

Washington WIC Medical Documentation Form - Children 1 – 5 years

Child's Name _____

Date of Birth _____

Caregiver's Name _____

Review WIC formulas here: <https://doh.wa.gov/you-and-your-family/wic/wic-foods/infant-formula>

1. Medical diagnosis: Check a qualifying medical diagnosis:

- | | |
|--|--|
| <input type="checkbox"/> 103 Underweight/at risk of underweight | <input type="checkbox"/> 342 Gastrointestinal disorders/malabsorption syndrome |
| <input type="checkbox"/> 134 Failure to thrive | <input type="checkbox"/> 351 Metabolic disorders/inborn errors in metabolism |
| <input type="checkbox"/> 141 Low birth weight ≤ 5 lbs. 8 oz. (<2 years old) | <input type="checkbox"/> 355 Lactose intolerance |
| <input type="checkbox"/> 142 Preterm or early delivery ≤ 38 weeks gestation (<2 years old) | |
| <input type="checkbox"/> 353 Food allergy (Severe diet impact): must explain under Notes | |
| <input type="checkbox"/> 360 Other medical diagnosis or condition that impacts nutritional status: must explain under Notes | |

Notes:

2. Prescribe formula (Requests for special formulas are subject to WIC approval)

A. Formula

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Similac Advance | <input type="checkbox"/> Similac Sensitive | <input type="checkbox"/> Similac Total Comfort | <input type="checkbox"/> Gerber Extensive HA |
| <input type="checkbox"/> Similac Soy Isomil | <input type="checkbox"/> Enfamil A.R. | <input type="checkbox"/> Enfamil Nutramigen | <input type="checkbox"/> Similac Alimentum |
| <input type="checkbox"/> Comforts Hypoallergenic | <input type="checkbox"/> Up & Up Hypoallergenic | <input type="checkbox"/> Signature Care | <input type="checkbox"/> Parent's Choice |
| <input type="checkbox"/> Pepticate | <input type="checkbox"/> Pepticate Syneo | <input type="checkbox"/> Hypoallergenic | <input type="checkbox"/> Hypoallergenic |
| <input type="checkbox"/> No Longer requires formula | <input type="checkbox"/> Additional Notes are Attached | | |

Six month time limit

- | | | |
|------------------------------------|--|--|
| <input type="checkbox"/> PediaSure | <input type="checkbox"/> Similac NeoSure (22 kcal/oz.) | <input type="checkbox"/> Enfamil NeuroPro EnfaCare (22 kcal/oz.) |
|------------------------------------|--|--|

B. Prescribe amount:

- Allow up to maximum amount, WIC staff and caregiver will determine amount **OR**
 _____ Ounces per day (not to exceed the maximum amount of formula allowed by WIC)

3. Length of time and Expiration Date: _____

- 3 months 6 months 12 months Other: _____ (not to exceed 12 months)

4. WIC supplemental foods: Unless indicated below, WIC will provide all supplemental foods.

- A.** WIC dietitian to determine type and amount of supplemental foods, and length of time (if Yes; go to Box 5)
- B.**
- | | | | |
|--|---|---|--|
| <input type="checkbox"/> No eggs | <input type="checkbox"/> No cheese | <input type="checkbox"/> No tofu | <input type="checkbox"/> No longer requires a MDF for supplemental foods |
| <input type="checkbox"/> No peanut butter | <input type="checkbox"/> No yogurt | <input type="checkbox"/> No soy beverage | |
| <input type="checkbox"/> No dried beans, peas, lentils | <input type="checkbox"/> No cow milk | <input type="checkbox"/> No goat milk | |
| <input type="checkbox"/> No canned beans | <input type="checkbox"/> No juice | <input type="checkbox"/> No fruits and vegetables | |
| <input type="checkbox"/> No breakfast cereal | <input type="checkbox"/> No whole wheat bread or other whole grains | | |
- C.** Give infant cereal in lieu of breakfast cereal Give infants fruits/vegetables in lieu of fruit/vegetable benefits
- D.** WIC issues whole milk to children 12-23 months and nonfat or 1% milk to children older than 23 months.
 Child is > 23 months and needs: Whole milk Whole milk yogurt or 2% milk **Must include a diagnosis in Box 1**
 Child is 12 – 23 months and needs: 2% milk **Must include a diagnosis in Box 1**

