



Local Agency Information

## Minnesota WIC Program Request for Medical Formula

The WIC Program requires a medical diagnosis to provide a medical formula/food and/or to change the WIC food package.

Please COMPLETE this form. All requests are subject to WIC approval.

### A. Patient Information

Patient's Name:

DOB:

Parent/Caregiver's Name:

### B. Medical Formula

Formula Requested:

Amount Needed per Day:

If not specified, up to (but no more than), WIC maximum allowable may be provided. Maximum allowed might not meet patient's full need.

Preparation/Feeding Instructions:

Standard preparation, unless otherwise specified.

Intended Length of Use:    1 month    2 months    3 months    4 months    5 months    6 months

NOTE: If no length specified, may provide up to 6 months. All prescriptions reevaluated every 6 months.

### C. Qualifying Medical Reason (check all that apply)

Prematurity    Low Birth Weight    Gastrointestinal Disorders    GERD/Reflux    Severe Food Allergies

Failure to Thrive – *specify underlying medical condition:*

Other Condition (describe):

### D. WIC Supplemental Foods

Standard Food Package (If no changes are specified, standard foods will be provided.)

**Infants** (6-12 months) will receive infant cereal and infant and/or fresh fruits/vegetables

**Children** (12-60 months) and **Women** will receive milk, cheese, juice, fruits/vegetables, whole grains, eggs, legumes, peanut butter, cereal, (canned fish – breastfeeding women only)

Provide age appropriate WIC foods. **Exceptions (specify):**

**Omit all** supplemental WIC foods, and provide medical formula only.

For child (age 1-4) receiving medical formula, provide infant fruits/vegetables.

Provide whole milk/yogurt. Only patients receiving medical formula and who need additional calories may receive whole milk/yogurt.

### E. Health Care Provider Information

Signature of Health Care Provider:

Date:

Provider's Name: *please print*

MD    NP    PA    CNM    DO

Medical Office:

Phone #:

Fax #:

### WIC Use Only

(Local Agency Information)