

Select box for appropriate medical diagnosis - ICD codes will NOT be accepted.

SECTION 3 TIPS

LEAVING SECTION 3 BLANK PREVENTS WIC FROM ISSUING ANYTHING OTHER THAN THE FORMULA OR SUPPLEMENT REQUESTED.

“WIC PROFESSIONAL MAY DETERMINE...” gives WIC staff the ability to customize other parts of the food package to best meet the participant’s needs.

“ISSUE FORMULA / WIC-ELIGIBLE NUTRITIONAL ONLY” means formula or oral supplement only - no food. For infants, WIC never issues anything other than formula until 6 months of age.

“ISSUE INFANT FRUITS AND VEGETABLES TO A WOMAN OR CHILD” means WIC will replace the cash-value fruit and vegetable benefit with baby food.

“DO NOT ISSUE” Here you can write-in foods from the food benefit package that you do not want issued to the individual.

WIC Fax: _____
Date Form Expires: ___/___/___



Medical Documentation Form: Sections 1-4 MUST be completed.

Infants not exclusively breastfed are provided Similac Advance, Similac Sensitive, Similac Total Comfort or Similac Soy Isomil. This form is federally required to request an exempt infant formula/WIC-eligible nutritional for qualifying medical conditions. All requests are subject to WIC approval. Please contact the Local WIC clinic (see back of form) or the State WIC Office at 1-800-242-4942 with any questions.

1) REQUIRED: Patient Information

Patient Name: _____ Patient DOB: ___/___/___
Parent/Guardian: _____

Participant Medical Data (optional):	Weight:	Length/height:	Hgb: Hct:
Date Measured:	___/___/___	___/___/___	___/___/___

2) REQUIRED: Exempt Infant Formula/WIC-Eligible Nutritional Request

Low Birth Weight Prematurity (weeks gestation ___) Food Allergies (specify below)
 Failure to Thrive Cow's Milk Protein Allergy Oral Motor Feeding problems (specify below)
 Malabsorption Cow's Milk Protein Intolerance Genetic Metabolic Condition (specify below)

Other diagnosis: (no ICD codes) _____ Symptoms: _____

Product Requested: _____ Amount per day: _____

Calorie Level: Standard dilution Other: _____

Duration: 1 month 3 months 6 months 12 months Other _____

3) REQUIRED: WIC Food Requests (Check all that apply)

WIC professional may determine WIC foods and amounts.
 Issue formula/WIC-eligible nutritional only.
 Whole milk for a woman/child ≥ 2 years. (May only be issued with a formula/WIC-eligible nutritional.)
 Issue infant fruits and vegetables to a woman or child. (May only be issued with a formula/WIC-eligible nutritional.)
 Issue soy beverage and/or tofu to replace milk.
 Issue WIC foods and amounts without changes to the standard food package.
 Do NOT issue (comment required): _____

4) REQUIRED: Health Care Provider with Prescriptive Authority:
(MD, DO, PA, NP/CNP/CRNP/DNP, APN, CNM, CRNA, CNS, MBBS, MBBCh)

Name: (Please print, type or stamp) _____
Phone: _____ Fax: _____
Signature and Credentials: _____ Date: ___/___/___

WIC use only: Approved Not Approved Pending Comments: _____
Signature: _____ Date: ___/___/___

If no clear medical diagnosis can be made, describe all symptoms related to why the individual needs a special formula.

WIC Maximums are set by federal regulations. Maximums are determined by age and category. See Food Benefit Quick Guide for more info.

Select how long the formula or supplement will be needed.

Print name and credential OR use your office stamp.

Unsigned and undated forms can never be accepted.

Website: www.mdwic.org. Click on the Health Care Providers section for more information.