

WIC Fax: \_\_\_\_\_  
Date Form Expires: \_\_/\_\_/\_\_



**Medical Documentation Form: Sections 1-4 MUST be completed.**

Infants not exclusively breastfed are provided Similac Advance or Gerber Good Start Soy. This form is federally required to request an exempt infant formula/WIC-eligible nutritional for qualifying medical conditions. All requests are subject to WIC approval. Please contact the Local WIC clinic (see back of form) or the State WIC Office at 1-800-242-4942 with any questions.

**1) REQUIRED: Patient Information**

Patient Name: \_\_\_\_\_

Patient DOB: \_\_/\_\_/\_\_

Parent/Guardian: \_\_\_\_\_

|                                      |          |                |              |
|--------------------------------------|----------|----------------|--------------|
| Participant Medical Data (optional): | Weight:  | Length/height: | Hgb:<br>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 nutritional.

Product: \_\_\_\_\_

Calorie Level:

Amount per day:

☐ Standard dilution ☐ Other: \_\_\_\_\_

☐ WIC maximum ☐ Other: \_\_\_\_\_

Duration: ☐ 1 month ☐ 3 months ☐ 6 months ☐ 12 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 ( $\geq 2$  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 and Credentials: \_\_\_\_\_

Date: \_\_/\_\_/\_\_

WIC use only: ☐ Approved ☐ Not Approved ☐ Pending

Comments:

Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Website: [www.mdwic.org](http://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 <sup>1</sup> or Mostly Breastfeeding Women  | Exclusively Breastfeeding Women <sup>2</sup> | Breastfeeding Some Or Non-Breastfeeding Women | Children: 1 year old  | Children: 2 - 4 years old         |
| Milk <sup>3</sup>  | 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 <sup>3</sup>  | 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. |  |   |                       |                                   |

<sup>1</sup> Women pregnant with multiples; women that are pregnant AND exclusively/mostly breastfeeding receive the "Exclusively Breastfeeding" package.

<sup>2</sup> Women exclusively breastfeeding multiples get 1.5 times the foods listed.

<sup>3</sup> 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 | Mom's Milk                             | 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            |
| Mostly Breastfed:  | Age in Months | Formula (as reconstituted from powder) |         | Cereal | Fruits/Vegetables |
|  | 0-1           | NA                                     |         | NA     | NA                |
|  | 1-3           | Up to 435 fl oz                        |         | NA     | NA                |
|  | 4-5           | Up to 522 fl oz                        |         | NA     | NA                |
| Breastfed Some or None:  | 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) 939-6680                   |
| 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<br>1-800-242-4942 |