NEW YORK STATE DEPARTMENT OF HEALTH
Division of Nutrition

Medical Documentation for WIC Formula and Approved WIC Foods for Women, Infants and Children

Instructions: Providers, please complete sections A-D for ALL WIC participants to request formula and supplemental foods. The provision of formula/food is subject to WIC policies and procedures. (Detailed instructions and resources on back)

WIC Stamp

A. PATIENT INFORMATION

Patient's Name: ________________________ **Date of Birth:** ____/____/____

B. FORMULA

Formula Requested: ________________________ **Length of Use:** ☐ 1 month ☐ 6 months ☐ _______ months ☐ 3 months ☐ 12 months

Prescribed Amount: ____________ **ounces/day**

Special Instructions/Comments: ________________________

WIC Qualifying Medical Conditions:

☐ Premature Birth	☐ Metabolic Disorders	☐ Failure to Thrive *(Must meet at least one of the criteria on back)*	***Note: These non-specific symptoms/ conditions are not acceptable: dermatitis, formula/food intolerance, fussiness, gas, spitting up, constipation, diarrhea, vomiting, colic, or to enhance or manage body weight without an underlying medical condition.***
☐ Low Birth Weight	☐ Immune System Disorders	☐ Severe Food Allergies	
☐ GI Disorders	☐ Malabsorption Syndromes	☐ Other (Specify):	

C. WIC SUPPLEMENTAL FOODS (WIC does not provide supplemental foods to infants < 6 months old)

☐ YES ☐ NO I authorize qualified WIC staff to determine supplemental foods and amounts based on the patient's medical condition.

If NO, select ONE of the following options:

- ☐ No food restrictions; provide full amount of age-appropriate foods
- ☐ Infant <6 months; provide formula only
- ☐ Patient requires food restrictions based on medical condition (provider MUST complete the following):
  - ☐ ≥ 6 months cannot tolerate solid food: provide formula only
  - ☐ ≥ 12 months cannot tolerate solid food: provide jarred baby fruits & vegetables in lieu of fruit & vegetable voucher
  - ☐ OMIT the following food(s) based on medical condition:

Infants (6-11 months):	☐ Infant Cereal	☐ Baby Food Fruits/Vegetables		☐ Fresh Fruits/Vegetables (9-11 months)	
Children (≥ 12 months) & Women:	☐ Peanut Butter ☐ Cereal	☐ Milk ☐ Canned Fish	☐ Whole Grains ☐ Vegetables/Fruits	☐ Cheese ☐ Beans	☐ Yogurt ☐ Juice

D. HEALTH CARE PROVIDER INFORMATION (Contact information may be printed or stamped and must be legible)

Provider Stamp

Provider's Signature ________________ Date ________________

Street ________________ City, State, Zip Code ________________

Provider's Printed Name ________________ Telephone Number ________________ Fax Number ________________

E. RELEASE OF INFORMATION

I authorize the above health care provider and NYS WIC agency staff to disclose/discuss information regarding feeding needs. This permission is good for the length of this certification. I understand that I may cancel this permission at any time by request to my health care provider and WIC. This release is not a condition of WIC eligibility.

Participant/Parent/Caregiver Signature ________________ Date ________________

Printed Name ________________

F. WIC STAFF USE ONLY (WIC staff must complete section in its entirety and note comments/actions) ☐ Consent on file at WIC

Check box next to question if the answer is yes:

- ☐ Acceptable qualifying condition indicated?
- ☐ Formula consistent with qualifying condition?
- ☐ Amount and length appropriate?
- ☐ Med Doc Foods note written?

☐ Approved ☐ Disapproved ☐ Pending Pending Date & Initial ________________

Signature: ________________

Printed Name: ________________ Date: ________________

Comments: ________________ WIC ID # ________________

This institution is an equal opportunity provider and employer.