# ITCA WIC SPECIAL FORMULA AUTHORIZATION FORM

1. Client's Name:

2. Child's Date of Birth:

| 3. Type of Formula Requested | | | |
|---|---|---|---|
| Formula Name – Contract Formulas | Powder* | Concentrate | RTF |
| Similac Advance | ☐ | ☐ | ☐ |
| Similac Isomil | ☐ | ☐ | ☐ |
| Similac Sensitive | ☐ | | ☐ |
| Similac Total Comfort | ☐ | | ☐ |
| Similac for Spit-Up | ☐ | | ☐ |
| Formula Name – Special Formulas | Powder* | Concentrate | RTF |
| Alimentum | ☐ | | ☐ |
| Nutramigen | ☐ | ☐ | ☐ |
| Similac NeoSure | ☐ | | ☐ |
| Enfamil EnfaCare | ☐ | | ☐ |
| Other: | ☐ | ☐ | ☐ |

*Powder formulas are not sterile.

| 4. Medical Diagnosis | |
|---|---|
| Gastroesophageal Reflux Disease (GERD) | ☐ |
| Severe Food Allergy (specify): | ☐ |
| Low Birthweight | ☐ |
| Prematurity | ☐ |
| Failure to Thrive | ☐ |
| Formula Intolerance* | ☐ |
| Lactose Intolerance* | ☐ |
| Other Diagnosis: | ☐ |

*Formula intolerance and lactose intolerance are only allowable diagnoses for contract formulas.

## Amount of Formula Requested Per Day

Number of Ounces: ☐ Oral ☐ Tube Feeding

## Length of Time Requested

☐ 1 month ☐ 2 months ☐ 3 months ☐ 4 months ☐ 5 months ☐ 6 months

☐ Until First Birthday (contract formulas only)

## Food Request

☐ Default to WIC Registered Dietitian (RD) to select appropriate WIC foods

☐ No foods: Foods are not appropriate, provide only the formula

☐ All foods: Infants 6 months and older receive baby food fruit/vegetables and infant cereal; infant 9 months and older may receive fresh fruits and vegetables; women and children may receive the items below.

☐ Provide only these selected foods:

| | | | |
|---|---|---|---|
| ☐ Milk (low fat) | ☐ Whole Milk | ☐ Yogurt | ☐ Cheese |
| ☐ Soy Milk | ☐ Tofu | ☐ Peanut Butter | ☐ Beans |
| ☐ Whole Grains | ☐ Breakfast Cereal | ☐ Fruit/Vegetables | ☐ Eggs |
| ☐ Infant Fruit/Vegetables | | ☐ Infant Cereal | ☐ Juice |

## Health Care Provider's Information

Provider's Name: Provider's Phone Number:

Medical Office Name and Address:

Provider's Signature: Today's Date:

## WIC Registered Dietitian Approval

☐ Approved from: to: ☐ Not Approved

RD Signature: Date:

For more information visit our website at http://itcaonline.com/wic

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