

State of Vermont WIC Program
 MEDICAL DOCUMENTATION FOR WIC FORMULA AND APPROVED WIC FOODS
INFANTS AND CHILDREN

Patient's Name: _____ **Date of Birth:** ___/___/___

Parent or Guardian's name: _____

Request for Medical Formula or Medical Food:

To request medical formula, or to request any standard infant formula for a child older than 12 months, provide the following information:

Product requested: _____

Product form: Powder Concentrate Ready to Feed

Prescribed ounces per day*: _____ **OR** ad lib

Length of use: **Infants:** _____ months **OR** Until Age 1

Children: _____ months **OR** For 1 year (new form required each year)

*WIC is a supplemental nutrition program and may not provide the total amount of formula requested.

REQUIRED: Select the diagnosed medical condition(s) and ICD-10 code(s) justifying the medical product prescription:

<input type="checkbox"/> Allergy, Food (Z91.01) specify food: _____ <input type="checkbox"/> Failure to Thrive: <input type="checkbox"/> Newborn (P92.6) <input type="checkbox"/> Child (R62.51) <input type="checkbox"/> Gastrointestinal Disorder (specify): _____ ICD-10: _____ <input type="checkbox"/> Gastroesophageal Reflux (K21.9) <input type="checkbox"/> Immune Disorder (specify): _____ ICD-10: _____	<input type="checkbox"/> Inborn Errors of Metabolism/Metabolic Disorders (270-279) Specify: _____ <input type="checkbox"/> Lactose Intolerance (E73) <input type="checkbox"/> Low Birth Weight (P07) <input type="checkbox"/> Malabsorption syndromes (K90) Specify: _____ <input type="checkbox"/> Neonatal Abstinence Syndrome (P96.1) <input type="checkbox"/> Preterm Birth (P07.30) <input type="checkbox"/> Other, specify: _____ ICD-10: _____
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WIC Food Restrictions – Please check foods that are **NOT ALLOWED** based on medical diagnosis, if applicable. If none checked, all age appropriate WIC foods will be provided.

<input type="checkbox"/> Dairy Products	<input type="checkbox"/> Eggs	<input type="checkbox"/> Juice	<input type="checkbox"/> Cereal	<input type="checkbox"/> Infant Cereal
<input type="checkbox"/> Soy Products	<input type="checkbox"/> Legumes (beans/peas/peanut butter)	<input type="checkbox"/> Fruits/Vegetables	<input type="checkbox"/> Whole Grains	<input type="checkbox"/> Infant Foods
<input type="checkbox"/> Peanut Butter	<input type="checkbox"/> Canned Fish			

Please check box below if requesting:

- Higher formula amount and no infant foods for infant over age 6 months not ready for solids**
- Low-fat/skim milk for child age 12 – 24 months** (WIC can provide low-fat or skim milk for 1-year old child)
- Jarred Infant Fruits and Vegetables and/or Infant Cereal for child over age 1**

By signing this form, the provider authorizes the WIC Nutrition Professional to determine any future appropriate supplemental foods and amounts, **excluding** formula/medical foods or any foods checked under WIC Food Restrictions.

HEALTH CARE PROVIDER SIGNATURE (MD, APRN or PA):	Date:
Printed Name or Stamp (Health Care Provider):	
Medical Office/Clinic/Hospital:	Phone:
Address:	Fax:
WIC Office Use	
WIC Staff Signature:	Date:

**Prescription is subject to WIC approval. WIC is a supplemental nutrition program and can only provide the amount of formula or food allowed by Federal Program policy.*

Instructions for Physicians or Physician Assistants or Nurse Practitioners
(Only Healthcare Providers licensed to write a prescription in Vermont can complete this form)

The Vermont WIC Program endorses breastfeeding as the optimal method to feed most infants. If infants do consume infant formula, WIC supports the American Academy of Pediatrics recommendation that all formula fed infants receive iron-fortified formula for the first year. The Vermont WIC Program provides standard iron-fortified milk- and soy-based formulas of the current contract provider for healthy infants from birth to twelve months of age whose mothers choose not to breastfeed or who partially breastfeed per federal requirements. **WIC does not provide milk- or soy-based standard infant formulas that are not covered under contract (see HealthVermont.gov/WIC for more information).** The WIC Program will provide **medical** infant and child formulas such as: protein hydrolysate (hypoallergenic), hypercaloric, elemental and metabolic formulas with an appropriate nutrition related ICD-10 diagnosis.

To Complete the Form:

Write patient's complete name and date of birth and patient's parent or guardian's name.

To request a medical formula or medical food (or to request any type of formula for a child over age 1), complete the requested information.

For infants: Indicate the medical formula, physical form, amount prescribed per day, and intended length of use. Powder or concentrate are the physical forms routinely provided by WIC. Ready-to-Feed (RTF) formula may be authorized when WIC nutrition staff determines and documents that there is an unsanitary or restricted water supply or poor refrigeration, the person caring for the infant may have difficulty in correctly diluting the concentrated liquid or powdered formula or the product is only available in ready-to-feed.

It is WIC's policy to provide the medical formula only until age 1. If there is a continued need for medical or standard formula after age 1, a new medical documentation form is required.

For children 12 months and older: Indicate the medical formula or medical food, physical form, and intended length of use. For those patients on long term products (e.g. PKU formula) WIC will require a new medical documentation form on an annual basis.

ICD 10 Required for Medical Formula requests. Please select the diagnosed medical condition(s) and ICD 10 code(s) justifying the medical formula or medical food.

Food Restrictions: The patient will also receive supplemental foods from the WIC Program, appropriate to their participant category in addition to the formula indicated. For infants and children, please indicate **any food restrictions**. If none are checked, all age appropriate WIC foods will be provided. Infants will only receive infant foods from WIC after 6 months of age.

Infants not ready for foods: For infant patients over age 6 months who are not yet able to consume infant foods please check box indicated. WIC will then provide the higher amount of infant formula until the infant is ready for solids.

Low-fat or skim milk request: Medical provider may request low-fat or skim milk for a child age 12 to 24 months of age by checking the box indicated. (Whole milk is the standard issuance for children in this age group).

Jarred infant fruits and vegetables/ infant cereal: Medical provider may request jarred infant fruits and vegetables to be substituted for the WIC fruit and vegetable benefit and/or infant cereal be substituted for the breakfast cereal for those patients who require infant foods after age 1 by checking the box indicated.

Providing **WIC Authorization** allows the WIC Nutrition Professional to determine any future additions or subtractions to the supplemental foods provided by the WIC Program. This authorization does not include medical formulas or medical foods.

A Health Care Provider's **signature** is required. Only providers authorized to write prescriptions in Vermont may sign the form. Print or stamp your name, medical office, phone number and address. By signing this form, you are verifying you have seen and evaluated the patient's nutrition and feeding problem(s) and symptoms determining he/she has a serious medical condition. Give the completed form to the parent or guardian to take to their local WIC program or fax/mail to the WIC clinic serving the patient.

<p>WIC Staff instructions: Review form for completeness. If there are questions, before approving the request, contact the participant's health care provider to resolve. Sign and date form.</p>
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For more information or additional copies of this form visit the Vermont Health Department website at
<http://www.healthvermont.gov/children-youth-families/wic/resources-health-professionals>