



WIC FORMULAS AND FOODS PRESCRIPTION FORM

Children 1 to 5 years

Child name _____
Child date of birth _____
Caregiver name _____

Return pages 1 and 2 to the local WIC clinic or to the child's caregiver.

1. Check a qualifying medical diagnosis

- Premature birth \leq 37 weeks gestation (child < 2 years old)
- Low birth weight \leq 5 lbs 8 oz (child < 2 years old)
- Failure to thrive
- 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)
- Vegan (nutrition practice where no animal products are consumed)
- Other (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", "spitting up", "vomiting", or "fussiness" is not an acceptable medical diagnosis for WIC.

Notes:

- For children who do not need formula, skip boxes 2a and 2b.
- When formula is prescribed in box 2a, the child will receive all the foods in box 2b unless the medical provider indicates otherwise.

2a. Prescribe formula and amount

Select one formula

- | | | |
|---|---|---|
| <input type="checkbox"/> Similac Advance | <input type="checkbox"/> Similac NeoSure | <input type="checkbox"/> Nutramigen LIPIL |
| <input type="checkbox"/> Similac Sensitive | <input type="checkbox"/> Similac Alimentum | <input type="checkbox"/> Good Start Gentle PLUS |
| <input type="checkbox"/> Similac Isomil Advance | <input type="checkbox"/> Enfamil EnfaCare LIPIL | <input type="checkbox"/> Similac Sensitive R.S |
| <u>Describe special feeding instructions:</u> | | <input type="checkbox"/> PediaSure |

Select the amount

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

2b. Check the foods the child is not allowed

- | | |
|--|---|
| <input type="checkbox"/> Milk: 2%, 1%, or non fat (for child 2 to 5) | <input type="checkbox"/> Peanut butter |
| <input type="checkbox"/> Whole milk (for child 1 to 2) | <input type="checkbox"/> Dried beans, peas, or lentils |
| <input type="checkbox"/> Cheese | <input type="checkbox"/> Fresh fruits and vegetables |
| <input type="checkbox"/> Cereal (baby or adult) | <input type="checkbox"/> Whole grain choices (100% whole wheat bread, soft corn tortillas, brown rice, oatmeal, bulgur) |
| <input type="checkbox"/> Eggs | |
| <input type="checkbox"/> Juice | |

Describe specific food or diet instructions:

Children 1 to 5 years

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3. Indicate which milk substitute or combination of milk substitutes the child needs

The combination of milk substitutes is based on 16 quarts of milk. 3 quarts milk = 1 pound cheese
1 quart milk = 1 quart soy beverage = 1 pound tofu

Cheese

- Allow up to the maximum (5 pounds). WIC staff and caregiver will determine amount, or
- Provide: _____ pounds

Tofu

- Allow up to the maximum (16 pounds). WIC staff and caregiver will determine amount, or
- Provide: _____ pounds

Soy beverage

- Allow up to the maximum (16 quarts). WIC staff and caregiver will determine amount, or
- Provide: _____ quarts

Describe specific food or diet instructions:

Children diagnosed with a milk protein allergy will not receive milk or cheese. Vegans will not receive milk, eggs, or cheese. Children 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/caregiver preference.

4. Check this box if the child (2 to 5 years) needs whole milk

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

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

6. Enter medical provider information

Name: _____ Date: _____
(Required) Print or Stamp (Required)

Signature: _____ Phone: (_____) _____
(Required) (Required)

Email: _____ Fax: (_____) _____

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

WIC Staff - Complete this section

_____ (_____) _____ (_____) _____
Local WIC clinic name Phone # Fax #

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/cfh/wic>.

BABIES WERE BORN TO BE BREASTFED. WIC SUPPORTS BREASTFEEDING.

Instructions to complete the WIC Formulas and Foods Prescription Form for Children

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

This box must be completed in order to provide prescribed formula and/foods. The qualifying medical diagnoses are specified by federal regulations. If **Other** is marked, provide the medical diagnosis. The space under **Notes** is for any additional information that WIC staff should know related to the medical diagnosis. Checking vegan allows the child without any other qualifying medical diagnosis to receive tofu and/or soy beverages. Children who are vegan will not be allowed to receive any milk, cheese or eggs from WIC. Children with a qualifying medical diagnosis of milk protein allergy will not be allowed to receive any milk or cheese from WIC.

