

Directions: Please complete all sections and return this form to the participant's WIC Clinic. Fax is acceptable.

*All requests are subject to WIC approval which is based on program policies and procedures. The signed and dated request should be less than 60 days old when received by the clinic staff.

Required Patient Information			
Last Name:	First Name:	DOB:	
Parent/Caregiver's Name:			
Qualifying Condition/Diagnosis/ICD-10 Code: (list here)			
<input type="checkbox"/> Severe Allergy, confirmed (L.27.2) 353	<input type="checkbox"/> Prematurity (P07.10) 142		
<input type="checkbox"/> Developmental Sensory/Motor Delays (R62.50) 362	<input type="checkbox"/> Intestinal Malabsorption (K90.0) 342		
<input type="checkbox"/> Gastroesophageal Reflux (K21.9) 342	<input type="checkbox"/> Low Birth Weight (P07.10) 141		
<input type="checkbox"/> Inadequate Growth (R62.50) 135	<input type="checkbox"/> Metabolic Disorders (E88.9) 351		
<input type="checkbox"/> Failure to Thrive (C-R62.51, W-R62.7) 134	<input type="checkbox"/> Other:		
**NOT ALLOWED: Constipation, diarrhea, unconfirmed allergies, milk protein or soy allergy, managing body weight, lactose intolerance, intolerance, or growth concerns UNLESS there is an underlying medical condition.			
Measurements			
Date:	Length/Height:	Weight:	If Premature, Birth Weight:
Weeks Gestation:			
Name of Formula (from options on reverse side) Write in Formula name below			
Requested Length of Issuance			
**Maximum allowed by federal guidelines of 6 months will be issued unless otherwise indicated.			
1 Month <input type="checkbox"/>	3 Months <input type="checkbox"/>	6 Months <input type="checkbox"/>	Formula Amount _____ per day*
*Maximum amount allowed by federal guidelines (for infant/child age and feeding type) will be provided UNLESS a decreased amount is indicated here.			
Infants (6-12 Months Old)		Children (1-5 Years Old)	
Full amount of formula and infant foods will be given UNLESS checked below.		All appropriate WIC foods, will be issued with a prescribed formula UNLESS checked below.	
<input type="checkbox"/> Provide only formula past 6 months of age due to inability or delay in consuming solid foods. <b style="color: red;">Check WIC Supplemental Food to OMIT at 6 months of age		<input type="checkbox"/> Provide whole milk in addition to formula (1 year old children only) <input type="checkbox"/> For Milk Allergy: Formula or Soy/Lactose-free Milk: Indicate: _____ <input type="checkbox"/> No supplemental foods, provide formula ONLY	
<b style="color: red;">Check WIC Supplemental Foods to OMIT from Food Package		<b style="color: red;">Check WIC Supplemental Foods to OMIT from Food Package	
<input type="checkbox"/> Infant Cereal	<input type="checkbox"/> Baby Food (Fruit and/or Vegetables)	<input type="checkbox"/> Dairy	<input type="checkbox"/> Peanut Butter
		<input type="checkbox"/> Eggs	<input type="checkbox"/> Beans
		<input type="checkbox"/> Cereal	<input type="checkbox"/> Juice
		<input type="checkbox"/> Whole Grains	<input type="checkbox"/> Fruits/Veg
Required Health Care Provider Information			
Signature of Health Care Provider (MD/DO/PA/CNP):			Date:
Provider Name (Please Print):	Phone #:	Fax #:	Email:

Rx Required WIC Clinic Issued Formulas (Issued Monthly)	Rx Required WIC Card Issued Formulas (Purchased at WIC Authorized Stores)
Elecare DHA/ARA Powder 14.1 oz (infant, child)	Enfamil Enfacare Neuropro Powder 13.6 oz 22 cal (infant, child)
Enfamil 2oz 24 cal (infant, child)	Neosure Expert Care Powder 13.1 oz 22 cal (infant, child)
Enfamil Enfacare Neuropro RTU 2oz 22 cal (infant, child)	Nutramigen Concentrate 13 oz (infant, child)
Enfamil Enfaport RTF 6 oz 30 cal (infant, child)	Nutramigen w/Enflora LGG Powder 12.6 oz (infant, child)
Enfamil Premature RTF 2 oz 20 cal (infant, child)	Pediasure Grow&Gain w/Fiber 8oz 240 cal (child)
Enfamil Premature RTF 2 oz 24 cal (infant, child)	Pediasure Grow&Gain RTF 8 oz 240 cal (child)
Neocate DHA/ARA Powder 14.1 oz (infant, child)	Pregestimil Powder 16 oz 20 cal (infant, child)
Nutramigen w/ Iron RTF 2 oz 20 cal (infant, child)	Similac Advance w/Iron RTF 32 oz. (infant, child)
Pregestimil RTF 2 oz 20 cal (infant, child)	Similac Alimentum Powder 12.1 oz (infant, child)
Pregestimil RTF 2 oz 24 cal (infant, child)	Similac Alimentum RTF 32 oz (infant, child)
Pur Amino DHA/ARA Powder 14.1 oz (infant, child)	Similac Sensitive w/Iron RTF 32 oz. (infant, child)
Similac Alimentum RTF 8 oz (infant, child)	Similac Soy Isomil w/Iron RTF 32 oz. (infant, child)
Similac Alimentum RTF 32 oz (infant, child)	
Similac for Diarrhea RTF 32 oz (infant, child)	
Similac PM 60/40 Powder 14.1 oz (infant, child)	
Similac Special Care w/ Iron RTF 2 oz 24 cal (infant, child)	
Similac Special Care w/ Iron RTF 2 oz 30 cal (infant, child)	
Children (1-5 years of age) Formulas Rx Required WIC Clinic Issued Formulas (Issued Monthly)	Standard Milk and Soy WIC Card Issued Formulas No Rx required for Infants, Rx is <u>required</u> for Children
Boost Kid Essentials 1.5 w /Fiber RTF 8 oz (vanilla) (child)	Similac Advance w/Iron Concentrate 13 oz (infant, child)
Boost Kid Essentials 1.5 RTF 8 oz (vanilla, chocolate, strawberry) (child)	Similac Advance w/Iron Powder 12.4 oz (infant, child)
Elecare Jr. Powder 14.1 oz (child)	Similac Sensitive w/Iron Powder 12.5 oz (infant, child)
Neocate Jr. Powder 14 oz (unflavored, chocolate, tropical) (child)	Similac Spit Up w/Iron Powder 12.5 oz (infant, child)
Pediasure Enteral w/ Fiber RTF 8 oz (child)	Similac Soy Isomil w/Iron Concentrate 13 oz (infant, child)
Pediasure Enteral RTF 8 oz (vanilla) (child)	Similac Soy Isomil w/Iron Powder 12.4 oz (infant, child)
Pediasure Peptide RTF 8oz oz (unflavored, vanilla, strawberry) (child)	Similac Total Comfort Powder 12.6 oz (infant, child)
Pur Amino Jr. Powder 14.1 oz (unflavored & vanilla) (child)	
	<i>* Federal Regulations require all WIC programs to obtain a formula rebate contract for cost containment. The current Louisiana WIC contract is with Abbott.</i>
	<i>Available formulas are subject to change. For more information and to find the most current version of this form, please visit http://louisianawic.org/community/</i>
	This institution is an equal opportunity provider.