

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



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

Infants not exclusively breastfed are provided Similac Advance, Similac Sensitive, Similac Total Comfort or Similac Soy Isomil. 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: \_\_\_\_\_

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.
- Issue formula/WIC-eligible nutritional only.
- Whole milk for a woman/child ≥ 2 years. (May only be issued with a formula/WIC-eligible nutritional).
- Issue infant fruits and vegetables to a woman or child.
- Issue soy beverage and/or tofu to replace milk.
- Issue WIC foods and amounts without changes to the standard food package.
- Do NOT issue (comment required): \_\_\_\_\_

**4) REQUIRED: Health Care Provider with Prescriptive Authority:**

(MD, DO, PA, NP/CNP/CRNP/DNP, APN, CNM, CRNA, CNS, MBBS, MBBCh)

Name: (Please print, type or stamp) \_\_\_\_\_

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

Signature and Credentials: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

WIC use only:  Approved  Not Approved  Pending

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

Comments: \_\_\_\_\_

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>	5.5 gal (1% or fat-free milk)	6.0 gal (1% or fat-free milk)	4.0 gal (1% or fat-free milk)	4.0 gal (whole milk)	4.0 gal (1% or fat-free milk)
Cheese	0	1 lb	0	0	0
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, tortillas, or pasta	1 lb	1 lb	NA	2 lbs	2 lbs
Vegetables & fruit	\$11.00 benefit	\$11.00 benefit	\$11.00 benefit	\$9.00 benefit	\$9.00 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 Nutritional	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> Cheese, yogurt, soy beverage and/or tofu may replace milk within federal guidelines.

Infant Formula and Foods - Infants may be issued these WIC foods each month:					
Exclusively Breastfed:	Age in Months		Meat	Cereal	Fruits/Vegetables
	0 - 5	Mom's Milk	NA	NA	NA
	6 - 8	Mom's Milk	77.5 oz	24 oz	256 oz
	9 - 11	Mom's Milk	77.5 oz	24 oz	256 oz or 128 oz +\$8.00 benefit
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	
	6 - 8	Up to 384 fl oz	24 oz	128 oz	
	9 - 11	Up to 384 fl oz	24 oz	128 oz or 64 oz +\$4.00 benefit	
Breastfed Some or None:	Age in Months	Formula (as reconstituted from powder)	Cereal	Fruits/Vegetables	
	0 - 3	Up to 870 fl oz	NA	NA	
	4 - 5	Up to 960 fl oz	NA	NA	
	6 - 8	Up to 696 fl oz	24 oz	128 oz	
	9 - 11	Up to 696 fl oz	24 oz	128 oz or 64 oz +\$4.00 benefit	

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