WIC ID#:_____

New Jersey Department of Health
WIC Services

MEDICAL DOCUMENTATION FOR WIC FORMULA AND APPROVED WIC FOODS FOR INFANTS, CHILDREN AND WOMEN

WIC Office	Phone	Fax	E-Mail

Please complete entire form. Fax or email the completed form to the WIC office or have your patient return the form to the WIC office. **Thank You.**

PLEASE NOTE: It is the responsibility of the health care provider to provide close medical oversight and instructions to participants issued exempt infant formula, WIC-eligible Nutritionals and/or supplemental foods that require medical documentation. This responsibility cannot be assumed by personnel at the WIC State or local agency.
Updated Medical Documentation is required every three months.

- **No authorization is necessary for Enfamil Infant, Enfamil Gentlease and Prosobee. Documentation for Enfamil AR is requested, but not required.**

Patient Name (First and Last)	Current Height/Length:
Date of Birth	Current Weight:
Parent/Caregiver Name (First and Last)	Date

1. Formula Requested: _____ Alternative Formula(if first formula not available): _____
   Amount Requested: ☐ Maximum Allowable OR ☐ _____ ounces/day (if formula)
   Physical Form: ☐ Powder ☐ Concentrate ☐ Whole Milk** ***Whole milk for women & children >2 years old.***
   Intended Length of Use: ☐ 1 Month ☐ 2 Months ☐ 3 Months ☐ 6 Months
2. Qualifying Condition(s) *(Justifies the medical need.)* ***(Complete and submit Page 2 with this form.)*** **
3. Can patient receive supplemental (or other WIC) foods in addition to formula or medical food? ☐ Yes ☐ No
   *(If Yes, please check the foods below that your patient **CAN / IS** eating.)*

   Infants (6-11 months only):
   ☐ Infant Cereal ☐ Infant Vegetable or Fruit ☐ Fruits and Vegetables (Fresh, Frozen, Canned)

   Children and Women:
   ☐ Juice ☐ Breakfast Cereal ☐ Whole Wheat Bread or Other Whole Grains ☐ Eggs
   ☐ Vegetables and Fruits ☐ Milk or Milk Substitutes ** ☐ Legumes ☐ Canned Fish ☐ Peanut Butter

   Reasons/Instructions/Comments:

Health Care Provider Name *(Print)*	☐ MD ☐ DO ☐ APN ☐ PA-C
Medical Office/Clinic	Telephone Number
Medical Office/Clinic Address	Fax Number
Health Care Provider Signature	Date

WIC OFFICE USE ONLY:			
Reviewed by CPA Name:	☐ Approved # of months: _____ ☐ Disapproved	Date:	If required: MS and/or RD CPA Name:

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QUALIFYING CONDITIONS

(Please check appropriate Qualifying Conditions.)*

Participant Category	Non-Qualifying Conditions	Qualifying Conditions
Infants (up to 12 months)	• Non-specific formula or food intolerance • Only condition is a diagnosed formula intolerance or food allergy to lactose, sucrose, milk protein or soy protein that does not require an exempt infant formula	☐ Severe food allergies ☐ Milk and soy allergies ☐ Metabolic disorders ☐ Gastrointestinal disorder ☐ Mal-absorption disorders ☐ Premature birth ☐ Failure to thrive/severely underweight ☐ Low birth weight ☐ NG/Tube Fed ☐ Oral/motor feeding problems ☐ Immune system disorders ☐ Life threatening disorders
Children (up to five years of age)	• Solely for the purpose of enhancing nutrient intake or managing body weight without an underlying condition • Lactose intolerance • Participant preference *Qualifying Condition: ***Failure to Thrive*** describes an inadequate growth pattern where growth is significantly lower than what is expected for age and sex: Weight-for-age/ length/stature repeatedly below the 2.3% for infants/children < 2 years or repeatedly below the 5th% for children >2 years old. –	☐ Severe food allergies ☐ Milk and soy allergies ☐ Metabolic disorders ☐ Gastrointestinal disorder ☐ Mal-absorption disorders ☐ Premature birth ☐ Failure to thrive/severely underweight* ☐ Low birth weight ☐ NG/Tube Fed ☐ Oral/motor feeding problems ☐ Immune system disorders ☐ Life threatening disorders Unintended weight loss *(whole milk only)*
Women	• Solely for the purpose of enhancing nutrient intake or managing body weight without an underlying condition • Lactose intolerance • Participant preference	☐ Severe food allergies ☐ Milk and soy allergies ☐ Metabolic disorders ☐ Gastrointestinal disorder ☐ Mal-absorption disorders ☐ NG/Tube Fed ☐ Oral/motor feeding problems ☐ Immune system disorders ☐ Life threatening disorders Underweight *(whole milk only*) Maternal weight loss or inadequate weight gain *(whole milk only)*