



New Mexico WIC Medical Request for Formula/Food

Directions for completing this form and other information are on reverse side.

All requests are subject to WIC approval and provision based on program policy and procedure

A. Required Patient Information

Patient's Last Name: _____ First Name _____ DOB _____

Parent/Caregiver's Name: _____

Qualifying Condition/Diagnosis/ICD-9code: _____

- Allergy, confirmed [Cow's milk protein, soy] (693.1) 353 Autoimmune Disorder (279.4) 352 Cerebral Palsy (343.9) 348
- Cystic Fibrosis (277.00) 360 Congenital Heart Disease (746.9) 360 Prematurity (765.10)10 Congenital Anomaly, Respiratory (748.9) 360
- Developmental Sensory/Motor Delays (783.40) 362 Failure to Thrive (C-783.41, W-786.7) 134 Gastroesophageal Reflux (580.81) 342
- Immunodeficiency (279.3) 352 Intestinal Malabsorption (579.9) 342 Inadequate growth(783.40)135 Low Maternal Wt Gain (646.83) 131
- Neuromuscular Disorder (358.9) 349 Seizure disorder requiring ketogenic diet (345.90) 348 Underweight (783.22) Women- 101, C-103
- Cancer: type: _____ ICD-9 code: _____ 347 Other medical condition: _____ ICD-9 code: _____ 360
- Low Birth Weight(765.10) Metabolic Disorders (277.9)351 Lactose or Sucrose Intolerance (271.3)355 Pyloric Stenosis (537.)359

Not allowed: Constipation, diarrhea, unconfirmed allergies, or for managing body weight, lactose intolerance symptoms, or growth concerns unless there is an underlying medical condition.

Measurements

Date: _____ Length/Height _____ Weight _____ If premature: Birth Weight _____ Weeks Gestation _____

B. Name of Formula(s): _____

Requested length of issuance: 3 months 6months Other: _____ Formula amount: _____ per day*

*Maximum allowed by federal guidelines (6 months) will be provided unless otherwise indicated

Infants (6-12 months old)

Full provision of formula (0-12 months) and infant foods (≥6 months) will be issued unless checked below. Contact WIC clinic if infant is breastfeeding.

Provide only formula past 6 months of age due to inability or delay in consuming solids

Check WIC Supplemental Food to OMIT at 6 months of age

<input type="checkbox"/> Infant Cereal	<input type="checkbox"/> Baby Food (Fruit &/or Vegetables)
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Children (1-5 years old) and Women

All appropriate WIC foods, except milk, will be issued with prescribed formula unless checked below

- Provide milk in addition to formula
- Provide soy milk/tofu in addition to formula for milk allergy
- No supplemental foods. Provide formula only

Check WIC Supplemental Foods to OMIT from Food Package

<input type="checkbox"/> Cheese	<input type="checkbox"/> Peanut Butter	<input type="checkbox"/> Cereal	<input type="checkbox"/> Juice
<input type="checkbox"/> Eggs	<input type="checkbox"/> Beans	<input type="checkbox"/> Whole Grains	<input type="checkbox"/> Fruits/ Veg.

C. Soy Packages for Children Check one: Note: All other foods will be provided unless otherwise specified above.

Issue soy milk and cheese for lactose-intolerance or milk sensitivity/intolerance.

Other medical reason: _____

Issue soy milk and tofu for milk allergy or vegan diet.

Other medical reason: _____

D. Required Health Care Provider Information

Signature/stamp of Health Care Provider (MD, DO, PA,NP): _____ Date: _____

Provider's Name (Please Print) _____

Phone No: _____ Fax No: _____

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Directions:

Please complete sections A and D for all patients. Please return the form to participant’s WIC clinic. The form may be faxed.

- Complete section B when requesting medical formula and food.
- Complete section C when requesting soy milk and/or tofu for children.

