



Florida Department of Health WIC Program Medical Documentation for Formula and Food



The Florida WIC Program supports the American Academy of Pediatrics' Statement on Breastfeeding and the Use of Human Milk. Final determination of the approval and provision of formula and food will be based on Florida WIC Program policies and procedures.

Client's Name: _____ Date of Birth: _____

FORMULA(S) and FOOD OPTIONS Please read the back of this form for Florida WIC policies and list of qualifying medical conditions. Formula name(s), amount needed, length of use, and qualifying medical condition(s) must be completed below. Also, check box(es) regarding WIC supplemental foods.

Enfamil milk-based formulas and Gerber soy-based formulas are the WIC contract formulas. (See the back of this form for more information about the WIC contract formulas.)

To request a substitute, complete all fields below.

Have WIC contract formulas been tried? Yes No Are they contraindicated? Yes No Why? _____

Formula Name: _____ maximum amount allowed OR specify ounces required per day _____

Formula Name: _____ maximum amount allowed OR specify ounces required per day _____

Do not issue WIC supplemental foods; provide formula only.

Licensed Dietitian/Nutritionist can determine which WIC supplemental foods to provide.

Child 1 year or older who is prescribed a formula requires the following WIC supplemental foods checked below:

Baby cereal AND baby fruits and vegetables Baby cereal AND regular fruits and vegetables

Issue a modified food package omitting the WIC supplemental foods checked below:

Infant under 1 year: No baby cereal at 6 months of age No baby fruits and vegetables at 6 months of age

Woman or Child 1 year or older: No milk No yogurt No cheese No fruit juice No beans No cereal
 No whole wheat bread/pasta/tortillas; brown rice; corn tortillas; oatmeal; or bulgur No eggs No fruits & vegetables
 No peanut butter (only provided for women & children 2 years and older) No fish (only provided for some women)

Any special instructions or additional restrictions: _____

Length of use (cannot exceed 6 months): 1 month 3 months 6 months Other, please specify _____

Qualifying medical condition(s): _____

Date Anthropometric data obtained: _____ **Height or Length:** _____ inches **Weight:** _____ lb. _____ oz.

Failure to Thrive must be accompanied by current height or length and weight.

MILK SUBSTITUTES and OPTIONS - Only complete this section when applicable.

Child 1 year to less than 2 years old: WIC provides **whole cow's milk OR whole lactose-free cow's milk.**

Soy formula instead of cow's milk and cheese for: Cow's milk allergy Vegan diet Lactose intolerance

Check which soy formula: Gerber Good Start Soy 3 Gerber Good Start Soy 1 Other _____

Woman or Child 2 years or older: WIC provides **1% lowfat or fat free cow's milk OR 1% lowfat or fat free lactose-free cow's milk OR soy milk.**

If prescribing a formula for a woman or child 1 year or older, what type of milk do you want WIC to provide?

Whole milk 1% lowfat or fat free milk 2% reduced fat milk No milk

Any special instructions or additional restrictions: _____

Must have office stamp or complete practice address and phone number

Print Name

Phone Number

Signature of Physician, ARNP, or PA

Date

Dear Health Care Provider:

Thank you for your continuing support of the Florida WIC Program. WIC supports the American Academy of Pediatrics' Statement on Breastfeeding and the Use of Human Milk. WIC encourages mothers to fully breastfeed their babies for about 6 months, followed by continued breastfeeding as complementary foods are introduced, with continuation of breastfeeding for 1 year or longer as mutually desired by mother and infant. Local WIC agency staff can assist WIC mothers with breastfeeding or make appropriate referrals.

The Florida WIC Program provides a limited number of milk-based and soy-based formulas for WIC infants who are not fully breastfeeding. (See list of WIC contract formulas below.) The use of federally mandated competitive procurement for standard infant formulas has allowed the program to purchase formula at a greatly reduced cost. Use of the WIC contract formulas provides additional funds for the Florida WIC Program to serve more pregnant, breastfeeding, and postpartum women; infants; and children.

Completion of this form is not needed for infants under 12 months of age to receive a WIC contract formula.

