

FORM 213 3/2014

WIC
GROWING HEALTHY FAMILIES
SUPPLEMENTAL FEEDING PROGRAM FOR WIC-ELIGIBLE CHILDREN

Medical Documentation
WIC-Eligible Nutritionals and Therapeutic Formula

WIC Clinic:
Fax #:
WIC ID #:

Medicaid is the first payer for therapeutic formulas and nutritionals. If the patient is not on Medicaid, please complete this form for WIC authorization and return the completed form to the patient's WIC clinic.

This documentation is federally required to ensure the patient under your care has a medical condition/diagnosis that dictates the use of a therapeutic formula, nutritionals or requires changes to the WIC supplemental food package.

SECTION I—TO BE COMPLETED FOR ALL ORDERS

PATIENT: (First) (MI) (Last) DOB: _____

PARENT/CAREGIVER: (First) (MI) (Last)

Dx: _____ This prescription is: new refill

SECTION II—THERAPEUTIC FORMULA/NUTRITIONALS

Section A: Must be completed by a healthcare provider.

Section B: The healthcare provider has the option to refer to a WIC Registered Dietitian (RD). If selected, The WIC RD will determine the appropriate issuance, prescribed amount and length of time required for WIC foods based on the patient's qualifying condition(s).

Supplemental foods, amount and length of need to be determined per WIC RD.

A.) Formula/Nutritionals:

Product Name: _____

Duration: _____ months (maximum 12 mos)

Amount: _____ oz/day

Prematurity GERD or reflux
 Failure to thrive Food allergy: _____
 Dysphagia Other: _____

Special instructions/comments: _____

B.) WIC FOOD RESTRICTIONS: The patient will receive WIC foods in addition to the formula prescribed. Please check all foods listed below that are NOT appropriate for the diagnosis.

Category	WIC Foods	Do Not Give	Restrictions / Comments
Infants (6-12 mos)	Baby cereal		
	Baby fruit/vegetable		
Children (1-5 yrs)	Cow's milk		
	Cheese		
	Eggs		
	Peanut butter		
	Whole grains		
	Cereal		
	Beans		
	Vegetables / fruits		
Juice			

Health Provider's Name (please print) _____ Location _____ Phone: _____
 _____ Fax: _____

Health Care Provider's Signature _____
 X _____ MD DO PA NP Date: _____

WIC USE ONLY RD review: _____ Date: _____

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- Medicaid is the first payer.
- Participants should contact the medical supply company to order product.
- For assistance, participants should contact Medicaid directly and/or their healthcare provider (contact info can be found on the *contact information and resources* page).

- MDF is no longer required for soy (children only).
- Soy for children is per WIC RD approval.

- Must have a qualifying condition (See IWPPM Ch. 7, Section B).
- A healthcare provider is required to determine therapeutic formula and nutritionals.

- MDF form is needed to issue exempt formulas or nutritionals:
 - When an infant turns 6 months old.
 - Every 12 months for children or women.
 - If there is a change in the product or amount (IWPPM Ch. 7, Section B).

- If box is selected to determine supplemental foods and length of need per WIC RD, the WIC RD will complete Section B (See IWPPM Ch. 7, Section B).

- The WIC RD may take a verbal to issue a food package and avoid a return visit for the participant.
- Staff must collect the MDF within 1-2 weeks from the healthcare provider (IWPPM Ch. 7, Section B).