



**Medical Documentation for WIC Nutritionals and Approved WIC Foods
Infants 0 – 11 months old**

Completion of this form is federally required to ensure that the patient under your care has a medical condition/diagnosis that requires the use of WIC-eligible formula/nutritional and/or changes to their supplemental food package.

A. Patient Information (Complete All)

Child's Name: _____ Date of Birth: _____

Parent/Guardian Name: _____

Medical Diagnosis/Qualifying Condition(s): _____

Please Note:
The following non-specific terms are **NOT** acceptable as qualifying conditions: gas, colic, fussiness, constipation, spitting up, feeding difficulty, non-specific intolerance. Formula requests received with these terms will not be approved.
➤ A trial of **Similac Sensitive, Similac Total Comfort, or Similac Advance** is required at six months of age or within three months of prescribing **Similac Alimentum** and/or **Enfamil Nutramigen**. If a retrial is medically contraindicated, please state reason:

B. WIC-Eligible Formula/Nutritionals

Name of formula/nutritional requested: _____

Prescribed amount: _____ oz per day:

Requested length of issuance (please circle): 1 2 3 4 5 6 Months

Required Calories/Fluid ounce concentration:

- Mix according to standard dilution per label instructions
- Mix according to these instructions:

C. WIC Food Restrictions/Requests Infants older than six months old (Please check all that apply)	D. Complete this section only if a healthcare provider (MD, DO, APRN, or PA) is not deferring to WIC Nutrition professional
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| <ul style="list-style-type: none"><input type="checkbox"/> No food restrictions<input type="checkbox"/> Issue formula only (no foods and increased amount of formula past six months of age due to inability or delay in consuming solids)<input type="checkbox"/> Authorize WIC Nutritionist to determine food restrictions <p align="center">or</p> <ul style="list-style-type: none"><input type="checkbox"/> Healthcare provider (MD, DO, APRN, or PA) will determine food restrictions (Complete section D) | <p><u>Do not issue the WIC foods below:</u></p> <ul style="list-style-type: none"><input type="checkbox"/> Infant cereal<input type="checkbox"/> Baby food fruit and vegetable |
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E. Healthcare Provider Information

Provider's Name (please print): _____

Signature of healthcare provider: _____

Address: _____

Phone: _____ Fax: _____ Date: _____

Rhode Island WIC Program Formula Issuance Guide for Infants

Participant Age/Category	Infants 0-3 months	Infants 4-5 months	Infants 6-11 months	Women and Children
Monthly Formula Amount (Reconstituted)	Up to 806 fl oz	Up to 884 fl oz	Up to 806 fl oz	Up to 806 fl oz
<p>Standard Contract Infant Formulas (20 calories/ounce):</p> <ul style="list-style-type: none"> • Similac Advance • Similac Soy Isomil • These formulas will be provided unless there is a diagnosed medical condition that warrants a Rhode Island WIC-approved medical formula or nutritional. • Issuance of these formulas does not require a prescription. • A trial of at least two contract formulas must be completed before prescribing a non-contract formula such as Nutramigen or Alimentum. 				
<p>Contract Infant Formulas (20 calories/ounce, as of October 2020):</p> <ul style="list-style-type: none"> • Similac Sensitive • Similac For Spit-Up • Similac Total Comfort <p>These formulas can be provided if there is a tolerance issue with Similac Advance or Soy Isomil</p>				
<p>Medical Formula and Nutritionals</p> <p>A healthcare provider (MD, DO, APRN, or PA) must complete the <i>RI WIC Medical Documentation for WIC Nutritionals and Approved WIC Foods (WIC-23A)</i> in order for Rhode Island WIC to issue medical formula and nutritionals.</p> <p><u>Some of the available infant medical formulas include:</u></p> <ul style="list-style-type: none"> • Similac Expert Care Neosure • Enfamil EnfaCare • EleCare for Infants • PurAmino • Similac Expert Care Alimentum • Nutramigen with Enflora LGG • Neocate Infant DHA/ARA • Pregestimil <p>*For a complete list of approved medical formulas and nutritionals, please contact the local WIC agency or the Health Information Line at 401-222-5960.</p>				
<p>Ready-to-Feed Formula</p> <p>Ready-to-feed formula can only be issued for the following reasons:</p> <ul style="list-style-type: none"> • Unsanitary, contaminated, or restricted water supply; • Homeless family with no access to refrigeration, clean water, etc.; • Special formula ordered by a healthcare provider is available only as a ready-to-feed formula; • For tube feedings or other medical conditions; and/or • The infant's care provider may have difficulty preparing liquid concentrate or powder formula 				
<p>Non-Contract Standard Formulas</p> <p>These formulas are not allowed for any reason:</p> <ul style="list-style-type: none"> • Any standard Mead Johnson product (Enfamil, ProSobee, Gentlease, Reguline & AR) • Any Gerber Good Start product • Any store brand formula (ex. Parent's Choice) 				