**FORMULA/WIC NUTRITIONAL APPROVAL FORM**

The following pages provide the Medical Documentation for Exception for WIC Program Foods form for the woman, infant or child and are to be used to receive information regarding the specific food package the doctor or nurse practitioner is requesting due to exceptions from the standard WIC food package.

The WIC - 200 is to be used for the infant, WIC - 300 for the child and the WIC - 400 for the woman. We suggest that these are provided to your medical community to assist you in providing the appropriate food package for WIC participants.

The local agency will print the forms as needed to share with the medical community.

Local Agency staff should contact the Clinical Nutrition Section of the State WIC Office for questions regarding approving requests or questions regarding the current WIC Approved Formulary.



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| **WIC Clinic:** |
| **Clinic Fax number:** |
| **Attention:** |

**Kentucky WIC Program**

**Infant (< 1 year old)**

**Certificate for Medical Necessity for Formula and WIC Food Exceptions**

**The WIC Program provides Similac Formulas to all non-medically fragile infants.**

**Noncontract standard formula request: Complete sections A, B and D (C if needed)**

**Exception to WIC foods requests: Complete Sections A, C and D.**

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| **Kentucky Guidelines**  **for issuance of infant formula:** | **Client must try:** |
| **Requests for milk based formula** | **Similac Advance, Similac Total Comfort, Similac Sensitive** |
| **Requests for soy based formula** | **Similac Soy Isomil and Similac Sensitive or Similac Total Comforts (if no milk allergies)** |
| **Requests for lactose free/reduced formula** | **Similac Sensitive and Similac Total Comforts or Similac Soy Isomil** |
| **Requests for infant/toddler formulas** | **Similac Go and Grow Milk Based and Similac Go and Grow Sensitive** |
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**Exempt formula or WIC Nutritionals: Complete sections A, B, C and D.**

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| **A. Patient Information** | |
| **Patient’s name:** | **DOB:** mm/dd/yyyy |
| **Parent/Caregiver’s Name:** | |
| **Medical diagnosis/qualifying condition (ICD-9/10 code):**  (Justifies the medical need for formula/food ) | |
| **Medical documentation valid for:  1 mo.  2 mos.  3 mos.  4 mos.  5 mos.  6 mos.**  **7 mos.  8 mos.  9 mos.**  **10 mos.**  **11 mos.  12 mos.** | |

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| **B. Medical Formula/Food** | | | | |
| **Name of formula or WIC Nutritionals requested:** | | | | |
| **Prescribed amount:**   **per day OR  maximum allowable** | | | | |
| **Special instruction/comments:** | | | | |
| **Provide information regarding Formulas tried & length of time tried:** | | **Problems encountered:** | | |
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| **C. WIC Supplemental Foods for Infants < 1 year old** | | | | |
| **Supplemental foods:** Please mark the appropriate boxes below to indicate any foods that would be contraindicated and/or require special instructions. **If no boxes are marked, the infant will receive the WIC foods.** | | | | |
| **WIC Supplemental Foods(provided at 6 months of age)** | | | **Restrictions/Special Instructions** | |
| **Infant cereal** | | |  | |
| **Infant fruits** | | |
| **Infant vegetables** | | |
| **Infant meats** (fully breastfeeding infants only) | | |
| **No supplemental foods:** omit all supplemental foods and provide exempt infant or medical formula/food only. | | | | |
| **D. Health care provider information** | | | | |
| **Signature of health care provider: Provider’s name:  MD**  **DO  PA  NP** | | | | |
| **Medical office/clinic:** | | | | |
| **Phone number:** | **Fax number:** | | | **Date:**  mm/dd/yyyy |

Adapted from Oregon Medical Documentation Form. **This institution is an equal opportunity provider. WIC – 200**

**See back for most commonly provided exempt infant formulas/WIC Nutritionals.** Rev. 02/23

**This certification for medical necessity is necessary for providing the following products from the WIC Program for medically fragile infants.**

**The most commonly used products are listed below:**

**Hypoallergenic formulas:**

* **Nutramigen**
* **Pregestimil**
* **Similac Alimentum**
* **Gerber Extensive HA**

**Impaired kidney function/hypocalcemia**

* **Similac PM 60/40**

**Premature formulas**

* **Enfamil EnfaCare**
* **Enfamil Premature with Iron 20**
* **Enfamil Premature with Iron 24**
* **Enfamil Premature with Iron 30**
* **Similac NeoSure**
* **Similac Special Care 24 with Iron**
* **Similac Special Care 30 with Iron**

**Reflux formulas**

* **Enfamil AR**

**Severe cow’s milk allergy/multiple food protein allergy**

* **Neocate Infant/Neocate SYNEO Infant**
* **Neocate Infant DHA & ARA**
* **Elecare for Infants**
* **PurAmino**
* **Alfamino**

**For additional products available from WIC please view the website at:**

[**http://chfs.ky.gov/dph/ach/ns/Nutrition+Education+Materials.htm**](http://chfs.ky.gov/dph/ach/ns/Nutrition+Education+Materials.htm)

**Use the above link and click on “WIC Formula Resource Guide” from the list of materials.**

WIC is a registered service mark of the U. S. Department of Agriculture for USDA’s Special Supplemental Nutrition Program for Women, Infant and Children.







