State of California —Health and Human Services Agency   California Department of Public Health— WIC Program

CDPH | **WIC**
California Department of Public Health | WOMEN, INFANTS & CHILDREN Families grow healthy with WIC

Medical Formula and Nutritionals Request Form

WIC Agency:

WIC ID#:

SECTION I: Participant/Patient and Health Care Information

Patient Name: (First)   (Last)   **Date of Birth:**

Parent/Caregiver Name: (First)   (Last)   **Phone Number:**

Height/ Length: Current: _____ inches (Date: _____) *Within 60 days*
At birth: _____ inches

Weight: Current: _____ lb _____ oz (Date: _____) *Within 60 days*
At birth: _____ lb _____ oz

Hemoglobin: _____ (gm/dL) or **Hematocrit:** _____ %   **Lead Test:** _____ mcg/dL   **Lab Result Date:** _____

Breastfeeding (birth to 12 months):
☐ Fully breastfeeding   ☐ Feeding breastmilk & formula
☐ Never breastfed   ☐ Discontinued breastfeeding on (Date: _____)

Patient's Health Insurance:

☐ **Medi-Cal** (Health Care Provider (HCP) **must** submit a Prior Authorization (PA) to Medi-Cal. Patient takes Rx to a Medi-Cal pharmacy.)

☐ **Private** (does not cover enteral products)

Note to HCP: If patient is covered by Medi-Cal, request PA at https://medi-calrx.dhcs.ca.gov/provider/forms. WIC only provides medically necessary formula/nutritionals when patients are **not** covered by Medi-Cal.

SECTION II: Medical Formula/Nutritionals and Qualifying Diagnosis

Formula/Medical Food Prescribed (Check below or specify name if not listed):

Premature:
☐ Enfamil NeuroPro EnfaCare
☐ Similac NeoSure

Nutritional Drinks:
☐ Kate Farms Pediatric Std 1.2 Cal
☐ PediaSure
☐ PediaSure with Fiber
☐ PediaSure 1.5 Cal
☐ PediaSure 1.5 Cal with Fiber

Medical Formula:
☐ Fortini
☐ Similac PM 60/40

Hypo-Allergenic:
☐ Alfamino Infant
☐ Alfamino Jr, Unflavored
☐ Alfamino Jr, Vanilla
☐ EleCare Infant
☐ EleCare Jr, Unflavored
☐ EleCare Jr, Vanilla
☐ Extensive HA
☐ Neocate Infant
☐ Neocate Jr, Unflavored
☐ Neocate Jr, Vanilla

☐ Neocate Syneo Infant
☐ Nutramigen (liquid concentrate; RTF)
☐ Nutramigen LGG (powder)
☐ Pepticate
☐ PurAmino
☐ PurAmino Jr, Unflavored
☐ PurAmino Jr, Vanilla
☐ Similac Alimentum
☐ Similac Alimentum Toddler

Form: (Check one) ☐ Powder ☐ Concentrate ☐ Ready-to-Feed (RTF) (Justification: _____)
Required unless RTF is the only available form

Amount: _____ fluid ounces / ounces per day

Duration: (Check one)
☐ 1 month ☐ 3 months ☐ 5 months
☐ 2 months ☐ 4 months ☐ 6 months

Qualifying Diagnosis: (Must specify)
☐ Prematurity (Adjusted age: _____ months) ☐ Failure to thrive ☐ Low birthweight ☐ Dysphagia
☐ Food allergy: _____ ☐ Immune system disorder: _____
☐ Gastrointestinal disorder: _____ ☐ Life-threatening disorder: _____
☐ Genetic/Metabolic disorder: _____ ☐ Malabsorption (Nutrient: _____)
☐ Other medical condition(s): _____

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SECTION III: WIC Food Restrictions

(Check one):   ☐ **No food restrictions** (all WIC foods allowed)   ☐ **Food restrictions** (specified below)

Infants
(6–11 Months):

☐ No infant cereal   ☐ No infant fruits/vegetables   ☐ No infant foods, increased formula

☐ No fruits/vegetables (fresh, frozen, canned)   ☐ If premature: Provide infant foods after _____ months

Children
(1–5 Years):

☐ No milk   ☐ No cheese   ☐ No eggs   ☐ No yogurt   ☐ No plant-based milk alternatives

☐ No tofu   ☐ No peanut butter   ☐ No beans   ☐ No cereal   ☐ No fruits/vegetables   ☐ No juice

☐ No whole grains (Specify type(s): _____)

☐ No canned fish (light tuna, salmon, sardines)   ☐ Needs purees; provide infant fruits/vegetables

☐ No foods (formula only)

Comments:

SECTION IV: Health Care Provider Information

Provider Name (Printed):	☐ MD ☐ DO ☐ NP ☐ PA	**Medical Office/Clinic Name and Address:**
Provider Signature:		
Date:	**Phone Number:**	

Please Note:

WIC will not approve medical formula or medical food for the following conditions:

- Non-specific symptoms or diagnoses
  (e.g., colic, constipation, diarrhea, spitting up, picky eater, poor appetite, cramps, fussiness, gas, etc.)
- Solely to enhance nutrient intake or manage body weight without an underlying condition
- Non-specific formula intolerance or food intolerance
- Patient/caregiver preference or food dislikes

For more information on WIC formulas: Scan the QR code (right), visit www.wicworks.ca.gov, and click on *Health Care Providers*, or call 1-800-852-5770.

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