



# WIC FOODS PRESCRIPTION FORM

## Women

April 2011

Client name: \_\_\_\_\_

Client date of birth: \_\_\_\_\_

Return pages 1 and 2 to the local WIC clinic or to the client.

### 1. Check a qualifying medical diagnosis

- Gastrointestinal disorders/malabsorption syndromes
- Immune system disorders
- Severe food allergies
- Milk protein allergy
- Lactose intolerance
- Metabolic disorders/inborn errors of metabolism
- Life-threatening medical condition that impairs the client's nutritional status (Explain in Notes)
- Other medical diagnosis (Describe): \_\_\_\_\_

**Note:** The qualifying medical diagnosis must correspond with the medical need of the prescribed WIC formula or WIC foods. A symptom such as "constipation", "rash", or "vomiting" is not an acceptable medical diagnosis for WIC.

Notes:

### 2. Indicate which milk substitute or combination of milk substitutes the client needs

The combination of milk substitutes is based on the maximum allowed for the client's WIC category. See table on page 2 for the maximum amounts per WIC category.  
3 quarts milk = 1 pound cheese      1 quart milk = 1 quart soy beverage = 1 pound tofu

#### Cheese

- Allow up to the maximum. WIC staff and the client will determine amount, or
- Provide: \_\_\_\_\_ pounds

#### Tofu

- Allow up to the maximum. WIC staff and the client will determine amount, or
- Provide: \_\_\_\_\_ pounds

Describe specific food or diet instructions:

Clients diagnosed with a milk protein allergy will not receive milk or cheese. Clients with lactose intolerance, and/or a qualifying medical diagnosis may receive a combination of milk and milk substitutes. Milk substitutes cannot be prescribed due to client preference.

### 3. Check this box if the client needs whole milk

4. Enter the number of months for this prescription  *Not to exceed 12 months*

A new form is required when the prescription for foods ends or changes.

### 5. Enter medical provider information.

Name: \_\_\_\_\_ (Required) Print or Stamp      Date: \_\_\_\_\_ (Required)

Signature: \_\_\_\_\_ (Required)      Phone: (\_\_\_\_\_) \_\_\_\_\_ (Required)

Email: \_\_\_\_\_      Fax: (\_\_\_\_\_) \_\_\_\_\_

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

Women

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April 2011

**WIC Staff - Complete this section**

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 Local WIC clinic name Phone # Fax #

WIC is a supplemental food program. WIC does not provide all of the food a woman 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/cfh/wic>.

### Maximum Amounts of Milk and Milk Substitutes for Women Per Month

<b>Cheese</b>	<b>Fully breastfeeding*, pregnant with multiples, or partially breastfeeding multiples</b> <ul style="list-style-type: none"> <li>• The maximum amount of cheese = 8 pounds.</li> <li>• More than 3 pounds requires a completed WIC prescription form.</li> </ul> <i>Note: Maximum amount of milk allowed equals 24 quarts</i>
	<b>Pregnant with singleton, or partially breastfeeding</b> <ul style="list-style-type: none"> <li>• The maximum amount of cheese = 7 pounds.</li> <li>• More than 1 pound requires a completed WIC prescription form.</li> </ul> <i>Note: Maximum amount of milk allowed equals 22 quarts</i>
	<b>Postpartum, or some breastfeeding</b> <ul style="list-style-type: none"> <li>• The maximum amount of cheese = 5 pounds.</li> <li>• More than 1 pound requires a completed WIC prescription form.</li> </ul> <i>Note: Maximum amount of milk allowed equals 16 quarts</i>
<b>Tofu</b>	<b>Fully breastfeeding*, pregnant with multiples, or partially breastfeeding multiples</b> <ul style="list-style-type: none"> <li>• The maximum amount of tofu = 24 pounds.</li> <li>• More than 6 pounds requires a completed WIC prescription form.</li> </ul> <i>Note: Maximum amount of milk allowed equals 24 quarts</i>
	<b>Pregnant with singleton, or partially breastfeeding</b> <ul style="list-style-type: none"> <li>• The maximum amount of tofu = 22 pounds.</li> <li>• More than 4 pounds requires a completed WIC prescription form.</li> </ul> <i>Note: Maximum amount of milk allowed equals 22 quarts</i>
	<b>Postpartum, or some breastfeeding</b> <ul style="list-style-type: none"> <li>• The maximum amount of tofu = 16 pounds.</li> <li>• More than 4 pounds requires a completed WIC prescription form.</li> </ul> <i>Note: Maximum amount of milk allowed equals 16 quarts</i>

\*A woman who is fully breastfeeding multiples is entitled to receive 1½ times the amount of food in this box.

- Fully breastfeeding: A breastfeeding woman whose infant receives no formula from WIC.
- Partially breastfeeding: A breastfeeding woman whose infant receives up to one half the amount of formula in an infant food package from WIC.
- Some breastfeeding: A breastfeeding woman whose infant receives more than half the amount of a formula in an infant food package from WIC receives foods through 6 months postpartum only.
- Postpartum: A woman who is not breastfeeding and whose infant receives a full formula food package from WIC receives foods through 6 months postpartum only.

#### Substitution Equivalents

- 1 quart of milk = 1 quart of soy beverage  
 3 quarts of milk = 1 pound of cheese  
 1 quart of milk = 1 pound of tofu

**BABIES WERE BORN TO BE BREASTFED. WIC SUPPORTS BREASTFEEDING.**



# Instructions to complete the WIC Formulas and Foods Prescription Form for Women

Use this form for pregnant, breastfeeding and postpartum women.

