(*Local agency information)*

Minnesota WIC Program

Request for Medical Formula

*The WIC Program **requires a medical diagnosis** to provide a medical formula/ food and/or to change the WIC food package.*
Please COMPLETE this form. *All requests are subject to WIC approval.*

A. Patient Information

Patient's Name: _____ **DOB:** _____

Parent/Caregiver's Name: _____

B. Medical Formula

Formula Requested: _____

Amount Needed per Day: _____
If not specified, up to (but no more than), WIC maximum allowable may be provided. Maximum allowed might not meet patient's full need.

Preparation/Feeding Instructions:
Standard preparation, unless otherwise specified. _____

Intended Length of Use: ☐ 1 month ☐ 2 months ☐ 3 months ☐ 4 months ☐ 5 months ☐ 6 months
NOTE: If no length specified, may provide up to 6 months. All prescriptions reevaluated every 6 months.

C. Qualifying Medical Reason (check all that apply)

☐ Prematurity
☐ Low Birth Weight
☐ Gastrointestinal Disorders
☐ GERD/Reflux
☐ Severe Food Allergies
☐ Failure to Thrive -- ***specify underlying medical condition:***

☐ Other Condition (describe): _____

D. WIC Supplemental Foods

Standard Food Package (If no changes are specified, standard foods will be provided.)
Infants (6-12 months) will receive infant cereal and infant and/or fresh fruits/vegetables
Children (12-60 months) and **Women** will receive milk, cheese, juice, fruits/vegetables, whole grains, eggs, legumes, peanut butter, cereal, (canned fish - breastfeeding women only)

☐ **Provide** age appropriate WIC foods. **Exceptions (specify):** _____
☐ **Omit all** supplemental WIC foods, and provide medical formula only.
☐ For child (age 1-4) receiving medical formula, provide infant fruits/vegetables.
☐ Provide whole milk/yogurt. Only patients receiving medical formula and who need additional calories, may receive whole milk/yogurt.

E. Health Care Provider Information

Signature of Health Care Provider: _____ **Date:** _____
Provider's Name: *please print* _____ ☐ MD ☐ NP ☐ PA ☐ CNM ☐ DO
Medical Office: _____
Phone #: _____ Fax #: _____

WIC Use Only
(Local Agency Information)

Minnesota Department of Health,
WIC Program
1-800-657-3942
http://www.health.state.mn.us/divs/fh/wic/
05/2015