LA Fax: _____
Date Form Expires: __/__/__

Maryland WIC
Better Nutrition Brighter Future

Breastfeeding is Baby's Best Start

Medical Documentation Form

This form is federally required to request an exempt infant formula/WIC-eligible nutritional. All requests are subject to WIC approval.

Sections 1-4 MUST be completed.

1) REQUIRED: Patient Information

Patient Name: _____ **Patient DOB:**__/__/__

Parent/Guardian:_____

Participant Medical Data (optional):	Weight:	Length/height:	Hgb: Hct:
Date Measured:	__/__/__	__/__/__	__/__/__

2) REQUIRED: Exempt Infant Formula/WIC-Eligible Nutritional Request

Medical diagnosis*:_____ **Symptoms:**_____

*Non-specific symptoms such as intolerance, fussiness, colic, spitting up, gas and constipation will NOT be considered medical diagnoses for exempt infant formulas/WIC-eligible nutritionals.

Product:**_____ **Amount per day:**_____

***Similac Advance or Gerber Good Start Soy are provided to infants whom are not exclusively breastfed. An exempt formula may be provided for specific medical diagnoses. Please contact the Local WIC clinic (see back of form) or the State WIC Office at 1-800-242-4942 with any questions about any products that are WIC-eligible.*

Duration: ☐ 1 month ☐ 2 months ☐ 3 months ☐ 6 months ☐ Other_____

3) REQUIRED: WIC Food Requests (Check all that apply)

- ☐ WIC professional may determine WIC foods and amounts.
- ☐ No food restrictions.
- ☐ Issue formula/WIC-eligible nutritional only.
- ☐ Whole milk for a woman or child (≥ 2 years).
- ☐ Issue infant fruits and vegetables to a woman or child.
- ☐ Issue soy beverage and/or tofu to replace milk and/or cheese.
- ☐ Reduced-fat (2%) milk for a one-year old child.
- ☐ Do NOT issue (comment required):_____

4) REQUIRED: Provider Information (MD/DO/CNM/CRNP/PA with prescriptive authority)

Name: (Please print, type or stamp)_____

Phone: _____ Fax:_____

Signature:_____ Date: __/__/__

WIC use only: Date Received: __/__/__ ☐ Approved ☐ Not Approved

Signature:_____ Date: __/__/__

Website: www.mdwic.org. Click on the Health Care Providers section for more information.

WIC Foods - Women and Children may be issued these WIC foods each month:					
WIC Foods	Pregnant [1] or Mostly Breastfeeding Women	Exclusively Breastfeeding Women [2]	Breastfeeding Some Or Non-Breastfeeding Women	Children: 1 year old	Children: 2 - 4 years old
Milk [3]	4.75 gal (1% or fat-free milk)	5.25 gal (1% or fat-free milk)	3.25 gal (1% or fat-free milk)	3.25 gal (whole milk)	3.25 gal (1% or fat-free milk)
Cheese [3]	1 lb	2 lbs	1 lb	1 lb	1 lb
Eggs	1 dozen	2 dozen	1 dozen	1 dozen	1 dozen
Beans, peanut butter	1 lb beans AND 18 oz peanut butter	1 lb beans AND 18 oz peanut butter	1 lb beans OR 18 oz peanut butter	1 lb beans	1 lb beans OR 18 oz peanut butter
Cereal	36 oz	36 oz	36 oz	36 oz	36 oz
Bread, rice or tortillas	1 lb	1 lb	NA	2 lbs	2 lbs
Vegetables & fruit	$11.00 benefit	$11.00 benefit	$11.00 benefit	$8.00 benefit	$8.00 benefit
Fruit juice	144 fl oz	144 fl oz	96 fl oz	128 fl oz	128 fl oz
Canned fish	NA	30 oz	NA	NA	NA
WIC-eligible Nutritionals	Up to 910 fl oz with qualifying documented medical conditions. Subject to WIC professional approval.				

[1] Women pregnant with multiples; women that are pregnant AND exclusively/mostly breastfeeding receive the "Exclusively Breastfeeding" package.
[2] Women exclusively breastfeeding multiples get 1.5 times the foods listed.
[3] Soy beverage and/or tofu may replace milk and/or cheese.

Infant Formula and Foods - Infants may be issued these WIC foods each month:					
	Age in Months		Meat	Cereal	Fruits/Vegetables
Exclusively Breastfed:	0- 5	Mom's Milk	NA	NA	NA
	6 - 11	Mom's Milk	77.5 oz	24 oz	256 oz
	Age in Months	Formula (as reconstituted from powder)		Cereal	Fruits/Vegetables
Mostly Breastfed:	0-1	NA		NA	NA
	1-3	Up to 435 fl oz		NA	NA
	4 -5	Up to 522 fl oz		NA	NA
	6 -11	Up to 384 fl oz		24 oz	128 oz
	Age in Months	Formula (as reconstituted from powder)		Cereal	Fruits/Vegetables
Breastfed Some or None:	0-3	Up to 870 fl oz		NA	NA
	4 -5	Up to 960 fl oz		NA	NA
	6 -11	Up to 696 fl oz		24 oz	128 oz

Local Agency	Phone Number
Allegany County	(301) 759-5020
Anne Arundel County	(410) 222-6797
Baltimore City (Health Dept.)	(410) 396-9427
Baltimore City (Johns Hopkins)	(410) 614-4848
Baltimore County	(410) 887-6000
Calvert County	1-877-631-6182
Caroline County	(410) 479-8060
Carroll County	(410) 876-4898
Cecil County	(410) 996-5255
Charles County	(301) 609-6857
Dorchester County	(410) 479-8060
Frederick County	(301) 600-2507
Garrett County	(301) 334-7710
Harford County	(410) 612-1776
Howard County	(410) 313-7510
Kent County	(410) 810-0125
Montgomery County (CCI)	(301) 762-9426
Prince George's County (Health Dept.)	(301) 856-9600
Prince George's County (Greenbelt Area)	(301) 762-9426
Prince George's County (Greater Baden)	(301) 324-1873
Queen Anne's County	(443) 262-4423
Somerset County	(410) 749-2488
St. Mary's County	1-877-631-6182
Talbot County	(410) 479-8060
Washington County	(240) 313-3335
Wicomico County	(410) 749-2488
Worcester County	(410) 749-2488
State WIC Office	1-800-242-4WIC 1-800-242-4942