For children who do not need formula, skip Boxes 2a and 2b. Complete Boxes 3 and 4 if the child needs a milk substitute and/or whole milk. Milk substitutes and/or whole milk are allowed **only** if they are prescribed.

When formula is prescribed in Box 2a, the child will receive all the foods in Box 2b unless the medical provider indicates otherwise. To prescribe a formula and all of the WIC foods in Box 2b, leave all foods in Box 2b unchecked. Refer to the attached table for the maximum amounts of foods allowed for children.

2a. Prescribe formula and amount

Check a box next to the formula prescribed.

Describe special feeding instructions provides space for any feeding instructions such as whether the preparation of the formula should be concentrated from the usual 20 kcal per ounce, or specifying ounces per feeding.

Specify the amount of formula that WIC should provide to the child. Check the box **Allow up to the Maximum amount of formula** if the maximum amount of formula is needed, or write in the number of **Ounces per day** if the amount needed is less than what WIC allows. Refer to the attached table for the maximum amounts of powder, concentrate and ready to feed (RTF) formula allowed per month as defined by federal regulations.

2b. Check the foods the child is not allowed

Complete Box 2b only if formula has been prescribed and one or more of these WIC foods are medically contraindicated.

When a check is marked in a box next to any food, WIC will not provide that food.

When medically appropriate, baby cereal can be prescribed for a child. For children prescribed baby cereal, the entire amount of cereal provided is baby cereal. Indicate that baby cereal is prescribed by writing it in under the space **Describe specific food or diet restrictions**.

The space under **Describe special food or diet restrictions** is for any additional information that WIC staff should know regarding any restriction, such as instructing WIC staff to counsel the caregiver to select non-citrus fruits for a child with citrus sensitivity/allergy.

Instructions to complete the WIC Formulas and Foods Prescription Form for Children

3. Indicate which milk substitute or combinations of milk substitutes the child needs

The combination of milk substitutes is based on the maximum number of quarts of milk a child is allowed, the equivalent of 16 quarts of milk.

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

Allow up to the maximum. WIC staff and caregiver will determine amount: When this box is checked, the medical provider is allowing WIC staff to work with the client/caregiver 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.

“Provide: _____ pounds/quarts” is used when the medical provider wants to prescribe a specific amount of cheese and tofu, and/or soy beverage up to the maximum amount.

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

When vegan is checked as the qualifying medical diagnosis (nutrition condition) for a child, the medical provider may check either the “Allow up to the maximum...” or “Provide: _____ pounds/quarts” box if tofu and/or soy beverage is required to be substituted for milk. Since a vegan does not eat animal products, WIC will not provide milk, cheese or eggs.

WIC will offer the caregiver with a child who has lactose intolerance “non-prescribed” WIC milk option 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.

4. Check this box if the child (2 to 5 years) needs whole milk

Check this box if the qualifying medical diagnosis requires whole milk for a child age 2 to 5 years. When whole milk is prescribed, the child will receive the entire amount of milk as whole milk.

Children from their 1st birthday through the month of their 2nd birthday will receive whole milk without a WIC prescription.

5. Enter the number of months the WIC formula and/or foods are prescribed

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

6. 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 child’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 caregiver 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 caregiver or to the child’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 Children

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

Foods	Children (1 to 5 years of age)
Formula	910 fluid ounces reconstituted liquid concentrate, or 144 ounces dry weight of powder, or 896 fluid ounces of ready to feed
Juice	2 - 64 ounce containers
Milk (Fluid, dried, evaporated)	16 quarts: 2%, 1% or non fat for children 2 to 5 Whole milk for a 1 year old child
Cereal	36 ounces
Eggs	1 dozen
Fresh Fruits and Vegetables	\$6.00
100% Whole wheat bread, whole corn tortillas, brown rice, oatmeal, or bulgur	2 pounds
Dry beans &/or peanut butter	1 pound or 1 jar 16 -18 ounces
Baby cereal	Replaces 36 ounces of cereal if prescribed
Whole milk	Replaces 16 quarts low fat milk if prescribed to children 2 to 5 years of age
Cheese	1 pound of cheese without prescription May prescribe up to a total of 5 pounds of cheese in place of 15 quarts of milk
Soy beverage	May prescribe up to 16 quarts in place of milk
Tofu	May prescribe up to 16 pounds in place of milk

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



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).