



**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:**

<b>Name:</b>	<b>DOB:</b>	<b>Today's Date:</b>
--------------	-------------	----------------------

**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.	
<b>Other Formula Requested (include justification if similar formula is listed above)**</b>		_____

\*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"/> <b>Delete</b> the following for 6-12 month-old infant (if nothing is circled, full food package will be issued): Cereal      Fruits/Vegetables      Meats	Justification/other instructions:
--	-----------------------------------

**E. Healthcare Provider Information and Credential:**

<b>Name (Printed):</b>	<b>Signature:</b>	<b>Phone:</b>
------------------------	-------------------	---------------



## 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 <b>medical condition</b> is present.	
<b>Other Formula Requested (include justification if similar formula is listed above)**</b>		
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) <b>in addition to</b> 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"/> <b>Delete</b> 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: