



Texas WIC Medical Request for Formula/Food

Directions for completing this form and other information are on reverse side.

All requests are subject to WIC approval and provision based on program policy and procedure.

A. Required Patient Information

Patient's Last Name: _____ First Name: _____ DOB: _____

Parent/Caregiver's Name: _____

Qualifying Condition/Diagnosis: _____
(Refer to reverse side for list of examples)

Measurements

Date: _____ Length/Height: _____ Weight: _____ If premature: Birth Weight: _____ Weeks Gestation: _____

B. Name of Formula(s): _____

Requested length of issuance: 3 months 6 months Other: _____ Formula amount: _____ per day*

*Maximum allowed by federal guidelines will be provided unless otherwise indicated

A retrial of contract formula (Similac Advance, Similac Sensitive, Similac Sensitive for Spit-Up, Similac Sensitive Isomil Soy, or Similac Go & Grow) **will occur up to a maximum of 3 months after the comparable non-contract formula has been provided.**

This retrial may be waived for severe or exceptional medical conditions. Please state condition(s) here: _____

Infants (6-12 months old)

Full provision of formula and infant foods will be issued unless checked below

Provide only formula past 6 months of age due to inability or delay in consuming solids
Infants unable to eat and on therapeutic (non-standard) formula may be eligible for an increased amount of formula.

Check WIC Supplemental Food to OMIT at 6 months of age

- | | |
|--|--|
| <input type="checkbox"/> Infant Cereal | <input type="checkbox"/> Baby Food
(fruits and/or vegetables) |
|--|--|

Children (1-5 years old) and Women

All appropriate WIC foods, except milk, will be issued with prescribed formula unless checked below

- Provide milk in addition to formula
- Provide soy milk/tofu in addition to formula for milk allergy
- No supplemental foods. Provide formula only.

Check WIC Supplemental Foods to OMIT from Food Package

- | | | | |
|---------------------------------|--|---------------------------------------|--|
| <input type="checkbox"/> Cheese | <input type="checkbox"/> Peanut Butter | <input type="checkbox"/> Cereal | <input type="checkbox"/> Juice |
| <input type="checkbox"/> Eggs | <input type="checkbox"/> Beans | <input type="checkbox"/> Whole Grains | <input type="checkbox"/> Fruits/Vegetables |

C. Soy Packages for Children

Check one:

Note: All other foods will be provided unless otherwise specified above.

Issue soy milk and cheese for lactose intolerance or milk sensitivity/intolerance.

Issue soy milk and tofu for milk allergy or vegan diet.

Other medical reason: _____ Other medical reason: _____

D. Required Health Care Provider Information

Signature/Stamp of Health Care Provider (MD, DO, PA, NP): _____ Date: _____

Provider's Name (Please Print): _____

Phone No.: _____ Fax No.: _____

For WIC Use Only

Texas WIC Medical Request for Formula/Food

Directions

Please complete sections A and D for all patients. Please return the form to participant's WIC clinic. The form may be faxed.

- Complete section B when requesting medical formula and food.
- Complete section C when requesting soy milk and/or tofu for children.

Federal regulations require all WIC programs to obtain a formula rebate contract to help contain costs. Texas WIC currently has a contract with Abbott Nutrition, makers of Similac brand formulas.

The following contract formulas do not require medical documentation for infants younger than 12 months:

- Similac Advance-Milk-based
- Similac Sensitive for Spit-Up-Milk-based, lactose-free, added rice-starch
- Similac Sensitive-Low-Lactose
- Go and Grow Milk (from 9-12 months)-Toddler milk-based
- Similac Sensitive Isomil Soy-Soy-based
- Go and Grow Soy (from 9-12 months)-Toddler soy-based

All other formulas are non-contract and require medical documentation on the reverse side of this form. All formula requests (including the ones listed above) for women or children 12 months or older also require medical documentation. **For metabolic, products please use the Texas WIC Metabolic Request for Formula/Food.** This form can be found online at <http://www.dshs.state.tx.us/wichd/nut/pdf/metarx.pdf>

Qualifying condition/diagnosis for formula requests include but are not limited to:

- Severe food allergy
- Prematurity/low birth weight
- Gastrointestinal disorders
- Heart or renal disorder
- Failure to thrive (not to be used for picky eaters or manipulation of body weight)
- Immune system disorders
- Life threatening disorders, diseases and medical conditions that impair ingestion, digestion, absorption, or the utilization of nutrients that could adversely affect the participant's nutritional status

For inborn errors of metabolism and metabolic disorders use Texas WIC Medical Request for Metabolic Formula/Food.

Qualifying condition/diagnosis does not include: colic, constipation, or benign spitting up

Exempt formula/ Medical food: Therapeutic formula intended and labeled for use by individuals with specific medical and/or dietary conditions.

Non-Exempt/ Standard formula: Contract and non-contract standard milk or soy-based infant formula designed for use by healthy full-term infants.

Full Provision of WIC Formula and Food

Infants (Approximately)	Children and Women (Approximately 29 oz formula/day)
<ul style="list-style-type: none"> • 0-3 months of age: 26 ounces formula/day • 4-5 months of age: 29 ounces formula/day • 6-11 months of age: 20 ounces formula/day* 24 ounces infant cereal 32 four ounce containers baby food fruit/vegetables <p>* Infants on non-standard therapeutic formula may be eligible for up to 29 ounces of formula per day if unable to consume baby foods.</p>	<ul style="list-style-type: none"> • Eggs 1 dozen/month • Fruits/Vegetables- \$6-\$10 • Cereal 36 ounces/month • Cheese 1-2 pounds/month • Milk up to 4 gallons/month (children approximately 13-17 ounces/day) • Juice 1 gallon/month (children approx. 4 ounces per day) • Whole grains 1-2 pounds/month • Beans 1 pound/month • Peanut Butter 18 ounces/month (2 years and older only) <p>Baby food fruit/vegetables are not allowed for children.</p>

WIC is a supplemental food program. Infants who are not breastfed may require more formula than WIC is able to provide.

Web Resources

TexasWIC.org (<http://www.texaswic.org>) website link for health care providers

Download the Texas WIC Medical Request for Formula/Food at <http://www.dshs.state.tx.us/wichd/nut/Pdf/TXWICMedicalRequestforFormula.pdf>.

Texas WIC Formulary (<http://www.dshs.state.tx.us/wichd/nut/formula-nut.shtm>) includes all formulas that may be provided by WIC and reasons for issuance.

