WYOMING WIC PROGRAM

# MEDICAL DOCUMENTATION

A healthcare professional licensed to write medical prescriptions is required to provide the following medical documentation:

- Medical determination of a qualifying condition;
- Name of the prescribed WIC formula;
- Quantity needed per day of prescribed WIC formula;
- Length of time the WIC formula is required by the participant;
- Indication of supplemental food restrictions or contraindications; and
- Signature of healthcare professional, date, and contact information.

| Participant Category | Qualifying Medical Conditions | Non-qualifying Conditions |
|---|---|---|
| Infants (up to 12 months) | • Premature birth<br>• Low birth weight<br>• Failure to Thrive<br>• Metabolic disorders<br>• Gastrointestinal disorders<br>• Malabsorption syndromes<br>• Immune system disorders<br>• Life threatening disorders, diseases, and medical conditions that impair ingestion, digestion, absorption, or utilization of nutrients that could adversely effect the participant's nutrition status | • Non-specific formula or food intolerance<br>• Diagnosed formula intolerance or food allergy to lactose, sucrose, milk protein, or soy protein that does not require an exempt infant formula |
| Children (up to five years) | • Premature birth<br>• Failure to Thrive<br>• Metabolic disorders<br>• Gastrointestinal disorders<br>• Malabsorption syndromes<br>• Immune system disorders<br>• Life threatening disorders, diseases, and medical conditions that impair ingestion, digestion, absorption, or utilization of nutrients that could adversely effect the participant's nutrition status<br>• For soy milk: these may include, but are not limited to, milk allergy, severe lactose maldigestion, and vegan diets | • Solely for the purpose of enhancing nutrient intake or managing body weight without an underlying condition<br>• Lactose intolerance (acceptable for cheese issuance only)<br>• Participant preference |
| Women | • Metabolic disorders<br>• Gastrointestinal disorders<br>• Malabsorption syndromes<br>• Immune system disorders<br>• Life threatening disorders, diseases, and medical conditions that impair ingestion, digestion, absorption, or utilization of nutrients that could adversely effect the participant's nutrition status | • Solely for the purpose of enhancing nutrient intake or managing body weight without an underlying condition<br>• Lactose intolerance (acceptable for cheese issuance only)<br>• Participant preference |

# WYOMING WIC PROGRAM MEDICAL DOCUMENTATION

**Prescription subject to WIC approval based on program policy and procedure.**

**WIC Agency:**
**WIC Fax Number:**
**WIC ID:**

**Patient's Name:** | **Birth Date (MM/DD/YY):**

**Regardless of diagnosis, Enfamil Premium Infant, Prosobee, Gentlease, Nestle Goodstart products; and store brand formulas will not be issued.**

## REQUIRED

**QUALIFYING MEDICAL CONDITION(S) - Please complete for each participant regardless of age:**

☐ Premature Birth ☐ Low Birth Weight ☐ Gastrointestinal Disorders ☐ Metabolic Disorders
☐ Failure to Thrive ☐ Malabsorption Syndromes ☐ Immune System Disorders
☐ Life threatening disorders, diseases, and medical conditions that impair ingestion, digestion, absorption, or utilization of nutrients that could adversely affect the participant's nutrition status

For children over the age of one only receiving soy milk: ☐ Milk Allergy ☐ Severe Lactose Maldigestion ☐ Vegan Diet
☐ Other _____

**LENGTH OF PRESCRIPTION (months or weeks):** **Months**: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ Other___ **OR** **Weeks:** _____
Six months will be issued if nothing is marked.

## INFANTS

**A prescription is not needed for Similac Advance (Complete Nutrition), Similac Soy (Isomil), and Similac Sensitive (Fussiness & Gas).**

**FORMULA PRESCRIBED - Please complete for infants through the age of 12 months:**

☐ Similac Expert Care Neosure-009 ☐ Similac Sensitive (For Spit Up)-055 ☐ Pregestimil (Lipil)-036 ☐ Elecare 20 Kcal-077
☐ Similac Expert Care Alimentum-027 ☐ Enfamil Premature 24 Kcal-077 ☐ Nutramigen (Lipil)-032 ☐ Neocate Infant-077
☐ Similac Special Care 24-077 ☐ Enfamil Enfacare (Lipil) 22 Calorie-025 ☐ Nutramigen AA (Lipil)-077
☐ Other medically necessary formula: _____

**AMOUNT (oz/day for Partially Breastfed Infant):** ☐ 3 ☐ 6 ☐ 9 ☐ 12 _____ Other ☐ Maximum
**AMOUNT (oz/day for Fully Formula Fed Infant):** ☐ 20 ☐ 24 ☐ 27 ☐ 29 _____ Other ☐ Maximum
The maximum amount will be issued if nothing is marked. No more than the allowable maximum amount will be issued.

**DIET RESTRICTIONS (Age 6 to 12 months):** ☐ Infant Cereal ☐ Infant Meats ☐ Infant Vegetables ☐ Infant Fruits
All benefits will be provided if nothing is marked.

## CHILDREN OR WOMEN

**FORMULA/MEDICAL FOOD PRESCRIBED - Please complete for children over the age of 12 months and women:**

☐ Similac Advance (Complete Nutrition)-045 ☐ Pediasure w/fiber RTF-035 ☐ Pediasure RTF-034
☐ Similac Expert Care Alimentum-027 ☐ Similac Soy (Isomil)-050 ☐ Elecare-077
☐ Similac Sensitive (For Spit Up)-055 ☐ Nutramigen (Lipil)-032 ☐ Nutren Jr w/fiberRTF-077
☐ Similac Go & Grow (Milk-Based)-057 ☐ Ensure RTF-075 ☐ Nutren Jr RTF-077
☐ Similac Go & Grow (Soy-Based)-058 ☐ Pregestimil (Lipil)-036 ☐ Neocate Jr-077

**AMOUNT PRESCRIBED (oz/day):** ☐ 24 ☐ 27 ☐ 29 ☐ _____ Other ☐ Maximum
The maximum amount will be issued if nothing is marked. No more than the allowable maximum amount will be issued.

☐ Whole Milk (A medical food/formula must be prescribed for whole milk to be authorized)
☐ Soy Beverage (Child Only) ☐ Additional Cheese: _____ Up to the maximum amount allowed or _____ pounds

**DIET RESTRICTIONS:** ☐ Bread/Buns ☐ Brown Rice ☐ Canned Beans ☐ Canned Salmon ☐ Canned Tuna ☐ Cereal
☐ Cheese ☐ Eggs ☐ Juice ☐ Legumes ☐ Milk ☐ Oatmeal ☐ Peanut Butter ☐ Tortillas
☐ Fruits ☐ Vegetables
**All benefits will be provided if nothing is marked.**

| Provider's Printed Name: | |
|---|---|
| Provider's Signature: | Date: |
| Medical Office Name and Address: | Phone: |
| | Fax: |