<input type="checkbox"/> Nutramigen Toddler (Pwd.)	Hypoallergenic complete formula appropriate for food allergies and/or malabsorption/GI disorders.	
<input type="checkbox"/> Alfamino Junior (Pwd.) <input type="checkbox"/> Elecare Junior (Pwd.) <input type="checkbox"/> Neocate Splash (RTF) <input type="checkbox"/> Neocate Junior (Pwd.)	Hypoallergenic/amino acid-based formulas appropriate for food allergies and/or malabsorption/GI disorders.	
<input type="checkbox"/> Peptamen Junior (RTF) <input type="checkbox"/> Peptamen Junior HP (RTF) <input type="checkbox"/> PediaSure Peptide (RTF)	Lactose free, gluten free complete hydrolyzed, peptide based, formula appropriate for impaired GI function. Appropriate for oral or tube feeding. HP- high protein (16% of kcal), high calorie (1.2/ml)	
<input type="checkbox"/> Tolerex (packets; >3 yr. old) <input type="checkbox"/> Vivonex Pediatric (packets)	Elemental formula, amino acid based and 2-3% calories from fat appropriate for severe protein and/or fat malabsorption.	
Adult Formula	Brief Product Description	
<input type="checkbox"/> Ensure (RTF) <input type="checkbox"/> Boost Original (RTF)	Gluten free, lactose free. Complete formulas designed to enhance or supplement nutrition status when a medical condition is present.	
Other Formula Requested (include justification if similar formula is listed above)**		
D. Supplemental Foods (required):		
<input type="checkbox"/> NA – Provide Full Food Package <input type="checkbox"/> Defer to Local WIC Registered Dietitian to determine appropriate supplemental foods <input type="checkbox"/> Issue Whole Milk (children >2 and women) in addition to medical formula (Section C) <input type="checkbox"/> Substitute infant cereal for regular cereal <input type="checkbox"/> Substitute infant fruits/vegetables for fresh, frozen and canned fruits/vegetables <input type="checkbox"/> Delete the following from the food package (if nothing is circled, full food package will be issued): Cow milk Cheese Tofu Soy milk Yogurt Whole Grains Fruits/Vegetables Juice Peanut Butter Cereal Beans Fish Eggs		Special Instructions:
E. Healthcare Provider Information and Credential:		
Name (Printed):	Signature:	Phone: