

LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS
OFFICE OF PUBLIC HEALTH NUTRITION SERVICES
Louisiana Women, Infant and Children (WIC) Special Supplemental Nutrition Program

Medical Documentation for WIC Medical Formula and Approved WIC Foods for Infants, Children and Women

This request must be completed with the signature of the physician or a licensed healthcare professional with prescriptive authority under Louisiana law. The signed and dated request should be less than 60 days old when received by the clinic staff. The completed form can be submitted by fax or hand delivered by the provider/participant/caregiver to the clinic. **The prescription is subject to WIC approval and provision based on Program policy and procedure.** The Louisiana WIC Program requires that a written request for the approval of these formulas be submitted every 6 months. The Louisiana WIC Formulary is the only reference source of WIC approved special formulas and is located at <http://www.wic.dhh.louisiana.gov>.

Patient's name: _____ Date of Birth _____
(Please Print) Last First MI (MM/DD/YY)

Weight _____ Length/Height _____ Hgb _____ Hct _____ Date of measurements/Lab _____ Weeks gestation _____

Parent/Caregiver name (First and Last): _____

Medical Diagnosis/Qualifying Condition: (Justifies medical need for formula/food) _____ Include ICD-9 Code _____

Name of WIC formula/medical food requested: Nutramigen with ☐ Maximum Allowed OR ☐ _____ Per Day
Enflora LGG

Medical documentation valid for: _____ Months (Not to exceed 6 months) Special Instructions: _____

WIC Supplemental Food: In addition to the medical formula/food, supplemental food appropriate to the WIC participant's category will be provided. Louisiana WIC routinely provides 2% or less reduced fat milk to children > 2 years. Please indicate below any supplemental food that would be **contraindicated** and/or require special instructions specific to the participant's medical diagnosis. (See reverse side for a listing of formula and WIC supplemental foods).

☐ WIC supplemental food is contraindicated

☐ Provide medical formula only

☐ Provide all appropriate WIC supplemental food for WIC participant category

| WIC Participant Category | WIC Supplemental Food Restrictions | Comments |
|-------------------------------------|------------------------------------|----------|
| Infants (greater than 6 months) | | |
| Children (13 - 60 months) and Women | | |

Soy Beverage (for children 13-60 months) Indicate the qualifying condition that justifies the need for soy beverage as a milk substitute. (personal preference is not a qualifying condition).

☐ Milk Allergy ☐ Severe Lactose Intolerance ☐ Vegan Diet ☐ Other: _____

Health Care Provider Information

Signature (MD, PA, NP,) _____

Date _____

(_____) _____
Telephone Number

WIC Participant ID Number _____ WIC Staff Use Only
Approved ☐ Yes ☐ No If approved -- for how long? _____
Comments _____

Signature _____ Date _____
(WIC Licensed/Registered Dietitian/Nutritionist)

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(Include on back of WIC - 48, two-sided form)

WIC Supplemental Food Packages

WIC participants receiving special medical formula/foods will also receive food from the list below, unless they are contraindicated.

| Formula | Infants 0-3 months * | Infants 4-5 months * | Infants greater than 6 months * | Infants 6-12 months with formula only * |
|------------------------------------|----------------------|----------------------|---|---|
| Powder , (reconstituted) | Up to 870 fluid ozs | Up 960 fluid ozs | Up to 696 fluid ozs | Up to 960 fluid ozs |
| Concentrate (reconstituted) | Up to 806 fluid ozs | Up to 884 fluid ozs | Up to 624 fluid ozs | Up to 884 fluid ozs |
| Ready-to-feed | Up to 832 fluid ozs | Up to 896 fluid ozs | Up to 640 fluid ozs | Up to 896 fluid ozs |
| Infant Cereal | N/A | N/A | 24 oz Infant Cereal | N/A |
| Baby Food Fruit and Vegetables | N/A | N/A | 32 – 4oz Jars Baby Food Fruits and Vegetables | N/A |

* Formula quantities provided are less if the infant is breastfed.

| Children | Fully Breastfeeding and Partially Breast Feeding Multiples Women | Pregnant and Partially Breastfeeding Women | Postpartum Women |
|---|--|---|---|
| 910 ozs formula | 910 ozs formula | 910 ozs formula | 910 ozs formula |
| 13 quarts milk | 21 quarts | 19 quarts milk | 13 quarts milk |
| 1 pound cheese | 2 pounds cheese | 1 pound cheese | 1 pound cheese |
| 1 dozen eggs | 2 dozen eggs | 1 dozen eggs | 1 dozen eggs |
| 128 ozs juice | 144 ozs juice | 144 ozs juice | 96 ozs juice |
| 36 ozs breakfast cereal | 36 ozs breakfast cereal | 36 ozs breakfast cereal | 36 ozs breakfast cereal |
| \$6.00 fresh fruits and vegetables cash value voucher | \$10.00 fresh fruits and vegetables cash value voucher | \$8.00 fresh fruits and vegetables cash value voucher | \$8.00 fresh fruits and vegetables cash value voucher |
| 18oz peanut butter OR 16ozs dried beans | 18oz peanut butter AND 16 ozs dried beans | 18oz peanut butter and 16 ozs dried beans | 18oz peanut butter OR 16ozs dried beans |
| 2 pounds whole wheat bread or equivalent, or brown rice | 1 pounds whole wheat bread or equivalent, or brown rice | 1 pounds whole wheat bread or equivalent, or brown rice | N/A |
| N/A | 30 ozs tuna or salmon | N/A | N/A |

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**Instructions for using the WIC Medical Documentation for WIC Medical Formula and
Approved Food for Infants, Children and Women Form**

The WIC-48 form is used to communicate with the Louisiana WIC Program by a licensed health care professional authorized to write medical prescriptions under state law.

The participant must complete the WIC certification process before the formula is approved.

The licensed health care professional (i.e., MD, PA, NP) will complete the following sections on the form:

1. Patient's name
Date of birth
Weight, length/height
Date of measurements
Hemotocrit
Hemoglobin
Weeks gestation
2. Name of formula requested, length of time the formula is needed and any comments or special instructions
3. Medical reason or qualifying diagnosis, ICD-9 Code
4. Complete all other appropriate sections of the form
5. See reverse side of the WIC - 48 form for a listing of allowed formula and food for all WIC Participant Categories
6. Signature, date and telephone number of the licensed health care provider

The signed and dated request should not be greater than 60 days old when received by the clinic staff.

No stamped signatures. Electronic signatures are allowed.

The completed form can be submitted by e-mail (electronic signature) fax or hand delivered by the provider/participant/caregiver to the clinic staff.

The WIC Nutritionist will review the request and complete the "WIC Staff Use Only" section of the form:

- Approved, check yes or no
- How long approved (number of days/months, up to six months)
- Comments
- Signature and date signed

The participant and Medical Provider will be advised of the disapproval by the appropriate clinic staff.

A copy of this form will be maintained in the participant's medical record.