WIC FORMULAS AND FOODS PRESCRIPTION FORM
Children 1 to 5 years

Child name ____________________________________________
Child date of birth ______________________________________
Caregiver name ________________________________________

1. Check a qualifying medical diagnosis
- Premature birth ≤ 37 weeks gestation (child < 2 years old)
- Low birth weight ≤ 5 lbs 8 oz (child < 2 years old)
- Abnormal weight loss/underweight
- Failure to thrive
- Gastrointestinal disorders/malabsorption syndromes
- Immune system disorders
- Severe food allergies (must explain in Notes)
- Milk protein allergy
- Lactose intolerance
- Metabolic disorders/inborn errors of metabolism
- Life-threatening medical condition that impairs the client’s nutritional status (must explain in Notes)
- Other medical diagnosis or condition that impacts the nutritional status of the medically fragile child (must explain in Notes)

Notes: __________________________________________________

2. Prescribe formula and amount

Select one formula
- Similac Advance (20 kcal/oz)
- Good Start Soy
- Similac NeoSure
- Similac Alimentum
- Enfamil EnfaCare
- Nutramigen
- Good Start Gentle
- PediaSure

Select the amount
- Allow up to the maximum amount of formula. WIC staff and caregiver will determine amount.
- ______ Ounces per day (not to exceed the maximum amount of formula allowed by WIC)

Describe special feeding instructions: ________________________

3. Enter the number of months for this prescription ______ Not to exceed 12 months

4. Medical Provider Deferral for WIC foods to the WIC Registered Dietitian
Children with a qualifying medical diagnosis need all of their WIC foods prescribed.

The medical provider can defer to the WIC Registered Dietitian to prescribe WIC foods (excluding WIC formula) and amounts of foods to meet the child’s medical or nutritional needs.

- I defer this responsibility to the WIC Registered Dietitian.
5. Check each WIC food allowed

**MILK** (check one)
- Whole milk
- 2% milk
- 1% or nonfat milk (not allowed for children 1-2)

**CEREAL** (check one)
- Breakfast cereal (36 ounces)
- Baby cereal (32 ounces)

**FRUIT & VEGETABLES** (check one)
- Fresh fruit and vegetable ($8.00)
- Baby food fruit and vegetables (Stage 2) (32 – 4 ounce jars)

**OTHER FOODS** (check all foods allowed)
- Cheese
- Tofu
- Soy beverage
- Juice
- Eggs
- Peanut butter
- Dried beans, peas or lentils
- Whole grain choices – 100% whole wheat bread/pasta, soft tortillas (corn or wheat brown rice, oatmeal, or bulgur

Describe specific food or diet instructions:

If deferred to the WIC Registered Dietitian: WIC RD Signature: ______________ Date: __________

6. Enter medical provider information

Name: ___________________________ (Required) Print or Stamp ___________________________ Date: __________ (Required)

Signature: ___________________________ (Required) Phone: (______)____________

Email: ___________________________ Fax: (______)____________

7. WIC Staff: Optional

Local WIC Clinic Name (______) Phone # (______) Fax #

Note to WIC Staff: You must get a signed authorization form from the WIC custodian to share client information with the child’s medical provider.

Questions? Call the child’s local WIC clinic or the Washington State WIC Nutrition Program at 1-800-841-1410.

WIC is a supplemental food program. WIC does not provide all of the formula or foods a client may need each month. An explanation of the types and amounts of WIC foods allowed, plus the instructions to complete this form are included at the end of this form, or they can be found at: [http://www.doh.wa.gov/wicformula.aspx](http://www.doh.wa.gov/wicformula.aspx) and [http://www.doh.wa.gov/wicfoods.aspx](http://www.doh.wa.gov/wicfoods.aspx)

BREASTFED BABIES ARE HEALTHIER. WIC SUPPORTS BREASTFEEDING.
Instructions to complete the WIC Formulas and Foods Prescription Form for Children 1 to 5 years

Use this form for children from their first birthday through the month of their fifth birthday.

Client information: Complete the top portion of the form with the child name, date of birth and caregiver name.

1. Check a qualifying medical diagnosis
   Check one or more boxes in order to provide prescribed formula and foods.
   The qualifying medical diagnoses are specified by federal regulations. If “must explain in Notes” follows a medical diagnosis that is checked, provide a brief description of the impact to the child’s medical or nutritional status. The space under Notes is for specifying any additional information that WIC staff should know related to any of the medical diagnoses checked.

2. Prescribe formula and amount
   Check a box next to the formula prescribed.
   WIC needs to know how much formula to provide the child. Check either “Allow up to the maximum amount of formula” needed or indicate the number of “Ounces per day” if the amount is less than what WIC allows. Use the “Can Sizes, Yields and Maximum Amounts of Formula” table from the Washington State WIC web site at http://www.doh.wa.gov/wicformula.aspx for the maximum amounts of powder, concentrate and ready-to-feed (RTF) formula allowed per month as defined by federal regulation.
   The space under Describe special feeding instructions is for any feeding instructions, such as concentrating the formula from the usual 20 kcal per ounce, or specifying ounces per feeding.

