Family or Participant ID#_____

State of Connecticut WIC Program-Department of Public Health

MEDICAL DOCUMENTATION FOR WIC FORMULA AND APPROVED WIC FOODS

INFANTS AND CHILDREN

Patient's Name: _____ **Date of Birth (DOB):** ___/____/____

Parent/Guardian: _____ **Weeks Gestation (premature infants):** _____

Formula requested: _____

Prescribed ounces per day* (unless ad lib): _____ ☐ Powder ☐ Concentrate ☐ Other _____

WIC is a supplemental nutrition program and may not provide the total amount of formula or food prescribed. Prescription is subject to WIC approval and provision is based on Program policy and procedure. No prescription is valid for more than six months.

Instructions for preparation: _____

Caloric density (e.g. 20cal/oz; 24 cal/oz; 30 cal/oz) _____ Length of use: ☐1 mo ☐ 2 mos ☐ 3 mos ☐ 4 mos ☐ 5 mos ☐ 6 mos

REQUIRED: Select qualifying medical condition(s)/ICD code(s)

☐ Allergy, Food (693.1)	☐ Cerebral Palsy (343.9)	☐ Lactose Intolerance (271.3)
☐ Anemia (281.9)	☐ Cystic Fibrosis (277.0)	☐ Malabsorption (579.9)
☐ Autoimmune Disorder (279.4)	☐ Developmental Delay (783.4)	☐ Neuromuscular Disorder (358.9)
☐ Chronic Respiratory Disease, perinatal (770.7)	☐ Diabetes Mellitus Type I (250.01)	☐ Neonatal Abstinence Syndrome (779.5)
☐ Congenital Heart Disease (746.9)	☐ Failure to Thrive/Inadequate Growth (783.4)	☐ Prematurity (765.1)
☐ Congenital Anomaly, Respiratory (748.9)	☐ Galactosemia (271.1)	☐ Phenylketonuria (PKU) (270.1)
☐ Congenital Anomaly, GI (751.9)	☐ Gastroesophageal Reflux (530.81)	
☐ Cleft Palate (749.0)	☐ Immunodeficiency (279.3)	☐ _____ Other diagnosis with ICD-9 code Specify _____

Medical Documentation for Whole Milk for Children 2-5 Years of Age:

If child is over 2 years of age, does he/she require whole milk based on a qualifying condition**?** ☐ **Yes** ☐ **No**

Children age 2 or older who are receiving formula for a qualifying medical condition and also receive milk are provided fat reduced milk. Whole milk can be provided if based on a documented qualifying medical condition that warrants the use of a high calorie special formula or supplement.

Medical Documentation for Fat-Reduced Milks for Children 12-23 Months of Age:

If the child is 12-23 months of age does he/she require fat reduced milk based on overweight or obesity? ☐ **Yes** ☐ **No** **Specify:** _____

Please specify 2%, 1% or skim. Whole milk is the standard milk given to children 12-23 months of age. Fat-reduced milk (2%, 1% or skim) can be provided for children 12-23 months when overweight or obesity is a concern.

WIC Supplemental Foods Available Please check foods that are **not allowed** based on medical diagnosis

☐ Milk, Specify type: _____	☐ Whole wheat bread /whole grains	☐ Peanut butter	☐ All foods contraindicated
☐ Soy Milk/ Tofu	☐ Breakfast cereal	☐ Vegetables and fruits	☐ Restrictions in amounts:
☐ Cheese	☐ Whole grain pasta	☐ Infant cereal	Explain: _____
☐ Yogurt	☐ Legumes (beans/peas)	☐ Infant food vegetables/ fruits	_____
☐ Juice	☐ Eggs		

REQUIRED: **Refer to WIC Nutrition Professional to identify appropriate types and amounts of WIC supplemental foods*.** ☐ Yes ☐ No

***By checking this box you authorize the WIC Nutrition Professional to make future decisions about WIC supplemental foods.**

HEALTH CARE PROVIDER SIGNATURE: _____ **Date:** _____

(MD, APRN or PA)

Printed Name (Health Care Provider): _____ Phone: _____

Provider Stamp or Address: Fax:

The Connecticut WIC Program strongly endorses breastfeeding as the optimal method to feed most infants. For infants that do consume formula, Connecticut WIC standard formulas are ***Enfamil PREMIUM Infant***® and ***Enfamil Prosobee***® (soy). ***Enfamil Gentlease*** is approved in Connecticut as a standard contract formula not requiring a prescription. For more information or additional copies of this form please visit our website: www.ct.gov/dph/wic, then click on "For Medical Providers" tab in the left navigation bar.

In order to obtain an exempt/special formula from WIC, an ICD code(s) and qualifying medical condition must be identified. **Non-specific symptoms such as intolerance, fussiness, gas, spitting up, constipation and colic are not considered qualifying conditions.** A WIC Nutrition Professional will complete a dietary assessment to determine the need for the requested formula. Significant findings will be communicated to you with the participant's permission. It is WIC's policy to re-evaluate the continued need for the formula on a periodic basis.

The WIC Program **does not** provide whole cow's milk for infants.

WIC Use Only

Date received _____ **Contacted HCP?** ☐ **Yes** ☐ **No**

CPA Signature: _____ **Date:** _____