

Special Food Substitutions and Referrals for Breastfeeding Support and WIC Services

Patient's First & Last Name: _____ Date of Birth (MM/DD/YY): ____/____/____

(For Infants/Children) Parent/Caregiver's First & Last Name: _____

Medical Office/Clinic Name: _____
 Street Address: _____
 City: _____
 Zip Code: _____
 Phone Number: _____
 Fax Number: _____

To locate your County Health Department, please visit <http://health.state.ga.us/regional/> or call 1-800-228-9173.

Referral Data: (Complete Applicable Information) (Instructions on Reverse.)

Length/Ht: ____ in. Wt: ____ lbs. ____ oz. Date: ____/____/____ Hgb/ Hct: ____ Date: ____/____/____
 Birth weight: ____ lbs. ____ oz. Birth Length: ____ in. If premature, weeks gestation at birth: ____
 (Prenatal) EDC: ____/____/____ Last Wt Prior to Pregnancy: ____ lbs. Multiple Gestation?: Yes No
 (Postpartum) Delivery Date: ____/____/____ Last Wt Prior to Delivery: ____ lbs. Breastfeeding?: Yes No
 (Infant/Child) Breastfeeding?: Yes No If Currently Breastfeeding: Exclusively Partially Unknown
 Breastfeeding follow-up needed: Yes No
 Mother/baby separation Latch-on issues Milk supply concerns Other _____

If using this form to provide referral data only, please stop here and have the health professional who collected the above referral data sign and date the line below.

Referral data provided by: (signature) _____ Date: ____/____/____

CHILDREN (≥12 Months Old): Authorization of Special Food Substitutions (Instructions on Reverse.)

Note: Special food substitution will replace all or part of the child's milk/cheese allowance provided by the Georgia WIC Program.

Medical Condition(s) Justifying Food Substitution: _____

Food Substitution Authorized (check one): Soy Milk Tofu Extra Cheese

Planned Length of Use: _____ Comments: _____

Provider's Signature/Title:* _____

Print Name: _____ Date: ____/____/____

**Note:* In accordance with federal regulations, the Georgia WIC Program only accepts medical documentation signed by the following providers: physicians (MD, DO), physician assistants (PA, PA-C), and nurse practitioners (e.g., NP, APRN, CPNP, CNP, PNP, CNNP).

WOMEN: Authorization of Special Food Substitutions (Instructions on Reverse.)

Note: Special food substitution will replace all or part of the woman's milk/cheese allowance provided by the Georgia WIC Program.

Medical Condition(s) Justifying Food Substitution: _____

Food Substitution Authorized (check one): Extra Tofu Extra Cheese

Planned Length of Use: _____ Comments: _____

Provider's Signature/Title:* _____

Print Name: _____ Date: ____/____/____

**Note:* In accordance with federal regulations, the Georgia WIC Program only accepts medical documentation signed by the following providers: physicians (MD, DO), physician assistants (PA, PA-C), and nurse practitioners (e.g., NP, APRN, CPNP, CNP, PNP, CNNP).

This form is intended for use as...

- A medical data referral form for infants, children and women for the Georgia WIC Program, *and/or*
- To authorize special food substitutions for children and women enrolled in the Georgia WIC Program.

To prescribe a special formula or medical food for an infant, child or woman, please refer to Georgia WIC Form #1 (*Medical Documentation Form for WIC Special Formulas and WIC Foods*).

To Provide Referral Information Only:

- Enter the patient's full name, date of birth, and (for infants/children) the parent/caregiver's name at the top of the form.
- Complete the "Medical Office/Clinic" contact information.
- Complete the applicable information under "Referral Data."
- Sign and date the form under "Referral Data."

To Authorize a Special Food Substitution For a Child or Woman:

- Enter the patient's full name, date of birth, and (for infants/children) the parent/caregiver's name at the top of the form.
- Complete the "Medical Office/Clinic" contact information.
- Provide all of the information requested under the applicable heading ("CHILDREN" or "WOMEN") to authorize the special food substitution. Please remember to sign your name and include your credentials, today's date, and your printed name. Incomplete forms will delay processing of the food substitution prescribed and will require WIC clinic staff to contact your office for additional documentation.
- Include any applicable referral information you would like to provide to the WIC clinic under "Referral Data." The provision of referral data is not mandatory in order to authorize special food substitutions for a WIC client.

In accordance with federal regulations, the Georgia WIC Program only accepts medical documentation/prescriptions signed by health care providers who have prescriptive authority based on the laws of the state of Georgia. Therefore, physicians (MD, DO), physician assistants (PA, PA-C), and nurse practitioners (e.g., NP, APRN, CPNP, CNP, PNP, CNNP) are the only providers authorized to sign medical documentation/prescriptions for Georgia WIC use.

If you have questions or need additional clarification when completing this form, please contact the local WIC agency where your patient is receiving WIC benefits. A directory containing Georgia WIC clinic contact information is available at http://health.state.ga.us/wic_clinics/clinic_lookup.aspx.

Georgia WIC Program Policies:

Prescribed Quantity of Supplemental Foods: *Exact amounts of authorized food substitutions will be determined by Georgia WIC Program staff.* The quantity of the supplement foods provided by the Georgia WIC Program is subject to the maximum allowable quantities determined by federal regulations and outlined in Georgia WIC Program policies. WIC is a supplemental program. Patients are responsible for acquiring any additional prescribed quantities of foods that exceed what is eligible for provision through WIC.

Medical Justification for Food Substitutions: Federal regulations require medical documentation of a qualifying medical condition for issuance of the special milk substitutions described below:

- The issuance of any quantity of soy milk or tofu to children (ages 1-5 years old)
- The issuance of more than one (1) pound of cheese per month to children (ages 1-5 years old)
- The issuance of more than one (1) or three (3) pounds of cheese per month to women*
- The issuance of more than four (4) or six (6) pounds of tofu per month to women*

***Note:** The exact quantity depends upon a woman's Georgia WIC Program participant category and her infant feeding method.

Milk: In accordance with federal regulations, younger children (ages 12-23 months) will receive whole milk while women and older children (ages \geq 24 months) will receive low-fat milk from the Georgia WIC Program. Cow's milk and milk substitutes (e.g., soy milk, goat milk, tofu, cheese) cannot be issued to infants (ages birth – 11 months) by the Georgia WIC Program, even with a prescription.

Planned Length of Use: Please specify the expected length of time the child or woman will need to be prescribed the special food substitutions. The Georgia WIC Program requires renewal of medical documentation for special food substitutions at every WIC certification/recertification (approximately every 6 months).

We appreciate your cooperation and partnership in serving the Georgia WIC population.

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