

STATE WIC PROGRAM

Medical Documentation for WIC Formula and Approved WIC Foods *Pregnant, Breastfeeding and Nonbreastfeeding PostPartum Women*

Patient's First & Last Name _____ Birthdate(MM/DD/YY) _____

Parent/Caregiver's First & Last Name _____

Prescription: To authorize a special WIC-approved formula or eligible medical food for a WIC participant please complete item 1a,2-3. To authorize milk substitutes please complete items 1b, 2-3; all are required for WIC provision of the item(s).

Pregnant, Breastfeeding and Nonbreastfeeding PostPartum Women

1a. WIC formula/ medical food requested:

Prescribed amount per day: _____ Physical Form: Powder Concentrate Ready to Feed Food bar

Instructions for preparation and use: _____

Intended length of use 1 month 3 months 6 months Other _____

1b. Milk substitute(s) requested (authorization allows for additional calcium-set tofu / cheese to be substituted for milk)

Cheese Tofu

Prescribed amount per day: Full provision Restriction (explain) _____

Instructions/ Comments: _____

Intended length of use 1 month 3 months 6 months Other _____

2. WIC foods allowed (select all that apply; please note post-partum non breastfeeding women are not eligible to receive whole wheat bread; additionally only fully breastfeeding women are eligible to receive fish).

- | | | |
|--|--|---|
| <input type="checkbox"/> juice | <input type="checkbox"/> breakfast cereal | <input type="checkbox"/> milk or milk substitutes |
| <input type="checkbox"/> eggs | <input type="checkbox"/> fruits and vegetables | <input type="checkbox"/> whole wheat bread or |
| <input type="checkbox"/> legumes and/ or peanut butter | <input type="checkbox"/> fish (canned) | other whole grains |

Prescribed amount per day: Full provision Restriction (explain) _____

Instructions/ Comments: _____

Intended length of use 1 month 3 months 6 months Other _____

3. Qualifying medical condition(s):

(Justifies the prescription of above formula/ substitute/ supplemental foods)

SIGNATURE (Health Care Provider) :

Date:

Printed Name (Health Care Provider):

Medical Office/ Clinic:

Telephone:

Address:

WIC Staff Use Only:

SNAPSHOT of the New WIC Food Packages

Maximum Monthly Allowances of Supplemental Foods for Women Requiring Medical Documentation

Foods	Pregnant and Partially Breast-feeding (up to 1 year postpartum)	Postpartum (up to 6 months postpartum)	Fully Breast-feeding (up to 1 year post-partum)
Juice, single strength	144 fl oz	96 fl oz	144 fl oz
WIC Formula ¹	455 fl oz liquid conc.	455 fl oz liquid conc.	455 fl oz liquid conc.
Milk ²	22 qt	16 qt	24 qt
Breakfast cereal	36 oz	36 oz	36 oz
Cheese			1 lb
Eggs	1 dozen	1 dozen	2 dozen
Fruits and vegetables	\$8.00 in cash value vouchers	\$8.00 in cash value vouchers	\$10.00 in cash value vouchers
Whole wheat bread ³	1 lb		1 lb
Fish (canned) ⁴			30 oz
Legumes, dry or canned and/or Peanut butter	1 lb (64 ounce canned) And 18 oz	1 lb (64 ounce canned) Or 18 oz	1 lb (64 ounce canned) And 18 oz

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

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

² Allowable milk alternatives are cheese, soy beverage, and tofu.

- Cheese may be substituted for milk at a rate of 1 pound cheese per 3 quarts milk, up to the maximum monthly provision
- Soy beverage may be substituted for milk on a quart for quart ratio, up to the maximum monthly provision
- Tofu may be substituted for milk at a rate of 1 pound tofu per 1 quart of milk, up to the maximum monthly provision

³ Allowable options for whole wheat bread are brown rice, bulgur, oatmeal, whole-grain barley, soft corn or whole wheat tortillas.

⁵ Allowable options for canned fish are light tuna, salmon, sardines, and mackerel