

Texas WIC Medical Request for Metabolic 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: _____

Measurements

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

B. Formula and WIC Supplemental Foods

Requested length of issuance: 3 months 6 months Other:

Name of Formula(s)	Amount per Day	Unit Size	Units per Month

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
 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 |

Special Instructions or Comments:

C. Required Health Care Provider (HCP) Information

Metabolic Nutritionist Name: _____ Phone No.: _____

Metabolic Center: _____ Phone No.: _____

Frequency of Contact: Monthly Quarterly Other

Signature/Stamp of HCP (MD, DO, PA, NP): _____ **Date:** _____

Provider's Name (Please Print): _____

Phone No.: _____ Fax No.: _____

For WIC Use Only

Texas WIC Medical Request for Metabolic Formula/Food

Directions

Please complete sections A and C 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

Metabolic formula requests must come from a recognized metabolic center. Please refer to the following web site for a list of metabolic centers in Texas. <http://www.dshs.state.tx.us/wichd/nut/pdf/MCDietitians.pdf>

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

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 style="text-align: center;">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/foods-nut.shtml>) includes all formulas that may be provided by WIC and reasons for issuance.

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