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| **WIC Clinic:** |
| **Clinic Fax number:** |
| **Attention:** |

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**Children age 1 to 5**

**Certificate for Medical Necessity for Formula and WIC Food Exceptions**

**Exception to WIC foods requests: Complete Sections A, C and D**

**Exempt formula or WIC Nutritionals: Complete A, B, C and D**

**This form should be used to provide guidance in regard to failure to thrive, lactose intolerance, gluten free diets, foods to avoid due to allergies, developmental delays or inability to tolerate solid foods, medical conditions that impair ingestion, digestion or absorption of nutrients, etc. These foods may not be issued solely for the purpose of enhancing nutrient**

**intake or managing body weight.**

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| **A. Patient Information** | | | | | |
| **Patient’s name** (Last, First, MI)**:** | | | | **DOB:** mm/dd/yyyy | |
| **Parent/Caregiver’s Name** (Last, First, MI)**:** | | | | | |
| **Medical diagnosis/qualifying condition (ICD-9/10 Code):**  (Justifies the medical need for formula/food ) | | | | | |
| **Medical documentation valid for:  1 mo.  2 mos.  3 mos.  4 mos.  5 mos.  6 mos.** (not to exceed 6 months) | | | | | |
| **B. Medical formula/medical food and WIC supplemental foods** | | | | | |
| **Name of medical formula/medical food requested:** | | | | | |
| **Prescribed amount:**   **per day OR**  **maximum allowable** | | | | | |
| **Special instruction/comments:** | | | | | |
| **C. Supplemental Foods** | | | | | |
| **Supplemental foods will be provided in addition to the formula, if no boxes are checked below.** | | | | | |
| **Omit all supplemental foods and provide formula only.** | | | | | |
| **Provide only the following checked foods.** | | | | | |
| **Whole Milk** | **Reduced Fat (2%) Milk** | | **Special Instructions:** | | |
| **Low-fat (1%) Milk** | **Nonfat Milk (Skim)** | |
| **Soy Milk** | **Cheese** | |
| **Tofu** | **Yogurt**  Whole OR  Low-fat/Nonfat | |
| **Cereal** | **Eggs** | |
| **Juice** | **Peanut butter** | |
| **Fresh/frozen fruits and vegetables** | **Whole grain bread/tortillas or brown rice** | |
| **Infant jarred fruits and vegetables** | **Beans** | |  | | |
| **Infant Cereal** | |
| **D. Health care provider information** | | | | | |
| **Signature of health care provider: Provider’s name:  MD  DO  PA  NP** | | | | | |
| **Medical office/clinic:** | | | | | |
| **Phone number:** | | **Fax number:** | | | **Date:** mm/dd/yyyy |

Adapted from Oregon Medical Documentation Form. **This institution is an equal opportunity provider.** **WIC – 300**

**Whole milk is the standard issuance for children 12-23 months of age. (For children, 12-23 months requesting yogurt, whole milk yogurt will be standard issuance.)**

**Low-fat (1%) milk/nonfat is the standard issuance for children 2-5 years of age. (For children 2-5 years old, lowfat/non-fat yogurt will be standard issuance.)**

**For the 2-5 year old, whole milk or whole milk yogurt may only be authorized if a child requires a formula/WIC Nutritional.**

**Infant jarred fruits and vegetables and infant cereal may only be authorized if a child requires a formula/WIC Nutritional.**

**See back for most commonly provided formulas and WIC Nutritionals.** Rev. 10/20

**This certification for medical necessity is necessary for providing the following products from the WIC Program. The most commonly used products are listed below:**

**Hypoallergenic formulas:**

* **Nutramigen**
* **Nutramigen Toddler**
* **Portagen**
* **Pregestimil**
* **Similac Alimentum**
* **Gerber Extensive HA**

**Impaired kidney function/hypocalcemia**

* **Similac PM 60/40**

**Pediatric Drinks for higher calories/FTT**

* **Boost Kid Essentials Immunity Protection**
* **Boost Kid Essentials 1.5 CAL**
* **Boost Kid Essentials 1.5 CAL with Fiber**
* **Boost Plus**
* **Bright Beginnings Soy Pediatric Drink**
* **Nutren Junior**
* **Nutren Junior with Fiber**
* **Nutren Junior with Prebiotics**
* **PediaSure**
* **PediaSure with Fiber**
* **PediaSure 1.5 Cal**
* **PediaSure 1.5 Cal with Fiber**
* **Pediasure Peptide 1.0 Cal**
* **Peptamen Junior**
* **Peptamen Junior with Fiber**
* **Peptamen Junior with Prebio**
* **Peptamen Junior 1.5**
* **Vivonex Pediatric**

