

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 so	nditions; and colic fuscings; constinution critting				
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, Enfamil Nutramigen, Nutricia Pepticate, Gerber Good Start Extensive HA and/or Parent's Choice Hypoallergenic. 					
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 				
No food restrictions	Do not issue the WIC foods below:				
□ Issue formula only (no foods and increased amount of formula particular of the second seco					
months of age due to inability or delay in consuming solids) Authorize WIC Nutritionist to determine food restrictions 	Baby food fruit and vegetable				
or					
Healthcare provider (MD, DO, APRN, or PA) will determine food restrictions (Complete section D)					
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
Standard Contract Infant Fo	ormulas (20 calor	ies/ounce):		
• Similac Advance • Simil	ac Soy Isomil			
 These formulas will be provi approved medical formula of 		a diagnosed medic	al condition that warrants	s a Rhode Island WIC
 Issuance of these formulas of 	does not require a pi	rescription.		
 A trial of at least two contra Nutramigen, Alimentum, Nu Hypoallergenic. 				
Contract Infant Formulas (2	20 calories/ounce):		
• Similac Sensitive • Similac	Total Comfort			
These formulas can be provided	if there is a tolerand	e issue with Simila	c Advance or Soy Isomil	
A healthcare provider (MD, DO, and Approved WIC Foods (WIC-2 Some of the available infant me • Similac Expert Care Neosure	23A) in order for Rho	ode Island WIC to i l <u>e</u> :		
• Similac Expert Care Alimentu		with Enflora LGG	Neocate Infant DHA/A	
• Enfamil AR	• Nutricia Pep		······································	
For a complete list of approved m Information Line at 401-222-596		nutritionals, pleas	e contact the local WIC ag	ency or the Health
Ready-to-Feed Formula Ready-to-feed formula can only • Unsanitary, contaminated,		5		
 Homeless family with no a 		,		
 Special formula ordered by 	-			ula;
 For tube feedings or other 	•		, ,	
• The infant's care provider r			ncentrate or powder form	ula
Non-Contract Standard For	mulas			
These formulas are not allowed	for any reason:			
Any standard Mead Johnso	on product (Enfamil,	ProSobee, Gentlea	ise & Reguline)	
Any standard Gerber Good	•			
 Any standard store brand 	formula (ex. Parent's	Choice)		

• Any standard store brand formula (ex. Parent's Choice)