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.

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

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)

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.

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

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

5. Select at least one WIC Qualifying Medical Condition. Those listed are from the USDA regulations for the WIC program. Low Birth Weight (≤ 5lbs 8oz) and Premature Birth (≤ 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** □  I authorize qualified WIC staff to determine supplemental foods and amounts based on the patient’s medical condition.
- **NO** □  I will determine supplemental foods and amounts based on WIC guidelines and professional judgment.

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:

<table>
<thead>
<tr>
<th>Infants (6-11 months):</th>
<th>Infant Cereal</th>
<th>Baby Food Fruits/Vegetables</th>
<th>Fresh Fruits/Vegetables (9-11 months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children (≥ 12 months):</td>
<td>Peanut Butter</td>
<td>Milk</td>
<td>Whole Grains</td>
</tr>
<tr>
<td></td>
<td>Cereal</td>
<td>Canned Fish</td>
<td>Cheese</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Vegetables/Fruits</td>
<td>Beans</td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th>Provider’s Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street</th>
<th>City, State, Zip Code</th>
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</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Provider’s Printed Name</th>
<th>Telephone Number</th>
<th>Fax Number</th>
</tr>
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<td></td>
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</tbody>
</table>

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](http://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](http://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).

USDA is an equal opportunity provider and employer.

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.