



## Medical Documentation

### WIC-Eligible Nutritionals and Therapeutic Formula

WIC Clinic:

Fax #:

WIC ID #:

Medicaid is the first payer for therapeutic formulas and nutritionals. **If the patient is not on Medicaid, please complete this form for WIC authorization and return the completed form to the patient's WIC clinic.**

This documentation is federally required to ensure the patient under your care has a medical condition/diagnosis that dictates the use of therapeutic formula, nutritionals or requires changes to the WIC supplemental food package.

#### SECTION I—TO BE COMPLETED FOR ALL ORDERS

PATIENT (First/Mi/Last):	DOB:
PARENT/CAREGIVER (First/Mi/Last):	
Dx:	This prescription is:      new      refill

#### SECTION II—THERAPEUTIC FORMULA/NUTRITIONALS

**Section A:** Must be completed by a healthcare provider.

**Section B:** The healthcare provider has the option to refer to a WIC Registered Dietitian (RD). If selected, The WIC RD will determine the appropriate issuance, prescribed amount and length of time required for WIC foods based on the patient's qualifying condition(s).

Supplemental foods, amount and length of need to be determined per WIC RD .

<p><b>A.) Formula/Nutritionals:</b></p> <p><b>Product Name:</b></p> <p><b>Duration:</b>                    months (maximum 12 mos)</p> <p><b>Amount:</b>                    oz/day</p> <p>    Prematurity                    GERD or reflux</p> <p>    Failure to thrive                Food allergy:</p> <p>    Dysphagia                        Other:</p> <p><b>Special instructions/comments:</b></p>	<p><b>B.) WIC FOOD RESTRICTIONS:</b> The patient will receive WIC foods in addition to the formula prescribed. Please check all foods listed below that are NOT appropriate for the diagnosis .</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Category</th> <th style="width: 40%;">WIC Foods</th> <th style="width: 10%;">Do Not Give</th> <th style="width: 35%;">Restrictions / Comments</th> </tr> </thead> <tbody> <tr> <td rowspan="2" style="text-align: center;">Infants (6-12 mos)</td> <td>Baby cereal</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Baby fruit/vegetable</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td rowspan="8" style="text-align: center;">Children (1-5 yrs)</td> <td>Cow's milk</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Cheese</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Eggs</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Peanut butter</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Whole grains</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Cereal</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Beans</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Vegetables / fruits</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Juice</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> </tbody> </table>	Category	WIC Foods	Do Not Give	Restrictions / Comments	Infants (6-12 mos)	Baby cereal	<input type="checkbox"/>		Baby fruit/vegetable	<input type="checkbox"/>		Children (1-5 yrs)	Cow's milk	<input type="checkbox"/>		Cheese	<input type="checkbox"/>		Eggs	<input type="checkbox"/>		Peanut butter	<input type="checkbox"/>		Whole grains	<input type="checkbox"/>		Cereal	<input type="checkbox"/>		Beans	<input type="checkbox"/>		Vegetables / fruits	<input type="checkbox"/>		Juice	<input type="checkbox"/>	
Category	WIC Foods	Do Not Give	Restrictions / Comments																																					
Infants (6-12 mos)	Baby cereal	<input type="checkbox"/>																																						
	Baby fruit/vegetable	<input type="checkbox"/>																																						
Children (1-5 yrs)	Cow's milk	<input type="checkbox"/>																																						
	Cheese	<input type="checkbox"/>																																						
	Eggs	<input type="checkbox"/>																																						
	Peanut butter	<input type="checkbox"/>																																						
	Whole grains	<input type="checkbox"/>																																						
	Cereal	<input type="checkbox"/>																																						
	Beans	<input type="checkbox"/>																																						
	Vegetables / fruits	<input type="checkbox"/>																																						
Juice	<input type="checkbox"/>																																							
Health Provider's Name (please print)	Location	Phone:																																						
		Fax:																																						
<b>Health Care Provider's Signature</b>																																								
<span style="margin-right: 20px;">MD</span> <span style="margin-right: 20px;">DO</span> <span style="margin-right: 20px;">PA</span> <span style="margin-right: 20px;">NP</span> <span style="float: right;">Date:</span>																																								
<b>WIC USE ONLY</b> RD review:		Date:																																						



## Medical Documentation for Women, Infants and Children (WIC)

The Medical Documentation form (on the back) is the **only** acceptable form by the Idaho WIC program needed:

- To issue an exempt infant formula or WIC-eligible nutritional
- When an infant turns six months of age
- Every 12 months for children or women
- Upon a change in amount or type of product or supplemental foods issued

**Per federal regulation, Medicaid is the primary payor for exempt infant formulas and WIC-eligible nutritionals issued to WIC participants who are also Medicaid beneficiaries.** Participants should contact Medicaid directly and/or the applicable staff member at the healthcare provider's office to obtain a product from a medical supply company.

For Medicaid, please refer participants or healthcare providers who need assistance to:

- <https://www.idmedicaid.com/Default.aspx> or DME website at [www.dme.idaho.gov](http://www.dme.idaho.gov)
- Idaho Medicaid website: <http://healthandwelfare.idaho.gov/Medical/Medicaid/tabid/123/Default.aspx>
- Call center telephone number: **1-866-686-4272**

The Idaho WIC program is a supplemental nutrition program. It does not provide all of the formula or nutritionals a woman, infant or child may need each month. The Idaho WIC program is part of the Western States Contracting Alliance (WSCA). This contract is a cost saving measure that allows the WIC program to serve more participants.

**Contract brand infant formula** is an iron-fortified milk-based, soy-based, lactose-free or added rice starch formula intended as a food substitute for human milk for healthy, term infants and produced by the manufacturer awarded the infant formula cost containment contract. Contract formulas are routinely provided to infants enrolled in the WIC program whose caregiver chooses to use formula.

### Contract formulas:

- Similac Advance
- Gerber Good Start Soy

**Non-contract infant formula** is an iron-fortified milk-based, soy-based, lactose-free or added rice starch formula that is not covered by an infant formula cost containment contract and is nutritionally comparable to a contract brand formula (noted above). **Such infant formulas are not provided by WIC and prescriptions or medical documentation for these formulas will not be accepted under any circumstances.**

**Exempt infant formula** is intended as a food substitute for human milk for use by infants who have inborn errors of metabolism, prematurity, low birth weight, or who otherwise have an unusual medical or dietary condition.

**WIC-eligible nutritionals** refers to certain enteral products that are specifically formulated to provide nutritional support for participants (women, infants or children) with a diagnosed medical condition where conventional food is precluded, restricted, or inadequate. Such WIC-eligible nutritionals must serve the purpose of a food, meal or diet (may be nutritionally complete or incomplete) and provide a source of calories and one or more nutrients; be designed for enteral digestion via an oral or tube feeding; and may not be a conventional food, drug, flavoring, or enzyme.

*In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.*

*Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.*

*To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).*

*This institution is an equal opportunity provider.*