

# Exception Request for Formula/Food

Oklahoma State Department of Health WIC Service

Oklahoma WIC Service is required to contract with a formula company. Infants requiring a standard milk-based or soy-based formula are issued a contract formula. Other formulas for qualifying medical diagnoses may be requested by completing this form. Formulas may not be issued solely for the purpose of enhancing nutrient intake, managing body weight, or non-specific formula or food intolerances. Provision of other formulas is not mandated by Federal WIC regulations and is based on available funding. Complete information below to request a formula exception. Only complete forms will be considered.

Participant's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Weight: \_\_\_\_\_ Length/Height: \_\_\_\_\_ Date taken (within 30 days of request): \_\_\_\_\_

Qualifying diagnoses: \_\_\_\_\_

ICD code(s): \_\_\_\_\_

Formula name: PurAmino Amount: \_\_\_\_\_ per day or ☐ Maximum allowed

Exception requested for: ☐ 1 month ☐ 2 months ☐ 3 months  
☐ 6 months if sole source of nutrition (child 1 to 5 years of age or woman)

Comments: (e.g., previous formulas used, problems encountered) \_\_\_\_\_

Additional Supplemental Foods to Include:

Option 1- ☐ **Refer to a WIC Registered Dietitian/Nutritionist for food selections.**

Option 2- ☐ Supplemental foods are contraindicated at this time. Omit all foods and provide formula only.

Option 3- ☐ Healthcare Provider to select appropriate foods below.

Foods will be issued at the maximum allowable amounts unless otherwise indicated.

Infants (6-11 months old)	<input type="checkbox"/> Infant cereal	<input type="checkbox"/> Infant fruits/ vegetables	<input type="checkbox"/> Fresh fruits/ vegetables (9-11 months)
Children (1-5 years old) and Women	<input type="checkbox"/> Whole milk (12-23 mo. only)	<input type="checkbox"/> Whole yogurt (12-23 mo. only)	<input type="checkbox"/> Juice
	<input type="checkbox"/> 2% milk or less (12-23 mo. only)	<input type="checkbox"/> Low or nonfat yogurt	<input type="checkbox"/> Infant fruits/ vegetables
	<input type="checkbox"/> 1% milk or less	<input type="checkbox"/> Cheese	<input type="checkbox"/> Fruits/ vegetables
	<input type="checkbox"/> Soymilk	<input type="checkbox"/> Infant cereal	<input type="checkbox"/> Canned or dry beans
	<input type="checkbox"/> Tofu	<input type="checkbox"/> Breakfast cereal	<input type="checkbox"/> Peanut butter
	<input type="checkbox"/> Eggs	<input type="checkbox"/> Whole grains	<input type="checkbox"/> Canned fish (fully breastfeeding woman only)

Signature of Healthcare Provider: \_\_\_\_\_ ☐ MD ☐ DO ☐ PA ☐ APN

Provider's name (print): \_\_\_\_\_ Date form completed: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

WIC Use Only

# Information

## Exception Request for Formula/Food

Oklahoma WIC Service is required to contract with a formula company to provide formula. WIC Service-Oklahoma State Department of Health currently has a contract with Nestlé USA. Infants requiring a standard milk-based or soy-based formula are required to be issued a contract formula. Special formulas for a qualifying medical diagnosis may be requested by completion of the *Exception Request for Formula/Food* form for women, infants or children. Contact WIC Service at 1-888-655-2942 for additional information if needed.

This form must be completed by a medical doctor (MD), doctor of osteopathic medicine (DO), physician's assistant (PA), or advanced practice nurse (APN).

- **A qualifying medical diagnosis with its corresponding ICD code must be provided on the request.**

Qualifying diagnoses include but are not limited to premature birth, low birth weight, inborn errors of metabolism and metabolic disorders, gastrointestinal disorders, malabsorption syndromes, immune system disorders, severe food allergies that require an elemental formula, and life threatening disorders, diseases and medical conditions that impair ingestion, digestion, absorption, or the utilization of nutrients that could adversely affect the participant's nutrition status. Formulas may not be issued solely for the purpose of enhancing nutrient intake or managing body weight without a qualifying condition. Formulas are not authorized for a non-specific formula or food intolerance. Only complete forms will be considered.

- **A weight and length/height must be provided for all infants and children.**

These measurements must be current measurements having been taken no greater than 30 days prior to the completion of the request.

Infants six months and older and women/children may be eligible for WIC supplemental foods in addition to formula. A referral can be made to the WIC Registered Dietitian/Nutritionist to determine which WIC foods may be provided. The Healthcare Provider also has the option to select the supplemental foods or indicate that supplemental foods are contraindicated.

Requests may be approved for one, two, or three months for infants, children, and women. Six months may be requested if the formula is for a woman or child and is the sole source of nutrition for that individual.