WIC contract standard infant formulas are the following formulas: *Note: All contract formulas have DHA and ARA.*

Enfamil Infant milk-based formula, 60:40 whey-to-casein ratio (400 IU vitamin D in 34 oz)

***Enfamil Gentlease** partially hydrolyzed milk-based formula, 60:40 whey-to-casein ratio, 20% lactose

***Enfamil Reguline** partially hydrolyzed milk-based formula, 60:40 whey-to-casein ratio, 50% lactose, and a blend of two prebiotics--galacto-oligosaccharide (GOS) and polydextrose (PDX)

Enfamil A.R. thickened milk-based formula, 20:80 whey-to-casein ratio

Gerber Good Start Soy 1 partially hydrolyzed soy-based formula

For ages 9 months and older, the following contract formulas are also available:

Enfagrow Premium Toddler Transitions milk-based formula, 20:80 whey-to-casein ratio

***Enfagrow Toddler Transitions Gentlease** partially hydrolyzed milk-based formula, 60:40 whey-to-casein ratio, 25% lactose

Gerber Good Start Soy 3 partially hydrolyzed soy-based formula

**These partially hydrolyzed cow's milk-based formulas may contain a trace amount of soy protein which is used in the hydrolyzation process.*

This form must be completed with a qualifying medical condition for infants to receive a formula other than a contract formula OR for children 12 months and older or women to receive either a contract formula or another formula.

WIC Program Policy for Formulas Other than the Contract Formulas

- By completing this form, you are indicating that a diagnosed qualifying medical condition necessitates the use of a different formula(s) from the current contract formulas. The local WIC clinic cannot consider the requested formula(s) without all of the required information.
- Substitution of another formula will only be considered if it meets the qualifying medical conditions as described below.
- Requests are limited to 6 months. It is our policy to re-evaluate the client's continued need for the formula(s) on a periodic basis during the requested time period.
- In some cases, incomplete or limited medical information may prevent the approval of the formula(s) requested. In order to expedite the approval process, WIC staff may need to contact the health care provider who requested the formula(s) to obtain more detailed medical information. Complete contact information is required on the front of the form.

Qualifying Medical Conditions – formula approvals will be considered for one or more of these reasons:

- **Premature birth** will be considered a qualifying medical condition for children under 12 months of age (adjusted age) to receive a premature formula.
- **Low birth weight** will be considered a qualifying medical condition for infants under 6 months of age (adjusted age) to receive a high calorie formula.
- Inborn errors of metabolism and metabolic disorders.
- Must specify gastrointestinal disorder or malabsorption syndrome that impairs ingestion, digestion, absorption, or utilization of nutrients that could adversely affect nutritional status.
- GER or GERD only with an additional qualifying medical condition.
- Immune system disorders.
- Must specify life-threatening disorders, diseases, or conditions.
- An extensively hydrolyzed formula or amino acid based formula can be provided for a diagnosed formula intolerance or food allergy to lactose, sucrose, milk protein, or soy protein.
- **Formula or WIC-Eligible Nutritionals will be considered for a diagnosis of "Failure to Thrive" only when the child is documented with one or more of the following:** at or below 5th percentile weight-for-length on WHO growth charts for ages under 24 months OR at or below 5th percentile BMI-for-age on CDC Growth Charts for ages 24 months and older OR both the length/height for age and weight for age are at or below the 5th percentile OR has dropped one growth channel in a 6-month time period which results in the child being below the 25th percentile weight-for-length or BMI-for-age. Current anthropometric data required.

Non-qualifying Conditions – formulas will not be approved solely for one or more of these reasons:

- Colic, spitting up, gassiness, or fussiness.
- Diarrhea, vomiting, or constipation that is of short duration or intermittent.
- "Feeding difficulty" without giving medical diagnosis.
- "Medically necessary" without giving medical diagnosis.
- "Poor weight gain" without giving medical diagnosis.
- Enhancing nutrient intake or managing body weight.
- Non-specific formula or food intolerance.
- Participant preference.

A standard milk-based or soy-based infant formula (other than the WIC contract formulas listed above) cannot be provided to a WIC participant for formula intolerance or food allergy to lactose, sucrose, milk protein, or soy protein.

No type of formula can be provided to a child or woman with lactose intolerance who is able to drink lactose-free milk.

If you have a question about a specific formula, please contact your local WIC office or the Florida WIC Program at 1-800-342-3556.

This institution is an equal opportunity provider.