

MICHIGAN WIC PROGRAM

Medical Documentation for WIC Formula and Authorized WIC Foods
Infants and Children (through 4 years of age)

WIC Clinic: Dickinson-Iron District Health Department (Dickinson County) Address: **818 Pyle Dr. Kingsford, MI 49802**

WIC Contact Person: Tina Erickson Phone: 1-906-779-7212 Fax: 1-906-7749910

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: _____

INFANTS

1. Qualifying medical condition: (refer to back of form): _____

2. Infant formula requested: _____

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

Instructions for preparation and use: _____

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

3. Supplemental foods allowed: (6-11 mos old) All (maximum allowable) None (issue infant formula only)

Restriction: (check foods to be omitted) infant cereal infant fruits/vegetables

CHILDREN

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: _____

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

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

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

Cheese Maximum allowable Other amount (specify) _____

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"/> cheese	<input type="checkbox"/> legumes / peanut butter
<input type="checkbox"/> eggs	<input type="checkbox"/> fruits and vegetables	<input type="checkbox"/> whole grain bread or soft corn and whole wheat tortillas		

Instructions / Comments: _____

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

Qualifying Conditions

• Premature birth	• Gastrointestinal disorders
• Low birth weight	• Malabsorption syndromes
• Failure to thrive	• Immune system disorders
• Inborn errors of metabolism and metabolic disorders	• Life threatening disorders, or diseases and medical conditions that impair ingestion, digestion, absorption or could adversely affect nutritional status
• Severe food allergies that require an elemental diet	

<p>Michigan WIC Food Packages Maximum Monthly Allowances of Supplemental Foods for Infant and Children with Qualifying Conditions</p>
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	Infants				Children	
	Fully Formula fed		Partially Breastfed		Foods	1 through 4 years
Foods	A: 0-3 months B: 4-5 months	6-11 months	A: 0 to 1 month B: 1-3 months C: 4-5 months	6-11 months		
WIC Formula ¹	A: 806 fl oz reconstituted liquid concentrate B: 884 fl oz reconstituted liquid concentrate	624 fl. oz. reconstituted liquid concentrate	A: 1 can powder B: 364 fl oz reconstituted liquid concentrate C: 442 fl. oz. reconstituted liquid concentrate	312 fl. oz. reconstituted liquid concentrate	Juice	128 fl oz
					WIC Formula ¹	910 fl oz ² reconstituted liquid concentrate
					Milk ³	13 qt
					Breakfast cereal	36 oz
Infant cereal		24 oz		24 oz	Eggs	1 dozen
					Fresh Fruit and Vegetables	\$6.00 in cash value
					Whole grain bread ⁴	2 lb
Infant fruits and vegetables		128 oz		128 oz	Legumes, dry (canned)	1 lb (64 oz canned) OR
					Peanut butter	18 oz
					Cheese	1 lb

¹ WIC Formula means infant formula, exempt infant formula, or WIC-eligible medical food.

² Powder and Ready-to-Feed may be substituted at rates that provide comparable nutritive value.

³ 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.

⁴ Allowable options for whole wheat bread are soft corn or whole wheat tortillas.