

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 ☐ Soy Milk ☐ Fruit/Vegetables ☐ Juice
☐ Cheese ☐ Peanut/Nut/Seed Butter
☐ Yogurt ☐ Canned Fish
☐ Eggs ☐ Canned or Dry Peas or Beans
☐ Cereal ☐ Wheat Bread/Tortillas/Pasta/BrownRice/Oats

Special Instructions: _____

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

State staff section:

Date received _____ Date formula ordered _____ Date forwarded to clinic _____

Completed by _____

Comments _____

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ADPH-WIC-114

- The dietitian from the hospital will fax the completed form to the State WIC Office at 334-206-2914.
- The order for the exempt infant formula or WIC eligible nutritionals will be placed by the State WIC staff.
- The State staff will, in turn, fax the form to the appropriate WIC clinic.
- This form will serve as the prescription form for the participant. It must be scanned in the participant's electronic medical record via Crossroads.
- A prescription form, ADPH-WIC-111a (infant) or 111b (child), will be needed at the 6 month and 12 month evaluations.

NOTE: In addition to the prescribed formula, infants at six (6) months of age and children may receive supplemental foods. USDA allows supplemental foods for infants/children receiving special formula only if prescribed by the physician. It is very important to indicate on the form if the infant at 6 months of age or the child requires special formula **only** or if supplemental foods are allowed. The specific foods allowed must be marked.