WYOMING WIC PROGRAM

MEDICAL DOCUMENTATION

A healthcare professional licensed to write medical prescriptions is required to provide the following medical documentation:

- Medical determination of a qualifying condition;
- Name of the prescribed WIC formula;
- Quantity needed per day of prescribed WIC formula;
- Length of time the WIC formula is required by the participant;
- Indication of supplemental food restrictions or contraindications; and
- Signature of healthcare professional, date, and contact information.

Participant Category	Qualifying Medical Conditions	Non-qualifying Conditions
Infants (up to 12 months)	 Premature birth Low birth weight Failure to Thrive Metabolic disorders Gastrointestinal disorders Malabsorption syndromes Immune system disorders Life threatening disorders, diseases, and medical conditions that impair ingestion, digestion, absorption, or utilization of nutrients that could adversely effect the participant's nutrition status 	Non-specific formula or food intolerance Diagnosed formula intolerance or food allergy to lactose, sucrose, milk protein, or soy protein that does not require an exempt infant formula
Children (up to five years)	 Premature birth Failure to Thrive Metabolic disorders Gastrointestinal disorders Malabsorption syndromes Immune system disorders Life threatening disorders, diseases, and medical conditions that impair ingestion, digestion, absorption, or utilization of nutrients that could adversely effect the participant's nutrition status For soy milk: these may include, but are not limited to, milk allergy, severe lactose maldigestion, and vegan diets 	Solely for the purpose of enhancing nutrient intake or managing body weight without an underlying condition Lactose intolerance (acceptable for cheese issuance only) Participant preference
Women	 Metabolic disorders Gastrointestinal disorders Malabsorption syndromes Immune system disorders Life threatening disorders, diseases, and medical conditions that impair ingestion, digestion, absorption, or utilization of nutrients that could adversely effect the participant's nutrition status 	 Solely for the purpose of enhancing nutrient intake or managing body weight without an underlying condition Lactose intolerance (acceptable for cheese issuance only) Participant preference

WYOMING WIC PROGRAM MEDICAL DOCUMENTATION Prescription subject to WIC approval based on program policy and procedure.			WIC Agency: WIC Fax Number: WIC ID:		
This is the only meaned Documentation form accepted by 111 title.			ite (MM/DD/YY):		
Regardless of diagnosis Enfamil, Gentlease, Prosobee, Nestle Goodstart products, and store brand formulas will not be issued.			re brand formulas will not be issued.		
REQUIRED	LENGTH OF PRESCRIPTION (months or weeks): Months: 1 1 2 1 3 1 4 1 5 1 6 Other OR Weeks: Six months will be issued if nothing is marked.				
INFANTS	A prescription is not needed for Similac Advance (Complete Nutrition), Similac Soy (Isomil), and Similac Sensitive (Fussiness & Gas). FORMULA PRESCRIBED - Please complete for infants through the age of 12 months: Similac Expert Care Neosure-009				
FORMULA/MEDICAL FOOD PRESCRIBED - Please complete for children over the age of 12 months and women: Pediasure w/fiber RTF-035					
Provider's Printed Name:					
Pr	ovider's Signature:		Date:		
Medical Office Name and Address:			Phone:		