



# 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)

**A. Participant Information**

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

**B. Formula (All fields required)**

**Not Allowed: Similac Advance, Soy Isomil, Similac Spit-Up; All Gerber Formulas; or store brand formulas**

Formula Requested : \_\_\_\_\_ Length of use :  1 month  3 months OR  6 months

Prescribed Amount : Child/Woman \_\_\_\_\_ ounces/day  
 Infant  WIC Maximums (Infant only) or \_\_\_\_\_ ounces/day

**WIC Qualifying Medical Conditions :** Check all that apply(*Not Acceptable Conditions - formula intolerance, spitting up, or colic; feeding difficulties without giving a medical diagnosis ; Weight gain, loss or maintenance does not qualify for WIC issued medical formula.*)

<input type="checkbox"/> Prematurity/low birth weight	<input type="checkbox"/> Metabolic Disorders	<input type="checkbox"/> Failure to thrive (Must meet at least one of the criteria on back)
<input type="checkbox"/> Gastrointestinal disorders	<input type="checkbox"/> Immune System Disorders	<input type="checkbox"/> Severe Food Allergy (including Cow's milk or Soy protein Allergy)
<input type="checkbox"/> Nutrient deficiency	<input type="checkbox"/> Malabsorption Syndromes	<input type="checkbox"/> Heart/circulatory
<input type="checkbox"/> Carbohydrate intolerance	<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Other Medical condition that impairs nutrition status (Specify):
<input type="checkbox"/> Gastroesophageal reflux disease (GERD)	<input type="checkbox"/> Developmental sensory/motor delays (Feeding Difficulties)	

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

- I authorize the WIC RD, LN to determine supplemental foods and amounts based on the patient's medical condition.
- I do NOT authorize the WIC RD, LN to make decisions about supplemental foods. Select from below the option that applies:
  - No food restrictions; provide full amount of age-appropriate foods
  - ≥6 months cannot tolerate solid food: provide formula only
  - Patient requires food restrictions based on medical condition (**provider MUST complete the following**):
    - ≥12 months cannot tolerate solid food: provide baby cereal, fruits & vegetables in lieu of regular cereal, fruit & vegetable
    - Issue whole milk for a child ≥ 2 or a woman. **Only participants receiving a formula with a qualifying medical diagnosis can get whole milk.** (WIC regulations specify 1% or fat free skim milk for women and children 2 years of age and older.)
    - OMIT the following food(s) based on medical condition:

Infant (6 – 11 months):	<input type="checkbox"/> Infant Cereal <input type="checkbox"/> Baby Food Fruits/Vegetables <input type="checkbox"/> Baby Food Meats <input type="checkbox"/> Fresh Fruits/Vegetables
Children (≥12 months) & Women	<input type="checkbox"/> Cheese <input type="checkbox"/> Cereal <input type="checkbox"/> Juice <input type="checkbox"/> Eggs <input type="checkbox"/> Beans/Peas <input type="checkbox"/> Peanut Butter <input type="checkbox"/> Milk <input type="checkbox"/> Yogurt <input type="checkbox"/> Soy beverage <input type="checkbox"/> Fruits/Vegetables <input type="checkbox"/> Tuna/Salmon <input type="checkbox"/> Whole Wheat Bread/Brown Rice/Tortillas/Pasta

**D. HEALTH CARE PROVIDER INFORMATION**

Signature of Health Care Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Health Care Provider's Name: \_\_\_\_\_  MD  DO  CNP  PA

Clinic/Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 7.03AA Rev. 11/19

# South Dakota Department of Health

## Instructions and Resources for WIC Medical Documentation Form

Federal policy limits the issuance of certain formulas to medically fragile participants with qualifying medical conditions.

Use this form to request exempt formulas, WIC-Eligible Nutritionals, standard formulas for infants unable to tolerate solid foods, and supplemental foods for patients with qualifying medical conditions. If you have questions or need additional clarification, please contact the WIC agency where your patient is receiving WIC benefits. A directory of South Dakota WIC agencies can be found at: <https://sdwic.org/locations/clinic-directory/> WIC Dietitians will review and fill requests for formulas and supplemental foods according to federal regulations and South Dakota WIC program policies and procedures. WIC may require additional documentation for prescription approval if diagnoses are missing, incomplete, non-specific, or inconsistent with anthropometric data. WIC agency staff may contact you if further clarification is needed.

**RENEWAL OF THIS FORM REQUIRED PERIODICALLY**

**SECTIONS A-D ARE COMPLETED BY HEALTH CARE PROVIDER TO REQUEST WIC FORMULA AND FOODS AND ARE REQUIRED**

**A. PATIENT INFORMATION** *(Complete for participant.)*

**Patient's Name and Date of Birth:** Print WIC participant name and date of birth.

**B. FORMULA** *(Complete for participant.)*

**Formula Requested:** Write the prescribed formula name and/or brand. See approved SD WIC formulas at: <https://sdwic.org/wp-content/uploads/11.01G-FormulasAvailableFromTheSDWICProgram.pdf>

**Prescribed Amount:** Specify amount required in ounces/day. (**Ranges allowed.** WIC maximum only allowed for infants; ad lib, as tolerated are **not** acceptable.) Refer to the table below for the maximum amount of formula allowed per day as defined by federal regulations. Daily amounts vary based on ready to use or reconstituted amount of liquid concentrate and powder formulas.

Maximum WIC Formula based off 30 days per month		
Infants		
0 – 3 months of age • 27 - 29 fl. oz. formula/day	4 – 6 months of age • 30 - 32 fl. oz. formula/day	6 – 11 months of age • 21 - 23 fl. oz. formula/day
Children and Women		
≥ 12 months of age into adulthood • 30 fl. oz. formula/day		

**Length of Use:** Check (v) the number of months for which the prescription is valid.

**WIC Qualifying Medical Conditions:** Check (v) beside one or more of the described medical diagnoses or check (v) "Other" and specify the medical diagnosis. Not Acceptable Medical Conditions include formula intolerance, spitting up, or colic; feeding difficulties without giving a medical diagnosis; Weight gain, loss or maintenance does not qualify for WIC issued medical formula

**Failure to Thrive (FTT) is a severe condition that the SD WIC Program takes seriously. The patient must meet at least one of the criteria below that WIC uses to define Failure to Thrive:**

- Weight consistently below the 3rd percentile for age;
- Weight less than 80% of ideal weight for height/age;
- Progressive fall-off in weight to below the 3rd percentile; or
- A decrease in expected rate of growth along the child's previously defined growth curve irrespective of its relationship to the 3rd percentile.

*WIC measures heights and weights on participants to monitor their growth.*

**C. WIC SUPPLEMENTAL FOODS:** *(Complete for participant.)*

Check (v) Yes or No to indicate referral to WIC for supplemental foods and amounts. If a patient requires restrictions, select one of the options listed within the section.

**D. HEALTH CARE PROVIDER INFORMATION** *(Complete for participant.)*

Licensed health care provider must sign and date.