REQUIRED FOR APPROVAL:

Patient’s name (please print)  Date of birth  Weeks born early (if applicable)
Caregiver’s name (please print)  Phone

1. Amount of infant/child/adult formula to be provided per DAY:

Special Instructions/Comments:

2. Intended length of use:  □ 1 month  □ 2 months  □ 3 months  □ 4 months  □ 5 months  □ 6 months (maximum)

3. Medical diagnosis (please print):

(Must support the need for the formula requested.)

For PKU and Metabolic Needs: WIC collaborates with the Ohio Metabolic Formula Program which supplies certain metabolic formulas prescribed by an Ohio Department of Health (ODH) approved metabolic service provider. A separate form must be completed. Please contact your WIC office for more information.

4. Prescribed Formulas:

Infants and Children

☐ EleCare for Infants  ☐ Neocate Infant with DHA & ARA  ☐ Similac Expert Care NeoSure
☐ Enfamil Enfamil  ☐ Neocate Nutra (≥ 6 mo age)  ☐ Similac PM 60/40
☐ Enfamil Enfamil  ☐ Pregestimil  ☐ Similac Sensitive
☐ Enfamil Nutramigen  ☐ PurAmino DHA/ARA  ☐ Similac for Spit-Up
☐ Enfamil Nutramigen w/ Enfam LGG  ☐ Similac Expert Care Alimentum

Infant Foods: Indicate which infant foods listed below are contraindicated or require restrictions.

☐ Infant Cereal  ☐ Fruits (strained textures)  ☐ Vegetables (strained textures)  ☐ Do not provide any of the infant WIC foods listed

Children Only

☐ Boost Breeze  ☐ Boost Kid Essentials 1.0 Cal (pharmacy)  ☐ Elecare Junior  ☐ PediaSure with Fiber
☐ Boost Kid Essentials 1.0 Cal (retail)  ☐ Neocate Junior  ☐ PediaSure with Fiber Enteral  ☐ Peptamen Junior 1.5 Cal
☐ Boost Kid Essentials 1.5 Cal  ☐ Neocate Jr. w/ Prebiotics  ☐ PediaSure 1.5 Cal  ☐ Peptamen Junior 1.5 Cal (≤ 12 mo corrected age)
☐ Boost Kid Essentials with Fiber 1.5 Cal  ☐ Neocate (EO28) Splash  ☐ PediaSure Peptide 1.5 Cal
☐ Bright Beginnings Soy Pediatric Drink  ☐ Nutren Junior  ☐ PediaSure Peptide 1.5 Cal with Fiber
☐ Compleat Pediatric  ☐ Nutren Junior with Fiber  ☐ Peptamen Junior
☐ Compleat Pediatric Reduced Calorie  ☐ PediaSure  ☐ Peptamen Junior with Fiber
☐ Peptamen Junior

Adult

☐ Boost  ☐ Boost Breeze  ☐ Ensure  ☐ Super Soluble Duocal

5. WIC Foods: Participants on Prescribed Formulas may receive the following foods offered by WIC. Please indicate the appropriateness of the following foods to accompany the prescribed formula.

WIC Foods That May Be Provided (12 Months and Older, Adults)

☐ Check this box to give authority to the WIC health professional (RD/LD, RN or DTR) to prescribe the foods listed below based upon the complete nutritional assessment.

Are there any contraindications or restrictions for any of these foods?

Yes, specify:

☐ Milk  ☐ Beans, dried peas and legumes  ☐ Whole milk  ☐ Tofu (child)
☐ Juice  ☐ Peanut butter  ☐ Low lactose/lactose free whole milk  ☐ Cheese
☐ Breakfast cereal  ☐ Whole grains  ☐ Soy Milk (child)
☐ Eggs  ☐ Fish (women only, as applicable)  ☐ Eggs  □ >4lbs Tofu (women)
☐ Fruits  ☐ Vegetables  ☐ Fruits  ☐ Vegetables

☐ Do not provide any of the above WIC foods

Milk Substitutions:

(Children Age 2 Years and Older & Adults)

Indicate which foods are to be substituted for reduced fat, low fat, or skim milk. This is only for patients receiving a prescribed formula who require additional calories.

☐ Whole milk  ☐ Low lactose/lactose free whole milk  ☐ Cheese
☐ Breakfast cereal  ☐ Whole grains
☐ Eggs  ☐ Fish (women only, as applicable)

(Children Age 1 Years and Older & Adults)

Indicate which foods are to be substituted for whole, reduced fat, low fat or skim milk for the following diagnoses: milk allergy, severe lactose malabsorption, vegetarian/vegan diet or other qualifying conditions.

*Patient does not need to be on a prescribed formula to receive these

☐ Soy Milk (child)  ☐ Tofu (child)

Health Care Provider’s Name (please print)  Phone
Health Care Provider’s Signature  Date

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