

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: 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: Nutramigen with Enflora LGG

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 (≥ 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. 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 ¹ or Mostly Breastfeeding Women	Exclusively Breastfeeding Women ²	Breastfeeding Some Or Non-Breastfeeding Women	Children: 1 year old	Children: 2 - 4 years old
Milk ³	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 ³	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.				

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

² Women exclusively breastfeeding multiples get 1.5 times the foods listed.

³ 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 1-800-242-4942