

Washington WIC Medical Documentation Form - Infants (Birth to 12 months)

Infant'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. Check a qualifying diagnosis:

- 134 Failure to thrive
- 141 Low birth weight \leq 5 lbs. 8 oz.
- 142 Preterm or early delivery \leq 38 weeks gestation
- 342 Gastrointestinal disorders/malabsorption syndrome
- 351 Metabolic disorders/inborn errors of metabolism
- 353 Food allergy (Severe diet impact): **must explain under Notes**
- 360 Other medical diagnosis or condition that impacts nutritional status: **must explain under Notes**

Note: The qualifying medical diagnosis must correspond with the medical need of the prescribed WIC formula or WIC foods.

Symptoms such as colic, constipation, rash, spitting up, vomiting, formula intolerance or fussiness are not an acceptable medical diagnosis for WIC.

Notes:

2. Prescribe therapeutic formula that requires a qualifying medical diagnosis:

- Similac Alimentum Gerber Extensive HA Enfamil NeuroPro EnfaCare (22 kcal/oz.)
- Enfamil Nutramigen Similac NeoSure (22 kcal/oz.) No longer requires therapeutic formula
- Fill in Temporarily Allowed Therapeutic Formula: _____

A. For 6 – 12 month old infants on standard WIC formulas who can't tolerate baby foods (must complete 4C)

- Similac Advance Similac Soy Isomil Similac Sensitive Similac for Spit-Up Similac Total Comfort

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 listed on back)

Notes:

3. Length of time and Expiration Date: _____

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

If mother returns to Fully Breastfeeding WIC staff will discontinue formula.

4. WIC supplemental foods: Unless indicated below, WIC provides supplemental foods at 6 months of age.

- A. WIC Dietitian to determine type and amount of supplemental foods, and length of time (if Yes; go to Box 5)
- B. No Infant Cereal No Infant Fruits/Vegetables No Fresh Fruits/Vegetables (9-11 month olds)
- C. For 6 – 12 month old infants: formula only – provide additional formula in lieu of infant foods due to inability or delay in consuming solids. **Indicate a qualifying 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 doesn't discriminate.

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

BREASTFED BABIES ARE HEALTHIER. WIC SUPPORTS BREASTFEEDING



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WIC is a supplemental food and nutrition program. WIC doesn't provide all the formula or foods an infant needs each month. Federal regulations require all WIC programs to obtain a formula rebate contract to help contain costs. Washington WIC currently provides Similac Advance, Similac Soy Isomil, Similac Sensitive, Similac Spit-Up and Similac Total Comfort as the standard formulas.

INSTRUCTIONS:

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

1. Check a qualifying diagnosis

2. For formulas that require a qualifying medical diagnosis check a qualifying medical diagnosis. Prescribe therapeutic formula that requires a qualifying medical diagnosis.

Check requested therapeutic formula. Under notes, indicate any special needs (i.e. concentrating formula to increase calories or ready-to-feed)

- A. If a 6 – 12 month old infant is on Similac Advance, Similac Soy Isomil, Similac Sensitive, Similac Spit-Up or Similac Total Comfort, can't tolerate infant foods **and** needs additional formula, check the formula the infant needs. Complete Box 4 to tell WIC staff to issue only formula to the infant.
- B. Check either: "Allow up to the maximum amount of formula" or indicate the number of ounces per day if the amount is less than WIC provides. Refer to the table below for the maximum amount of formula allowed per month as defined by federal regulations.

Infant formula type	Birth - 3 months	4 - 5 months	6 - 12 months	6 - 12 months when foods not allowed
Powder (reconstituted)	Up to 870 fl. oz.	Up to 960 fl. oz.	Up to 696 fl. oz.	Up to 960 fl. oz.
Concentrate (reconstituted)	Up to 823 fl. oz.	Up to 896 fl. oz.	Up to 630 fl. oz.	Up 896 fl. oz.
Ready-to-feed	Up to 832 fl. oz.	Up to 913 fl. oz.	Up to 643 fl. oz.	Up to 913 fl. oz.
Infant foods				
Infant cereal	None	None	24 oz.	None – foods not provided due to medical diagnosis
Baby food fruits and vegetables	None	None	128 oz.	None – foods not provided due to medical diagnosis

3. Length of time

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

4. WIC supplemental foods

- A. Check "WIC dietitian" if you prefer the WIC dietitian to work with the caregiver to assign infant foods and determine how long the infant should receive these foods from WIC.
- B. Check what foods the infant can't tolerate for medical reasons. WIC staff will instruct the caregiver how to choose foods following your directive.
- C. Check formula only if the infant can't tolerate any infant foods or must delay introduction of foods because of a medical diagnosis. A medical diagnosis is required if more formula is to be provided in lieu of foods.
- D. If this section is left blank, WIC will provide supplemental foods.

5. Healthcare provider information

- A. Print name of medical provider, sign, and date the form.
- B. A signature or stamp is required along with phone number and date. A fax number is recommended.

6. Release of information

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

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.
- **If mother returns to Fully Breastfeeding, WIC staff will discontinue formula.**

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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.