ITCA WIC SPECIAL FORMULA AUTHORIZATION FORM

INTER TRIBAL COUNCIL OF ARIZONA, INC.

Client's Name: _____ Child's Date of Birth: _____

Formula Requested					
Standard Formulas	Powder*	Concentrate	RTF	Any Form	Comparable formula ok
Similac Advance	☐	☐	☐	☐	☐
Similac Soy Isomil	☐	☐	☐	☐	☐
Similac Sensitive	☐	N/A	☐	☐	☐
Similac Total Comfort	☐	N/A	N/A	N/A	☐
Enfamil AR	☐	N/A	N/A	N/A	☐
Hydrolyzed Protein Formulas	Powder*	Concentrate	RTF	Any Form	Comparable formula ok
Alimentum	☐	N/A	☐	☐	☐
Nutramigen	☐	☐	☐	☐	☐
Gerber Extensive HA	☐	N/A	N/A	N/A	☐
Premature Formulas	Powder*	Concentrate	RTF	Any Form	Comparable formula ok
Similac NeoSure	☐	N/A	☐	☐	☐
Enfamil EnfaCare	☐	N/A	☐	☐	☐
Other Formula	Powder*	Concentrate	RTF	Any Form	Comparable formula ok
Name:	☐	☐	☐	☐	☐

*Powder formulas are not sterile.

Medical Diagnosis	
Standard formulas do not require a medical diagnosis	
Severe Food Allergy (specify):	☐
Low Birthweight	☐
Prematurity	☐
Failure to Thrive	☐
Gastro-Intestinal Disorders:	
Gastroesophageal Reflux Disease (GERD)	☐
Other (specify):	☐
Other:	☐

Medical Information (optional)

Weight:

_____ lbs OR _____ kg Date Take:_____

Height/Length:

___ ft _____ in OR _____ cm Date Take:_____

Hemoglobin/Hematocrit:

Hgb _____ OR Hct _____ Date Take:_____

Amount of Formula Requested Per Day

Number of Ounces: ☐ Maximum Allowable ☐ Oral ☐ Tube Feeding

Length of Time Requested

☐ Number of months (up to 6 months): _____ ☐ Until First Birthday (standard formulas)

Food Request

All standard WIC Foods will be provided unless indicated below: OR ☐ Default to WIC Registered Dietitian (RD) to select appropriate WIC foods

Infants 6-11 months

Omit:

☐ All Foods; provide only formula
☐ Infant Cereal
☐ Infant Fruit/Vegetables
☐ Fresh Fruit/Vegetables (6-11 months)

Delay:

☐ Infant foods until ____ months

Adults and children 12 months and older

Omit:

☐ Milk (low fat) ☐ Yogurt ☐ Breakfast Cereal ☐ Cheese
☐ Whole Grains ☐ Juice ☐ Beans/Peanut Butter ☐ Eggs
☐ Fruit/Vegetables ☐ Canned Fish

Provide:

☐ Soy Milk ☐ Tofu ☐ Whole Milk ☐ Infant Fruit/Vegetables ☐ Infant Cereal
☐ Reduced Fat Milk

Health Care Provider's Information

Provider's Name: Provider's Phone Number:

Medical Office Name and Address:

Provider's Signature: Today's Date:

For more information visit our website at http://itcaonline.com/wic Revised 10/3/2025