

## Medical Documentation for WIC Formula and Approved WIC Foods for Women, Infants and Children



**Instructions: Providers, please complete sections A-D for ALL WIC participants to request formula and supplemental foods. The provision of formula/food is subject to WIC policies and procedures. (Detailed instructions and resources on back)**

WIC Stamp

### A. PATIENT INFORMATION

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

### B. FORMULA

Formula Requested: \_\_\_\_\_ Length of Use:  1 month  6 months  \_\_\_\_\_ months

Prescribed Amount: \_\_\_\_\_ ounces/day  3 months  12 months

Special Instructions/Comments: \_\_\_\_\_

#### WIC Qualifying Medical Conditions:

<input type="checkbox"/> Premature Birth	<input type="checkbox"/> Metabolic Disorders	<input type="checkbox"/> Failure to Thrive <i>(Must meet at least one of the criteria on back)</i>	<i>Note: These non-specific symptoms/conditions are <b>not</b> acceptable: dermatitis, formula/food intolerance, fussiness, gas, spitting up, constipation, diarrhea, vomiting, colic, or to enhance or manage body weight without an underlying medical condition.</i>
<input type="checkbox"/> Low Birth Weight	<input type="checkbox"/> Immune System Disorders	<input type="checkbox"/> Severe Food Allergies	
<input type="checkbox"/> GI Disorders	<input type="checkbox"/> Malabsorption Syndromes	<input type="checkbox"/> Other (Specify): _____	

### C. WIC SUPPLEMENTAL FOODS (WIC does not provide supplemental foods to infants < 6 months old)

YES  NO I authorize qualified WIC staff to determine supplemental foods and amounts based on the patient's medical condition.

**If NO, select ONE of the following options:**

- No food restrictions; provide full amount of age-appropriate foods
- Infant <6 months; provide formula only
- Patient requires food restrictions based on medical condition (provider MUST complete the following):
  - ≥ 6 months cannot tolerate solid food: provide formula only
  - ≥ 12 months cannot tolerate solid food: provide jarred baby fruits & vegetables in lieu of fruit & vegetable voucher
  - OMIT the following food(s) based on medical condition:

Infants (6-11 months):	<input type="checkbox"/> Infant Cereal	<input type="checkbox"/> Baby Food Fruits/Vegetables	<input type="checkbox"/> Fresh Fruits/Vegetables (9-11 months)
Children (≥ 12 months) & Women:	<input type="checkbox"/> Peanut Butter	<input type="checkbox"/> Milk	<input type="checkbox"/> Whole Grains
	<input type="checkbox"/> Cereal	<input type="checkbox"/> Canned Fish	<input type="checkbox"/> Vegetables/Fruits
		<input type="checkbox"/> Cheese	<input type="checkbox"/> Yogurt
		<input type="checkbox"/> Beans	<input type="checkbox"/> Juice

### D. HEALTH CARE PROVIDER INFORMATION (Contact information may be printed or stamped and must be legible)

Provider Stamp

Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_

Street \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

Provider's Printed Name \_\_\_\_\_ Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

### E. RELEASE OF INFORMATION

*I authorize the above health care provider and NYS WIC agency staff to disclose/discuss information regarding feeding needs. This permission is good for the length of this certification. I understand that I may cancel this permission at any time by request to my health care provider and WIC. This release is not a condition of WIC eligibility.*

Participant/Parent/Caregiver Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

### F. WIC STAFF USE ONLY (WIC staff must complete section in its entirety and note comments/actions) Consent on file at WIC

Check box next to question if the answer is yes:

- Acceptable qualifying condition indicated?  Approved  Disapproved  Pending Pending Date & Initial \_\_\_\_\_
- Formula consistent with qualifying condition? Signature: \_\_\_\_\_
- Amount and length appropriate? Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_
- Med Doc Foods note written?

Comments: \_\_\_\_\_ WIC ID # \_\_\_\_\_