



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.

- Checkboxes for various medical conditions: Allergy, Confirmed (693.1) 353; Cow's milk protein; Soy; Cystic Fibrosis (277.00) 360; Failure to Thrive (783.41) 134; Intestinal Malabsorption (579.0) 342; Metabolic Disorders (277.9) 351; Low Birth Weight (765.10) 141; Prematurity (765.10) 142; Gastroesophageal Reflux (580.81) 342; Severe Gastrointestinal Disorders (536.9) 342; Lactose or Sucrose Intolerance (271.3) 355; Inadequate Growth (783.40) 135; Neuromuscular Disorder (358.9) 349; Pyloric Stenosis (537.0) 359.

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 rev: 8-2010

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## WIC Approved Formula for Infants

### Star Medical Issued:

1. Elecare Powder 14.1 oz
2. Enfamil Lipil 24 cal 2oz
3. Enfamil Premature Lipil 24 Cal 2 oz
4. Enfaport Lipil RTF 8oz
5. Glutarex 1 powder 14.1 oz
6. Monogen powder 14.3oz
7. Neocate DHA/ARA powder 14.1 oz
8. Neosure powder 22cal 12.8 oz
9. Neosure RTF 22cal 32oz
10. Nutramigen AA Lipil powder 14.1oz
11. Pediatric EO28 RTF
12. Periflex DHA/ARA pwd 14oz
13. Phenex 1 powder 14.1 oz
14. Phenyl Free 1 powder 16 oz
15. Pregestimil Lipil Pwd 16oz
16. Similac PM 60/40 powder 14oz

Gentlease Lipil powder 12oz  
Nutramigen Lipil conc 13floz  
Nutramigen Lipil RTF 32oz  
Nutrmaigen Enflora pwd 12.6oz  
Prosobee Lipil conc 13floz  
Prosobee Lipil pwd 12.9oz  
Prosobee Lipil RTF 32oz

### Comments:

### e-WIC card Issued:

Alimentum powder 22cal 16oz  
Alimentum RTF 22cal 32 oz  
  
Enfacare Lipil RTF 24cal 32oz  
Enfacare Lipil pwd 14.1oz  
  
Enfamil AR Lipil powder 12.9oz  
Enfamil AR Lipil RTF 32oz  
  
Enfamil Premium powder 12.5oz  
Enfamil Premium conc 13floz  
Enfamil Premium RTF 32oz