

# MICHIGAN WIC PROGRAM

## Medical Documentation for WIC Formula and Authorized WIC Foods *Pregnant, Breastfeeding and Non-Lactating Postpartum Women*

**WIC Clinic:** Livingston County Dept. Of Public Health **Address:** 2300 E.Grand River Ste.102 Howell, MI 48843

**WIC Contact Person:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** 517-546-6995

**Prescription:** *Completion of this form is federally required to ensure that the WIC client under your care has a qualifying condition (medical condition/diagnosis) that requires the use of a WIC formula, medical food and/or changes to their supplemental food package. A health care provider's prescription will not be accepted as a replacement for this form.*

**Client's First & Last Name :** \_\_\_\_\_ **Birthdate :** \_\_\_\_\_

**Parent/Caregiver's First & Last Name :** \_\_\_\_\_

**1. Qualifying medical condition (refer to back of form):** \_\_\_\_\_

**2. WIC formula/ medical food requested:** \_\_\_\_\_

Prescribed amount:  Maximum allowable or  \_\_\_\_\_ oz per day Physical Form:  Powder  Conc  RTF

Special instructions or restrictions: \_\_\_\_\_

**Issue whole milk:** (Women receiving a medical formula/food who need additional calories may receive whole milk).

Medical documentation valid for:  1 mo.  2 mo.  3 mo.  4 mo.  5 mo.  6 mo. (maximum approval)

**3. Cheese Substitution:** (With a qualifying medical condition, additional cheese may be substituted for milk, not to exceed the monthly maximum allowable).

**Cheese**

Prescribed amount per day:  Maximum allowable  Restriction (explain) \_\_\_\_\_

**4. Supplemental foods allowed:**

All (maximum allowable)  None (issue medical formula / food only)  Restriction: (check foods to be omitted)

<input type="checkbox"/> juice	<input type="checkbox"/> breakfast cereal	<input type="checkbox"/> milk
<input type="checkbox"/> eggs	<input type="checkbox"/> fruits and vegetables	<input type="checkbox"/> whole grain bread or soft corn and whole wheat tortillas
<input type="checkbox"/> legumes / peanut butter	<input type="checkbox"/> canned fish (tuna)	

Instructions / Comments: \_\_\_\_\_

<b>SIGNATURE</b> (Health Care Provider) :	Date:
Printed Name (Health Care Provider):	
Medical Office/ Clinic:	Telephone:
Address:	

## Qualifying Conditions

<ul style="list-style-type: none"> <li>• Inborn errors of metabolism and metabolic disorders</li> </ul>	<ul style="list-style-type: none"> <li>• Severe food allergies that require an elemental diet</li> </ul>
<ul style="list-style-type: none"> <li>• Gastrointestinal disorders</li> </ul>	<ul style="list-style-type: none"> <li>• Life threatening disorders, or diseases and medical conditions that impair ingestion, digestion, absorption or could adversely affect nutritional status</li> </ul>
<ul style="list-style-type: none"> <li>• Malabsorption syndromes</li> </ul>	<ul style="list-style-type: none"> <li>• Immune system disorders</li> </ul>

<p><b>Michigan WIC Food Packages</b>  <b>Maximum Monthly Allowances of Supplemental Foods</b>  <b>for Women with Qualifying Conditions</b></p>
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Foods	Pregnant and Partially Breastfeeding (up to 1 year postpartum)	Postpartum (up to 6 months postpartum)	Fully Breastfeeding (up to 1 year postpartum)
Juice, single strength	144 fl oz	96 fl oz	144 fl oz
WIC Formula <sup>1</sup>	910 fl oz reconstituted liquid conc.	910 fl oz reconstituted liquid conc.	910 fl oz reconstituted liquid conc.
Milk <sup>2</sup>	19 qt	13 qt	18 qt
Breakfast cereal	36 oz	36 oz	36 oz
Cheese	1 lb	1 lb	3 lb
Eggs	1 dozen	1 dozen	2 dozen
Fruits and vegetables	\$8.00 in cash value	\$8.00 in cash value	\$10.00 in cash value
Whole grain bread <sup>3</sup>	1 lb		1 lb
Fish (canned) <sup>4</sup>			30 oz
Legumes, dry (canned)	1 lb (64 ounce canned)	1 lb (64 ounce canned)	1 lb (64 ounce canned)
	And	Or	And
Peanut butter	18 oz	18 oz	18 oz

<sup>1</sup> WIC Formula means infant formula, exempt infant formula, or WIC-eligible medical food.

Powder and Ready-to-Feed may be substituted at rates that provide comparable nutritive value.

<sup>2</sup> Allowable milk alternative is cheese.

- Cheese may be substituted for milk at a rate of 1 pound cheese per 3 quarts milk, up to the maximum monthly allowance.

<sup>3</sup> Allowable options for whole grain bread are soft corn or whole wheat tortillas.

<sup>4</sup> Allowable option for canned fish is chunk light tuna.