Maryland WIC Program Medical Documentation Form

This form is federally required to ensure your patient has a medical diagnosis that requires a formula/medical food or changes to the WIC food package.

Sections 1 - 4 MUST be completed.
All requests are subject to WIC approval.

① **Patient Name:** _____ **Patient DOB:** _____

Parent/Guardian: _____ **Patient EDD:** _____

Medical data:	Weight:	Length/height:	Hgb: Hct:
	Date measured:	Date measured:	Date measured:

② **Medical Diagnosis:** *(Required)* _____

Non-specific symptoms such as fussiness, colic, spitting up, gas, and constipation will NOT be considered indications for a special formula. ***NOTE: Appropriate medical documentation is also required when requesting soy beverage or tofu for a child 1 year of age.***

WIC product requested : _____

A request for formula for an infant will be considered only when Similac Advance and/or Enfamil Prosobee are inappropriate due to medical diagnosis. ***Note: WIC does not provide non-contract milk- or soy-based standard infant formulas such as Enfamil Premium Newborn, Enfamil Premium Infant, Similac Isomil Soy, Enfamil Gentlease for Fussiness and Gas, or Good Start products. Specialized formulas may be provided, when appropriate, regardless of manufacturer.***

Amount prescribed per day: _____

Requested duration: *(Reauthorization may be required for duration beyond 6 months.)*

☐ 1 month ☐ 2 months ☐ 3 months ☐ 6 months ☐ Other _____

③ **WIC Food Restrictions/Requests (*Check all that apply. This section must be completed.*)**

- ☐ Request WIC professional to determine food recommendations.
- ☐ No food restrictions.
- ☐ Request whole milk for child (2 years of age) or women for growth/weight-related diagnosis.
- ☐ Request soy beverage and/or tofu for child (1 year of age) to replace milk and/or cheese.
- ☐ Issue formula or medical food only. Do not issue other WIC foods.
- ☐ Do not issue the WIC foods checked below:

Infant WIC Foods*	*DO NOT GIVE*
Infant cereal	☐
Infant vegetables/fruit	☐

**6 to 12 months of age*

Woman or Child WIC Foods	*DO NOT GIVE*
Milk	☐
Cheese	☐
Eggs	☐
Beans	☐
Peanut butter (age 2)	☐
Cereal	☐
Whole grain bread, rice, tortillas**	☐
Vegetables & fruit	☐
Fruit juice	☐
Canned fish**	☐

***See WIC Foods List for details*

Comments:

④ Provider name _____

Provider phone # _____

Provider signature _____
(MD/DO/CNM/CNP/PA with prescriptive authority signature required.)

Today's date _____

WIC use only: Date received _____

Request approved Request denied

CPA Signature _____ Date _____

01/2014

WIC Foods List	Participants may be issued these WIC foods each month:			
WIC Foods	**Pregnant & Mostly Breastfeeding Women**	**Exclusively Breastfeeding Women ***	**Minimally Breastfeeding (1-2 times/day) or Non-Breastfeeding Women**	**Children, 1 through 4 years**
Milk (1% or fat free 2 yrs)	4.75 gallons	5.25 gallons	3.25 gallons	3.25 gallons
Cheese	1 lb	2 lbs	1 lb	1 lb
Eggs	1 dozen	2 dozen	1 dozen	1 dozen
Beans/peanut butter (No peanut butter before age 2)	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 OR 18 oz peanut butter
Cereal	36 oz	36 oz	36 oz	36 oz
Whole wheat bread or brown rice or tortillas (corn or whole wheat)	1 lb	1 lb	NA	2 lbs
Vegetables & fruit	$10.00 benefit	$10.00 benefit	$10.00 benefit	$6.00 benefit
Fruit juice	144 fl oz	144 fl oz	96 fl oz	128 fl oz
Canned light tuna, pink salmon, sardines	NA	30 oz	NA	NA

Soy beverage and/or tofu may be substituted for milk and/or cheese for women and children. Appropriate medical documentation is required when requesting soy beverage or tofu for a child 1 year of age.

Participants with qualifying medical conditions may receive WIC foods AND medical food up to these amounts:				
Medical food	Up to 910 fl oz	Up to 910 fl oz	Up to 910 fl oz	Up to 910 fl oz

* Also allowed for women pregnant with multiple fetuses and mothers mostly breastfeeding multiple infants.

Infant Formula and Foods, Monthly Allotments:			
Infant Formula	**Exclusively Breastfed:**	**Mostly Breastfed:**	**Minimally or Not Breastfed:**
Birth to 4 months	NA	Up to 384 fl oz** (12 oz/day)	806 fl oz*** (26 oz/day)
4 to 6 months	NA	Up to 442 fl oz** (14 oz/day)	884 fl oz*** (29 oz/day)
6 to 12 months	NA	Up to 312 fl oz** (10 oz/day)	624 fl oz*** (20 oz/day)
Infant foods, 6 to 12 months of age: (If solids are contraindicated, infants receive up to 884 fl oz formula* per month)**			
Cereal	24 oz	24 oz	24 oz
Vegetables/fruit	64 4-oz jars	32 4-oz jars	32 4-oz jars
Meat	31 2.5 oz jars	NA	NA

** As reconstituted from powder. For the first month, no formula is given unless medically required.
*** As reconstituted from concentrate.

For more information contact your local WIC agency

Allegany County	(301) 759-5020
Anne Arundel County	(410) 222-6797
Baltimore City (Health Department)	(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) 273-5656
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	(410) 758-0720
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