



# 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.

**As of February 2014, 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 \_\_\_\_\_

Issue full provision of age-appropriate WIC supplemental foods.

Do not issue WIC supplemental foods; provide formula only.

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

**Infants:**  No baby cereal at 6 months of age  No baby fruits and vegetables at 6 months of age

**Women and Children 1 year and older:**  No milk  No cheese  No fruit juice  No beans  No cereal

No whole wheat bread, brown rice, or corn tortillas  No eggs  No fruits and vegetables

No peanut butter (only provided for 2 years and older)  No canned 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: \_\_\_\_\_ lbs

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

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

**Children 1 year to less than 2 years old** - WIC provides **whole** cow's milk or lactose-free cow's milk

Formula instead of cow's milk and cheese for:  lactose intolerance  milk allergy  vegan

Check which formula:  Gerber Graduates Soy  Gerber Good Start Soy  other \_\_\_\_\_

**Children 2 years and older** - WIC provides **1% lowfat or fat free** cow's milk or lactose-free cow's milk

Soy milk instead of cow's milk and cheese for:  lactose intolerance  milk allergy  vegan  other \_\_\_\_\_

Whole cow's milk (must include anthropometric data) for:  underweight  inadequate growth  Failure to Thrive

Other medical condition requiring high fat diet, please specify: \_\_\_\_\_

Date Anthropometric data obtained: \_\_\_\_\_ Height: \_\_\_\_\_ inches Weight: \_\_\_\_\_ lbs

**Women** - WIC provides **1% lowfat or fat free** cow's milk, lactose-free cow's milk, or **soy** milk

Whole cow's milk (must include anthropometric data) for:  underweight  low weight gain  weight loss

Other medical condition requiring high fat diet, please specify: \_\_\_\_\_

Date Anthropometric data obtained: \_\_\_\_\_ Height: \_\_\_\_\_ inches Weight: \_\_\_\_\_ lbs

## 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 to receive a WIC contract formula.**

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

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

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

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

**For ages 9 months and older, the following contract formulas are 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 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 patient'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 infants under 12 months of age to receive a premature formula.
- **Low birth weight** will be considered a qualifying medical condition for infants under 6 months of 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. 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.
- Participant preference.
- Enhancing nutrient intake or managing body weight.
- Non-specific formula or food intolerance.

*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 and/or eat cheese.*

**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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