Texas WIC Medical Request for Non-Standard Formulas

The Texas WIC program encourages mothers to breastfeed their babies for the first year of life, with the addition of complementary foods around six months. When infant formula is necessary or requested, WIC provides contracted formulas or requires a medical request for specialty formulas.

All requests are subject to approval and provision based on federal and state policies of the WIC program.

Available without medical request:

Similac Advance
Similac Soy Isomil
Similac Sensitive
Similac Total Comfort
Similac for Spit-Up

Texas WIC does not provide:

Similac Pro products
Similac Organic, Pure Bliss, or A2
Similac for Supplementation
Comparable Enfamil, Gerber, and generic brands

*All formula requests for children over age 1 require a medical request.
A full list of available specialty formulas is available at: texaswic.org/health-partners/formula-prescriptions

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Resources for Parents

Preparing Formula:

Scan this QR code with your phone's camera for instructions on safe formula preparation.

Breastfeeding Help

Ask to speak to the breastfeeding peer counselor at your WIC office. For 24/7 help, call 855-550-6667.

Additional resources:

Call 211 or visit 211Texas.org if you need assistance beyond what is provided by the WIC program.

Recursos para Padres de Familia

Preparando la Fórmula:

Para conocer las instrucciones de cómo preparar la fórmula de forma segura, escanea este código QR con la cámara de tu teléfono.

Ayuda para Amamantar

Pide hablar con una consejera de lactancia materna en tu oficina WIC. Para asistencia durante las 24/7, llama al 855-550-6667.

Recursos adicionales:

Si necesitas mayor ayuda de la que te ofrece el programa WIC, llama al 211 o visita 211Texas.org.

For more information, visit: TexasWIC.org
Para mayor información, visita: TexasWIC.org

Texas WIC Medical Request for Non-Standard Formulas

1. Patient Information

Name: _____

DOB: _____

Guardian Name: _____

Date of measurements: _____

Height: _____ Weight: _____

Weeks gestation _____ Birth weight _____

2. (Optional) Lactation Support

☐ Breast pump

☐ Breastfeeding support

☐ Latch assistance

24/7 IBCLC help available via Texas Lactation Support Hotline: 1-855-550-6667

3. Formula Requested

Formula Name: _____

_____ Cans/Day or _____ Ounces/Day

Maximum allowed may be provided unless a lesser amount is indicated.

4. Length Prescribed

☐ 3 Months

☐ 6 Months

☐ 12 Months

Other: _____

5. Qualifying Condition

☐ cardiovascular condition

☐ developmental delays (sensory and motor)

☐ food allergies (cow's milk, soy, or intact protein)/FPIES

☐ FTT

☐ GER/GERD

☐ GI Disorder

☐ condition that impairs digestion/absorption

☐ inadequate growth

☐ oral motor feeding issues/aversions

☐ prematurity/LBW

☐ renal disease/low mineral condition

☐ respiratory condition

☐ tube feeding

☐ other medical condition:

_____

_____

Formula cannot be provided to manage body weight without an underlying condition.

6. Supplemental Foods *WIC RD/nutritionist will determine food package unless denoted otherwise.*

Infants 6 to 11 months of age:

Check foods to **remove** from food package

☐ infant cereal

☐ baby foods

Check if desired:

☐ formula only, no foods (due to inability or delay in consuming solids)

Children 12 months of age and older and women:

Check foods to **remove** from food package

☐ milk ☐ yogurt ☐ eggs ☐ juice ☐ peanut butter

☐ cheese ☐ whole grains ☐ cereal ☐ beans

☐ fruits and vegetables

Check if desired:

☐ baby food and formula only

7. Healthcare Provider Information

Signature/Stamp: _____ ☐ MD ☐ DO ☐ NP ☐ PA-C Date: _____

Name (print): _____ Facility Name: _____

Phone: _____ Fax: _____

For WIC Use Only — Clinic Name: _____ Phone: _____ Fax: _____

TEXAS Health and Human Services | TEXAS WIC

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