

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)	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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)	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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.

This is the only Medical Documentation form accepted by WY WIC.

WIC Agency:

WIC Fax Number:

WIC ID:

Patient's Name:

Birth Date (MM/DD/YY):

Regardless of diagnosis Gentlease, Nestle Goodstart products, and store brand formulas will not be issued.

REQUIRED**QUALIFYING MEDICAL CONDITION(S) - Please complete for each participant regardless of age:**

- Premature Birth Low Birth Weight Gastrointestinal Disorders Metabolic Disorders
 Failure to Thrive Malabsorption Syndromes Immune System Disorders
 Life threatening disorders, diseases, and medical conditions that impair ingestion, digestion, absorption, or utilization of nutrients that could adversely affect the participant's nutrition status

For children over the age of one only receiving soy milk: Milk Allergy Severe Lactose Maldigestion Vegan Diet
 Other _____

LENGTH OF PRESCRIPTION (months or weeks): Months: 1 2 3 4 5 6 Other ___ **OR** Weeks: _____

Six months will be issued if nothing is marked.

INFANTS**A prescription is not needed for Similac Advance (Complete Nutrition), and Similac Sensitive (Fussiness & Gas), and Enfamil Prosobee. FORMULA PRESCRIBED - Please complete for infants through the age of 12 months:**

- Similac Total Comfort Similac Expert Care Neosure Similac Spit Up Elecare Infant
 Similac Expert Care Alimentum Nutramigen w/Enflora LGG PurAmino Enfamil Enfacare
 Similac Special Care 24 w/Iron (Infants up to 8 pounds) Enfamil Premature 24 Kcal RTF (Infants up to 5.5 pounds)
 Similac Go & Grow (Milk Based) (Infants 9 months or older) Enfamil Lipil 24 Cal (2 fl oz nursettes) Pregestimil DHA/ARA
 Enfagrow Soy Toddler (Infants 9 months or older) Neocate DHA/ARA Infant Other medically necessary formula: _____

AMOUNT (oz/day for Partially Breastfed Infant): 3 6 9 12 _____ Other Maximum

AMOUNT (oz/day for Fully Formula Fed Infant): 20 24 27 29 _____ Other Maximum

The maximum amount will be issued if nothing is marked. No more than the allowable maximum amount will be issued.

DIET RESTRICTIONS (Age 6 to 12 months): Infant Cereal Infant Meats Infant Vegetables Infant Fruits

All benefits will be provided if nothing is marked.

CHILDREN OR WOMEN**FORMULA/MEDICAL FOOD PRESCRIBED - Please complete for children over the age of 12 months and women:**

- Similac Go & Grow (Milk Based) Enfagrow Soy Toddler (Infants 9 months or older) Pediasure w/fiber RTF Pediasure RTF
 Ensure RTF Neocate Jr Elecare Jr Nutren Jr w/fiber RTF Nutren Jr RTF
 Other medically necessary formula: _____

AMOUNT PRESCRIBED (oz/day): 24 27 29 _____ Other Maximum

The maximum amount will be issued if nothing is marked. No more than the allowable maximum amount will be issued.

Whole Milk (A medical food/formula must be prescribed for whole milk to be authorized)

Soy Beverage (Child Only)

Additional Cheese with diagnosed(Personal preference is not an allowed reason) Severe Lactose Intolerance Milk Allergy

_____ Pounds of cheese/month (no more than the allowable maximum amount will be issued)

_____ Up to maximum amount decided by CPA & participant (this will be used if how many pounds of cheese/month is not designated)

DIET RESTRICTIONS: Bread Brown Rice Canned Salmon Canned Tuna Cereal Milk Eggs

Cheese Fruits Juice Legumes Vegetables Oatmeal Peanut Butter Tortillas

All benefits will be provided if nothing is marked.

Provider's Printed Name:

Provider's Signature:

Date:

Medical Office Name and Address:

Phone:

Fax: