NAVAJO NATION WIC FORMULA/FOOD AUTHORIZATION FORM

FOR WOMEN, INFANTS, & CHILDREN

Client Name: _____ ID# _____ Date of Birth: _____

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

Current Formula Request: *Please choose WIC contract formula whenever possible. WIC contract formula noted by (*)*

1. *WIC CONTRACT FORMULAS:* ☐ Similac Advance * ☐ Gerber Goodstart Soy *

WIC NON-CONTRACT FORMULAS REQUIRING A PRESCRIPTION:

- ❑ Similac for Spit-Up *
- ❑ Similac Sensitive for Fussiness & Gas *
- ❑ Gerber Graduate Soy*
- ❑ Similac Total Comfort*
- ❑ Similac Soy Isomil
- ❑ Alimentum _____(*specify type*)
- ❑ Pediasure _____(*specify type*)
- ❑ Enfamil Premature, 24 kcal
- ❑ Similac Special Care 24kcal RTF
- ❑ Similac Special Care 20 kcal RTF
- ❑ Enfamil Enfacare
- ❑ Similac Expert Care NeoSure
- ❑ Nutramigen/PurAmino _____(*specify type)*
- ❑ Other _____

*Note: WIC **does not** authorize low iron formulas.*

2. Form of Formula to be Issued: ☐ Powder ☐ Concentrate ☐ Ready-to-feed

3. Amount of Formula/Milk Requested Per Day: _____ ❑ Orally ❑ Tube-Feeding

4. Diagnosis for Special Formula or Medical Food: ❑ GERD or reflux ❑ Prematurity ❑ Food allergy
❑ Formula Intolerance ❑ Inappropriate Growth Patterns ❑ Lactose Intolerance ❑ Dysphagia ❑ Failure to thrive
❑ Other:_____

Note: Must be a specific medical diagnosis.

5. Length of Time Requested: ❑ Up to first birthday **OR** # of months_____

6. **WIC Food Request**:

❑ **Default to WIC Nutritionist** to select appropriate WIC foods.

❑ **No foods**: Foods are not appropriate, provide only formula.

❑ **All foods are appropriate:**

Please check any foods listed below that are **NOT** appropriate for the diagnosis.

	***Do Not Give** these WIC FOODS*
INFANTS (6-11mo)	❑ Infant cereal ❑ Infant Fruits & Vegetables ❑ Infant Jarred Meats (exclusive nursing only)
CHILDREN (1-5yrs) & WOMEN	❑ Cow's milk ❑ Lactose Reduced Cow's Milk ❑ Soy Milk ❑ Eggs ❑ Peanut Butter ❑ Beans ❑ Vegetables/Fruits ❑ Juice ❑ Cheese **❑ Whole grains ❑ Cereal ❑ Tofu ❑ Canned fish (*Exclusively Bfding women only)*

***NOTE : Children 12-23 months old are typically given whole milk. Anyone 2 and older is given 1%/fat free milk. If another* milk type is needed please include in comment section**

Comments:

*(**Whole Grains include the options of whole wheat bread or whole wheat pasta, brown rice, corn tortillas, and/or whole wheat toritillas.)*

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

Healthcare Provider Signature:_____**Phone #:**_____

Medical / Office Name and Address: _____