

# MICHIGAN WIC PROGRAM

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

**WIC Clinic:** Dickinson-Iron District Health Health Department (Iron County)\_ **Address:** 601 Washington Ave Iron River, MI 49802

**WIC Contact Person:** Sue Jacobson **Phone:** 1-906-265-4173 **Fax:** 1-906-265-2950

**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:** \_\_\_\_\_

**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:** (Women 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).

**Cheese**

Prescribed amount per day:  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"/> eggs                    | <input type="checkbox"/> fruits and vegetables | <input type="checkbox"/> cheese       |
| <input type="checkbox"/> legumes / peanut butter | <input type="checkbox"/> canned fish           | <input type="checkbox"/> whole grains |

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

|  |
|--|
| <p><b>Michigan WIC Food Packages</b><br/> <b>Maximum Monthly Allowances of Supplemental Foods</b><br/> <b>for Women with Qualifying Conditions</b></p> |
|--|

| 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     | \$10.00 in cash value  | \$10.00 in cash value                  | \$10.00 in cash value                         |
| Whole grains <sup>3</sup> | 1 lb   |  | 1 lb  |
| Canned Fish <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 grains are whole wheat/whole grain bread, soft corn or whole wheat tortillas, oatmeal and brown rice.

<sup>4</sup> Allowable options for canned fish are chunk light tuna and pink salmon.