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 Low birth weight Failure to Thrive Metabolic disorders Gastrointestinal disorders Malabsorption syndromes Immune system disorders 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 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 Failure to Thrive Metabolic disorders Gastrointestinal disorders Malabsorption syndromes Immune system disorders 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 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 Lactose intolerance (acceptable for cheese issuance only) Participant preference
Women	 Metabolic disorders Gastrointestinal disorders Malabsorption syndromes Immune system disorders 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 Lactose intolerance (acceptable for cheese issuance only) Participant preference

WYOMING WIC PROGRAM MEDICAL DOCUMENTATION		WIC Agency:	
	Prescription subject to WIC approval based on program policy and procedure. This is the only Medical Documentation form accepted by WY WIC.	WIC Fax Number: WIC ID:	
Patient's Name:		Birth Date (MM/DD/YY):	
	Regardless of diagnosis Gentlease, Nestle Goodstart products, and sto	re brand formulas will not be issued.	
REQUIRED	QUALIFYING MEDICAL CONDITION(S) - Please complete for each participant regared Premature Birth □ Low Birth Weight □ Gastrointestinal Distributed Participant of Thrive □ Malabsorption Syndromes □ Immune System Distributed Life threatening disorders, diseases, and medical conditions that impair ingestic nutrients that could adversely affect the participant's nutrition status For children over the age of one only receiving soy milk: □ Milk Allergy □ Seven □ Other □ CENGTH OF PRESCRIPTION (months or weeks): Months: □ 1 □ 2 □ 3 □ Six months will be issued if nothing is marked.	Disorders	
INFANTS		HA/ARA	
FORMULA/MEDICAL FOOD PRESCRIBED - Please complete for children over the age of 12 months and women: Similac Go & Grow (Milk Based) Enfagrow Soy Toddler (Infants 9 months or older) Pediasure w/fiber RTF Pediasure RTF Ensure RTF Neccate Jr Elecare Jr Nutren Jr w/fiber RTF Nutren Jr RTF Other medically necessary formula: AMOUNT PRESCRIBED (oz/day): 24 27 29 Other Maximum			
Provider's Printed Name:			
Pr	ovider's Signature:	Date:	
Medical Office Name and Address:		Phone:	
		Fax:	