

# Ohio WIC Prescribed Formula and Food Request - Women, Infants, and Children

Please complete this *Ohio WIC Prescribed Formula and Food Request* form in full.

Patient's name (please print)	Date of birth
Caregiver's name (please print)	Phone

**Parts 1-5 REQUIRED FOR APPROVAL - Please complete the following information:**

1. Amount of infant/child/adult formula to be provided per DAY: \_\_\_\_\_
  2. Intended length of use (must not exceed 6 months at a time): \_\_\_\_\_
  3. ICD-9 code: \_\_\_\_\_. \_\_\_\_ and Medical diagnosis (please print): \_\_\_\_\_
- Describe condition or symptoms causing need for specialized formula: \_\_\_\_\_

**4. Prescribed Formulas:**

**Infants and Children**

WIC receives a rebate for Similac Advance and Similac Isomil Advance. Rebates help WIC provide services to more participants. A trial with **either** of these formulas is required **prior** to ordering any of the formulas listed in the box below.

Please indicate if the infant has tried **either** Similac Advance or Similac Isomil Advance formulas:  Yes  No

If no, please explain: \_\_\_\_\_ Is re-lactation an option?  Yes  No

<input type="checkbox"/> EleCare Unflavored	<input type="checkbox"/> Enfamil Nutramigen Lipil w/ Enflora LGG (powder only)	<input type="checkbox"/> Neocate Infant with DHA & ARA
<input type="checkbox"/> EleCare Unflavored with DHA & ARA	<input type="checkbox"/> Enfamil Nutramigen Lipil (liq conc & RTF only)	<input type="checkbox"/> Similac Alimentum
<input type="checkbox"/> Enfamil EnfaCare Lipil (≤ 12 mo corrected age)	<input type="checkbox"/> Enfamil Pregestimil Lipil	<input type="checkbox"/> Similac Sensitive (≤ 12 mo corrected age)
<input type="checkbox"/> Enfamil Enfaport Lipil	<input type="checkbox"/> Neocate Infant	<input type="checkbox"/> Similac NeoSure (≤ 12 mo corrected age)
		<input type="checkbox"/> Similac PM 60/40

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

<input type="checkbox"/> Infant Cereal	<input type="checkbox"/> Fruits (baby food textures)	<input type="checkbox"/> Vegetables (baby food textures)	<input type="checkbox"/> Do not provide any of the infant WIC foods listed
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**Children Only**

<input type="checkbox"/> Boost Kid Essentials 1.0 Cal	<input type="checkbox"/> Neocate One +	<input type="checkbox"/> Peptamen Junior with Fiber
<input type="checkbox"/> Boost Kid Essentials 1.5 Cal	<input type="checkbox"/> Nutren Junior	<input type="checkbox"/> Peptamen Junior 1.5 Cal
<input type="checkbox"/> Boost Kid Essentials with Fiber 1.5 Cal	<input type="checkbox"/> Nutren Junior with Fiber	<input type="checkbox"/> Portagen
<input type="checkbox"/> Bright Beginnings Soy Pediatric Drink	<input type="checkbox"/> PediaSure	<input type="checkbox"/> Similac Advance (≤ 12 mo corrected age)
<input type="checkbox"/> Compleat Pediatric	<input type="checkbox"/> PediaSure with Fiber	<input type="checkbox"/> Similac Isomil Advance
<input type="checkbox"/> E028 Splash	<input type="checkbox"/> PediaSure Enteral	<input type="checkbox"/> Super Soluble Duocal
<input type="checkbox"/> Monogen	<input type="checkbox"/> PediaSure with Fiber Enteral	<input type="checkbox"/> Vital Jr.
<input type="checkbox"/> Neocate Junior	<input type="checkbox"/> Peptamen Junior	<input type="checkbox"/> Vivonex Pediatric

**Adult**

<input type="checkbox"/> A-Soy	<input type="checkbox"/> Ensure	<input type="checkbox"/> Portagen	<input type="checkbox"/> Super Soluble Duocal
<input type="checkbox"/> Boost	<input type="checkbox"/> Monogen	<input type="checkbox"/> Resource Breeze	

**For PKU and Metabolic Needs:** WIC collaborates with the Ohio Metabolic Formula Program which supplies certain PKU and 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.

**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?**

No  Yes, specify:

- |   |   |
|---|---|
| <input type="checkbox"/> Milk             | <input type="checkbox"/> Beans, dried peas and legumes    |
| <input type="checkbox"/> Juice            | <input type="checkbox"/> Peanut butter                    |
| <input type="checkbox"/> Breakfast cereal | <input type="checkbox"/> Whole grains                     |
| <input type="checkbox"/> Eggs             | (bread, brown rice, oatmeal, corn/whole wheat tortillas)  |
| <input type="checkbox"/> Fruits           | <input type="checkbox"/> Fish (women only, as applicable) |
| <input type="checkbox"/> Vegetables       | <input type="checkbox"/> Infant cereal (child only)       |

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 for the following diagnoses: *Lactose intolerance, FTT, slow weight gain, low/under weight, or other qualifying conditions.*

- |  |                                 |   |
|--|---------------------------------|---|
| <input type="checkbox"/> Whole milk          | <input type="checkbox"/> Cheese | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> Lactaid® whole milk |                                 |   |

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