



Food and Formula Request for WIC Participants

◆ = optional

1. Patient's Name: _____

2. Patient's Date of Birth: _____

3. Parent/Guardian's Name ◆: _____

4. Parent/Guardian's Phone Number ◆: _____

5a. WIC Standard Formula (Diagnosis not required)				
Formula Name	Powder	Concentrate	RTF	Any Form*
Similac Advance				
Similac Soy Isomil				
Similac Sensitive		NA		
Similac Total Comfort		NA	NA	NA

Medical Information ◆
Weight Date Collected: _____ lbs _____ oz or _____ kg _____ gm
Length/Height (Recumbent Yes No) Date Collected: _____ ft _____ in or _____ cm _____ mm
Hgb or Hct Date Collected: _____ g/dl or _____ %

*If more than one form of formula is selected or no form of formula is selected, the form of formula issued will be based on what is most appropriate for the WIC Participant.

5b. WIC Special Formula					Diagnosis (select one or more diagnoses)		
Formula Name	Powder	Concentrate	RTF	Any Form*	Developmental Disorder	Low Birth Weight	
Alimentum**		NA			Failure to Thrive	Metabolic Disorder	
Nutramigen**					Gastroesophageal Reflux Disease	Prematurity	
Gerber Extensive HA**		NA	NA	NA	Immune System Disorder	Severe Food Allergy	
Similac NeoSure**		NA			Intestinal Malabsorption		
Enfamil EnfaCare**		NA			Other Diagnosis:		
Enfamil A.R.		NA					
PediaSure** (must meet WIC criteria for issuance)		NA					
Other: _____							

**WIC Special Formula: When requesting this formula, complete this form, but also request formula from AHCCCS if patient qualifies ([see AHCCCS Policy 430](#), [AHCCCS Policy 430 Attachment B](#))

6. Amount of Formula Requested Per Day

WIC maximum or prepared fluid ounces per day: _____

7. Length of Time for Food and/or Formula Request

Until first birthday or number of months: _____

8. WIC Foods

Depending on age and category, WIC foods may include infant fruits, infant vegetables, infant meats, whole grains (bread, rice, pasta, tortillas), breakfast cereal, fruits, vegetables, beans, canned fish, peanut butter, milk, cheese, yogurt, eggs, and juice.

The WIC Registered Dietitian/Nutritionist will determine which foods to provide unless indicated below

Check this box to **not give any** WIC Foods to this patient starting at age six months and beyond or

List specific WIC Foods to **not give** to this patient starting at age six months

9. Healthcare Provider's Information

Healthcare Provider's Title (check one): M.D. D.O. P.A. N.P. N.M.D. C.N.M. H.M.D.

Provider's Name: _____ Provider's Phone Number: _____

Provider's Signature: _____ Today's Date: _____