DCH-1326, WOMEN, INFANTS, AND CHILDREN (WIC) SPECIAL FORMULA/FOOD REQUEST
Michigan Department of Health and Human Services (MDHHS)
(Revised 6-23)

COMPLETE ALL APPLICABLE SECTIONS.

Client Name	Date of Birth	Parent/Guardian Name

(Optional)	Weight	Length/Height	Head Circumference	Hemoglobin/Hematocrit
Date Measured	/ /	/ /	/ /	/ /

SECTION 1 – QUALIFYING MEDICAL 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
☐ Milk ☐ Legumes
☐ Yogurt ☐ Peanut butter
☐ Cheese ☐ Breakfast cereal
☐ Eggs ☐ Fruits/vegetables

☐ Bread, rice, tortilla, oatmeal, pasta
☐ 100% fruit/vegetable juice
☐ Canned fish (woman only)

☐ **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 Michigan.gov/WIC, Health Care Provider link.

Formula Category	Formula Name	
Premature Infant Formula 22 kcal/oz	Enfamil NeuroPro EnfaCare Similac NeoSure	
Premature Infant Formula 24 kcal/oz	Enfamil Premature 24 Cal Similac Special Care 24	
Extensively Hydrolyzed Hypoallergenic Infant Formula 20 kcal/oz	Extensive HA Nutramigen Hypoallergenic Store Brand	Similac Alimentum
Amino Acid-based Hypoallergenic Infant Formula 20 kcal/oz	Alfamino Infant Neocate Infant PurAmino Infant	EleCare Infant Neocate Syneo Infant
Amino Acid-based Hypoallergenic Pediatric Formula 30 kcal/oz	Alfamino Junior Neocate Jr PurAmino Jr	EleCare Jr Neocate Splash
Milk-based Pediatric Formula 30 kcal/oz	Boost Kid Essentials 1.0 Pediasure	Nutren Junior
Milk-based Pediatric Formula w/ Fiber 30 kcal/oz	Nutren Junior w/ Fiber Pediasure w/ Fiber	
Milk-based Pediatric Formula 45 kcal/oz	Boost Kid Essentials 1.5 Pediasure 1.5	
Milk-based Pediatric Formula w/ Fiber 45 kcal/oz	Boost Kid Essentials 1.5 w/ Fiber Pediasure 1.5 w/ Fiber	
Peptide-based Pediatric Formula 30 kcal/oz	Pediasure Peptide 1.0 Peptamen Junior	
Peptide-based Pediatric Formula 45 kcal/oz	Pediasure Peptide 1.5 Peptamen Junior 1.5	
Milk-based Adult Formulas 30 kcal/oz	Boost Ensure	
Milk-based Adult Formulas 45 kcal/oz	Boost Ensure Plus	