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 A.R.	☐	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 Taken:_____

Height/Length:

___ ft _____ in OR _____ cm Date Taken:_____

Hemoglobin/Hematocrit:

Hgb _____ OR Hct _____ Date Taken:_____

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 (9-11 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

Provide:
- ☐ Soy Milk ☐ Tofu ☐ Whole Milk ☐ Infant Fruit/Vegetables ☐ Infant Cereal

Health Care Provider's Information

Provider's Name: Provider's Phone Number:

Medical Office Name and Address:

Provider's Signature: Today's Date: