



ITCA WIC SPECIAL FORMULA AUTHORIZATION FORM

1. Client's Name:

2. Child's Date of Birth:

3. Type of Formula Requested

4. Medical Diagnosis

Formula Name – Contract Formulas	Powder*	Concentrate	RTF
Similac Advance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gerber Good Start Soy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Similac Sensitive	<input type="checkbox"/>		<input type="checkbox"/>
Similac Total Comfort	<input type="checkbox"/>		<input type="checkbox"/>
Similac for Spit-Up	<input type="checkbox"/>		<input type="checkbox"/>
Formula Name – Special Formulas	Powder*	Concentrate	RTF
Alimentum	<input type="checkbox"/>		<input type="checkbox"/>
Nutramigen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Similac NeoSure	<input type="checkbox"/>		<input type="checkbox"/>
Enfamil EnfaCare	<input type="checkbox"/>		<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Gastroesophageal Reflux Disease (GERD)	<input type="checkbox"/>
Severe Food Allergy:	<input type="checkbox"/>
Low Birthweight	<input type="checkbox"/>
Prematurity	<input type="checkbox"/>
Failure to Thrive	<input type="checkbox"/>
Formula Intolerance*	<input type="checkbox"/>
Lactose Intolerance*	<input type="checkbox"/>
Other Diagnosis:	<input type="checkbox"/>

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

*Powder formulas are not sterile.

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: _____