



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** as the standard iron-fortified milk-based formula and **Similac Soy Isomil** as the standard soy-based formula for an infant's first year. Medical documentation is not needed for infants on either of these two standard formulas unless requested in amounts greater than the standard 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 below at the increased amount of ~30oz/day.		
WIC Standard Infant formula: <input type="checkbox"/> Similac Advance <input type="checkbox"/> Similac Soy Isomil		
Alternate Standard Similac 19 calorie formulas: <input type="checkbox"/> Similac Sensitive <input type="checkbox"/> Similac Total Comfort <input type="checkbox"/> Similac Spit-Up		
Medical Diagnosis & ICD code(s):		
<input type="checkbox"/> Delay, Developmental (R62.0) <input type="checkbox"/> FTT/Inadequate Growth (R62.51) <input type="checkbox"/> Prematurity (P07.3) <input type="checkbox"/> Malnutrition (E43) <input type="checkbox"/> Congenital Heart Disease (Q24.9) <input type="checkbox"/> Neuromuscular Disorder (G70.9) <input type="checkbox"/> Dz of Digestive System (K00-K95); specify: _____ <input type="checkbox"/> Dysphagia (R13.10) <input type="checkbox"/> Conditions Originating in the Perinatal Period (P00-P96); specify: _____ <input type="checkbox"/> Endocrine, Nutritional & Metabolic Diseases, and Immunity Disorders (E00-E89); specify: _____ <input type="checkbox"/> Other: specify nutrition-related condition and ICD code: _____		
Time needed: <input type="checkbox"/> 1 month <input type="checkbox"/> 2 months <input type="checkbox"/> 3 months		
<i>This request is subject to WIC approval and will be re-evaluated on a periodic basis.</i>		
C. Healthcare provider information		
Signature of healthcare provider:		Date:
Provider's name: (please print or stamp)		<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> NP <input type="checkbox"/> 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: _____

For questions about New Hampshire WIC approved formulas contact the State WIC Office at (603) 271-4546 or WIC@dhhs.state.nh.us

This form, the Request for Special formula form and Request for alternate Similac standard formulas are available at: www.dhhs.nh.gov/dphs/nhp/WIC