

# MICHIGAN WIC PROGRAM

Medical Documentation for WIC Formula and Authorized WIC Foods  
*Infants and Children (through 4 years of age)*

WIC Clinic: \_\_\_\_\_ Address: \_\_\_\_\_

WIC Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Prescription:** Completion of this form is federally required to ensure that the WIC client under your care has a qualifying condition (medical condition/diagnosis) that requires the use of a WIC formula, medical food and/or changes to their supplemental food package. A health care provider's prescription will not be accepted as a replacement for this form.

Client's First & Last Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent/Caregiver's First & Last Name: \_\_\_\_\_

## INFANTS

1. Qualifying medical condition: (refer to back of form): \_\_\_\_\_

2. Infant formula requested: \_\_\_\_\_

Prescribed amount:  Maximum allowable or \_\_\_\_\_ oz per day Physical Form:  Powder  Conc  RTF

Instructions for preparation and use: \_\_\_\_\_

Medical documentation valid for:  1 mo.  2 mo.  3 mo.  4 mo.  5 mo.  6 mo. (maximum approval)

3. Supplemental foods allowed: (6-11 mos old)  All (maximum allowable)  None (issue infant formula only)

Restriction: (check foods to be omitted)  infant cereal  infant fruits/vegetables

## CHILDREN

1. Qualifying medical condition (refer to back of form): \_\_\_\_\_

2. WIC formula/ medical food requested: \_\_\_\_\_

Prescribed amount:  Maximum allowable or \_\_\_\_\_ oz per day Physical Form:  Powder  Conc  RTF

Special instructions or restrictions: \_\_\_\_\_

Issue whole milk: (Children receiving a medical formula/food who need additional calories may receive whole milk).

Medical documentation valid for:  1 mo.  2 mo.  3 mo.  4 mo.  5 mo.  6 mo. (maximum approval)

3. Cheese Substitution: (With a qualifying medical condition, additional cheese may be substituted for milk, not to exceed the monthly maximum allowable).

Cheese  Maximum allowable  Restriction (explain) \_\_\_\_\_

4. Supplemental foods allowed:

All (maximum allowable)  None (issue medical formula / food only)  Restriction: (check foods to be omitted)

<input type="checkbox"/> juice	<input type="checkbox"/> breakfast cereal	<input type="checkbox"/> milk	<input type="checkbox"/> legumes / peanut butter
<input type="checkbox"/> eggs	<input type="checkbox"/> fruits and vegetables	<input type="checkbox"/> whole grain bread or soft corn and whole wheat tortillas	

Instructions / Comments: \_\_\_\_\_

<b>SIGNATURE</b> (Health Care Provider) :	Date:
Printed Name (Health Care Provider):	
Medical Office/ Clinic:	Telephone:
Address:	

## Qualifying Conditions

• <b>Premature birth</b>	• <b>Gastrointestinal disorders</b>
• <b>Low birth weight</b>	• <b>Malabsorption syndromes</b>
• <b>Failure to thrive</b>	• <b>Immune system disorders</b>
• <b>Inborn errors of metabolism and metabolic disorders</b>	• <b>Life threatening disorders, or diseases and medical conditions that impair ingestion, digestion, absorption or could adversely affect nutritional status</b>
• <b>Severe food allergies that require an elemental diet</b>	

<p><b>Michigan WIC Food Packages</b>  <b>Maximum Monthly Allowances of Supplemental Foods for</b>  <b>Infant and Children with Qualifying Conditions</b></p>
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	Infants				Children	
	Fully Formula fed		Partially Breastfed		Foods	1 through 4 years
Foods	A: 0-3 months  B: 4-5 months	6-11 months	A: 0 to 1 month  B: 1-3 months C: 4-5 months	6-11 months		
WIC Formula <sup>1</sup>	A: 806 fl oz reconstituted liquid concentrate B: 884 fl oz reconstituted liquid concentrate	624 fl. oz. reconstituted liquid concentrate	A: 1 can powder  B: 364 fl oz reconstituted liquid concentrate  C: 442 fl. oz. reconstituted liquid concentrate	312 fl. oz. reconstituted liquid concentrate	Juice	128 fl oz
					WIC Formula <sup>1</sup>	910 fl oz <sup>2</sup> reconstituted liquid concentrate
					Milk <sup>3</sup>	13 qt
					Breakfast cereal	36 oz
Infant cereal		24 oz		24 oz	Eggs	1 dozen
					Fresh Fruit and Vegetables	\$6.00 in cash value
					Whole grain bread <sup>4</sup>	2 lb
Infant fruits and vegetables		128 oz		128 oz	Legumes, dry (canned)	1 lb (64 oz canned) OR
					Peanut butter	18 oz
					Cheese	1 lb

<sup>1</sup> WIC Formula means infant formula, exempt infant formula, or WIC-eligible medical food.

<sup>2</sup> Powder and Ready-to-Feed may be substituted at rates that provide comparable nutritive value.

<sup>3</sup> Allowable milk alternative is cheese.

- Cheese may be substituted for milk at a rate of 1 pound cheese per 3 quarts milk, up to the maximum monthly allowance.

<sup>4</sup> Allowable options for whole wheat bread are soft corn or whole wheat tortillas.