



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 **Mead Johnson Enfamil Infant** as the standard iron-fortified milk-based formula and **Enfamil Prosoabee** as the standard soy-based formula for an infant's first year. **Mead Johnson Enfamil Newborn** (0-3 months), **Gentlease, Reguline, and Enfamil AR** are alternate milk-based formulas that may also be provided per parental choice. Medical documentation is not needed for infants on these 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.

Infant formula: ENFAMIL INFANT ENFAMIL GENTLEASE ENFAMIL REGULINE ENFAMIL AR PROSOBEE

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: _____

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 and the Request for Special formula form are available at: www.dhhs.nh.gov/dphs/nhp/WIC