

## 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.*

<b>A. Participant Information:</b>		
<b>Name:</b>	<b>DOB:</b>	<b>Today's Date:</b>
<b>B. Length of Time Requested (circle one or fill in end date):</b>		
Until end of certification	Until first birthday	Months of Age: _____ Other Date: _____
<b>C. Similac (19 calorie/oz.) Standard Contract Formulas and Reason for Issuance:</b>		
<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** _____	<b>**May only be used with Total Comfort, Sensitive and Spit Up</b>
<b>D. Medical Formulas/Nutritional Products (Food Package 3):</b>		
<b>Prescribed Amount:</b> <input type="checkbox"/> Maximum Allowable    OR    _____ per day		
<b>Infant Formula</b>	<b>Brief Product Description</b>	<b>Diagnosis</b>
<input type="checkbox"/> Enfacare <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"/> 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"/> Soy Allergy <input type="checkbox"/> Tube Feeding <input type="checkbox"/> Other (specify) _____
<b>Infants (6-12 months)</b>	These are standard contract formulas generally used in healthy infants. They may be selected in this section if there is a <b>medical</b> 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"/> Failure to Thrive <input type="checkbox"/> Oral Motor Feeding Issue <input type="checkbox"/> Tube Feeding
<input type="checkbox"/> Contracted Soy Formula <input type="checkbox"/> Similac Advance <input type="checkbox"/> Similac Sensitive* <input type="checkbox"/> Similac for Spit Up* <input type="checkbox"/> Similac Total Comfort*		
<i>Other Formula Requested:</i>	<i>Justification (subject to State Office approval):</i>	<i>Diagnosis:</i>
<b>Supplemental Infant Foods (required) for 6-12 months</b>		
<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 mo. infant <input type="checkbox"/> Delete (circle selection) from food package (6-12 mo.): Cereal    Fruits/Vegetables    Meats		Justification/other instructions:
<b>E. Healthcare Provider Information and Credential:</b>		
<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.*

<b>A. Participant Information:</b>		
<b>Name:</b>	<b>DOB:</b>	<b>Today's Date:</b>
<b>B. Length of Time Requested:</b>		
<input type="checkbox"/> Until end of certification	<input type="checkbox"/> Other Date/Timeframe:	
<b>C. Medical Formulas/Nutritional Products (Food Package 3):</b>		
<b>Prescribed Amount:</b> <input type="checkbox"/> Maximum Allowable    OR    _____ ounces per day		
<b>Pediatric Formula</b>	<b>Brief Product Description</b>	<b>Diagnosis*</b>
<input type="checkbox"/> Pediasure (RTF, flavored) Standard is 1cal./ml and no fiber- other version must be specified in "other" section below <input type="checkbox"/> Boost Kid Essentials (RTF, flavored) <input type="checkbox"/> Nutren Junior (RTF, unflavored)	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"/> 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., unflavored)	Hypoallergenic complete formula appropriate for food allergies and/or malabsorption/GI disorders.	
<input type="checkbox"/> Alfamino Junior (Pwd., unflavored) <input type="checkbox"/> Elecare Junior (Pwd., unflavored/flavored) <input type="checkbox"/> Neocate Splash (RTF, flavored) <input type="checkbox"/> Neocate Junior (Pwd., unflavored)	Hypoallergenic/amino acid based formulas appropriate for food allergies and/or malabsorption/GI disorders.	
<input type="checkbox"/> Peptamen Junior (RTF, flavored) <input type="checkbox"/> Peptamen Junior HP (RTF, flavored) <input type="checkbox"/> Pediasure Peptide (RTF, flavored)	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, unflavored; >3 yr. old) <input type="checkbox"/> Vivonex Pediatric (packets, unflavored)	Elemental formula, amino acid based and 2-3% calories from fat appropriate for severe protein and/or fat malabsorption.	
<b>Adult Formula</b>	<b>Brief Product Description</b>	
<input type="checkbox"/> Ensure (RTF, flavored) <input type="checkbox"/> Boost Original (RTF, flavored)	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</b>	<b>Justification (subject to State Office approval)</b>	
<b>D. Supplemental Foods (required):</b>		
<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) <i>in addition to</i> 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   Beans   Peanut Butter   Whole Grains   Cereal   Fruits/Vegetables   Fish   Eggs		Special Instructions:
<b>E. Healthcare Provider Information and Credential:</b>		
<b>Name (Printed):</b>	<b>Signature:</b>	<b>Phone:</b>