



Arizona WIC Special Formula Authorization Form Children, Women and Healthy Infants

Client Name: _____

Date of Birth: _____ WIC Client ID: _____

Please fully complete every section (1-7) to avoid delays in issuance.

1. Formula(s) Previously Tried:

WIC contract formula as noted by “*”:

- Similac Advance EarlyShield
- Similac Sensitive Isomil Soy
- Similac Sensitive for Fussiness & Gas
- Other:** _____

3. Amount of Formula Requested Per Day: _____

(Ad lib is an acceptable response)

- Oral Tube Feeding

Please choose WIC contract formulas whenever possible, as noted by “*”.

2. Current Formula Request:

- Similac Advance EarlyShield*
- Similac Sensitive Isomil Soy*
- Similac Sensitive for Fussiness & Gas*
- Similac Go & Grow*
- Similac Go & Grow Soy*
- Similac Sensitive for Spit Up
- Pediasure (must meet WIC criteria for issuance)
- Other:** _____

Form of Formula: Powder Concentrate Ready-to-feed

4. Diagnosis for Special Formula or Medical Food:

- Prematurity GERD or reflux Dysphagia Failure to thrive (<5th percentile wt/length or BMI/age)
- Food allergy: _____ Other: _____

Note: Must be a specific medical diagnosis.

5. WIC Food Restrictions: *Please check any foods listed below that are NOT appropriate for the diagnosis.*

Note: Infant <6 mo will not receive foods.

- All foods are appropriate **OR**

Category	WIC Foods	Do <u>Not</u> Give	Comments
Infants (6-11 mo.)	Infant cereal	<input type="checkbox"/>	_____
	Infant Jarred-fruits/vegetables	<input type="checkbox"/>	_____
Children (1-5 yr.) and Women	Cow's milk	<input type="checkbox"/>	_____
	Cheese	<input type="checkbox"/>	_____
	Eggs	<input type="checkbox"/>	_____
	Peanut butter	<input type="checkbox"/>	_____
	Whole grains**	<input type="checkbox"/>	_____
	Cereal	<input type="checkbox"/>	_____
	Beans	<input type="checkbox"/>	_____
	Vegetables/fruits	<input type="checkbox"/>	_____
	Juice	<input type="checkbox"/>	_____
	Soy milk	<input type="checkbox"/>	_____
Tofu	<input type="checkbox"/>	_____	
Exclusively Nursing Women	Canned Fish	<input type="checkbox"/>	_____

***Grains include the options of whole wheat bread, brown rice, and/or corn tortillas.*

6. Length of Time Requested: # months (circle): 1 2 3 4 5 6 **OR** # weeks: _____

7. Print Provider Name/Title: _____ **Date:** _____

Provider Signature: _____ **Phone Number:** _____

Local Nutritionist/State Approval

Approved Not Approved Length of Authorization: From _____ To _____

Comments: _____

Signature: _____