

WIC

How to Use the NYS WIC Medical Documentation Form for WIC Formula and Approved WIC Foods for Women, Infants and Children

According to WIC Federal regulations, for a participant to receive certain formulas, a health care provider licensed to write medical prescriptions **must** make a medical determination that the participant has a WIC Qualifying Medical Condition and provide a written statement. The NYS WIC Medical Documentation Form designates which sections the health care provider completes and clarifies each section on the reverse side. This guidance and form are available at: www.health.ny.gov/prevention/nutrition/wic/info_for_health_care_providers.htm.

Section A: Complete for ALL WIC participants

Follow instructions on what sections you need to complete.

NEW YORK STATE DEPARTMENT OF HEALTH
Division of Nutrition

Medical Documentation for WIC Formula and Approved WIC Foods for Women, Infants and Children

WIC

Instructions: Providers, please complete sections A-D for ALL WIC participants to request formula and supplemental foods. The provision of formula/food is subject to WIC policies and procedures. (Detailed instructions and resources on back)

WIC Stamp

A. PATIENT INFORMATION

Patient's Name: _____ Date of Birth: ____ / ____ / ____

Print the name of the patient for whom you are requesting formula.

Print the patient's date of birth.

Use this information to contact WIC.

Section B: Complete for ALL WIC participants

1. Print the name of the requested formula.

2. Indicate length of use in months. WIC needs new prescriptions periodically.

B. FORMULA

Formula Requested: _____ Length of Use: 1 month 6 months _____ months

Prescribed Amount: _____ ounces/day

Special Instructions/Comments: _____

WIC Qualifying Medical Conditions:

<input type="checkbox"/> Premature Birth	<input type="checkbox"/> Metabolic Disorders	<input type="checkbox"/> Failure to Thrive (Must meet at least one of the criteria on back)	<i>Note: These non-specific symptoms/conditions are not acceptable: dermatitis, formula/food intolerance, fussiness, gas, spitting up, constipation, diarrhea, vomiting, colic, or to enhance or manage body weight without an underlying medical condition.</i>
<input type="checkbox"/> Low Birth Weight	<input type="checkbox"/> Immune System Disorders	<input type="checkbox"/> Severe Food Allergies	
<input type="checkbox"/> GI Disorders	<input type="checkbox"/> Malabsorption Syndromes	<input type="checkbox"/> Other (Specify): _____	

4. This section may include details of the medical condition and previously tried formulas.

3. Enter amount in ounces/day.
Ranges are allowed. Ad lib, WIC max, as tolerated are not acceptable.

5. Select at least one WIC Qualifying Medical Condition. Those listed are from the USDA regulations for the WIC program. Low Birth Weight (\leq 5lbs 8oz) and Premature Birth (\leq 37 weeks) only apply to infants and children < 24 months old. Failure to Thrive applies only to infants and children. If selecting *Other*, you **MUST** specify the medical condition on the lines provided. ICD codes are not required and are not acceptable alone.

Examples of WIC Qualifying Medical Conditions include, but are not limited to:

- **Metabolic Disorders** such as Galactosemia, Fatty Acid Oxidation Disorders, Hypercalcemia, Williams Syndrome, Urea Cycle Disorder, Inborn Errors of Metabolism (e.g. PKU);
- **Malabsorption Syndromes** such as Cystic Fibrosis, Whipple Disease, Chronic Pancreatitis, Diseases and conditions resulting in failure to absorb specific nutrients;
- **Severe Food Allergies** such as GI anaphylaxis, Food protein-induced proctocolitis and Food protein-induced enterocolitis; excludes suspected food intolerances, Lactose Intolerance and dermatitis;
- **Gastrointestinal (GI) Disorders** such as Crohn's Disease, GERD, Ulcerative Colitis, Short Bowel Syndrome, Celiac Disease;
- **Immune System Disorders** such as HIV/AIDS; or
- **Other (MUST specify)** such as Development Disabilities (e.g., oral motor feeding problems), Anorexia Nervosa, Bulimia, Dysphagia, Seizure Disorders, Life threatening disorders/conditions that impair ingestion or digestion.

Section C: Complete for ALL WIC participants

C. WIC SUPPLEMENTAL FOODS (WIC does not provide supplemental foods to infants < 6 months old)

YES NO I authorize qualified WIC staff to determine supplemental foods and amounts based on the patient's medical condition.

