NEW HAMPSHIRE

New Hampshire WIC Nutrition Program

Request for STANDARD Formula

for infants 6 to 12 months without WIC foods

The New Hampshire WIC Program supports and promotes breastfeeding for an infant's first year. For infants who are not breastfed, NH WIC provides **Abbott's Similac Advance, Similac Sensitive, or Similac Total Comfort** as standard iron-fortified milk-based formulas and **Similac Soy Isomil** as the standard soy-based formula for an infant's first year. Medical documentation is not needed for infants on these formulas, ***unless requested in amounts greater than the standard provided by WIC***, for a medical condition that precludes the addition of WIC supplemental foods at 6-12 months of age.

Return to WIC agency: **Fax #:**

A. Patient/participant information

Patient's Name: (Last, First, MI): **DOB:**

Parent/Caregiver's Name:

B. STANDARD formula w/o supplemental foods 6 12 months formula needed, diagnosis & length of issuance

WIC supplemental foods are not allowed due to the medical condition /ICD code documented:

The infant under my care has a documented qualifying medical condition that precludes the provision of WIC infant foods. Please provide the standard WIC contract formula indicated below at the increased amount of ~30oz/day.

WIC Standard Infant formula: ❑ Similac Advance ❑Similac Sensitive ❑Similac Total Comfort ❑Similac Soy Isomil

Medical Diagnosis & ICD code(s):

❑ Delay, Developmental (R62.0) ❑ FTT/Inadequate Growth (R62.51) ❑ Prematurity (P07.3) ❑ Malnutrition (E43)
❑ Congenital Heart Disease (Q24.9) ❑ Neuromuscular Disorder (G70.9) ❑ Dz of Digestive System (K00-K95); specify: _____
❑ Dysphagia (R13.10)
❑ Conditions Originating in the Perinatal Period (P00-P96); specify: _____
❑ Endocrine, Nutritional & Metabolic Diseases, and Immunity Disorders (E00-E89); specify: _____
❑ Other: specify nutrition-related condition and ICD code: _____

Time needed: ❑ 1 month ❑ 2 months ❑ 3 months

This request is subject to WIC approval and will be re-evaluated on a periodic basis.

C. Healthcare provider information

Signature of healthcare provider: **Date:**

Provider's name: (please print or stamp) ❑ **MD** ❑ **DO** ❑ **NP** ❑ **PA**

Medical office/clinic:

Phone #: **Fax#:**

D. Release of information

I authorize the above healthcare provider and NH WIC staff to disclose/discuss information regarding this request.
I understand that I may change my mind and cancel this permission at any time with my written request to my healthcare provider and that it will not affect my WIC eligibility.

Participant/Parent/Caregiver Signature: Printed Name: Date:

WIC USE ONLY: Approved by: Date:

Approved NH WIC formulary can be viewed at: WIC for Healthcare Providers | New Hampshire Department of Health and Human Services (nh.gov)

This form, the Request for Special formula form are available at:
Women, Infants & Children Nutrition Program | New Hampshire Department of Health and Human Services (nh.gov) EFFECTIVE10/01/2016, updated 07/2022, 10/2023