

**Kentucky WIC Program**  
**Infant (< 1 year old)**  
**Certificate for Medical Necessity for Formula and WIC Food Exceptions**

<b>WIC Clinic:</b>
<b>Clinic Fax number:</b>
<b>Attention:</b>

The WIC Program provides Gerber Good Start Gentle Formulas to all non-medically fragile infants.

Noncontract standard formula request: Complete sections A, B and D

Exception to WIC foods requests: Complete Sections A, C and D.

Exempt formula or WIC Nutritionals: Complete sections A, B, C and D.

Kentucky Guidelines for issuance of infant formula:	Client must try:
Requests for milk based formula	Good Start Gentle or Soothe
Requests for soy based formula	Good Start Soy and Soothe (if no milk allergies)
Requests for lactose free/reduced formula	Good Start Soothe and Soy
Requests for infant/toddler formulas	Good Start Graduates Gentle or Soy
Requests for 19 Kcal formulas will not be authorized. Must try Good Start product based on above guidelines.	

<b>A. Patient Information (please print)</b>	
Patient's name:	DOB:
Parent/Caregiver's Name:	
Medical diagnosis/qualifying condition (ICD-9 code):	
(Justifies the medical need for formula/food )	
Medical documentation valid for: <input type="checkbox"/> 1 mo. <input type="checkbox"/> 2 mos. <input type="checkbox"/> 3 mos. <input type="checkbox"/> 4 mos. <input type="checkbox"/> 5 mos. <input type="checkbox"/> 6 mos. <input type="checkbox"/> 7 mos. <input type="checkbox"/> 8 mos. <input type="checkbox"/> 9 mos. <input type="checkbox"/> 10 mos. <input type="checkbox"/> 11 mos. <input type="checkbox"/> 12 mos.	
<b>B. Medical Formula/Food (please print)</b>	
Name of formula or WIC Nutritionals requested:	
Prescribed amount: _____ per day OR <input type="checkbox"/> maximum allowable	
Special instruction/comments:	
Provide information regarding Formulas tried & length of time tried:	Problems encountered:
<b>C. WIC Supplemental Foods for Infants &lt; 1 year old</b>	
Supplemental foods: Please mark the appropriate boxes below to indicate any foods that would be contraindicated and/or require special instructions. <b>If no boxes are marked, the infant will receive the WIC foods.</b>	
WIC Supplemental Foods(provided at 6 months of age)	Restrictions/Special Instructions
<input type="checkbox"/> Infant cereal	
<input type="checkbox"/> Infant fruits	
<input type="checkbox"/> Infant vegetables	
<input type="checkbox"/> Infant meats (fully breastfeeding infants only)	
<input type="checkbox"/> No supplemental foods: omit all supplemental foods and provide exempt infant or medical formula/food only.	
<b>D. Health care provider information</b>	
Signature of health care provider:	Provider's name (please print): <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PA <input type="checkbox"/> NP
Medical office/clinic:	
Phone number:	Fax number:
Date:	

This certification for medical necessity is necessary for providing the following products from the WIC Program for medically fragile infants.

The most commonly used products are listed below:

**Hypoallergenic formulas:**

- Nutramigen
- Pregestimil
- Similac Expert Care Alimentum

**Impaired kidney function/hypocalcemia**

- Similac PM 60/40

**Premature formulas**

- Enfamil EnfaCare
- Enfamil Premature with Iron 20
- Enfamil Premature with Iron 24
- Good Start Premature 24
- Similac Expert CareNeoSure
- Similac Special Care 24 with Iron
- Similac Special Care 30 with Iron

**Reflux formulas**

- Enfamil AR

**Severe cow's milk allergy/multiple food protein allergy**

- Neocate Infant
- Neocate Infant DHA & ARA
- Elecare for Infants
- PurAmino

For additional products available from WIC please view the website at:

<http://chfs.ky.gov/dph/ach/ns/Nutrition+Education+Materials.htm>

Use the above link and click on “WIC Formula Resource Guide” from the list of materials.

WIC is a registered service mark of the U. S. Department of Agriculture for USDA's Special Supplemental Nutrition Program for Women, Infant and Children.

