



Local Agency Information

Minnesota WIC Program Request for Medical Formula

The WIC Program requires a medical diagnosis to provide a medical formula/food and/or to change the WIC food package.

Please COMPLETE this form. All requests are subject to WIC approval.

A. Patient Information

Patient's Name:

DOB:

Parent/Caregiver's Name:

B. Medical Formula

Formula Requested:

Amount Needed per Day:

If not specified, up to (but no more than), WIC maximum allowable may be provided. Maximum allowed might not meet patient's full need.

Preparation/Feeding Instructions:

Standard preparation, unless otherwise specified.

Intended Length of Use: 1 month 2 months 3 months 4 months 5 months 6 months

NOTE: If no length specified, may provide up to 6 months. All prescriptions reevaluated every 6 months.

C. Qualifying Medical Reason (check all that apply)

Prematurity Low Birth Weight Gastrointestinal Disorders GERD/Reflux Severe Food Allergies

Failure to Thrive – *specify underlying medical condition:*

Other Condition (describe):

D. WIC Supplemental Foods

Standard Food Package (If no changes are specified, standard foods will be provided.)

Infants (6-12 months) will receive infant cereal and infant and/or fresh fruits/vegetables

Children (12-60 months) and **Women** will receive milk, cheese, juice, fruits/vegetables, whole grains, eggs, legumes, peanut butter, cereal, (canned fish – breastfeeding women only)

Provide age appropriate WIC foods. **Exceptions (specify):**

Omit all supplemental WIC foods, and provide medical formula only.

For child (age 1-4) receiving medical formula, provide infant fruits/vegetables.

Provide whole milk/yogurt. Only patients receiving medical formula and who need additional calories may receive whole milk/yogurt.

E. Health Care Provider Information

Signature of Health Care Provider:

Date:

Provider's Name: *please print*

MD NP PA CNM DO

Medical Office:

Phone #:

Fax #:

WIC Use Only

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