



NEW MEXICO WIC SPECIAL FOOD PACKAGE AUTHORIZATION FORM



INFANTS

Client Name: _____

Date of Birth: _____ Date _____

To be completed by health care provider: Please fully complete every section to avoid delays in issuance.

1. Medical Reason for Special Formula Request: *must be a specific medical diagnosis. Please choose from the following or give a description and assign the appropriate ICD-9-CM code.*

- | | | |
|---|--|---|
| <input type="checkbox"/> Allergy, Confirmed (693.1) 353 | <input type="checkbox"/> Metabolic Disorders (277.9) 351 | <input type="checkbox"/> Lactose or Sucrose Intolerance (271.3) 355 |
| <input type="checkbox"/> Cow's milk protein | <input type="checkbox"/> Low Birth Weight (765.10) 141 | <input type="checkbox"/> Inadequate Growth (783.40) 135 |
| <input type="checkbox"/> Soy | <input type="checkbox"/> Prematurity (765.10) 142 | <input type="checkbox"/> Neuromuscular Disorder (358.9) 349 |
| <input type="checkbox"/> Cystic Fibrosis (277.00) 360 | <input type="checkbox"/> Gastroesophageal Reflux (580.81) 342 | <input type="checkbox"/> Pyloric Stenosis (537.0) 359 |
| <input type="checkbox"/> Failure to Thrive (783.41) 134 | <input type="checkbox"/> Severe Gastrointestinal Disorders (536.9) 342 | |
| <input type="checkbox"/> Intestinal Malabsorption (579.0) 342 | | |

Other: Diagnosis _____
ICD-9-CM code _____

Not allowed: Constipation, diarrhea, unconfirmed allergies, or for managing body weight, lactose intolerance symptoms, or growth concerns unless there is an underlying medical condition.

2. Current Formula Request:

Powdered formula will be issued unless otherwise indicated.

Ready-to-feed formula (check if appropriate) can only be issued if the caretaker is physically/mentally unable to prepare formula, if water supply is unsafe or for immune-compromised infants.

STATE APPROVED FORMULA LIST ON CAN BE FOUND ON PAGE 2

3. Length of Time Requested: # months (Please check one): 1 2 3 4 5 6

4. Prescribed amount/day _____ **OR** **WIC Allowable**

5. Food Request for infants 6-11 months ONLY:

No foods are appropriate for the client

OR

Please select the foods that are **NOT** appropriate for the client:

Infant Fruits/Vegetables Infant Cereal

Exclusively Breastfed Infants Only: Infant Meats

6. Length of Time Restriction: # months (Please check one): 1 2 3 4 5 6

7. Print Provider Name and Title: _____ **Date:** _____

Provider Signature: _____ **Phone Number:** _____

Please visit <http://www.nmwic.org> for additional forms or information

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WIC Approved Formula List

Star Medical Formula List

1. Elecare Powder 14.1 oz
2. Enfamil lipil 24 cal 2 oz
3. Enfamil Premature Lipil 24 Cal 2 oz
4. Glutarex 1 powder 14.1 oz
5. Glutarex 2 powder 14.1 oz
6. Hominex 2 powder 14.1 oz
7. Ketocal powder
8. Lofenalac powder
9. Necate DHA/ARA 14.1 oz
10. Neocate Jr powder 14 oz
11. Neocate One + powder pack
12. Neocate Powder 14 oz
13. Neosure powder 12.8 oz
14. Neosure RTF 32oz
15. Nutramigen AA Lipil
16. Pediatric EO28 RTF
17. Peptamen Jr. RTF 8 oz
18. Periflex
19. Phenyl Free 1
20. Phenyl Free 1 powder 16 oz
21. Phenyl Free 2 powder 16 oz
22. Phenex 1 powder 14.1 oz
23. Phenex 2 powder 14.1 oz
24. Phlexy 10 drink mix 20 gm
25. Portagen Powder
26. Pregestimil
27. Prosobee Lipil RTF 2 oz
28. Similac Neosure Advance
29. Similac PM 60/40
30. SS Duocal powder

Non- Star Medical Formula List

1. Alimentum RTF 32 oz
2. Alimentum powder 16oz
3. Alimentum Powder 16 oz
4. Enfacare Lipil 22 powder
5. Enfamil AR Lipil powder
6. Enfamil AR Lipil 32 oz
7. Enfamil 24 with Iron
7. Enfamil AR Lipil RTF 32 oz
8. Neocate Infant 14 oz
9. Nutramigen Enflora Lipil
10. Nutramigen Lipil RTF 32oz
11. Nutramigen Lipil Concentrate
12. Pediasure
13. Pediasure with Fiber
14. ProSobee Lipil

Comments:

WIC Approved Formula List