

MICHIGAN WIC PROGRAM
 Medical Documentation for WIC Formula and Authorized WIC Foods
Infants and Children (through 4 years of age)

WIC Clinic: _____ **Address:** _____

WIC Contact Person: _____ **Phone:** _____ **Fax:** _____

Prescription: Completion of this form is federally required to ensure that the WIC client under your care has a qualifying condition (medical condition/diagnosis) that requires the use of a WIC formula, medical food and/or changes to their supplemental food package. A health care provider's prescription will not be accepted as a replacement for this form.

Client's First & Last Name: _____ **Birthdate:** _____

Parent/Caregiver's First & Last Name: _____

INFANTS

1. Qualifying medical condition: (refer to back of form): _____

2. Infant formula requested: _____

Prescribed amount: Maximum allowable or _____ oz per day Physical Form: Powder Conc RTF

Instructions for preparation and use: _____

Medical documentation valid for: 1 mo. 2 mo. 3 mo. 4 mo. 5 mo. 6 mo. (maximum approval)

3. Supplemental foods allowed: (6-11 mos old) All (maximum allowable) None (issue infant formula only)

Restriction: (check foods to be omitted) infant cereal infant fruits/vegetables

CHILDREN

1. Qualifying medical condition (refer to back of form): _____

2. WIC formula/ medical food requested: _____

Prescribed amount: Maximum allowable or _____ oz per day Physical Form: Powder Conc RTF

Special instructions or restrictions: _____

Medical documentation valid for: 1 mo. 2 mo. 3 mo. 4 mo. 5 mo. 6 mo. (maximum approval)

Issue whole milk: (Children receiving a medical formula/food who need additional calories may receive whole milk).

3. Cheese Substitution: (With a qualifying medical condition, additional cheese may be substituted for milk).

Cheese Prescribed amount per day: Maximum allowable Other amount (specify) _____

4. Soy Beverage Substitution: (With a qualifying medical condition or one of the conditions listed below, soy beverage may be substituted for milk).

Soy Beverage Milk protein allergy Severe lactose maldigestion (cannot tolerate lactose free milk) Vegan diet

5. Supplemental foods allowed:

All (maximum allowable) None (issue medical formula / food only) Restriction: (check foods to be omitted)

<input type="checkbox"/> juice	<input type="checkbox"/> breakfast cereal	<input type="checkbox"/> milk	<input type="checkbox"/> cheese	<input type="checkbox"/> legumes / peanut butter
<input type="checkbox"/> eggs	<input type="checkbox"/> fruits and vegetables	<input type="checkbox"/> whole grains		

Instructions / Comments: _____

SIGNATURE (Health Care Provider) :	Date:
Printed Name (Health Care Provider):	
Medical Office/ Clinic:	Telephone:
Address:	

Qualifying Conditions

<ul style="list-style-type: none"> • Premature birth 	<ul style="list-style-type: none"> • Gastrointestinal disorders
<ul style="list-style-type: none"> • Low birth weight 	<ul style="list-style-type: none"> • Malabsorption syndromes
<ul style="list-style-type: none"> • Failure to thrive 	<ul style="list-style-type: none"> • Immune system disorders
<ul style="list-style-type: none"> • Inborn errors of metabolism and metabolic disorders 	<ul style="list-style-type: none"> • Life threatening disorders, or diseases and medical conditions that impair ingestion, digestion, absorption or could adversely affect nutritional status
<ul style="list-style-type: none"> • Severe food allergies that require an elemental diet 	

Michigan WIC Food Packages

Maximum Monthly Allowances of Supplemental Foods for Infant and Children with Qualifying Conditions

	Infants				Children	
	Fully Formula fed		Partially Breastfed			
Foods	A: 0-3 months B: 4-5 months	6-11 months	A: 0 to 1 month B: 1-3 months C: 4-5 months	6-11 months	Foods	1 through 4 years
WIC Formula ¹	A: 806 fl oz reconstituted liquid concentrate B: 884 fl oz reconstituted liquid concentrate	624 fl. oz. reconstituted liquid concentrate	A: 1 can powder B: 364 fl oz reconstituted liquid concentrate C: 442 fl. oz. reconstituted liquid concentrate	312 fl. oz. reconstituted liquid concentrate	Juice	128 fl oz
					WIC Formula ¹	910 fl oz ² reconstituted liquid concentrate
					Milk ³	13 qt
					Breakfast cereal	36 oz
Infant cereal		24 oz		24 oz	Eggs	1 dozen
					Fresh Fruit and Vegetables	\$6.00 in cash value
					Whole grains ⁴	2 lb
Infant fruits and vegetables		128 oz		128 oz	Legumes, dry (canned)	1 lb (64 oz canned) OR
					Peanut butter	18 oz
					Cheese	1 lb

¹ WIC Formula means infant formula, exempt infant formula, or WIC-eligible medical food.

² Powder and Ready-to-Feed may be substituted at rates that provide comparable nutritive value.

³ Allowable milk alternatives are cheese and soy beverage.

Cheese may be substituted for milk at a rate of 1 pound cheese per 3 quarts milk, up to the maximum monthly allowance.
Soy beverage may be substituted at a rate of 1 quart soy beverage per 1 quart milk, up to the maximum monthly allowance.

⁴ Allowable options for whole grains are whole wheat/whole grain bread, soft corn or whole wheat tortillas, oatmeal and brown rice.