



Navajo WIC Formula/Food Request Form For Women, Infants, and Children

Patient Name: _____ DOB: _____ WIC Clinic: _____

Please complete every section to expedite issuance.

- 1. WIC STANDARD INFANT FORMULAS:** Similac Advance * Similac Soy Isomil *
 Similac Sensitive* Similac Total Comfort*

2. WIC FORMULAS REQUIRING MEDICAL PRESCRIPTION (qualifying medical diagnosis):

- | | |
|--|---|
| <input type="checkbox"/> Similac for Spit-Up | <input type="checkbox"/> Similac Expert Care Neosure 22 kcal |
| <input type="checkbox"/> Enfamil Infant | <input type="checkbox"/> Enfamil Neuropro Enfacare 22 kcal |
| <input type="checkbox"/> Enfamil Neuropro Infant | <input type="checkbox"/> Enfamil Neuropro Gentlelease |
| <input type="checkbox"/> Enfamil Gentlelease | |
| <input type="checkbox"/> Gerber Goodstart Soy | <input type="checkbox"/> Goodstart Gentle |
| <input type="checkbox"/> Pediasure | <input type="checkbox"/> Nutramigen |
| <input type="checkbox"/> Alimentum | <input type="checkbox"/> PurAmino |
| <input type="checkbox"/> Pregestimil | <input type="checkbox"/> Portagen |
| <input type="checkbox"/> Other _____ | |

Note: WIC does not authorize low iron formula.

- 3. Type of formula requested:** Powder Concentrate Ready-to-feed

- 4. Amount of formula requested per day:** WIC Maximum **OR** _____ fluid oz./per day.

- 5. Duration of issuance of food/formula:** Up to first birthday **OR** # of months _____

6. Medical Diagnosis for Special Formula or Medical Food:

- | | | |
|---|--|--|
| <input type="checkbox"/> Prematurity &/or LBW | <input type="checkbox"/> GERD or reflux | <input type="checkbox"/> Failure to Thrive |
| <input type="checkbox"/> Inappropriate Growth Patterns | <input type="checkbox"/> Lactose Intolerance | <input type="checkbox"/> Dysphagia |
| <input type="checkbox"/> Formula Intolerance (infants only) | | |

Other: _____ *Must specify reason(s). Diagnosis of gas or constipation, are NOT considered for special formula unless specific underlying medical reason is provided.*

7. WIC Foods Request:

- Issue maximum allowed of age appropriate WIC foods. No foods
- Food Restrictions:
- Infants (6-11 months): no infant cereal no infant fruits or vegetables no infant meats
 no fresh fruits & vegetables
- Children (1-5 years) or Women: (Children 12 to 23 months old are given whole milk and whole milk yogurt.
 Women and Children 2-5 years old are given 1% or fat free milk, nonfat or low-fat yogurt).
- | | | | | |
|---|--------------------------------------|--|--|--|
| <input type="checkbox"/> no cow milk | <input type="checkbox"/> no soy milk | <input type="checkbox"/> no cheese | <input type="checkbox"/> no yogurt | <input type="checkbox"/> no breakfast cereal |
| <input type="checkbox"/> no fruits & vegetables | <input type="checkbox"/> no beans | <input type="checkbox"/> no peanut butter | <input type="checkbox"/> no whole wheat grains | <input type="checkbox"/> no juice |
| <input type="checkbox"/> no tofu | <input type="checkbox"/> no eggs | <input type="checkbox"/> no canned fish (fully breastfeeding women only) | | |

Provider Comments: _____

Signature of Healthcare Provider and Date: _____

Medical Office Name / Address / Phone number: _____