

**Medical Documentation for Formula and Food**

Please have the client/caregiver return this completed form to the WIC office or Fax it to the WIC office.

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. **This form must be completed with a qualifying medical condition for infants to receive a formula other than a WIC contract formula OR for children 1 year and older or women to receive either a contract formula, other type of formula, or nutritional product.** Please read the back of this form for more information about the WIC contract formulas, Florida WIC policies, and list of qualifying medical conditions. **Health care provider must complete shaded areas. If formula requested box is checked, then "Formula Requested" does not need to be entered. Review instructions in Section B and make selections, if applicable.**

**SECTION A: FORMULA(S) REQUESTED**

**Client's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Formula Requested:** \_\_\_\_\_ **Amount per day:\*** \_\_\_\_\_ ounces

**Formula Requested:** \_\_\_\_\_ **Amount per day:** \_\_\_\_\_ ounces

OR, for infant less than 12 months of age in need of a hypoallergenic, elemental, or premature powder formula, check one of the boxes below. Formula will be assigned based on availability.

- Alimentum, Gerber Extensive HA, or Nutramigen
- Alfamino, Elecare, Neocate, Neocate Syneo, or Puramino
- Enfamil EnfaCare or Similac NeoSure

**Length of use in months:** 1 2 3 4 5 6 7 8 9 10 11 12 Cannot exceed 12 months.

**Qualifying medical condition(s):** \_\_\_\_\_

"Failure to Thrive" medical condition must be accompanied by current height/length and weight.

**Height/Length:** \_\_\_\_\_ inches **Weight:** \_\_\_\_\_ lb. \_\_\_\_\_ oz. **Date of measurement:** \_\_\_\_\_

**Any special instructions:** \_\_\_\_\_

*\*Amount per day can be left blank when requesting one formula for an infant less than 12 months of age. Infant will receive the maximum WIC monthly amount unless a lesser amount is requested.*

**SECTION B: WIC SUPPLEMENTAL FOODS** Make selections below. If nothing is checked, all standard WIC supplemental foods will be provided unless contraindicated due to food allergy/intolerance or when the client does not want the food item. When cow milk protein intolerance or allergy is documented, yogurt, cheese, and cow milk will not be provided even if requested.

**Infant age 6 through 11 months**

Baby cereal and baby fruits & vegetables are standard WIC foods at this age. WIC does not provide baby foods to infants less than 6 months of age.

**Check one box below for an infant who cannot be provided all standard WIC baby foods due to a medical condition:**

- formula only - no baby foods
- formula and baby cereal only
- formula and baby fruits & vegetables only

**Woman or Child 1 year & older**

**Provide formula/nutritional product only - do not provide WIC supplemental foods.**

**Child that is prescribed formula/nutritional product requires:** (Check all that apply.)

- baby cereal instead of regular breakfast cereal
- baby fruits & vegetables instead of regular fruits & vegetables

**What type of milk do you want WIC to provide?** (See side 2 for WIC policy regarding milk.)

- whole milk
- 1% lowfat or fat free milk
- 2% milk
- lactose-free whole milk
- lactose-free 1% or fat free milk
- lactose-free 2% milk
- no milk
- soy milk

**Select foods to omit:**  no yogurt  no cheese  no fruit juice  no beans

- no breakfast cereal
- no eggs
- no fruits & vegetables
- no whole grain foods such as bread, pasta, tortillas, brown rice, oatmeal, or bulgur
- no peanut butter (only provided for a woman or child 2 years & older)
- no fish (only provided for some women)

**SECTION C: HEALTH CARE PROVIDER INFORMATION**

**Physician, APRN, or PA include credentials below**

Address: \_\_\_\_\_

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

Fax Number: \_\_\_\_\_

**Must print or stamp below:**

Once approved by WIC staff, this request is valid for the number of months specified starting from the health care provider signature date. The need for approved formula will be re-evaluated by WIC staff on a periodic basis.

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 & ARA. All contract formulas contain 400 IU vitamin D in 34 fl. oz. formula.

**Enfamil Infant** milk-based formula, 60:40 whey-to-casein ratio

**Enfamil Gentlease** partially hydrolyzed milk-based formula, 60:40 whey-to-casein ratio, 20% lactose (May contain trace amount of soy protein used in hydrolyzation process.)

**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) (May contain trace amount of soy protein used in hydrolyzation process.)

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

**Similac Soy Isomil** soy protein-based 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. See list of qualifying medical conditions as described below. All requests are subject to WIC approval.
- 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. Based on our evaluation, the health care provider may be contacted for updated information for the approval to continue.
- If a formula request expires, WIC's policy is to provide the following unless a new request is received: Infants under 12 months of age will be offered a contract formula food package. Women and children (1 year & older) will be offered a standard food package once request expires.
- 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 to obtain more detailed medical information. Health care provider contact information is required on the front of the form.

**WIC policy regarding Milk** Note: WIC provides cow milk and

specific brands of soy milk which meet USDA requirements for protein, vitamins, and minerals. No goat, nut, rice, or grain milks are provided.

**For child 1 year to less than 2 years old:** WIC provides whole milk, whole lactose-free milk, or soy milk. WIC may provide 2% reduced fat, 1% lowfat or fat free milk when the child is  $\geq$  95th percentile weight-for-length. WIC may provide 2% reduced fat milk when the child is  $\geq$  85th percentile weight-for-length.

**For woman or child 2 years & older:** WIC provides 1% lowfat or fat free milk; 1% lowfat or fat free lactose-free milk; or soy milk. 2% reduced fat milk may be provided when a woman has a BMI < 18.5, low prenatal weight gain, or weight loss; a child is  $\leq$  10th percentile BMI-for-age; or the woman or child has a qualifying medical condition. Whole milk may only be selected by the health care provider when a formula/nutritional product is provided.

**For woman or child 1 year & older receiving formula/nutritional product from WIC:** Health care provider may select type of milk.

**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.
- **Neonatal Abstinence Syndrome (NAS)** for infants under 6 months of age.
- **Inborn errors of metabolism and metabolic disorders.**
- **Specific 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/complication.
- **Immune system disorders.**
- **Specific life-threatening disorders, diseases, or conditions.**
- **Specific protein allergy or intact protein sensitivity/intolerance requiring an extensively hydrolyzed formula or amino acid based formula.**
- **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.
- Preference.
- Uncomplicated GER/GERD.
- Lactose intolerance for women and children who can tolerate lactose free milk or soy milk (soy-based beverage).

WIC is a supplemental nutrition program. WIC does not provide all of the formula or food needed by program participants. For information on standard WIC food packages, refer to FloridaWIC.org website under the WIC Program Information tab, WIC Foods section.

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.**

**Age in Months      WIC Maximum Monthly Formula Amount\*\***

birth to 3 months	870 fl. oz.
4 to 5 months	960 fl. oz.
6 to 11 months	696 fl. oz.
12 months and older	910 fl. oz.

\*\*Monthly amounts will vary depending upon formula packaging and product type (powder, concentrate, or ready-to-use formula), and if infant is breastfed.