



Medical Formula and Nutritionals Request Form



WIC Agency: _____

WIC ID#: _____

SECTION I: Participant/Patient and Health Care Information

Patient Name: (First) _____ (Last) _____		Date of Birth: _____	
Parent/Caregiver Name: (First) _____ (Last) _____		Phone Number: _____	
Current Height/Length (Within 60 Days) inches	Current Weight (Within 60 Days) lbs oz	Measurement Date:	Birth Weight/Length: lbs oz inches
Breastfeeding (birth to 12 months): <input type="checkbox"/> Fully breastfeeding <input type="checkbox"/> Feeding breastmilk & formula <input type="checkbox"/> Never breastfed <input type="checkbox"/> Discontinued breastfeeding (Date: _____)			

WIC provides these products when they are NOT a covered benefit by Medi-Cal. Refer patient to Medi-Cal for medically necessary formula or medical food.

Patient's Health Insurance:

- Private** (Does not cover enteral products)
 Medi-Cal (Submit Rx to pharmacy)

SECTION II: Special Formula/Nutritionals and Qualifying Diagnosis

Formula/Medical Food (Not Listed Below/Specific Name): _____

<p>Premature: <input type="checkbox"/> Enfamil NeuroPro EnfaCare <input type="checkbox"/> Similac NeoSure Powder</p> <p>Nutritional Drinks: <input type="checkbox"/> PediaSure <input type="checkbox"/> PediaSure with Fiber <input type="checkbox"/> PediaSure 1.5 Cal <input type="checkbox"/> PediaSure 1.5 Cal with Fiber</p> <p>Medical Formula(s): <input type="checkbox"/> Similac PM 60/40</p>	<p>Hypo-Allergenic: <input type="checkbox"/> Alfamino Infant <input type="checkbox"/> Alfamino Junior, Unflavored <input type="checkbox"/> Alfamino Junior, Vanilla <input type="checkbox"/> EleCare Infant <input type="checkbox"/> EleCare Junior, Vanilla <input type="checkbox"/> EleCare Junior, Unflavored <input type="checkbox"/> Gerber Extensive HA <input type="checkbox"/> Neocate Infant <input type="checkbox"/> Neocate Junior, Unflavored</p>	<p><input type="checkbox"/> Neocate Syneo Infant <input type="checkbox"/> Nutramigen Concentrate <input type="checkbox"/> Nutramigen LGG <input type="checkbox"/> Nutramigen LGG Toddler <input type="checkbox"/> Pregestimil <input type="checkbox"/> PurAmino <input type="checkbox"/> PurAmino Junior <input type="checkbox"/> Similac Alimentum</p>
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Form: Powder Concentrate Ready-to-Feed (Requires justification unless this is the only available form)

Amount: _____ ounces per day **Duration:** 1 month 3 months 5 months
 2 months 4 months 6 months

Qualifying Diagnosis:

<input type="checkbox"/> Dysphagia	<input type="checkbox"/> Failure to thrive	<input type="checkbox"/> Prematurity	<input type="checkbox"/> Low birthweight	<input type="checkbox"/> Malabsorption
<input type="checkbox"/> Immune system disorder: _____	<input type="checkbox"/> Gastrointestinal disorder: _____			
<input type="checkbox"/> Genetic/Metabolic disorder: _____	<input type="checkbox"/> Life-threatening disorder: _____			
<input type="checkbox"/> Specific food allergy: _____	<input type="checkbox"/> Other medical condition(s): _____			

SECTION III: WIC Supplemental Foods

- No food restrictions** (All WIC foods allowed) **Formula Only** (Increased formula no infant food package)
 Foods allowed with restrictions (Specify below)

Infant 6–11 Months: No infant cereal No infant fruits and vegetables If premature, provide after ____ months of age.

- No Milk No Cheese No Eggs No Yogurt No Juice
- Children 1–5 Years:** No Peanut Butter No Beans No Cereal No Fruits/Vegetables
 No Whole Grains (Whole Wheat Bread, Corn/Wheat Tortillas, Brown Rice, Bulgur, Oatmeal, or Pasta)
 No Solids, provide infant fruits and vegetables and infant cereal No Solids, provide formula only

Comments:

SECTION IV: Health Care Provider Information

Provider Name (Printed): <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> NP <input type="checkbox"/> PA		Medical Office/Clinic Information or Stamp:
Date:	Phone Number:	
Provider Signature:		

Resources

Health Professionals: Go to www.wicworks.ca.gov; then click *Health Care Providers* for more information.

WIC will not approve the following conditions:

- Non-specific symptoms or diagnoses are insufficient for the purposes of California WIC prescriptions (e.g., colic, constipation, diarrhea, spitting up, picky eater, poor appetite, cramps, fussiness, gas, etc.).
- Solely for the purpose of enhancing nutrient intake or managing body weight without an underlying condition
- Non-specific formula intolerance or food intolerance
- Patient/caregiver preference or food dislikes

WIC qualifying medical diagnosis/condition(s) which include but are not limited to:

- severe food allergies that require an elemental formula (allergy must be specified)
- premature birth
- low birth weight
- failure to thrive
- gastrointestinal disorders
- malabsorption syndromes
- immune system disorders
- life threatening disorders
- inborn errors of metabolism and metabolic disorders
- diseases and medical conditions that impair ingestion, digestion, absorption or the utilization of nutrients that could adversely affect the participant's nutrition status

Questions: Call 1-888-942-9675 or 1-800-852-5770.