



Maine WIC Nutrition Program
MEDICAL DOCUMENTATION FOR WIC MEDICAL FORMULA OR MEDICAL FOOD

Health Care Provider: _____
Address: _____
Phone: _____ Fax: _____
Return form to: _____

1. Patient's Name: _____ Date of Birth (DOB): ___/___/___
2. Parent/Guardian: _____

The Maine WIC Nutrition Program issues only contract infant formulas for partially breastfed or non-breastfed infants drinking a standard cow's milk or soy based formula.

WIC Contract formulas are:

Milk based: Nestle Good Start Gentle Plus Soy based: Nestle Good Start Soy Plus

3. Please check qualifying medical condition(s)/ICD-9 code(s)

- 558.3 Allergic Colitis
V15.0 Allergic Vomiting
477.1 Allergy, Food [cow's milk protein, soy]
343.9 Cerebral Palsy
783.4 Developmental Delay
783.41 Failure to Thrive/Inadequate Growth
271.1 Galactosemia
279.3 Immunodeficiency
579 Intestinal malabsorption
271.3 Lactose Intolerance
358.9 Neuromuscular Disorder
765.1 Prematurity
270.1 Phenylketonuria (PKU)
Other (include ICD-9 code): _____

4. Special Infant Formula/Medical Food Request (Note: Maximum of 6 months duration for all formula prescriptions)
Formula name: _____

Caloric density (specify only hypercaloric density needed) _____

Other Prescription Foods (children 1-4 years and women):

- Fortified Soy Beverage Calcium-set Tofu Goat's milk
Whole milk (child >24 months or woman)

Intended length of use: <1 month 1 month 2 months 3 months 6 months

Prescribed ounces per day (unless ad lib): _____

5. WIC Supplemental Foods Available—Indicate foods to be excluded due to special health needs

Note: If a patient is unable to tolerate certain foods (i.e., G-tube, liquid only feedings, food allergies), please check the appropriate box to exclude foods not allowed (no wheat for child with gluten enteropathy, or no corn for child with corn allergy).

Infants (6-12 months): Please check foods which are to be excluded:

- Exclude all WIC solid foods Pureed fruits and vegetables
Infant cereal

Children (1-4 years) and Women (Pregnant, Breastfeeding, <=6 months Postpartum): Please check any foods which are to be excluded or restricted:

- Exclude all WIC foods Legumes
Milk or cheese Breakfast cereals
Juice Whole wheat bread or tortillas
Vegetables and fruits Brown rice
Eggs Corn tortillas
Peanut butter

6. HEALTH CARE PROVIDER SIGNATURE: _____ Date: _____
(Printed Name, Health Care Provider)
Printed Name (Health Care Provider): _____

WIC Office Use: Participant ID # _____ Family ID # _____ Clinic # _____

Staff Signature: _____ Date: _____

Instructions for Physicians or Physician Assistants or Nurse Practitioners
(Only Healthcare Providers licensed to write a prescription in Maine can complete this form)

- Item #1: Write patient's complete name and date of birth (DOB).
- Item #2: Write patient's parent/guardian name.
- Item #3: From the list of most common nutrition related ICD-9¹ medical diagnoses, document one or more of the patient's serious qualifying medical condition(s) for which WIC prescriptions may be written. Other medical diagnoses that may require special/exempt infant formulas must have an ICD-9 code and will be considered on a case by case basis.
- Item #4: The Maine WIC Nutrition Program endorses breastfeeding as the optimal way to feed infants. If infants are not breastfed, WIC supports the American Academy of Pediatrics recommendation that all formula fed infants receive iron-fortified formula for the first year. In accordance with this recommendation, the Maine WIC Nutrition Program has a sole source contract with Nestlé® formulas to provide standard iron-fortified milk- and soy-based formulas Nestle Good Start Gentle Plus and Nestle Good Start Soy Plus®, for healthy infants from birth to twelve months of age whose mothers who partially breastfeed or choose not to breastfeed. We will no longer provide milk- or soy-based standard infant formulas that are not part of the WIC contract. The Program will continue to provide medical infant formulas such as protein hydrolysate (hypoallergenic), added rice starch, hypercaloric, elemental and metabolic infant formulas with an appropriate nutrition-related ICD-9 code.
- For infants: Indicate the special medical formula, caloric density (if other than 20 cal/oz) and intended length of use. WIC routinely provides powdered or concentrated formulas. RTF formula may be authorized when the WIC staff nutritionist determines and documents that there is an unsanitary or restricted water supply or poor refrigeration, the person caring for the infant has difficulty correctly diluting the concentrated liquid or powdered formula or the product is only available in RTF. (Note: Babies with special needs (premature or sick infants) may be issued RTF if that form better accommodates the participant's condition, or if it improves the participant's compliance in consuming the prescribed WIC formula.)
- For children 1-4 years and women: Indicate milk alternatives (fortified soy beverage, calcium-set tofu, goat's milk, or whole milk for patients >24 months) required because of qualifying medical condition.
- Item #5: Please check WIC supplemental foods to be excluded because of the patient's medical condition (such as wheat exclusion for gluten intolerance, or pureed infant food exclusion for developmentally delayed infant).
- Item #6: A Health Care Provider's original signature is required. Make sure your name, medical office, phone number and address are at the top of the form. By signing this form, you are verifying you have seen and evaluated the patient's nutrition and feeding problem(s) and symptoms and determined he/she has a qualifying medical condition. Give the completed form to the parent/guardian to take to their local WIC program or fax to the clinic serving the patient.

For more information or additional copies of this form please visit our website at www.wicforme.com

Client Authorization:

My consent to authorize the release of this information is effective until _____ . (not to exceed 30 months)

- The WIC Program MAY__ MAY NOT__ call my physician to discuss this request at any time within the effective date.*
- I understand that I can revoke my consent at any time before the above expiration date by bringing a written, signed and dated note of my wishes to the local WIC Program. This will not affect any information the health care provider releases before WIC receives the note. A decision to withdraw any consent to release the requested information, however, may mean that the WIC Program will not have the information needed to provide WIC benefits.*
- I can refuse to authorize the release of some or all of the information requested, but if I do this, it could mean that the WIC Program will not have the information needed to provide WIC benefits.*
- I am entitled to a copy of this request form.*

Signed: _____
WIC Participant/Parent/Guardian

Date: _____

Signed: _____
WIC Program Representative

Date: _____