



# WIC FORMULAS AND FOODS PRESCRIPTION FORM

## Infants (Birth to 1<sup>st</sup> birthday)

9-9-09  
Draft

Infant name \_\_\_\_\_

Infant date of birth \_\_\_\_\_

Caregiver name \_\_\_\_\_

Return pages 1 and 2 to the local WIC clinic or to the infant's caregiver.

### 1. Check a qualifying medical diagnosis

- Premature birth ≤ 37 weeks gestation
- Low birth weight ≤ 5 lbs 8 oz
- Failure to thrive
- Gastrointestinal disorders/malabsorption syndromes
- Immune system disorders
- Severe food allergies
- Metabolic disorders/inborn errors of metabolism
- Life-threatening medical condition that impairs the infant's nutritional status (Explain in Notes)
- Other (Describe): \_\_\_\_\_

Notes: \_\_\_\_\_

**Note:** The qualifying medical diagnosis must correspond with the medical need of the prescribed WIC formula or WIC foods.

A symptom such as "colic", "constipation", "rash", "spitting up", "vomiting", or "fussiness" is not an acceptable medical diagnosis for WIC.

### 2. Prescribe formula and amount

**Select one formula**

- Similac Sensitive R.S.
- Good Start Gentle PLUS
- Similac NeoSure
- Similac Alimentum
- Enfamil EnfaCare LIPIL
- Nutramigen LIPIL

The following formulas are provided with no prescription: Similac Advance, Similac Sensitive and Isomil Advance.

**Select the amount**

- Allow up to the maximum amount of formula. WIC staff and caregiver will determine amount.

**or**

\_\_\_\_\_ Ounces per day not to exceed the maximum amount of formula allowed

*Describe special feeding instructions:*

\_\_\_\_\_

\_\_\_\_\_

### 3. Prescribe foods for infants 6 to 12 months of age

In addition to formula, baby cereal and baby food fruits and vegetables may be provided to infants 6 -12 months of age when prescribed. The infant will receive these foods unless the medical provider indicates otherwise.

When WIC foods are prescribed, infants 6-12 months of age may receive less formula. See table on page 2.

Check the foods the infant is not allowed.

- Baby cereal
- Baby food fruits and vegetables

*Describe specific food or diet restrictions:*

\_\_\_\_\_

\_\_\_\_\_

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### Infants (Birth to 1<sup>st</sup> birthday)

#### 4. Enter the number of months for this prescription

*Not to exceed 12 months of age*  
This form expires on the  
infant's 1<sup>st</sup> birthday.

A new form is required when the prescription for formula and/or foods ends or changes.

#### 5. Enter medical provider information

Name: \_\_\_\_\_  
(Required) Print or Stamp

Date: \_\_\_\_\_  
(Required)

Signature: \_\_\_\_\_  
(Required)

Phone: (\_\_\_\_) \_\_\_\_\_  
(Required)

Email: \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_

Questions? Call the infant's local WIC clinic or the Washington State WIC Nutrition Program at 1-800-841-1410.

#### **WIC Staff - Complete this section**

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Local WIC clinic name Phone # Fax #

### Maximum Amounts of WIC Formulas and/or Foods per Month

| Infant Age                         | 0-3 months        | 4-5 months        | 6-12 months       | * 6-12 months<br>when foods are<br>contraindicated             |
|------------------------------------|-------------------|-------------------|-------------------|--|
| <b>Prescribed WIC Formula</b>      |                   |                   |                   |  |
| Powder<br>(reconstituted)          | Up to 870 fl. oz. | Up to 960 fl. oz. | Up to 696 fl. oz. | Up to 960 fl. oz.  |
| Concentrate<br>(reconstituted)     | Up to 806 fl. oz. | Up to 884 fl. oz. | Up to 624 fl. oz. | Up to 884 fl. oz.  |
| Ready to Feed                      | Up to 832 fl. oz. | Up to 896 fl. oz. | Up to 640 fl. oz. | Up to 896 fl. oz.  |
| <b>Prescribed WIC Foods</b>        |                   |                   |                   |  |
| Baby cereal                        | None              | None              | 24 oz.            | None<br>Foods are contraindicated<br>due to medical diagnosis. |
| Baby food<br>fruits and vegetables | None              | None              | 128 oz            | None<br>Foods are contraindicated<br>due to medical diagnosis. |

\* This column shows the additional amount of formula when infants do not receive foods. **Exception:** Infants who are prescribed Similac Sensitive R.S. or Good Start Gentle PLUS receive the formula amounts listed in the first "6-12 months" column whether or not they receive foods.

