

Alabama WIC Program Hospital Special Formula Notification

This form must be completed and faxed to the State WIC Office (334) 206-2914 to expedite obtaining a special medical formula for a WIC participant. If you have questions about WIC approval of specific formulas, please call the State WIC Office at (334) 206-5673. **PLEASE PRINT LEGIBLY.**

Date _____

1. Infant/Child Name: _____ DOB: _____
2. Parent/Guardian/Caretaker Name: _____
3. Address: _____ City: _____
4. Phone number: _____
5. Is participant currently on WIC? Yes, where: _____
 Do not know No, referred to: _____
6. Was participant's mother on WIC as a Prenatal? No Yes, where: _____
7. Medical Diagnosis and/or ICD-10 code: _____
8. Name and amount of formula(s): _____

9. Mixing Instructions: _____

Amount of prepared volume in 24 hours: _____
10. Anticipated date of discharge and amount to be issued: _____

11. Intended length of use: 1 2 3 4 5 6 months
12. Provide if available: Note: Ht/Wt data must have been completed within last 60 days.
Ht: _____ Wt: _____ Date of Measurement _____ Hgb/Hct: _____ Date done: _____

NOTICE:

13. In addition to formula prescribed, the WIC program may provide supplemental foods as appropriate.

- Formula prescribed. (No supplemental foods)**
 Supplemental Foods. Please mark the boxes below for foods allowed.

WIC cannot provide supplemental foods unless checked.

Infants 6-12 months: Infant cereal Infant fruits and vegetables

If no food prescribed, infants 6-12 months on non-contract formula may receive 29 fluid oz per day.

Children 13 - 60 months: Milk Juice
 Cheese Fresh Fruit/Vegetables
 Yogurt Cereal
 Eggs WW Bread/Brown Rice/WG Tortillas/WW Pasta
 Peanut Butter Canned or Dry Peas or Beans

Special Instructions: _____

14. Health Care Provider name: _____
15. RD's name/signature: _____ Phone number: _____

State staff section:

Date received _____ Date formula ordered _____ Date forwarded to clinic _____
Completed by _____
Comments _____