

# WEST VIRGINIA WIC PROGRAM

## EXEMPT FORMULA AND WIC ELIGIBLE NUTRITIONALS AUTHORIZATION FORM

See back for instructions. Please email or fax completed form to WIC Clinic or have Parent/Guardian return to WIC Clinic.



Participant's First and Last Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian First and Last Name: \_\_\_\_\_

### A. EXEMPT FORMULA OR WIC-ELIGIBLE NUTRITIONAL

**Medical Reason/Diagnosis** (WIC will not provide formula to enhance nutrient intake or manage body weight without underlying medical condition): \_\_\_\_\_

**Time Needed:**     1 Month     2 Months     3 Months     4 Months     5 Months     6 Months

**Formula Requested:** \_\_\_\_\_ **Prescribed Amount:** \_\_\_\_\_ **oz./day**

**Prescribed Form:**     Powder     Concentrate     Ready to Feed

*For hypoallergenic and amino-acid based formulas **ONLY**: WIC offers a wide variety of these formulas. Please check **all** products that are appropriate for this participant.*

**Hypoallergenic Infant:**     Alimentum     Gerber Extensive HA (powder only)     Nutramigen (or LGG)     Pregestimil     Perrigo Hypoallergenic (store-brand, powder only)

**Hypoallergenic Toddler:**     Nutramigen Toddler

**Amino-Acid Based Infant:**     EleCare Infant     Alfamino Infant     Neocate Infant     Puramino Infant     Neocate Syneo Infant

**Amino-Acid Toddler:**     EleCare Jr.     Alfamino Jr.     Neocate Jr.     Puramino Jr.

### B. SUPPLEMENTAL FOODS

In addition to the infant formula/nutritionals, supplemental foods appropriate to the WIC participant category will be provided. Please mark the appropriate boxes below to indicate any foods that would be **contraindicated** with the patient's diagnosis.

**Time Needed:**     1 Month     2 Months     3 Months     4 Months     5 Months     6 Months

**No supplemental foods at this time:** Omit all supplemental foods and provide formula or nutritionals **ONLY**.

WIC Category	WIC Supplemental Foods Available	Do Not Give	Restrictions/Special Instructions	
<b>Infants 6-11 months</b>	Infant Cereal	<input type="checkbox"/>		
	Infant Fruits/Vegetables	<input type="checkbox"/>		
<b>Children and Women</b>  <i>*Please note: Fish is only for fully breastfeeding women, women who are pregnant with multiples and pregnant women who are breastfeeding.</i>	Milk	<input type="checkbox"/>		
	Yogurt	<input type="checkbox"/>		
	Cheese	<input type="checkbox"/>		
	Eggs	<input type="checkbox"/>		
	Juice	<input type="checkbox"/>		
	Breakfast Cereals	<input type="checkbox"/>		
	Legumes and/or Peanut Butter	<input type="checkbox"/>		
	Fruits and Vegetables (Fresh, Canned or Frozen)	<input type="checkbox"/>	OR <input type="checkbox"/>	Substitute with Pureed Infant Fruits and Vegetables
	Whole Grains	<input type="checkbox"/>		
	*Fish	<input type="checkbox"/>		

### C. HEALTH CARE PROVIDER INFORMATION

Health Care Provider's Name: \_\_\_\_\_ MD    DO    NP    PA

Medical Office/Clinic: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Signature of Health Care Provider: \_\_\_\_\_ Date: \_\_\_\_\_

**WIC USE ONLY**    Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

# WEST VIRGINIA WIC PROGRAM

## EXEMPT FORMULA AND WIC ELIGIBLE NUTRITIONALS AUTHORIZATION FORM

This instruction sheet is to help you serve your patients better.  
Please review these instructions for completing the WIC-53 and if you have any questions,  
please contact your local WIC clinic.

### PATIENT INFORMATION:

- Include the patient's full name and date of birth.
- Include the parent or guardian's full name.

### SECTION A: EXEMPT FORMULA

*(Including prescribing a contract milk-based or soy-based infant formula to a child)*

- Include the formula requested and indicate the prescribed amount based on the number of ounces of formula currently consumed. This is important, especially for partially breastfed infants. For hypoallergenic formulas and amino acid based formulas, please check all products that are **APPROPRIATE** for the participant.
- Mark which form of formula you are requesting. Understand that not all requests for ready-to-feed (RTF) will be granted.
- Include the diagnosis for the formula or WIC-Eligible Nutritional that is being prescribed.
- Indicate the time needed from one (1) month up to six (6) months.
- Federal regulations require the participant to receive a contract formula (e.g., Similac Sensitive, etc.) or exempt infant formula (e.g., Alimentum, etc.) or a medical nutritional product (e.g., Boost, etc.) along with the pureed fruits and vegetables. Participants cannot receive only pureed infant food.

### SECTION B: SUPPLEMENTAL FOODS

- If a patient has a medical reason that precludes them from eating additional foods beyond infant formula or a WIC-Eligible Nutritional, mark "No supplemental foods at this time." Otherwise, mark only the foods that you **DO NOT WANT** included for your patient. WIC will provide the standard allowed amount of each item you prescribe. By marking those foods not allowed, this eliminates the circumstance of a WIC client marking foods that you as the health care provider do not want your patient to have.
- Substitute pureed fruits and vegetables by placing an "X" in the appropriate box.

### SECTION C: HEALTH CARE PROVIDER INFORMATION

- Include the health care provider's name (please print).
- Include the medical office or clinic, the phone number and the fax number.
- Include the signature of the health care provider and the date the WIC-53 form was completed.