

WIC Fax: _____
 Date Form Expires: __/__/__



Medical Documentation Form: Sections 1-4 MUST be completed.

Infants not exclusively breastfed are provided Similac Advance, Similac Sensitive, Similac Total Comfort or Similac Soy Isomil. This form is federally required to request an exempt infant formula/WIC-eligible nutritional for qualifying medical conditions. All requests are subject to WIC approval. Please contact the Local WIC clinic (see back of form) or the State WIC Office at 1-800-242-4942 with any questions.

1) REQUIRED: Patient Information

Patient Name: _____

Patient DOB: __/__/__

Parent/Guardian: _____

Participant Medical Data (optional):	Weight:	Length/height:	Hgb: Hct:
Date Measured:	__/__/__	__/__/__	__/__/__

2) REQUIRED: Exempt Infant Formula/WIC-Eligible Nutritional Request

- Low Birth Weight
 Prematurity (weeks gestation____)
 Food Allergies (specify below)
 GER/GERD
 Failure to Thrive
 Cow's Milk Protein Allergy
 Oral Motor Feeding problems (specify below)
 Malabsorption
 Cow's Milk Protein Intolerance
 Genetic Metabolic Condition (specify below)

Other diagnosis: (no ICD codes) _____ Symptoms: _____

Product Requested: _____ Amount per day: _____

Calorie Level: Standard dilution Other: _____

Duration: 1 month 3 months 6 months 12 months Other _____

3) REQUIRED: WIC Food Requests

- WIC professional may determine WIC foods and amounts.
- Issue formula/WIC-eligible nutritional only.
- Whole milk for a woman/child ≥ 2 years. (May **only** be issued **with** a formula/WIC-eligible nutritional.)
- Issue infant fruits and vegetables to a woman or child. (May **only** be issued **with** a formula/WIC-eligible nutritional.)
- Issue soy beverage and/or tofu to replace milk.
- Issue WIC foods and amounts without changes to the standard food package.
- Do NOT issue (comment required): _____

4) REQUIRED: Health Care Provider with Prescriptive Authority:

(MD, DO, PA, NP/CNP/CRNP/DNP, APN, CNM, CRNA, CNS, MBBS, MBBCh)

Name: (Please print, type or stamp) _____

Phone: _____

Fax: _____

Signature and Credentials: _____

Date: __/__/__

WIC use only: Approved Not Approved Pending

Comments:

Signature: _____ Date: __/__/__

Website: www.mdwic.org. Click on the Health Care Providers section for more information.

WIC Foods - Women and Children may be issued these WIC foods each month:					
WIC Foods	Pregnant ¹ or Mostly Breastfeeding Women	Exclusively Breastfeeding Women ²	Breastfeeding Some Or Non-Breastfeeding Women	Children: 1 year old	Children: 2 - 4 years old
Milk ³	5.5 gal (1% or fat-free milk)	6.0 gal (1% or fat-free milk)	4.0 gal (1% or fat-free milk)	4.0 gal (whole milk)	4.0 gal (1% or fat-free milk)
Cheese	0	1 lb	0	0	0
Eggs	1 dozen	2 dozen	1 dozen	1 dozen	1 dozen
Beans, peanut butter	1 lb beans AND 18 oz peanut butter	1 lb beans AND 18 oz peanut butter	1 lb beans OR 18 oz peanut butter	1 lb beans	1 lb beans OR 18 oz peanut butter
Cereal	36 oz	36 oz	36 oz	36 oz	36 oz
Bread, rice, tortillas, or pasta	1 lb	1 lb	NA	2 lbs	2 lbs
Vegetables & fruit	FV benefit	FV benefit	FV benefit	FV benefit	FV benefit
Fruit juice	144 fl oz	144 fl oz	96 fl oz	128 fl oz	128 fl oz
Canned fish	NA	30 oz	NA	NA	NA
WIC-eligible Nutritionals	Up to 910 fl oz with qualifying documented medical conditions. Subject to WIC professional approval.				

Local Agency	Phone Number
Allegany County	(301) 759-5020
Anne Arundel County	(410) 222-6797
Baltimore City (Health Dept.)	(410) 396-9427
Baltimore City (Johns Hopkins)	(410) 614-4848
Baltimore County	(410) 887-6000
Calvert County	1-877-631-6182
Caroline County	(410) 479-8060
Carroll County	(410) 876-4898
Cecil County	(410) 996-5255
Charles County	(301) 609-6857
Dorchester County	(410) 479-8060
Frederick County	(301) 600-2507
Garrett County	(301) 334-7710
Harford County	(410) 939-6680
Howard County	(410) 313-7510
Kent County	(443) 262-4423
Montgomery County (CCI)	(301) 762-9426
Prince George's County (Health Dept.)	(301) 856-9600
Prince George's County (Greenbelt Area)	(301) 762-9426
Prince George's County (Greater Baden)	(301) 324-1873
Queen Anne's County	(443) 262-4423
Somerset County	(410) 749-2488
St. Mary's County	1-877-631-6182
Talbot County	(410) 479-8060
Washington County	(240) 313-3335
Wicomico County	(410) 749-2488
Worcester County	(410) 749-2488
State WIC Office	1-800-242-4WIC 1-800-242-4942

¹ Women pregnant with multiples; women that are pregnant AND exclusively/mostly breastfeeding receive the "Exclusively Breastfeeding" package.
² Women exclusively breastfeeding multiples get 1.5 times the foods listed.
³ Cheese, yogurt, soy beverage and/or tofu may replace milk within federal guidelines.

Infant Formula and Foods - Infants may be issued these WIC foods each month:					
Exclusively Breastfed:	Age in Months		Meat	Cereal	Fruits/Vegetables
		0 - 5	Mom's Milk	NA	NA
	6 - 8	Mom's Milk	77.5 oz	24 oz	256 oz
	9 - 11	Mom's Milk	77.5 oz	24 oz	256 oz or 128 oz + FV benefit
Mostly Breastfed:	Age in Months	Formula (as reconstituted from powder)		Cereal	Fruits/Vegetables
	0 - 1	NA		NA	NA
	1 - 3	Up to 435 fl oz		NA	NA
	4 - 5	Up to 522 fl oz		NA	NA
	6 - 8	Up to 384 fl oz		24 oz	128 oz
	9 - 11	Up to 384 fl oz		24 oz	128 oz or 64 oz + FV benefit
Breastfed Some or None:	Age in Months	Formula (as reconstituted from powder)		Cereal	Fruits/Vegetables
	0 - 3	Up to 870 fl oz		NA	NA
	4 - 5	Up to 960 fl oz		NA	NA
	6 - 8	Up to 696 fl oz		24 oz	128 oz
	9 - 11	Up to 696 fl oz		24 oz	128 oz or 64 oz + FV benefit