



NEW MEXICO WIC SPECIAL FOOD PACKAGE AUTHORIZATION FORM



WOMEN AND CHILDREN (2-5 years)

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, Developmental, Neuromuscular Disorder, Autoimmune Disorder, Failure to Thrive, Seizure disorder, Cancer, Gastroesophageal Reflux, Underweight, Cerebral Palsy, Immunodeficiency, Cystic Fibrosis, Intestinal Malabsorption, Congenital Heart Disease, Low Maternal Weight Gain, Congenital Anomaly, Respiratory.

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: _____ (If not requesting formula, please skip this question.) For children and women: STATE APPROVED FORMULA LIST ON CAN BE FOUND ON PAGE 2

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

5. Prescribed amount/day _____ OR WIC Allowable

6. Current Food Request: _____

For children and women:

- Checkboxes: All foods are appropriate for the client OR No foods are appropriate for the client

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

- Checkboxes for food types: Milk (low-fat), Whole Milk, Soy Milk, Tofu*, Cheese, Juice, Infant Cereal, Breakfast Cereal, Whole Grains, Fruit/Vegetables, Eggs, Peanut Butter**, Beans

Exclusively Breastfeeding Women Only: Canned Fish

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

6. Print Provider Name and Title: _____ Date: _____

7. Provider Signature: _____ Phone Number: _____

*Tofu can be used as a substitute for soymilk or milk
**Peanut butter can be issued on packages for children who are underweight

Please visit http://www.nmwic.org for additional forms or information rev: 8-2010 Page 1

WIC Approved Formula for Women and Children

Star Medical Issued:

1. Boost Kid Essentials 1.0cal 8floz
2. Boost Kid Essentials 1.5 cal 8floz
3. Boost Kid Essentials 1.5calw/fiber8floz
4. Bright Beginnings Soy Pediatric Drink RTF 8floz
5. Elecare powder 14.1oz
6. Glutarex-1 pwd 14.1oz
7. Glutarex-2 pwd 14.1oz
8. Hominex 2 pwd 14.1oz
9. Monogen powder
10. Neocate Jr pwd 14oz
11. Neocate-One + 60gm packet
12. Neosure RTF 32oz
13. Neosure powder 12.8oz
14. Nutramigen AA Lipil pwd 14.1oz
15. Nutramigen Lipil conc 13floz
16. Nutramigen Lipil RTF 32oz
17. Pediatric E028 RTF 8floz (various flavors)
18. Peptamen Jr RTF 8.45floz (vanilla only)
19. Phenex -1 pwd 14.1oz
20. Phenex-2 pwd 14.1oz
21. Phenyl-Free 1 pwd 16oz
22. Phenyl-Free 2 pwd 16oz
23. Phlexy-10 20gm
24. Portagen powder 16oz
25. Pregestimil Lipil pwd 16oz
26. Similac PM 60/40 pwd 14oz

e-WIC Issued - Children

Alimentum powder 16oz
Alimentum RTF 32oz
Boost Plus RTF 8floz
Enfacare Lipil powder 12.8oz
Enfamil Premium conc 13floz
Enfamil Premium Lipil 24cal 2floz
Enfamil Premium pwd 12.5oz
Enfamil Premium RTF 32oz
Ensure RTF 8floz
Ensure w/fiber 8floz
Gentlease Lipil pwd 12oz
Nutramigen Enflora LGG pwd 12.6oz
Pediasure RTF 8floz (all flavors)
Pediasure w/fiber RTF 8floz (vanilla only)
Prosobee Lipil conc 13floz
Prosobee Lipil RTF 32oz

e-WIC Issued - Women

Boost Plus RTF 8floz
Enfamil Premium pwd 12.5
Enfamil Premium conc 13floz
Enfamil Premium RTF 32oz
Ensure RTF 8floz
Ensure w/fiber RTF 8floz
Prosobee Lipil conc 13floz
Prosobee Lipil RTF 32oz

Comments: