

# Enfamil® - Helping Hands Program

Not Based on Financial Need - ALL BABIES QUALIFY!

## Parent/Child Information:

Parent's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Shipping Address: (Sorry, no P.O. Box) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone number: (\_\_\_\_\_) \_\_\_\_\_ Baby's Date of Birth: \_\_\_\_\_

Baby's Health Care Provider: \_\_\_\_\_ Clinic/Hospital: \_\_\_\_\_

## Option 1: One-Time Shipment

Select this program to receive a one-time gift of 2 cans of an Enfamil Solution or Specialty formula.

- ☐ Enfamil® A.R.™
- ☐ Enfamil NeuroPro Gentlease®
- ☐ Enfamil® ProSobee®
- ☐ Enfamil® Reguline®
- ☐ Enfamil® Sensetive®
- ☐ Nutramigen® with Enflora™ LGG®
- ☐ Enfamil NeuroPro EnfaCare®
- ☐ Nutramigen® with Enflora™ LGG®
- ☐ Nutramigen® Toddler
- ☐ PurAmino™
- ☐ PurAmino™ Jr
- ☐ Pregestimil®
- ☐ EnfaPort®
- ☐ Enfagrow® Premium Toddler Transitions
- ☐ Metabolic\_\_\_\_\_

## Option 2: Long-Term Assistance

To be considered for income-based assistance for one of the following formulas, please complete this section. A one-time gift of 2 cans of the selected product and an application for the assistance program will be sent to the address above. Proof of income is required for eligibility.

- ☐ Nutramigen® Toddler
- ☐ PurAmino™
- ☐ PurAmino™ Jr
- ☐ Pregestimil®
- ☐ Metabolic\_\_\_\_\_

## Option 3: Multiple Birth

Select this program for twins or more. A gift of 1 case of formula will be sent for each baby unless otherwise noted.

### Number of Babies

- ☐ Twins
- ☐ Triplets
- ☐ Quadruplets
- ☐ Quintuplets
- ☐ Sextuplets
- ☐ Septuplets

### Select formula. If babies are on different Enfamil formulas, select all applicable.

- ☐ Enfamil NeuroPro Infant®
- ☐ Enfamil NeuroPro Gentlease®
- ☐ Enfamil® Reguline™
- ☐ Enfamil® A.R.™
- ☐ Enfamil NeuroPro EnfaCare®
- ☐ Enfamil® ProSobee®
- ☐ Nutramigen® with Enflora™ LGG®
- ☐ Nutramigen® with Enflora™ LGG® Toddler
- ☐ PurAmino™ \*
- ☐ PurAmino™ Jr\*
- ☐ Enfagrow® Premium Toddler Transitions
- ☐ Metabolic\_\_\_\_\_

\* Limit of 2 cans

**SUBMISSION:** Please submit completed form by Fax or Email:

FAX : (812) 429-6260

Email: [christy.johnson@rb.com](mailto:christy.johnson@rb.com)

