



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:
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. Similac (19 calorie/oz.) Standard Contract Formulas and Reason for Issuance:		
<input type="checkbox"/> Similac Sensitive (Lactose free) <input type="checkbox"/> Similac for Spit Up (Rice starch added, low lactose) <input type="checkbox"/> Similac Total Comfort (Partially hydrolyzed whey protein, low lactose)	<input type="checkbox"/> Diarrhea** <input type="checkbox"/> Vomiting** <input type="checkbox"/> Colic** <input type="checkbox"/> Other** _____	**May only be used with Total Comfort, Sensitive and Spit Up
D. Medical Formulas/Nutritional Products (Food Package 3):		
Prescribed Amount: <input type="checkbox"/> Maximum Allowable OR _____ per day		
Infant Formula	Brief Product Description	Diagnosis*
<input type="checkbox"/> Enfamil Enficare 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"/> 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"/> Eosinophilic Esophagitis <input type="checkbox"/> Failure to Thrive <input type="checkbox"/> Malabsorption <input type="checkbox"/> Milk Allergy <input type="checkbox"/> Short Bowel Syndrome <input type="checkbox"/> Soy Allergy <input type="checkbox"/> Tube Feeding <input type="checkbox"/> Other (specify)
<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.	<input type="checkbox"/> Failure to Thrive <input type="checkbox"/> Oral Motor Feeding Issue <input type="checkbox"/> Tube Feeding *Weight gain, loss or maintenance does not qualify for WIC issued medical formula.
Infants (6-12 months)	These are standard contract formulas generally used in healthy infants. They may be selected in this section if there is a medical reason for issuance that may impact their WIC food issuance, such as higher formula needs after 6 months in place of foods. *These formulas have 19 calories/oz.	
<input type="checkbox"/> Similac Isomil Soy <input type="checkbox"/> Similac Advance <input type="checkbox"/> Similac Sensitive* <input type="checkbox"/> Similac for Spit Up* <input type="checkbox"/> Similac Total Comfort*		
Other Formula Requested	Justification (subject to State Office approval)	
Supplemental Infant Foods (required) for 6-12 months:		
<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-top: 10px;"> Cereal Fruits/Vegetables Meats </div>	Justification/other instructions:	
E. Healthcare Provider Information and Credential:		
Name (Printed):	Signature:	Phone:



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>	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):
<input type="checkbox"/> Boost Kid Essentials (RTF)		
<input type="checkbox"/> Nutren Junior (RTF)		
<input type="checkbox"/> Bright Beginnings Pediatric Soy (RTF)	Dairy free, gluten free complete soy drink appropriate for dairy allergy.	
<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"/> Tolorex (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	Justification (subject to State Office approval)	
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: