



# Florida Department of Health WIC Program Medical Documentation for Formula and Food

The Florida WIC Program supports the American Academy of Pediatrics' Statement on Breastfeeding and the Use of Human Milk. Final determination of the approval and provision of formula and food will be based on Florida WIC Program policies and procedures.

Client's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## FORMULA(S) and FOOD OPTIONS

Please read the back of this form for Florida WIC policies and list of qualifying medical conditions.

**Enfamil milk-based formulas and Gerber soy-based formulas are the WIC contract formulas. (See the back of this form for more information about the WIC contract formulas.)**

**To request a substitute, complete all fields below.**

Have WIC contract formulas been tried?  Yes  No Are they contraindicated?  Yes  No Why? \_\_\_\_\_

Formula Name: \_\_\_\_\_  maximum amount allowed OR specify ounces required per day \_\_\_\_\_

Formula Name: \_\_\_\_\_  maximum amount allowed OR specify ounces required per day \_\_\_\_\_

Do not issue WIC supplemental foods; provide formula only.

Licensed Dietitian/Nutritionist can determine which WIC supplemental foods to provide.

**Child 1 year or older who is prescribed a formula requires the following WIC supplemental foods checked below:**

Baby cereal **AND** baby fruits and vegetables  Baby cereal **AND** regular fruits and vegetables

**Issue a modified food package omitting the WIC supplemental foods checked below:**

**Infant under 1 year:**  No baby cereal at 6 months of age  No baby fruits and vegetables at 6 months of age

**Woman or Child 1 year or older:**  No milk  No yogurt (only provided for women & children 2 years and older)  No cheese

No fruit juice  No beans  No cereal  No whole wheat bread/pasta/tortillas; brown rice; or corn tortillas  No eggs

No fruits & vegetables  No peanut butter (only provided for women & children 2 years and older)  No fish (only provided for some women)

**Any special instructions or additional restrictions:** \_\_\_\_\_

Length of use (cannot exceed 6 months):  1 month  3 months  6 months  Other, please specify \_\_\_\_\_

Qualifying medical condition(s): \_\_\_\_\_

**Date Anthropometric data obtained:** \_\_\_\_\_ **Height or Length:** \_\_\_\_\_ inches **Weight:** \_\_\_\_\_ lb.

*Failure to Thrive must be accompanied by current height or length and weight.*

## MILK SUBSTITUTES and OPTIONS - Only complete this section when applicable.

**Child 1 year to less than 2 years old - WIC provides whole cow's milk OR whole lactose-free cow's milk.**

Soy formula instead of cow's milk and cheese for:  Cow's milk allergy  Vegan diet  Lactose intolerance

Check which soy formula:  Gerber Good Start Soy 3 (formerly Graduates Soy)  Gerber Good Start Soy 1  Other \_\_\_\_\_

**Woman or Child 2 years or older - WIC provides 1% lowfat or fat free cow's milk OR 1% lowfat or fat free lactose-free cow's milk OR soy milk.**

**If prescribing a formula for a woman or child 1 year or older, what type of milk do you want WIC to provide?**

Whole milk  1% lowfat or fat free milk  2% reduced fat milk  No milk

**Any special instructions or additional restrictions:** \_\_\_\_\_

**Must have office stamp or complete practice address and phone number**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature of Physician, ARNP, or PA

\_\_\_\_\_  
Date

Dear Health Care Provider:

Thank you for your continuing support of the Florida WIC Program. WIC supports the American Academy of Pediatrics' Statement on Breastfeeding and the Use of Human Milk. WIC encourages mothers to fully breastfeed their babies for about 6 months, followed by continued breastfeeding as complementary foods are introduced, with continuation of breastfeeding for 1 year or longer as mutually desired by mother and infant. Local WIC agency staff can assist WIC mothers with breastfeeding or make appropriate referrals.

The Florida WIC Program provides a limited number of milk-based and soy-based formulas for WIC infants who are not fully breastfeeding. (See list of WIC contract formulas below.) The use of federally mandated competitive procurement for standard infant formulas has allowed the program to purchase formula at a greatly reduced cost. Use of the WIC contract formulas provides additional funds for the Florida WIC Program to serve more pregnant, breastfeeding, and postpartum women; infants; and children.

**Completion of this form is not needed for infants under 12 months of age to receive a WIC contract formula.**

**WIC contract standard infant formulas are the following formulas:** *Note: All contract formulas have DHA and ARA.*

**Enfamil Newborn** milk-based formula, 80:20 whey-to-casein ratio, with increased vitamin D per ounce (400 IU vitamin D in 27 oz)

**Enfamil Infant** milk-based formula, 60:40 whey-to-casein ratio (400 IU vitamin D in 34 oz)

**Enfamil Gentlease** partially hydrolyzed milk-based formula, 60:40 whey-to-casein ratio, 20% lactose

**Enfamil Reguline** partially hydrolyzed milk-based formula, 60:40 whey-to-casein ratio, 50% lactose, and a blend of two prebiotics--galacto-oligosaccharide (GOS) and polydextrose (PDX)

**Enfamil A.R.** thickened milk-based formula, 20:80 whey-to-casein ratio

**Gerber Good Start Soy 1** partially hydrolyzed soy-based formula

**For ages 9 months and older, the following contract formulas are also available:**

**Enfagrow Toddler Transitions** milk-based formula, 20:80 whey-to-casein ratio

**Enfagrow Toddler Transitions Gentlease** partially hydrolyzed milk-based formula, 60:40 whey-to-casein ratio, 25% lactose

**Gerber Good Start Soy 3 (formerly Gerber Graduates Soy)** partially hydrolyzed soy-based formula

***This form must be completed with a qualifying medical condition for infants to receive a formula other than a contract formula OR for children 12 months and older or women to receive either a contract formula or another formula.***

**WIC Program Policy for Formulas Other than the Contract Formulas**

- By completing this form, you are indicating that a diagnosed qualifying medical condition necessitates the use of a different formula(s) from the current contract formulas. The local WIC clinic cannot consider the requested formula(s) without all of the required information.
- Substitution of another formula will only be considered if it meets the qualifying medical conditions as described below.
- Requests are limited to 6 months. It is our policy to re-evaluate the client's continued need for the formula(s) on a periodic basis during the requested time period.
- In some cases, incomplete or limited medical information may prevent the approval of the formula(s) requested. In order to expedite the approval process, WIC staff may need to contact the health care provider who requested the formula(s) to obtain more detailed medical information. Complete contact information is required on the front of the form.

**Qualifying Medical Conditions** – formula approvals will be considered for one or more of these reasons:

- **Premature birth** will be considered a qualifying medical condition for children under 12 months of age (adjusted age) to receive a premature formula.
- **Low birth weight** will be considered a qualifying medical condition for infants under 6 months of age (adjusted age) to receive a high calorie formula.
- Inborn errors of metabolism and metabolic disorders.
- **Must** specify gastrointestinal disorder or malabsorption syndrome that impairs ingestion, digestion, absorption, or utilization of nutrients that could adversely affect nutritional status.
- GER or GERD **only** with an additional qualifying medical condition.
- Immune system disorders.
- **Must** specify life threatening disorders, diseases, or conditions.
- An extensively hydrolyzed formula or amino acid based formula can be provided for a diagnosed formula intolerance or food allergy to lactose, sucrose, milk protein, or soy protein.
- **Failure to Thrive** **only** when child is documented with one or more of the following: at or below 5th percentile weight-for-length on WHO growth charts for ages under 24 months **OR** at or below 5th percentile BMI-for-age on CDC Growth Charts for ages 24 months and older **OR** has dropped one growth channel in a 6-month time period which results in the child being below the 25th percentile weight-for-length or BMI-for-age. Current anthropometric data required.

**Non-qualifying Conditions** – formulas will **not** be approved solely for one or more of these reasons:

- Colic, spitting up, gassiness, or fussiness.
- Diarrhea, vomiting, or constipation that is of short duration or intermittent.
- "Feeding difficulty" without giving medical diagnosis.
- "Medically necessary" without giving medical diagnosis.
- "Poor weight gain" without giving medical diagnosis.
- Enhancing nutrient intake or managing body weight.
- Non-specific formula or food intolerance.
- Participant preference.

*A standard milk-based or soy-based infant formula (other than the WIC contract formulas listed above) cannot be provided to a WIC participant for formula intolerance or food allergy to lactose, sucrose, milk protein, or soy protein.*

*No type of formula can be provided to a child or woman with lactose intolerance who is able to drink lactose-free milk.*

**If you have a question about a specific formula, please contact your local WIC office or the Florida WIC Program at 1-800-342-3556.**

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