

**DCH-1326, WOMEN, INFANTS, AND CHILDREN (WIC)
SPECIAL FORMULA/FOOD REQUEST**

Michigan Department of Health and Human Services (MDHHS)
(Revised 6-24)

COMPLETE ALL APPLICABLE SECTIONS.

Client Name	Date of Birth	Parent/Guardian Name	
(Optional)	Weight	Length/Height	Head Circumference
Date Measured	/ /	/ /	/ /

SECTION 1 – QUALIFYING CONDITION(S)

- Preterm birth < 37 weeks gestation Low birth weight (≤ 5 lbs 8 oz) Failure to thrive
- Severe food allergies (specify) _____ Immune system disorder (specify) _____
- Metabolic disorder/inborn errors of metabolism (specify) _____
- Medical condition that impairs nutrition status (specify) _____
- Gastrointestinal disorder/malabsorption syndromes (specify) _____

SECTION 2 – FORMULA

Formula	Amount/Ounces per day	Duration (not to exceed 12 months)
---------	-----------------------	------------------------------------

I authorize WIC to issue a comparable formula if specified formula is not available (page 2) Yes No

SECTION 3 – FOOD RESTRICTIONS & SUBSTITUTIONS (OPTIONAL)

No WIC foods - provide formula only (starting at 6 months)

OMIT these WIC Foods (WIC professional will determine unless marked otherwise)

Infant (6-12 months)

- Infant cereal
- Infant fruits/vegetables

Child (1-5 years) and Woman

- | | | |
|---------------------------------|--|--|
| <input type="checkbox"/> Milk | <input type="checkbox"/> Legumes | <input type="checkbox"/> Bread, rice, tortilla, oatmeal, pasta |
| <input type="checkbox"/> Yogurt | <input type="checkbox"/> Peanut butter | <input type="checkbox"/> 100% fruit/vegetable juice |
| <input type="checkbox"/> Cheese | <input type="checkbox"/> Breakfast cereal | <input type="checkbox"/> Canned fish (woman only) |
| <input type="checkbox"/> Eggs | <input type="checkbox"/> Fruits/vegetables | |

Infant cereal & infant fruits/vegetables in place of breakfast cereal & fruits/vegetables (starting at 12 months; honored only if medically indicated formula prescribed)

Whole milk (honored only if medically indicated formula prescribed) **Soy beverage** **2% milk**

Instructions/Comments

SECTION 4 – MEDICAL PROVIDER

Medical Provider Name	WIC Clinic Use Only		
Address	Approved Through (optional)		
Phone Number	Fax Number	Name	Phone Number
Signature	Date	Fax Number	Date

FOR CLIENTS: WIC may contact the health care provider for more information to process this request. Note: Submitting electronically may not be secure.

Authorized Comparable Formulas

If authorized on Page 1, the following comparable formula(s) by category may be issued.

For the full list of WIC-approved formulas go to www.michigan.gov/wic, Health Care Provider link.

Formula Category	Formula Name	
Premature Infant Formula 22 kcal/oz	Enfamil NeuroPro EnfaCare Similac NeoSure	
Extensively Hydrolyzed Hypoallergenic Infant Formula 20 kcal/oz	Extensive HA Hypoallergenic Store Brand Nutramigen	Pepticate Similac Alimentum
Amino Acid-Based Hypoallergenic Infant Formula 20 kcal/oz	Alfamino Infant EleCare Infant Neocate Infant	Neocate Syneo Infant PurAmino Infant
Amino Acid-Based Hypoallergenic Pediatric Formula 30 kcal/oz	Alfamino Junior EleCare Junior Neocate Junior	Neocate Splash Neocate Syneo Junior PurAmino Junior
Milk-based Pediatric Formula 30 kcal/oz	Boost Kid Essentials 1.0 Nutren Junior	Pediasure
Milk-based Pediatric Formula with Fiber 30 kcal/oz	Nutren Junior with Fiber Pediasure with Fiber	
Milk-based Pediatric Formula 45 kcal/oz	Boost Kid Essentials 1.5 Pediasure 1.5	
Milk-based Pediatric Formula with Fiber 45 kcal/oz	Boost Kid Essentials 1.5 with Fiber Pediasure 1.5 with Fiber	
Peptide-based Pediatric Formula 30 kcal/oz	Kate Farms Pediatric Peptide 1.0 Peptamen Junior	Pediasure Peptide 1.0
Peptide-based Pediatric Formula 45 kcal/oz	Kate Farms Pediatric Peptide 1.5 Peptamen Junior 1.5	Pediasure Peptide 1.5
Milk-based Adult Formulas 30 kcal/oz	Boost Ensure	
Milk-based Adult Formulas 45 kcal/oz	Boost Plus Ensure Plus	
Whole Food Blenderized Formula kcal/oz differ	Compleat Pediatric Organic Blends (1.2 kcal/mL) Kate Farms Pediatric Blended Meals (1.0 kcal/mL)	

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group on the basis of race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination includes, but is not limited to, discrimination based on sexual orientation, gender identity, gender expression, sex characteristics, and pregnancy.

This institution is an equal opportunity provider.