

# INFANTS

## Illinois WIC Formula and Medical Nutritional Prescription

This form must be completed by a healthcare provider, in its entirety, to receive Medically Prescribed Formula.

<b>Patient Name</b> (Last) _____ (First) _____		<b>Birthdate:</b> _____	
<b>Parent / Caregiver</b> (Last) _____ (First) _____			
<b>Measurement Date:</b> _____	<b>Length:</b> _____	<b>Weight:</b> _____	<b>Birth Weight/Length:</b> _____

### 1. PRESCRIBED FORMULA: CHOOSE ONE

**Infant (0-11 months of age)**

<input type="checkbox"/> Contract Formula Similac Advance, Gentle Comfort, Soy Isomil, Sensitive	<input type="checkbox"/> Similac NeoSure <input type="checkbox"/> ready-to-feed*	<input type="checkbox"/> Alimentum <input type="checkbox"/> ready-to-feed*	<input type="checkbox"/> Nutramigen w/Probiotic LGG <input type="checkbox"/> ready-to-feed*
<input type="checkbox"/> Enfamil NeuroPro Enfacare			

\*Powder is standard issuance, ready-to-feed must meet Federal Requirements for issuance

### 2. FOOD PRESCRIPTION

**Infant (6-11 months of age)**

WIC foods will begin at 6 months unless otherwise indicated below:

- No WIC foods, Formula **ONLY**
- WIC Foods (may include Infant Cereal, Fruits/Vegetables Jarred and/or Fresh, Frozen, Canned)

### 3. DIAGNOSIS, AMOUNT, DURATION

**NOT ALLOWED:**

- **Non-Specific Symptoms or Diagnoses** include colic, constipation, diarrhea, spitting up, picky eater, fussiness, gas, etc.
- **Non-Qualifying Conditions** include those solely for enhancing nutrient intake, managing body weight, growth concerns, unconfirmed allergies, lactose intolerance, intolerance symptoms, or caregiver preference.

**ALLOWED:**

**Qualifying Medical Conditions** include specific diagnosed disorders, diseases and medical conditions that impair the ingestion, digestion, absorption, or utilization of nutrients that could adversely affect nutrition status.

<input type="checkbox"/> Low birth weight <5 lbs. 8 oz.	<input type="checkbox"/> Gastroesophageal Reflux	<input type="checkbox"/> Food Allergy	<input type="checkbox"/> Other Qualifying Medical Condition
<input type="checkbox"/> Preterm/early delivery ≤38 weeks	<input type="checkbox"/> Eosinophilic GI	(Specify): _____	(Specify): _____
<input type="checkbox"/> Developmental Delay	<input type="checkbox"/> Malabsorption Syndromes		

**Prescribed Amount:**  Maximum amount WIC provides **OR**  Less than WIC provides \_\_\_\_\_ amount/day

**Duration:**  1 month  2 months  3 months  4 months  5 months  6 months

### 4. HEALTH CARE PROVIDER INFORMATION

Health Care Provider (Physician, Physician Assistant or Advanced Practice Nurse Practitioner) <b>Signature:</b> _____	Date: _____ Phone: _____ Fax: _____
Printed Name: _____	Medical Office: _____
Address: _____	

*This institution is an equal opportunity provider.*

## CHILDREN

### Illinois WIC Formula and Medical Nutritional Prescription

This form must be completed by a healthcare provider, in its entirety, to receive Medically Prescribed Formula.

<b>Patient Name</b> (Last) _____ (First) _____		<b>Birthdate:</b> _____	
<b>Parent / Caregiver</b> (Last) _____ (First) _____			
<b>Measurement Date:</b> _____	<b>Length/Height:</b> _____	<b>Weight:</b> _____	<b>Birth Weight/Length:</b> _____

#### 1. PRESCRIBED FORMULA: CHOOSE ONE

**Children (1 to 4 years)**

<input type="checkbox"/> Contract Formula Similac Advance, Gentle Comfort, Soy Isomil, Sensitive	<input type="checkbox"/> Alimentum <input type="checkbox"/> ready-to-feed*	<input type="checkbox"/> Nutramigen Probiotic LGG <input type="checkbox"/> ready-to-feed*	PediaSure <input type="checkbox"/> without fiber <input type="checkbox"/> with fiber
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\*Powder form is standard issuance, ready-to-feed must meet Federal Requirements for issuance

#### 2. FOOD PRESCRIPTION

**Children (1 to 4 years)**

WIC foods will be provided unless otherwise indicated below:

- No WIC foods, Formula **ONLY**

Jarred Infant fruits/vegetables in lieu of fresh, frozen or canned:

- WIC Foods with Jarred Infant Foods

WIC foods may include:  
Cereal, Whole Grains, Milk, Cheese, Yogurt, Tofu, Peanut Butter, Beans, Eggs, Canned Fish, 100% juice, Fruits & Vegetables

**NOT ALLOWED:**

#### 3. DIAGNOSIS, AMOUNT, DURATION

- Non-Specific Symptoms or Diagnoses** include colic, constipation, diarrhea, spitting up, picky eater, fussiness, gas, etc.
- Non-Qualifying Conditions** include those solely for enhancing nutrient intake, managing body weight, growth concerns, unconfirmed allergies, lactose intolerance, intolerance symptoms, or caregiver preference.

**ALLOWED:**

**Qualifying Medical Conditions** include specific diagnosed disorders, diseases and medical conditions that impair the ingestion, digestion, absorption, or utilization of nutrients that could adversely affect nutrition status.

<input type="checkbox"/> Prematurity (up to 2 years) <input type="checkbox"/> Developmental Delay	<input type="checkbox"/> Gastroesophageal Reflux <input type="checkbox"/> Eosinophilic GI <input type="checkbox"/> Malabsorption Syndromes	<input type="checkbox"/> Food Allergy (Specify): _____	<input type="checkbox"/> Other Qualifying Medical Condition (Specify): _____
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**Prescribed Amount:**  Maximum amount WIC provides **OR**  Less than WIC provides \_\_\_\_\_ amount/day

**Duration:**  1 month  2 months  3 months  4 months  5 months  6 months

#### 4. HEALTH CARE PROVIDER INFORMATION

Health Care Provider (Physician, Physician Assistant or Advanced Practice Nurse Practitioner) <b>Signature:</b> _____	Date: _____ Phone: _____ Fax: _____
Printed Name: _____	Medical Office: _____
Address: _____	

*This institution is an equal opportunity provider.*