



**Kentucky WIC Program**  
**Infant (< 1 year old)**  
**Certificate for Medical Necessity for Formula and WIC**  
**Food Exceptions**

WIC Clinic:
Clinic Fax number:
Attention:

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

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

**A. Patient Information**

Patient's name:	DOB:
Parent/Caregiver's Name:	
Medical diagnosis/qualifying condition (ICD-9/10 code):	
(Justifies the medical need for formula/food )	
Medical documentation valid for: <input type="checkbox"/> 1 mo. <input type="checkbox"/> 2 mos. <input type="checkbox"/> 3 mos. <input type="checkbox"/> 4 mos. <input type="checkbox"/> 5 mos. <input type="checkbox"/> 6 mos. <input type="checkbox"/> 7 mos. <input type="checkbox"/> 8 mos. <input type="checkbox"/> 9 mos. <input type="checkbox"/> 10 mos. <input type="checkbox"/> 11 mos. <input type="checkbox"/> 12 mos.	

**B. Medical Formula/Food**

Name of formula or WIC Nutritionals requested:	
Prescribed amount: _____ per day OR <input type="checkbox"/> maximum allowable	
Special instruction/comments:	
Provide information regarding Formulas tried & length of time tried:	Problems encountered:

**C. WIC Supplemental Foods for Infants < 1 year old**

<b>Supplemental foods:</b> Please mark the appropriate boxes below to indicate any foods that would be contraindicated and/or require special instructions. <b>If no boxes are marked, the infant will receive the WIC foods.</b>	
WIC Supplemental Foods(provided at 6 months of age)	Restrictions/Special Instructions
<input type="checkbox"/> Infant cereal	
<input type="checkbox"/> Infant fruits	
<input type="checkbox"/> Infant vegetables	
<input type="checkbox"/> Infant meats (fully breastfeeding infants only)	
<input type="checkbox"/> <b>No supplemental foods:</b> 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: <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PA <input type="checkbox"/> NP
Medical office/clinic:	
Phone number:	Fax number:
Date:	

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>

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.





# **Children age 1 to 5** **Certificate for Medical Necessity for Formula and** **WIC Food Exceptions**

WIC Clinic:

Clinic Fax number:

Attention:

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.

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

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. 02/23

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>

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

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## Pregnant, Breastfeeding and Postpartum Women Certificate for Medical Necessity for Formula and WIC Food Exceptions

WIC Clinic:
Clinic Fax number:
Attention:

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.

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

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.

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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