

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):** _____

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 *Similac® Advance® 20cal/oz.* and *Similac® Isomil® Soy 20cal/oz.* *Similac® Sensitive® 19cal/oz.* and *Similac® Total Comfort® 19cal/oz.* are standard formulas approved in Connecticut requiring medical documentation. 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.

Formula requested: _____

Prescribed ounces per day* (unless ad lib): _____ Powder Concentrate Other _____
 Check here to request one of the following: **Similac® Sensitive® (19 cal/oz.)** or **Similac® Total Comfort® (19 cal/oz.)**
 Check here to request **Similac® For Spit-Up® (19 cal/oz.)** must have documented Gastroesophageal Reflux or Other ICD-10 code.

Instructions for preparation: _____

Caloric density: 19cal/oz. 20cal/oz. 22cal/oz. 24cal/oz. 26cal/oz. 30cal/oz. Other: _____

Length of use: 1 month 2 months 3 months 4 months 5 months 6 months

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 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.**

REQUIRED: Select qualifying medical condition(s)/ICD-10 code(s)

<input type="checkbox"/> Allergy, Food (L27.2)	<input type="checkbox"/> Cystic Fibrosis (E84.9)	<input type="checkbox"/> Lactose Intolerance (E74.39)
<input type="checkbox"/> Anemia (D53.9)	<input type="checkbox"/> Developmental Delay (R62.50)	<input type="checkbox"/> Malabsorption (K90.9)
<input type="checkbox"/> Autoimmune Disorder (M35.9)	<input type="checkbox"/> Diabetes Mellitus Type I (E10.9)	<input type="checkbox"/> Neuromuscular Disorder (G70.9)
<input type="checkbox"/> Congenital Heart Disease (Q24.9)	<input type="checkbox"/> Failure to Thrive/Inadequate Growth (R62.51)	<input type="checkbox"/> Prematurity (P07.30)
<input type="checkbox"/> Congenital Anomaly, Respiratory (Q34.9)	<input type="checkbox"/> Galactosemia (E74.21)	<input type="checkbox"/> Phenylketonuria (PKU) (E70.0)
<input type="checkbox"/> Congenital Anomaly, GI (Q45.9)	<input type="checkbox"/> Gastroesophageal Reflux (K21.9)	<input type="checkbox"/> Other diagnosis with ICD-10 code
<input type="checkbox"/> Cleft Palate (Q35.9)	<input type="checkbox"/> Immunodeficiency (D84.9)	Specify _____
<input type="checkbox"/> Cerebral Palsy (G80.9)		

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

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

WIC Use Only: Date received _____	Contacted HCP? <input type="checkbox"/> Yes <input type="checkbox"/> No
CPA Signature: _____	Date: _____