

MICHIGAN WIC PROGRAM

Medical Documentation for WIC Formula and Authorized WIC Foods *Pregnant, Breastfeeding and Non-Lactating Postpartum Women*

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: _____

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: (Women 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

Prescribed amount per day: 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"/> eggs	<input type="checkbox"/> fruits and vegetables	<input type="checkbox"/> whole grain bread or soft corn and whole wheat tortillas
<input type="checkbox"/> legumes / peanut butter	<input type="checkbox"/> canned fish (tuna)	

Instructions / Comments: _____

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

Qualifying Conditions

<ul style="list-style-type: none"> • Inborn errors of metabolism and metabolic disorders 	<ul style="list-style-type: none"> • Severe food allergies that require an elemental diet
<ul style="list-style-type: none"> • Gastrointestinal disorders 	<ul style="list-style-type: none"> • Life threatening disorders, or diseases and medical conditions that impair ingestion, digestion, absorption or could adversely affect nutritional status
<ul style="list-style-type: none"> • Malabsorption syndromes 	<ul style="list-style-type: none"> • Immune system disorders

<p>Michigan WIC Food Packages Maximum Monthly Allowances of Supplemental Foods for Women with Qualifying Conditions</p>
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Foods	Pregnant and Partially Breastfeeding (up to 1 year postpartum)	Postpartum (up to 6 months postpartum)	Fully Breastfeeding (up to 1 year postpartum)
Juice, single strength	144 fl oz	96 fl oz	144 fl oz
WIC Formula ¹	910 fl oz reconstituted liquid conc.	910 fl oz reconstituted liquid conc.	910 fl oz reconstituted liquid conc.
Milk ²	19 qt	13 qt	18 qt
Breakfast cereal	36 oz	36 oz	36 oz
Cheese	1 lb	1 lb	3 lb
Eggs	1 dozen	1 dozen	2 dozen
Fruits and vegetables	\$8.00 in cash value	\$8.00 in cash value	\$10.00 in cash value
Whole grain bread ³	1 lb		1 lb
Fish (canned) ⁴			30 oz
Legumes, dry (canned)	1 lb (64 ounce canned)	1 lb (64 ounce canned)	1 lb (64 ounce canned)
	And	Or	And
Peanut butter	18 oz	18 oz	18 oz

¹ WIC Formula means infant formula, exempt infant formula, or WIC-eligible medical food.

Powder and Ready-to-Feed may be substituted at rates that provide comparable nutritive value.

² 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.

³ Allowable options for whole grain bread are soft corn or whole wheat tortillas.

⁴ Allowable option for canned fish is chunk light tuna.