



COMMONWEALTH of VIRGINIA
Virginia Department of Health

VIRGINIA REQUEST FOR SPECIAL FOOD PACKAGE

Dear Health Care Professional:

The Virginia Women, Infants, and Children (WIC) Program provides Abbott formulas, Similac Advance EarlyShield and Similac Isomil Advance, for healthy infants from birth through twelve months of age whose mothers choose not to breastfeed or who partially breastfeed. A contract with Abbott Nutrition for these formulas provides a special price that will help the WIC Program serve more infants and children in Virginia.

Medical conditions may require the use of a special formula for infants. Medical conditions may also require the use of a special formula, medical food, or whole milk for children and women. If a Virginia WIC participant in your care requires a special food package, complete the form attached to this letter. All special needs participants may receive supplemental foods in addition to special formula, medical food, or whole milk. Please indicate on the form which foods a participant **may not** receive based on their medical condition. The request for a special food package shall be renewed each WIC certification period or whenever a formula/medical food is changed.

Approved Formulas: Contact the State WIC Office at (804) 864-7800 or see www.vahealth.org/WIC/Publications/Files/PDFs/infantformulalist.pdf

Not Approved for use in the Virginia WIC Program:

- Enfamil LIPIL
- Enfamil Premium
- Enfamil ProSobee LIPIL
- Enfamil Next Step LIPIL
- Enfamil Next Step ProSobee LIPIL
- Enfamil Gentlease LIPIL
- Enfamil AR LIPIL
- Enfamil Lactofree LIPIL
- Enfamil Human Milk Fortifier
- Generic brand infant formulas
- Nestle Good Start
- Nestle Good Start with Omega 3 & Omega 6
- Nestle Good Start Natural Cultures
- Nestle Alsoy with Omega 3 & Omega 6
- Nestle Good Start 2
- Nestle Good Start 2 with Omega 3 & Omega 6
- Nestle Follow-up
- Nestle Alsoy 2 with Omega 3 & Omega 6
- Similac with Iron
- Similac Go & Grow Milk-Based Formula
- Similac Go & Grow Soy-Based Formula
- Similac Human Milk Fortifier
- Similac Isomil
- Similac Isomil DF
- Similac Sensitive RS
- Similac Organic

Virginia Request for Special Food Package – WIC 395 Women, Infants and Children

Participant's name: _____ Date of Birth: _____

Special formula/ medical food requested: _____

Whole Milk (women and children over the age of 2)

Amount required per day: _____

Intended length of use: 1 month 3 months 6 months 1 year (infant only)

Medical Documentation

Medical diagnosis supporting need for requested formula or whole milk:

Supplemental foods

The participant can receive the supplemental foods, appropriate to their WIC participant category, listed below in addition to the WIC formula/ medical food. Please indicate any supplemental foods or restrictions that would be contraindicated with the patient's medical diagnosis.

WIC Participant Category	WIC Supplemental Foods Available	Do Not Give	Restrictions/ Comments
Infant (6-12 months)	Infant cereal		
	Infant vegetables/ fruits		
Women and Children	Milk		
	Cheese		
	Cereal		
	Juice		
	Eggs		
	Fruits/Vegetables		
	Whole Wheat Bread		
	Brown Rice		
	Soft Corn Tortilla		
	Beans		
	Peanut Butter		
Canned Fish*			

* "Fully Breastfeeding Women" is the only WIC participant category eligible to receive canned fish.

If faxing the request, please send the fax directly to the participant's local WIC clinic.

Name of Health Care Provider (print or stamp):	
Signature of Health Care Provider: (licensed health care professional authorized to write medical prescriptions under State Law):	Address:
	Telephone: Fax:
Date:	WIC Personnel (CPA) Signature and Date: