

# Women, Infants and Children (WIC) Medical Documentation Request for Medical Formula and Supplemental Foods



- This request is subject to WIC approval and provision based on program policy and procedure.
- Please fax or return the completed form to your local WIC clinic.

Local WIC Clinic:
Phone #:
Fax #:
Contact Name:

## A. Patient information

Patient's name (Last, First, MI):	DOB:
Parent/Caregiver's name (Last, First, MI):	Phone number:
<input type="checkbox"/> I am requesting a nutrition assessment and consult by the WIC Dietitian/Nutritionist for this patient.	

## B. Medical Formula and WIC supplemental foods *Complete sections 1-5*

1 Name of formula:  some or all of the formula is to be provided via tube feeding (Refer to Medicaid)

2 Medical diagnosis or qualifying condition:  
See the back of this form for qualifying conditions.

3 Requesting formula for:  3 months  6 months  until 12 months of age  other: \_\_\_\_\_ (not to exceed 12 months)  
Formula needs and amounts will be evaluated on a periodic basis and communicated to the health care provider.

4 Prescribed amount:  \_\_\_\_\_ per day OR  maximum allowable (maximum amounts are listed on back)

5 WIC supplemental foods: Check the issuance appropriate for your patient. If left blank, the food package appropriate to age and category of the participant will be provided.

WIC Dietitian/Nutritionist to determine amount, type and length of issuance of supplemental foods

None: Do not provide any supplemental foods at this time; issue formula only, based on a medical condition that contraindicates intake of solid foods.

Omit: Based on the patient's medical condition, check the foods you want omitted from the WIC food package

➤ For infants 7-12 months omit:  Infant cereal  Infant fruits/vegetables

➤ For children older than 12 months or women omit:  Milk  Cheese  Eggs  Peanut butter

Substitute whole milk: For women and children older than 23 months, whole milk is ONLY available if they are receiving a medical formula and have a medical need for whole milk. Children 13-23 months of age receive whole milk.

Additional instructions:

## C. Health care provider information

Signature of health care provider:

Provider's name (please print):  MD  DO  NP  PA  ND

Medical office/clinic:

Phone #: \_\_\_\_\_ Date: \_\_\_\_\_

Fax #: \_\_\_\_\_

<b>WIC USE ONLY</b>	Date form received	Exp. date:	RDN review (signature & review date):	Formula Warehouse order?	WIC ID:
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## WIC-Eligible Formula and Supplemental Foods

Federal regulations require all WIC programs to obtain a formula rebate contract to help contain costs. Oregon WIC currently provides Similac Advance and Gerber Good Start Soy as the bid contract formulas. WIC is a voluntary supplemental program and, in most cases, cannot provide the full amount of formula needed.

WIC participants enrolled in the Oregon Health Plan (OHP) and fed by tube feeding or needing metabolic formula for an inborn error of metabolism receive these medical formulas through their health plan and not from WIC. WIC can offer supplemental foods (e.g. baby foods, WIC nutritious foods) with medical documentation approving these foods.

### Oregon WIC cannot provide, even with medical documentation:

Milk-based or soy-based infant formulas that are not the current bid formula (e.g. Enfamil Prosoabee, Enfamil Gentlease, Enfamil Premium, Good Start Gentle, Similac Sensitive, Similac Total Comfort, store brands)

- Toddler follow-up formulas
- Cow's milk before the first birthday
- Thickeners
- Almond, rice, coconut or other "milk" beverages
- Nonfat or 1% milk before the second birthday
- Additional formula (above what is federally allowed)

### Qualifying conditions for formula requests include, but not limited to:

- Severe food allergy
- Dysphagia
- Immune system disorders
- Life threatening disorders, diseases and medical conditions that impair ingestion, digestion, absorption or the utilization of nutrients that could adversely affect the participant's nutritional status
- Malabsorption syndromes
- Gastrointestinal disorders
- Malnutrition (not picky eating or promoting weight gain in absence of a diagnosis)
- Prematurity/low birth weight
- Gastrointestinal esophageal reflux disease (GERD)

### Qualifying conditions not allowed: formula intolerance, fussiness, colic, benign spitting up, gas and constipation. Please refer your patient to the WIC clinic for assistance with these symptoms.

WIC participants with qualifying medical conditions are eligible to receive formula **AND** the foods listed below.

Infant Formula Type	Birth to 3 months	4-6 months	7-12 months	7-12 months Issued when 'none' is marked in section B-5 (this applies to bid contract formulas and medical formulas)
<b>Powder</b> (reconstituted)	Up to 870 fl. oz.	Up to 960 fl. oz.	Up to 696 fl. oz.	Up to 960 fl. oz.
<b>Concentrate</b> (reconstituted)	Up to 823 fl. oz.	Up to 896 fl. oz.	Up to 630 fl. oz.	Up to 896 fl. oz.
<b>Ready-to-feed</b>	Up to 832 fl. oz.	Up to 913 fl. oz.	Up to 643 fl. oz.	Up to 913 fl. oz.
<b>Infant Foods:</b>				
<b>Infant cereal</b>	Not available	Not available	24 oz. infant cereal	None – solids are contraindicated
<b>Baby food fruits and vegetables</b>	Not available	Not available	128 oz. baby foods	None – solids are contraindicated

Children 1-4 years	Pregnant or Mostly Breastfeeding Women	Non-Breastfeeding Women	Fully Breastfeeding Women
Up to 910 oz. formula	Up to 910 oz. formula	Up to 910 oz. formula	Up to 910 oz. formula
4.75 gal milk	4.75 gal low fat milk	4.75 gal low fat milk	5.25 gal low fat milk
1 lb. cheese	1 lb. cheese	1 lb. cheese	2 lb. cheese
1 doz. eggs	1 doz. eggs	1 doz. eggs	2 doz. eggs
128 oz. juice	144 oz. juice	144 oz. juice	144 oz. juice
36 oz. breakfast cereal	36 oz. breakfast cereal	36 oz. breakfast cereal	36 oz. breakfast cereal
\$8 fruits and vegetables	\$11 fruits and vegetables	\$11 fruits and vegetables	\$11 fruits and vegetables
18 oz. peanut butter <b>OR</b> 16 oz. dried beans	18 oz. peanut butter <b>AND</b> 16 oz. dried beans	18 oz. peanut butter <b>OR</b> 16 oz. dried beans	18 oz. peanut butter <b>AND</b> 16 oz. dried beans
32 oz. whole wheat bread, corn tortillas or brown rice	16 oz. whole wheat bread, corn tortillas or brown rice		16 oz. whole wheat bread, corn tortillas or brown rice 30 oz. tuna or salmon

Refer to the Oregon WIC website to access an electronic version of this form, additional resources (qualifying conditions, WIC formulary) or to locate a WIC clinic near you: <http://public.health.oregon.gov/HealthyPeopleFamilies/wic/Pages/providers.aspx>.