

Medical Documentation for Formula and Food



The Florida WIC Program supports the American Academy of Pediatrics' Statement on Breastfeeding. Final determination of the approval and provision of formula and food will be based on Florida WIC Program policies and procedures.

Client's Name:	Date of Birth:	
FORMULA(S) and FOOD OPTIONS		
	WIC policies and list of qualifying medical conditions.	
The WIC Program provides Good Start formulas. To request a substitute, complete <u>all</u> fields below. Have Good Start formulas been tried? □ yes □ no Are they contraindicated? □ yes □ no Why?		
	□ maximum amount allowed OR specify ounces red	
Formula Name:	□ maximum amount allowed OR specify ounces red	quired per day
□ Issue full provision of age-appropriate WIC supplemental foods. □ Do not issue WIC supplemental foods; provide formula only. □ Issue a modified food package omitting the WIC supplemental foods checked below: Infants: □ No baby cereal at 6 months of age □ No baby fruits and vegetables at 6 months of age Women and Children 1 year and older: □ No milk □ No cheese □ No fruit juice □ No beans □ No cereal □ No whole wheat bread, brown rice, or corn tortillas □ No eggs □ No fruits and vegetables □ No peanut butter (only provided for 2 years and older) □ No canned fish (only provided for some women) Any special instructions or additional restrictions:		
Length of use (cannot exceed 6 months): 🗅	1 month $\ \square$ 3 months $\ \square$ 6 months $\ \square$ other, please sp	ecify
Qualifying medical condition(s):		
	Height or Length:inches Weiged by current height or length and weight.	jht:lbs
	WIC provides whole cow's milk or lactose-free/lactose-	reduced cow's milk
☐ No milk; give additional cheese due to lact☐ Formula instead of cow's milk and cheese t		Teduced Cow's Hillion
 □ No milk; give additional cheese due to lact □ Soy milk instead of cow's milk and cheese □ Whole cow's milk (must include anthropome □ Other medical condition requiring high fat 	e for: □ lactose intolerance □ milk allergy □ vegan □ etric data) for: □ underweight □ inadequate growth □ diet, please specify	□ other □ Failure to Thrive
	Height:inches Weight:	
□ No milk; give additional cheese due to lact□ Whole cow's milk (must include anthropome□ Other medical condition requiring high fat	etric data) for: □ underweight □ low weight gain □ diet, please specify:	weight loss
Date Anthropometric data obtained:	Height:inches Weight:	lbs
Must have office stamp or complete practice address and phone number		
Print Name	Ph	one Number
Signature of Physician, ARNP, or PA	 Da	rte

Qualifying Medical Conditions – formula approvals will be considered for one or more of these reasons:

- · Premature birth until 1 year of age.
- · Low birth weight until 6 months of age.
- · Inborn errors of metabolism and metabolic disorders.
- Must specify gastrointestinal disorder or malabsorption syndrome that impairs ingestion, digestion, absorption, or utilization of nutrients that could adversely affect nutritional status.
- · Immune system disorders.
- · Life threatening disorders.
- A hydrolyzed or amino acid based formula can be provided for a diagnosed formula intolerance or food allergy to lactose, sucrose, milk protein, or soy protein.
- Failure to Thrive <u>only</u> when child is documented with one
 or more of the following: below 10th percentile weight for
 length, below 10th percentile BMI for age and sex, or has
 dropped one growth channel in a 6-month time period.
 Current anthropometric data required.

Non-qualifying Conditions – formulas will <u>not</u> be approved solely for one or more of these reasons:

- · Colic, spitting up, gassiness, or fussiness.
- Diarrhea, vomiting, or constipation that is of short duration or intermittent.
- Feeding difficulty without giving medical diagnosis.
- Medically necessary without giving medical diagnosis.
- · Participant preference.
- · Enhancing nutrient intake or managing body weight.
- · Non-specific formula or food intolerance.

A milk-based or soy-based infant formula, other than a Good Start formula, cannot be provided to a WIC participant for formula intolerance or food allergy to lactose, sucrose, milk protein, or soy protein.

No type of formula can be provided to a child or woman with lactose intolerance who is able to drink lactose-reduced or lactose-free milk and/or eat cheese.

Dear Health Care Provider:

Thank you for your continuing support of the Florida WIC Program. The WIC Program is committed to the Healthy People 2010 goals for improving the health and nutritional status of Florida's women, infants and children. WIC supports the American Academy of Pediatrics' *Statement on Breastfeeding and the Use of Human Milk*. WIC encourages mothers to fully breastfeed their babies for at least six months. Local WIC agency staff can assist WIC mothers with breastfeeding or make appropriate referrals.

The Florida WIC Program provides a limited amount of iron-fortified infant formulas that are milk-based or soy-based for WIC infants who are not fully breastfeeding. (See list of WIC contract formulas below.) The use of a federally mandated "single source bid" has allowed the program to purchase formula at a greatly reduced cost. Use of the WIC contract formulas provides additional funds (up to \$80 per participant, per month) for the Florida WIC Program to serve more pregnant, breastfeeding, and postpartum women; infants; and children.

Department of Health WIC Program Policy for Standard Formulas Other than the Contract Formulas

- By completing this form, you are indicating that a diagnosed qualifying medical condition necessitates the use of a different formula(s) from the current contract formulas. The local WIC clinic cannot consider the requested formula(s) without all of the required information.
- Substitution of another iron-fortified infant formula will only be considered if it meets the qualifying medical conditions as described above.
- Requests are limited to 6 months. It is our policy to re-evaluate the patient's continued need for the formula(s) on a
 periodic basis during the requested time period.
- In some cases, incomplete or limited medical information may prevent the approval of the formula(s) requested. In order to expedite the approval process, WIC staff may need to contact the health care provider who requested the formula(s) to obtain more detailed medical information. Complete contact information is required on the front of the form.

WIC contract standard infant formulas are the following formulas:

- Good Start Gentle Plus (partially hydrolyzed 100% whey formula with DHA & ARA)
- Good Start Soy Plus (partially hydrolyzed soy-based formula with DHA & ARA)
- Good Start Protect Plus (partially hydrolyzed 100% whey formula with DHA & ARA and Bifidus BL)

For infants and children 9 to 24 months of age, the following formulas are available:

- Good Start 2 Gentle Plus (partially hydrolyzed 100% whey formula with DHA & ARA)
- Good Start 2 Soy Plus (partially hydrolyzed soy-based formula with DHA & ARA)
- Good Start 2 Protect Plus (partially hydrolyzed 100% whey formula with DHA & ARA and Bifidus BL)

If you have a question about a specific formula, please contact your local WIC office or the Bureau of WIC and Nutrition Services at 1-800-342-3556.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410

or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.