The following formulas are available from NM WIC: **(Formulas available for Children and Women in parenthesis)**

Star Medical Issued Formula Infants

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|-----|--|------------|
| 1. | Boost Kid Essentials 1.0 | (Children) |
| 2. | Boost Kid Essentials 1.5 | (Children) |
| 3. | Boost Kid Essentials 1.5 w/fiber | (Children) |
| 4. | Elecare Powder – 14.1 oz (Vanilla, too) | (Children) |
| 5. | Enfamil Enfaport - RTF 8 oz | |
| 6. | Enfamil Lipil – 24 Calorie 2 oz | |
| 7. | Enfamil Premature 24 Cal. 2 oz | |
| 8. | Glutarex 1 powder – 14.1 oz | (Children) |
| 9. | Glutarex 2 powder – 14.1 oz | (Children) |
| 10. | Hominex 2 powder – 14.1 oz | (Children) |
| 11. | Monogen powder – 14.3 | |
| 12. | Neocate DHA/ARA – 14.1 oz | (Children) |
| 13. | Neosure RTF – 32 oz | |
| 14. | Nutramigen Lipil concentrate – 13 oz | |
| 15. | Nutramigen Lipil RTF – 32 oz | |
| 16. | Nutramigen AA powder – 14.1 oz | |
| 17. | Nutramigen AA Lipil | |
| 18. | Periflex powder – 14 oz | |
| 19. | Phenyl Free 1 powder – 16 oz | |
| 20. | Phenyl Free 2 powder – 16 oz | |
| 21. | Phenex 1 powder – 14.1 oz | |
| 22. | Phenex 2 powder – 14.1 oz | |
| 23. | Portagen powder – 11lb | (Children) |
| 24. | Pregestimil Lipil – 16 oz | (Children) |
| 25. | Similac PM 60/40 | (Children) |
| 26. | Bright Beginnings Soy RTF – 8 oz | (Children) |
| 27. | Ketocal powder 4:1 | (Children) |
| 28. | Neocate Jr w/prebiotics – 14 oz | (Children) |
| 29. | Neocate Jr powder – 14 oz (choc & trop ft avail) | (Children) |
| 30. | Nutramigen AA Lipil powder – 14 oz | (Children) |
| 31. | Pediasure w/fiber scFos Enternal – 8 oz | (Children) |
| 32. | Pediatric EO28 RTF | (Children) |
| 33. | Peptamen Jr. RTF – 8 oz | (Children) |
| 34. | Peptamen Jr. 1.5 RTF – 8 oz | (Children) |
| 35. | Phlexy 10 drink mix 20 gm | (Children) |

Non-Star Medical Issued Formula Infants

- | | | |
|-----|---|------------------|
| 1. | Alimentum powder - 14 oz | (Children) |
| 2. | Alimentum RTF – 32 oz | (Children) |
| 3. | Boost Plus RTF – 8 oz | (Woman/Children) |
| 4. | Enfacare powder – 12.8 oz | (Children) |
| 5. | Enfacare Lipil RTF – 32 oz | |
| 6. | Enfamil Lipil concentrate – 13 oz | (Children) |
| 7. | Enfamil Lipil RTF – 32 oz | (Children) |
| 8. | Enfamil Lipil powder – 12.9 oz | (Children) |
| 9. | Enfamil AR Lipil powder – 12.9 oz | (Children) |
| 10. | Enfamil AR Lipil RTF – 32 oz | (Children) |
| 11. | Enfamil Premium powder 12.5oz | (Woman/Child) |
| 12. | Enfamil Premium conc. – 13 oz | (Woman/Child) |
| 13. | Ensure RTF – 8 oz | (Woman/Children) |
| 14. | Enfamil Premium RTF - 32 oz | (Woman/Child) |
| 15. | Enfamil Gentlease powder – 12 oz | (Children) |
| 16. | Ensure RTF w/fiber – 8 oz | (Woman/Children) |
| 17. | Neosure Expert Care Powder – 12.8 oz | (Children) |
| 18. | Nutramigen Enflora powder – 12.6 oz | (Children) |
| 19. | Pedisure RTF – 8 oz (Choc, Van, Str. Org, Ber, Ban) | (Child) |
| 20. | Pediasure RTF – 8 oz w/fiber (Vanilla) | (Children) |
| 21. | Prosobee Lipil powder – 12.9 oz | (Woman) |
| 22. | Prosobee Lipil concentrate 13oz | (Woman/Child) |
| 23. | Prosobee Lipil RTF – 32 oz | (Woman/Children) |

Visit NM WIC website for additional forms or information: <http://www.nmwic.org>

Federal regulations require all WIC programs to obtain a formula rebate contract to help contain costs. NM WIC currently has a contract with Mead Johnson, makers of Enfamil brand formulas.

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