



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

Please read the back of this form for Florida WIC policies and list of qualifying medical conditions.

The WIC Program provides Good Start formulas. To request a substitute, complete all fields below.

Have Good Start formulas been tried? yes no Are they contraindicated? yes no Why? _____

Formula Name: _____ maximum amount allowed OR specify ounces required per day _____

Formula Name: _____ maximum amount allowed OR specify ounces required 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 3 months 6 months other, please specify _____

Qualifying medical condition(s): _____

Date Anthropometric data obtained: _____ **Height or Length:** _____ inches **Weight:** _____ lbs

Failure to Thrive must be accompanied by current height or length and weight.

MILK SUBSTITUTES - Only complete this section when applicable.

Children 1 year to less than 2 years old - WIC provides **whole** cow's milk or lactose-free/lactose-reduced cow's milk

No milk; give additional cheese due to lactose intolerance

Formula instead of cow's milk and cheese for: lactose intolerance milk allergy vegan

Check which formula: Good Start 2 Soy Plus Good Start Soy Plus other _____

Children 2 years and older - WIC provides **1% lowfat or fat free** cow's milk or lactose-free/lactose-reduced cow's milk

No milk; give additional cheese due to lactose intolerance

Soy milk instead of cow's milk and cheese for: lactose intolerance milk allergy vegan other _____

Whole cow's milk (must include anthropometric data) for: underweight inadequate growth Failure to Thrive

Other medical condition requiring high fat diet, please specify _____

Date Anthropometric data obtained: _____ **Height:** _____ inches **Weight:** _____ lbs

Women - WIC provides **1% lowfat or fat free** cow's milk, lactose-free/lactose-reduced cow's milk, or **soy** milk

No milk; give additional cheese due to lactose intolerance

Whole cow's milk (must include anthropometric data) for: underweight low weight gain weight loss

Other medical condition requiring high fat diet, please specify: _____

Date Anthropometric data obtained: _____ **Height:** _____ inches **Weight:** _____ lbs

Must have office stamp or complete practice address and phone number

Print Name

Phone Number

Signature of Physician, ARNP, or PA

Date

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.
- GER or GERD only with an additional condition.
- 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 only 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 not 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.

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