



Arizona WIC Milk Alternative Request Form

Client Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ WIC Client ID: \_\_\_\_\_

Please fully complete every section (1-4) to avoid delays in issuance.

1. Current Request: \* Lactose-free or lactose-reduced milk is available upon request and does not require medical documentation

Medical documentation required for children only

- Soy Beverage
Soy Beverage and Tofu
Soy Beverage and Cheese

Medical documentation required for all participant categories

- Goat Milk

Allowable for participants with qualifying reason (such as lactose intolerance)

- Additional Cheese
Additional Tofu

Other (please list): \_\_\_\_\_

Per federal regulation 7CFR246.10 medical documentation is required for the issuance of soy based beverages for children to ensure the healthcare provider is aware that a child may be at nutritional risk when milk is replaced by other foods given the Dietary Guidelines for Americans stress the importance of milk consumption in the development of bone mass for children.

2. Medical Reason/Need for Request:

- Lactose Intolerance
Severe Lactose Maldigestion
Vegan
Milk Protein Allergy
Cow's Milk Sensitivity
Other (Please Describe): \_\_\_\_\_

3. Length of Time Requested: # months (circle): 1 2 3 4 5 6

4. Print Provider Name: \_\_\_\_\_ Title: \_\_\_\_\_

Healthcare Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Office/Clinic: \_\_\_\_\_ Phone #: \_\_\_\_\_

WIC Staff Authorization

Date Received: \_\_\_\_\_ Staff Name: \_\_\_\_\_