



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, Similac Total Comfort or Similac Spit Up** 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: <input type="checkbox"/> Similac Advance <input type="checkbox"/> Similac Sensitive <input type="checkbox"/> Similac Total Comfort <input type="checkbox"/> Similac Spit-Up	
<input type="checkbox"/> Similac Soy Isomil	
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:
[Women, Infants & Children Nutrition Program | New Hampshire Department of Health and Human Services \(nh.gov\)](#) EFFECTIVE 10/01/2016, updated 07/2022