

**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)
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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 Bread, rice, tortilla, oatmeal, pasta
- Yogurt Peanut butter
- Cheese Breakfast cereal 100% fruit/vegetable juice
- Eggs Fruits/vegetables 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 810-341-5045	Date

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