**Client information:** Complete the top portion of the form with the client's name and date of birth.

## 1. Check a qualifying medical diagnosis

This box must be completed in order to provide prescribed foods. The qualifying medical diagnoses are specified by federal regulations. If **Other medical diagnosis** is marked, provide the medical diagnosis. The space next to **Notes** is for any additional information that WIC staff should know related to the medical diagnosis. Clients with a qualifying medical diagnosis of milk protein allergy will not be allowed to receive any milk or cheese from WIC.

## 2. Indicate which milk substitute or combination of milk substitutes the client needs

Refer to the "Maximum Amounts of Milk and Milk Substitutes for Women Per Month" table on page 2 of the form identifying the amounts of foods allowed for each woman's WIC category.

Choose either:

- **Allow up to the maximum. WIC staff and the client will determine amount:** When this box is checked, the medical provider is allowing WIC staff to work with the client to determine the amount of food needed up to the maximum allowed. By checking this box, the medical provider is agreeing that the amount of milk substitute on the WIC check can be changed any time during the prescription period without further approval, **or**
- **Provide: \_\_\_\_\_ pounds:** Complete when the medical provider wants to prescribe a specific number of pounds of cheese and/or tofu up to the maximum amount.

The space under **Describe special food or diet restrictions** is for any additional information that WIC staff should know regarding any restriction.

**Note:** WIC will offer the client with lactose intolerance WIC milk substitutes that do not require a prescription to meet the client's needs before referring the client to the medical provider for a prescription. Milk substitutes cannot be provided due to client preference

## 3. Check this box if the client needs whole milk

Check this box if the qualifying medical diagnosis requires whole milk for a client. When whole milk is prescribed, the client will receive the entire amount of milk as whole milk.

## 4. Enter the number of months the WIC foods are prescribed

The prescription cannot exceed 12 months. A new form is required when the prescription for foods expires or when the prescription for foods changes.

## 5. Medical Provider Information

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

## WIC Staff - Complete this section: Local WIC clinic name, Phone # and Fax #

For WIC staff to complete.

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

For an electronic copy of this form, visit: <http://www.doh.wa.gov/cfh/wic>.

# Instructions to complete the WIC Formulas and Foods Prescription Form for Women

## Maximum Monthly Amounts for Women Receiving Prescribed WIC Foods and/or Formula

Foods	Women		
	Pregnant with singleton, or Partially breastfeeding	Postpartum, or Some breastfeeding (up to 6 months postpartum)	Fully breastfeeding,* or Pregnant with multiples, or Partially breastfeeding multiples
<b>Juice</b>	3 - 11.5 or 12 ounces frozen or 46 ounce cans or plastic bottles	2 - 11.5 or 12 ounces frozen or 46 ounce cans or plastic bottles	3 - 11.5 or 12 ounces frozen or 46 ounce cans or plastic bottles
<b>Milk</b>	22 quarts	16 quarts	24 quarts
<b>Breakfast cereal</b>	36 ounces	36 ounces	36 ounces
<b>Cheese</b>	No more than 1 pound without qualifying medical diagnosis	No more than 1 pound without qualifying medical diagnosis	No more than 3 pounds without qualifying medical diagnosis
<b>Eggs</b>	1 dozen	1 dozen	2 dozen
<b>Fresh fruits and vegetables</b>	\$10.00	\$10.00	\$10.00
<b>100% Whole wheat bread, soft tortillas (corn or wheat), brown rice, oatmeal, or bulgur</b>	1 pound	N/A	1 pound
<b>Fish - Canned</b>	N/A	N/A	30 ounces
<b>Dry beans, peas, lentils or peanut butter</b>	2 pounds or 2 jars 16-18 ounces or 1 each	1 pound or 1 jar 16-18 ounces	2 pounds or 2 jars 16-18 ounces or 1 each
<b>Soy beverage</b>	Option to substitute soy beverage for milk without a qualifying medical diagnosis	Option to substitute soy beverage for milk without a qualifying medical diagnosis	Option to substitute soy beverage for milk without a qualifying medical diagnosis
<b>Tofu</b>	Option to substitute no more than 4 pounds tofu/cheese for milk without a qualifying medical diagnosis	Option to substitute no more than 4 pounds tofu/cheese for milk without a qualifying medical diagnosis	Option to substitute no more than 6 pounds tofu/cheese for milk without a qualifying medical diagnosis
<b>Baby cereal</b>	Replaces 36 ounces of breakfast cereal if prescribed	Replaces 36 ounces of breakfast cereal if prescribed	Replaces 36 ounces of breakfast cereal if prescribed
<b>Formula</b>  Medical provider: Contact local WIC staff to prescribe a formula for a woman	910 fluid ounces reconstituted liquid concentrate, or 1,045 fluid ounces reconstituted powder, or 896 fluid ounces ready-to-feed	910 fluid ounces reconstituted liquid concentrate, or 1,045 fluid ounces reconstituted powder, or 896 fluid ounces ready-to-feed	910 fluid ounces reconstituted liquid concentrate, or 1,045 fluid ounces reconstituted powder or 896 fluid ounces ready-to-feed

\*A woman who is fully breastfeeding multiples is entitled to receive 1½ times the amount of food in this column.



This institution is an equal opportunity provider. **Washington WIC 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 1-800-833-6388).