

# Ohio WIC Prescribed Formula and Food Request - Women, Infants, and Children

Please complete this *Ohio WIC Prescribed Formula and Food Request* form in full.

## REQUIRED FOR APPROVAL:

Patient's name (please print) \_\_\_\_\_

Date of birth \_\_\_\_\_

Weeks born early (if applicable) \_\_\_\_\_

Caregiver's name (please print) \_\_\_\_\_

Phone \_\_\_\_\_

1. Amount of infant/child/adult formula to be provided per **DAY**: \_\_\_\_\_

Special Instructions/Comments: \_\_\_\_\_

2. Intended length of use:  1 month     2 months     3 months     4 months     5 months     6 months (maximum)

3. Medical diagnosis (please print): \_\_\_\_\_

(Must support the need for the formula requested.)

**For PKU and Metabolic Needs:** WIC collaborates with the Ohio Metabolic Formula Program which supplies certain metabolic formulas prescribed by an Ohio Department of Health (ODH) approved metabolic service provider. A separate form must be completed. Please contact your WIC office for more information.

### 4. Prescribed Formulas:

#### Infants and Children

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> EleCare for Infants               | <input type="checkbox"/> Neocate Infant with DHA & ARA | <input type="checkbox"/> Similac Expert Care NeoSure |
| <input type="checkbox"/> Enfamil EnfaCare                  | <input type="checkbox"/> Neocate Nutra (≥ 6 mo age)    | <input type="checkbox"/> Similac PM 60/40            |
| <input type="checkbox"/> Enfamil EnfaPort                  | <input type="checkbox"/> Pregestimil                   | <input type="checkbox"/> Similac Sensitive           |
| <input type="checkbox"/> Enfamil Nutramigen                | <input type="checkbox"/> PurAmino DHA/ARA              | <input type="checkbox"/> Similac for Spit-Up         |
| <input type="checkbox"/> Enfamil Nutramigen w/ Enflora LGG | <input type="checkbox"/> Similac Expert Care Alimentum |  |

**Infant Foods:** Indicate which infant foods listed below are contraindicated or require restrictions.

- Infant Cereal     Fruits (strained textures)     Vegetables (strained textures)     Do not provide any of the infant WIC foods listed

#### Children Only

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Boost Breeze                            | <input type="checkbox"/> Elecare Junior            | <input type="checkbox"/> PediaSure with Fiber         | <input type="checkbox"/> Peptamen Junior with Prebio <sup>1</sup> |
| <input type="checkbox"/> Boost Kid Essentials 1.0 Cal (pharmacy) | <input type="checkbox"/> Neocate Junior            | <input type="checkbox"/> PediaSure with Fiber Enteral | <input type="checkbox"/> Peptamen Junior 1.5 Cal                  |
| <input type="checkbox"/> Boost Kid Essentials 1.0 Cal (retail)   | <input type="checkbox"/> Neocate Jr. w/ Prebiotics | <input type="checkbox"/> PediaSure 1.5 Cal            | <input type="checkbox"/> Similac Advance                          |
| <input type="checkbox"/> Boost Kid Essentials 1.5 Cal            | <input type="checkbox"/> Neocate (EO28) Splash     | <input type="checkbox"/> PediaSure 1.5 Cal with Fiber | (≤ 12 mo corrected age)   |
| <input type="checkbox"/> Boost Kid Essentials with Fiber 1.5 Cal | <input type="checkbox"/> Nutren Junior             | <input type="checkbox"/> PediaSure Peptide            | <input type="checkbox"/> Similac Soy Isomil                       |
| <input type="checkbox"/> Bright Beginnings Soy Pediatric Drink   | <input type="checkbox"/> Nutren Junior with Fiber  | <input type="checkbox"/> PediaSure Peptide 1.5 Cal    | <input type="checkbox"/> Super Soluble Duocal                     |
| <input type="checkbox"/> Compleat Pediatric                      | <input type="checkbox"/> PediaSure                 | <input type="checkbox"/> Peptamen Junior              |   |
| <input type="checkbox"/> Compleat Pediatric Reduced Calorie      | <input type="checkbox"/> PediaSure Enteral         | <input type="checkbox"/> Peptamen Junior with Fiber   |   |

#### Adult

- Boost     Boost Breeze     Ensure     Super Soluble Duocal

**5. WIC Foods:** Participants on Prescribed Formulas may receive the following foods offered by WIC. Please indicate the appropriateness of the following foods to accompany the prescribed formula.

### WIC Foods That May Be Provided (12 Months and Older, Adults)

**Check this box to give authority to the WIC health professional (RD/LD, RN or DTR) to prescribe the foods listed below based upon the complete nutritional assessment.**

**Are there any contraindications or restrictions for any of these foods?**

- |   |   |
|---|---|
| <input type="checkbox"/> Yes, specify:    | <input type="checkbox"/> Beans, dried peas and legumes    |
| <input type="checkbox"/> Milk             | <input type="checkbox"/> Peanut butter                    |
| <input type="checkbox"/> Juice            | <input type="checkbox"/> Whole grains                     |
| <input type="checkbox"/> Breakfast cereal | <input type="checkbox"/> Fish (women only, as applicable) |
| <input type="checkbox"/> Eggs             |   |
| <input type="checkbox"/> Fruits           |   |
| <input type="checkbox"/> Vegetables       |   |

Do not provide any of the above WIC foods

### Milk Substitutions:

#### (Children Age 2 Years and Older & Adults)

Indicate which foods are to be **substituted** for reduced fat, low fat, or skim milk. This is **only** for patients **receiving a prescribed formula** who require additional calories.

- Whole milk     Low lactose/lactose free whole milk     Cheese

#### (Children Age 1 Years and Older & Adults)

Indicate which foods are to be **substituted** for whole, reduced fat, low fat or skim milk for the following diagnoses: *milk allergy, severe lactose maldigestion, vegetarian/vegan diet or other qualifying conditions.*

\*Patient does **not** need to be on a prescribed formula to receive these

- Soy Milk (child)     Tofu (child)     >4lbs Tofu (women)

Health Care Provider's Name (please print) \_\_\_\_\_

Phone \_\_\_\_\_

Health Care Provider's Signature \_\_\_\_\_

Date \_\_\_\_\_