

By completing this form, parent/guardian consents to have their information shared with Mead Johnson Nutrition for enrollment in Helping Hands $^{\mathbb{M}}$ , including email notifications and special offers.

**Helping Hands™ provides one enrollment per household, per birth.** Programs and offers are subject to change without notice. Only parents and legal guardians who meet offer qualifications are eligible.

PARENT/CHILD & PROVIDER IN	<b>IFORMATION</b>	Today's Da	ate//	
Parent/Guardian Name				
Parent/Guardian Email				
Shipping Address (Sorry, no P.O. Boxes)				
City		State	Zip Code	
Phone ()	Baby's Date of Birth	/ /	_	
Baby's Health Care Provider		Multiple Birt	chs? (if yes, note # babies)	
Clinic/Hospital				
<b>Enfamil Family Beginnings® (EFB)</b> may provide add be enrolled in this program, please check the box be		s, and information. If t	he parent/guardian would like to	
Parent/guardian would like to be enrolled in EFB.				
Read our privacy policy at <b>enfamil.com/privacy-po</b>	olicy/			
PRODUCT SELECTION				
<b>Select one option below.</b> For multiple births, if bab and number of babies on the product in the Reques			product(s), then indicate the name	
Solutions  ☐ Enfamil NeuroPro™ Gentlease® ☐ Enfamil NeuroPro™ Sensitive ☐ Enfamil A.R.™ ☐ Enfamil® ProSobee® ☐ Enfamil® Reguline®	☐ Enfamil® ☐ Enfamil® ☐ Enfamil®	Premature  ☐ Enfamil NeuroPro™ EnfaCare® ☐ Enfamil® HMF Powder ☐ Enfamil® HMF Acidified Liquid ☐ Enfamil® Premature (select calorie level): ☐ 20 ☐ 24 ☐ 24 High Protein ☐ 30		
Hypoallergenic Nutrition  ☐ Nutramigen® with probiotic LGG®* ☐ Nutramigen® with probiotic LGG®* Toddler ☐ PurAmino™† ☐ PurAmino™ Jr†	Special Prod ☐ Pregestir ☐ Enfaport ☐ Enfamil® ☐ Metaboli	mil® тм		
Request Other/Special Instructions (note below):	Multiple Birt ☐ Enfamil N ☐ Enfamil®	<b>:hs Only</b> NeuroPro™ Infant Enspire™		
* LGG is a registered trademark of Chr. Hansen A/S.	——                                   Enfamil®	Enspire™ Gentlease®		
ADDITIONAL INFORMATION				
† Insurance reimbursement support may be avail the individual patient's insurance plan. If you wou				
Parent/guardian would like to learn about insu	rance reimbursement su	pport.		
<b>Long Term Assistance (LTA)</b> may be available for would like us to contact them with more informat			periencing financial difficulty and	
Parent/guardian would like to learn about LTA.				
<b>California Residents:</b> Parent/guardian signature re <b>Health Care Provider:</b> Please return to your Mead	•	sentative:	Meadjohnson Westition	