3. Enter the number of months for this prescription
   Write in the number of months the prescription is effective in the box.
   The prescription can’t exceed 12 months. A new form is required if the number of months needs to be extended; the formula and or foods needs to be changed; or the amounts of formula and or foods needs to be changed.

4. Medical Provider Deferral for WIC foods to the WIC Registered Dietitian
   Check the box I defer this responsibility to the WIC Registered Dietitian to authorize the WIC Registered Dietitian to work with the caregiver to decide the type and amount of WIC foods that are medically appropriate for the child. The WIC Registered Dietitian must have a face-to-face or phone conversation with the caregiver before WIC foods can be issued.
   The medical provider can only defer the responsibility of prescribing WIC foods, not WIC formula, to the WIC Registered Dietitian.
   If WIC foods are deferred, skip Box 5 and go to Box 6.

5. Check each WIC food allowed
   Check the box next to each food that is medically appropriate for the child. If a food is not checked, it can’t be issued.
   When formula is prescribed, any appropriate food for the child must also be prescribed.
   When formula isn’t prescribed, a WIC Prescription Form is required for:
   - Children 1 – 2 who need baby cereal and/or baby food fruit and vegetables.
   - Children 2 – 5 who need baby cereal, and/or baby food fruit and vegetables; and/or 2% or whole milk.
Instructions to complete the
WIC Formulas and Foods Prescription Form for Children 1 to 5 years

Check only one food when there is a choice between 2 or 3 foods:

- Check either breakfast cereal (36 ounces) or baby cereal (32 ounces). WIC doesn’t offer a mix of baby cereal and breakfast cereal.
- Check either fresh fruit and vegetables ($8.00) or baby food fruit and vegetables (Stage 2) (32 - 4 ounce jars). WIC doesn’t offer a mix of fresh fruit and vegetables and baby food fruit and vegetables.
- Check only one of the milk types offered by WIC.

Note: Children ages 1-2 years old aren’t allowed to receive 1% or nonfat milk. Neither the medical provider nor the WIC Registered Dietitian can prescribe 1% or nonfat milk.

Children with:

- Lactose intolerance have the option to receive a combination of milk, cheese, tofu and soy beverage.
- Milk protein allergy won’t receive any milk or cheese from WIC unless the medical provider specifically allows it.
- Severe food allergies won’t receive any food from WIC that causes an allergic reaction unless the medical provider specifically allows it.

The space under **Describe specific food or diet restrictions** is for any additional information that WIC staff should know, for example:

- Any restriction, such as instructing WIC staff to counsel the caregiver to select non-citrus fruits if child has a citrus sensitivity.
- Allowing a specific food that causes an allergic reaction. If the medical provider deferred the responsibility of prescribing WIC foods to the WIC Registered Dietitian, the WIC Registered Dietitian must not prescribe a food that causes an allergic reaction without the approval of the medical provider.

The WIC Registered Dietitian’s signature and date are required when the medical provider defers to the WIC Registered Dietitian.

6. **Medical Provider Information**

The name of the medical provider (licensed health care professional who can write medical prescriptions under State law), date, signature and phone number are required. A fax number and email address are recommended. Questions should be directed to the child’s local WIC clinic or the Washington State WIC Nutrition Program at 1-800-841-1410.

7. **WIC Staff: Optional**

WIC staff have the option to complete the following information about their WIC clinic:
Local WIC clinic name, Phone number, and Fax number.

*Note to WIC staff: You must get a signed authorization form from the WIC custodian to share client information with the child’s medical provider.* The WIC custodian signs and dates a form to authorize staff to contact the child’s medical provider. In most situations the caregiver and the custodian is the same person.
Instructions to complete the
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A signed authorization form allows staff to contact the medical provider in order to discuss and share information about the child that was gathered at WIC, whenever necessary. If the authorization form hasn’t been signed in advance, staff have to get the child’s custodian to return to the WIC clinic to get the authorization form signed before staff can contact the medical provider.

Staff have the option to use WIC’s “Individual Authorization to Release WIC Information” form or use their own agency’s form providing it has similar information to WIC’s sample form. This form may be printed from the Washington State WIC Nutrition Program Web site:
http://www.doh.wa.gov/wicformula

Return completed form to the caregiver or to the local WIC clinic. The information on the completed form (pages 1 and 2) is confidential. Please assure confidentiality when mailing, emailing or faxing this form to the caregiver or to the child’s local WIC clinic. Do not mail, email or fax this form to the Washington State WIC Office.

For an electronic copy of this form, go to: http://www.doh.wa.gov/wicformula.aspx

This institution is an equal opportunity provider. Washington State WIC Nutrition Program does not discriminate. For persons with disabilities, this document is available on request in other formats. To submit a request, please call: 1-800-841-1410 (TDD/TTY 711).