**Severe cow’s milk allergy/multiple food protein allergy**

* **Neocate Infant/Neocate SYNEO Infant**
* **Neocate Junior**
* **Neocate Junior with Prebiotics**
* **Elecare for Infants**
* **Elecare Jr.**
* **Alfamino Jr.**
* **PurAmino**

**For additional products available from WIC please view the website at:**

[**http://chfs.ky.gov/dph/ach/ns/Nutrition+Education+Materials.htm**](http://chfs.ky.gov/dph/ach/ns/Nutrition+Education+Materials.htm)

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| **WIC Clinic:** |
| **Clinic Fax number:** |
| **Attention:** |

**Pregnant, Breastfeeding and Postpartum Women**

**Certificate for Medical Necessity for Formula and WIC Food Exceptions**

**Exception to WIC foods requests: Complete Sections A, C and D**

**Exempt formula or WIC Nutritionals: Complete A, B, C and D**

**This form should be used to provide guidance in regard to failure to thrive, lactose intolerance, gluten free diets, foods to avoid due to allergies, developmental delays or inability to tolerate solid foods, medical conditions that impair ingestion, digestion or absorption of nutrients, etc. These foods may not be issued solely for the purpose of enhancing nutrient intake or managing body weight.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **A. Patient Information** | | | | | |
| **Patient’s name** (Last, First, MI)**:** | | | | **DOB:** mm/dd/yyyy | |
| **Medical diagnosis/qualifying condition (ICD-9/10 Code):**  (Justifies the medical need for formula/food ) | | | | | |
| **Medical documentation valid for:  1 mo.  2 mos.  3 mos.  4 mos.  5 mos.  6 mos.**(not to exceed 6 months) | | | | | |
| **B. Medical formula/medical food** | | | | | |
| **Name of medical formula/medical food requested:** | | | | | |
| **Prescribed amount:**   **per day OR**  **maximum allowable** | | | | | |
| **Special instruction/comments:** | | | | | |
| **C. Supplemental foods** | | | | | |
| **Supplemental foods appropriate will be provided in addition to the formula if no boxes are checked below.** | | | | | |
| **Omit all supplemental foods and provide formula only.** | | | | | |
| **Omit Formula/Medical Food.** | | | | | |
| **Provide only the following checked foods.** | | | | | |
| **Whole Milk** | **Reduced Fat (2%) Milk** | | **Special Instructions:** | | |
| **Low-fat (1%) Milk** | **Nonfat Milk (Skim)** | |
| **Soy Milk** | **Cheese** | |
| **Tofu** | **Yogurt**  (Whole OR  Low-fat/Nonfat) | |
| **Cereal** | **Eggs** | |
| **Juice** | **Peanut butter** | |
| **Fresh/frozen fruits and vegetables** | **Whole grain bread/tortillas or brown rice** | |
| **Infant jarred fruits and vegetables** | **Beans** | |
| **Infant Cereal** | |
| **Canned fish** (fully breastfeeding women only) | | |
| **D. Health care provider information** | | | | | |
| **Signature of health care provider:** | | | | | |
| **Provider’s name:**  **MD  DO PA  NP** | | | | | |
| **Medical office/clinic:** | | | | | |
| **Phone number:** | | **Fax number:** | | | **Date:** mm/dd/yyyy |

Adapted from Oregon Medical Documentation Form. **This institution is an equal opportunity provider.**  **WIC – 400**

**Low-fat (1%) milk/nonfat is the standard issuance for women.**

**Whole milk or whole milk yogurt may only be authorized if a woman requires a formula/WIC Nutritional.**

**Infant jarred fruits and vegetables and infant cereal may only be authorized if a woman requires a formula/WIC Nutritional**

**See back for most commonly provided formulas and WIC Nutritionals.**

Rev. 10/20

**This certification for medical necessity is necessary for providing the following products from the WIC Program. The most commonly used products are listed below:**

**GI Malabsorption/chronically impaired GI function**

* **Tolerex**
* **Vital HN**
* **Vivonex Plus**
* **Vivonex T.E.N.**
* **Neocate Splash**

**Glucose Control**

* **Boost Glucose Control**

**Higher calories/Higher nutrients**

* **Boost**
* **Boost High Protein**
* **Boost Plus**
* **Ensure**
* **Ensure High Protein**
* **Ensure Plus**

**Impaired GI function**

* **Peptamen**

**Isotonic/altered taste**

* **Osmolite 1 Cal**
* **Neocate Splash**

**Impaired kidney function/hypocalcemia**

* **Similac PM 60/40**

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