If NO, select ONE of the following options:

- No food restrictions; provide full amount of age-appropriate foods
- Infant <6 months; provide formula only
- Patient requires food restrictions based on medical condition (provider MUST complete the following):
 - ≥ 6 months cannot tolerate solid food: provide formula only
 - ≥ 12 months cannot tolerate solid food: provide jarred baby fruits & vegetables in lieu of fruit & vegetable voucher
 - OMIT the following food(s) based on medical condition:

Infants (6-11 months):	<input type="checkbox"/> Infant Cereal	<input type="checkbox"/> Baby Food Fruits/Vegetables	<input type="checkbox"/> Fresh Fruits/Vegetables (9-11 months)
Children (≥ 12 months) & Women:	<input type="checkbox"/> Peanut Butter	<input type="checkbox"/> Milk	<input type="checkbox"/> Whole Grains
	<input type="checkbox"/> Cereal	<input type="checkbox"/> Canned Fish	<input type="checkbox"/> Vegetables/Fruits
		<input type="checkbox"/> Cheese	<input type="checkbox"/> Yogurt
		<input type="checkbox"/> Beans	<input type="checkbox"/> Juice

Check "Yes" or "No" to indicate authorization of WIC to determine supplemental foods and amounts.

- If "Yes" is selected, qualified WIC staff will issue foods based on WIC guidelines and professional judgment.
- If "No" is selected, the provider MUST select one of the options listed:

- No food restrictions; provide full amount of age-appropriate foods;
- Infant < 6 months; provide formula only; or
- Patient requires food restrictions based on medical condition.

If this choice is selected, the provider MUST select one of the following options:

- ♦ "≥ 6 months and cannot tolerate solid food: provide formula only." WIC will provide additional formula per WIC guidelines.
- ♦ "≥ 12 months and cannot tolerate solid food: provide jarred baby fruits & vegetables in lieu of fruit & vegetable voucher." WIC will substitute fruit & vegetable check for jarred baby fruits & vegetables.
- ♦ "OMIT the following food(s) based on medical condition." Provider must choose any foods listed that should not be provided to the patient.

Section D: Complete for ALL WIC participants

D. HEALTH CARE PROVIDER INFORMATION (Contact information may be printed or stamped and must be legible)

Provider Stamp

Provider's Signature

Date

Street

City, State, Zip Code

Provider's Printed Name

Telephone Number

Fax Number

Signature, printed name, and date of a health care provider licensed to write prescriptions are required.

Print legibly or stamp contact information.

The remaining sections will be completed by the WIC participant and WIC staff. A separate statement of release is on file at the WIC agency when indicated in section E. WIC staff will review and fill requests according to federal regulations and New York WIC program policies and procedures. More information may be required before issuance of formula, and WIC staff will contact you if needed.

For more information:

If you have any questions regarding the New York WIC Program's formulas or medical documentation requirements, please call your WIC agency listed in Section A.

A **directory** can be found at: www.health.ny.gov/prevention/nutrition/wic/local_agencies.htm

The **WIC formulary** is available at: www.health.ny.gov/prevention/nutrition/wic/approved_formulas.htm

If Not Using the NYS WIC Medical Documentation Form:

The NYS WIC Program strongly encourages you to utilize the NYS WIC Medical Documentation Form. To receive appropriate WIC benefits, WIC accepts our form or a prescription or statement on official letterhead with the participant's name, date of birth, and the following information:

- Qualifying Medical Condition(s)
- ICD codes are not required
- Name of WIC formula
- Amount of WIC formula needed per day (oz/day)
- Length of time prescribed (not to exceed 12 months)
- Authorization of WIC staff to determine supplemental foods and amounts or food restrictions/contraindications in the WIC food package
- Signature of health care provider, date and legible contact information

We appreciate your cooperation and partnership in serving the New York WIC population.

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Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (Spanish).

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Additionally, persons who believe they have been discriminated against based on the New York State Human Rights Law should call the Growing Up Healthy Hotline at 1-800-522-5006, or write to the WIC Program Director, NYSDOH, Riverview Center, 6th Floor West, Room 650, 150 Broadway, Albany NY 12204.