5. Healthcare provider information

Name: _____ Date: _____

Print or Stamp

Signature: _____ Phone: (____) _____ Fax: (____) _____

6. Release of information – signed by caregiver

I authorize Washington WIC staff to talk to my health care provider about my child's health and nutrition needs. This authorization is good for the length of this certification. I understand that I may cancel this authorization at any time by written request to WIC staff. This release isn't a condition of WIC eligibility. This release doesn't include these conditions: sexually transmitted infections, mental health concerns and chemical dependencies.

Caregiver Signature _____ Date _____

Printed name _____

WIC Clinic: _____ Phone: _____ Fax: _____

See back for instructions. Questions? Call the child's WIC clinic or the Washington State Nutrition Program at 1-800-841-1410.

This institution is an equal opportunity provider. Washington WIC does not discriminate.

More information can be found at: <http://www.doh.wa.gov/wicformula.aspx>.

BREASTFED BABIES ARE HEALTHIER. WIC SUPPORTS BREASTFEEDING



DOH 961-136 March 2023

Children 1 to 5 years

Washington WIC Medical Documentation Form - Children 1 – 5 years

INSTRUCTIONS:

Participant information: Print first name, last name, date of birth, and caregiver first and last name.

1. Medical diagnosis

Check one or more of the qualifying medical diagnoses. Qualifying diagnoses are specified by federal regulations. If 'must explain under Notes' follows a medical diagnosis that's checked, provide a brief description of the impact to the child's medical or nutritional status in the Notes section.

2. Prescribe formula

A. **Formula:** Check the requested formula. During formula shortage, marking multiple formulas is allowable. Requests for special formulas are subject to WIC approval.

B. **Prescribe formula amount:** Check either the box to allow up to the maximum amount of formula or indicate on the line provided the number of ounces per day if the amount is less than WIC provides. The maximum amount of formula for a child per month is 910 fl. oz. reconstituted.

C. If additional notes are needed, attach a separate page and check "**Additional Notes are Attached**" to indicate any special needs (i.e. concentrating formula to increase calories or ready-to-feed).

Notes: PediaSure must be re-evaluated every 6 months.

When a formula is prescribed, supplemental foods must also be prescribed in Box 4.

3. Length of time

Check the number months or write in a time frame not to exceed 12 months.

4. WIC Supplemental foods:

A. Check "WIC dietitian" if you prefer the WIC dietitian to work with the caregiver to decide type and amount of supplemental WIC foods, and length of time they are medically appropriate **OR**

B. Check the box next to the foods that the child can't tolerate based on the qualifying medical diagnosis. Foods won't be provided when boxes are checked in Section B.

C. If the child needs infant foods in lieu of breakfast cereal or fruit and vegetable benefits, check which foods WIC should provide.

D. Check the appropriate box if:

- The child is over 23 months and needs whole milk, whole milk yogurt or 2% milk as a substitute for nonfat or 1% milk. The child must have a qualifying medical diagnosis.
- The child is less than 23 months and needs 2% milk due to medical reasons or because overweight or obesity is a concern.

5. Healthcare Provider Information

A. Print name of medical provider, sign, and date the form.

B. A signature or stamp of the healthcare provider is required along with phone number and date. A fax number is recommended.

6. Release of Information

This is a voluntary authorization the child's caregiver can sign allowing WIC staff to share participant information with the healthcare provider.

7. Additional Information

- WIC staff may call the healthcare provider's office if there's missing information or to clarify the request.
- WIC staff can't issue formula for more than one month when the form is incomplete.
- The healthcare provider's office may fax the completed form to the WIC clinic if the fax number is on the bottom of the front page or the participant's caregiver may return the form to the WIC clinic.

This institution is an equal opportunity provider. Washington WIC does not discriminate.

To request this document in another format, call 1-800-841-1410.
Deaf or hard of hearing customers, please call 711 (Washington Relay) or email WIC@doh.wa.gov.