**BABIES WERE BORN TO BE BREASTFED. WIC SUPPORTS BREASTFEEDING.**



# Instructions to complete the WIC Formulas and Foods Prescription Form for Infants

Use this form for infants from birth to their first birthday

**Client information:** Complete the top portion of the form with the infant name, infant date of birth, and caregiver name.

## 1. Check a qualifying medical diagnosis

This box must be completed in order to provide prescribed formula and foods. The qualifying medical diagnoses are specified by federal regulations. If **Other** is marked, provide the medical diagnosis. The space under **Notes** is for any additional information that WIC staff should know related to the medical diagnosis.

## 2. Prescribed formula and amount

Check a box next to the formula prescribed.

WIC needs to know how much formula to provide the infant. Either check the **Allow up to the maximum amount of formula** if the maximum amount is needed or indicate the number of **Ounces per day** if the amount is less than what WIC allows. Refer to the table on page 2 of the form for the maximum amounts of powder, concentrate and ready to feed (RTF) formula allowed per month as defined by federal regulation.

The space under **Describe special feeding instructions** is for any feeding instructions, such as concentrating the formula from the usual 20 kcal per ounce, or specifying ounces per feeding.

## 3. Prescribe foods for infants 6 to 12 months of age

In the month the infant turns 6 months old, the infant may receive baby cereal and baby food fruits and vegetables.

When a check is marked in a box next to any food in the **Check the foods the infant is not allowed** table, WIC will not provide that food. If baby cereal and baby fruits and vegetables are not checked, the medical provider is prescribing all the foods in the standard food package. Refer to the attached chart for the maximum amounts of each food as defined by federal regulations. Note: WIC will not provide foods to infants younger than 6 months of age.

The space under **Describe special food or diet restrictions** is for any additional information that WIC staff should know regarding any restriction, such as instructing WIC staff to counsel the caregiver to select non-citrus fruits for an infant with citrus sensitivity/allergy.

Note: Infants 6 to 12 months of age who are prescribed NeoSure, Alimentum, EnfaCare LIPIL, or Nutramingen LIPIL may receive additional formula when WIC baby foods are not prescribed. This rule does not apply to infants who are prescribed Similac Sensitive R.S. or Good Start Gentle PLUS. Infants on these formulas do not receive additional formula whether or not they are prescribed baby foods. Refer to the table on page 2 of the form for the monthly maximum amounts of WIC formulas and foods.

## 4. Enter the number of months for this prescription

The prescription cannot exceed 12 months. A new form is required when: 1) the prescription for formula and foods expires; 2) the prescription for formula and foods changes, or 3) the infant turns one year of age.

## **Instructions to complete the WIC Formulas and Foods Prescription Form for Infants**

### **5. Enter medical provider information**

The name of the medical provider (licensed health care professional who can write medical prescriptions under state law), telephone, signature and date are required. A fax number and email address are optional but recommended. Questions should be directed to the infant's local WIC clinic or the Washington State WIC office at 1-800-841-1410.

### **WIC Staff - Complete this section: Local WIC clinic name, Phone # and Fax #**

For WIC staff to complete.

**Return completed form to the caregiver or to the infant's WIC clinic.** The information on the completed form (pages 1 and 2) is confidential. Please assure confidentiality when mailing or faxing this form to the caregiver or to the infant's WIC clinic. Do not mail or fax this form to the Washington State WIC Office.

For an electronic copy of this form, visit: <http://www.doh.wa.gov/cfh/wic>.



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