



# Georgia Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)



## Request for Medical Formulas and WIC Supplemental Foods

*Approval and provision of medical formulas and supplemental foods are based on Georgia WIC Program policies and procedures.*

Patient's First & Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

### 1. Qualifying Diagnosis/Medical Condition(s) – Please select all that apply

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Low Birth Weight  | <input type="checkbox"/> Prematurity* (weeks gestation _____)       | <input type="checkbox"/> Genetic/Metabolic Condition (specify below) |
| <input type="checkbox"/> Failure to Thrive | <input type="checkbox"/> Cow's Milk Protein Allergy/Sensitivity     | <input type="checkbox"/> Oral Motor Feeding Problems (specify below) |
| <input type="checkbox"/> Malabsorption     | <input type="checkbox"/> Severe Food Allergies (specify each below) | <input type="checkbox"/> Other (specify below)                       |

Other diagnosed condition(s) or ICD-10 code(s): \_\_\_\_\_

*\*Prematurity: With documentation, premature infants can receive infant formula past one year of age to account for adjusted age.*

### 2. Medical Formula Requested

Name of formula/medical food requested: \_\_\_\_\_

Prescribed daily amount: \_\_\_\_\_ oz/day Form:  Powder  Concentrate  Ready-to-feed<sup>†</sup>

Special instructions/comments: \_\_\_\_\_

If Applicable: Flavor: \_\_\_\_\_ With Fiber: Yes  No  N/A

Planned length of use \_\_\_\_\_ months (1 - 12 months)

<sup>†</sup>The use of ready-to-feed products requires additional justification unless ready-to-feed is the only available product form.

### 3. Authorized Supplemental Foods – Select one (All age appropriate foods will be provided unless indicated below)

- No food restrictions – All WIC supplemental foods allowed
- Formula only – Do not provide any WIC supplemental foods
- Baby foods, infant cereal, and formula only (also available to women and children as part of a soft/pureed diet)
- Foods allowed with restrictions (specify below)

#### Infants 6 - 12 months:

- No Infant Cereal  No Baby Food Fruits and Vegetables  If premature, provide after \_\_\_\_\_ months of age.

#### Women and Children ≥ 12 months (1 year):

- |                                    |  |   |   |
|------------------------------------|--|---|---|
| <input type="checkbox"/> No milk   | <input type="checkbox"/> No eggs       | <input type="checkbox"/> No cereal            | <input type="checkbox"/> No peanut butter   |
| <input type="checkbox"/> No cheese | <input type="checkbox"/> No juice      | <input type="checkbox"/> No fruits/vegetables | <input type="checkbox"/> No whole grains (wheat bread, brown rice, pasta, or whole grain tortillas) |
| <input type="checkbox"/> No yogurt | <input type="checkbox"/> No beans/peas | <input type="checkbox"/> No fish              |   |

**Comments:** Please describe any other prescribed restrictions or special requests in the "Comments" section below. (Developmental readiness, allergies, tube fed, NPO, etc.)

### 4. Health Care Provider Information - All sections required

Office Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

Authorized Provider's Name and Title (Please Print)	
/	/
Authorized Provider's Signature	Date

Original signature required. No stamped signatures or proxy signatures by staff will be accepted. The Georgia WIC Program only accepts requests authorized and signed by physicians (MD, DO), physician assistants (PA, PA-C), and nurse practitioners (e.g., NP, APRN, CPNP, CNP, PNP, CNNP).

### 5. Release of Information: To be completed by participant / parent / caregiver.

I authorize the above prescribing health care provider and State of Georgia WIC Agency to discuss information regarding feeding needs. This permission is valid through the planned length of use indicated in Section 2 (Medical Formula Requested) of this form. I understand that I may cancel this permission at any time. This release is not a condition of WIC eligibility. All information is considered confidential.

Participant/Parent/Caregiver Name (Please Print): \_\_\_\_\_

Participant/Parent/Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>WIC USE ONLY</b>	Authorized: YES <input type="checkbox"/> NO <input type="checkbox"/>	CPA Signature: _____	Date: _____
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## Instructions & Resources for Use of This Form:

Use this form to request special formulas and/or nutritionals for patients with qualifying medical conditions.

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 of Georgia WIC clinics is available at: [www.wic.ga.gov](http://www.wic.ga.gov) (Select "Clinic Listing"). Information about formulas and nutritionals approved for issuance by the Georgia WIC Program is located under the "Formula Resources" tab.

Local agency WIC staff will review requests for special formulas and nutritionals according to federal regulations and Georgia WIC Program policies and procedures. Diagnosis of a serious medical condition (e.g., Failure to Thrive) must be consistent with the patient's anthropometric data. Additional clarification or documentation may be necessary to complete the approval process. Denial of a request does not imply that WIC Program staff question the health care provider's clinical judgment. However, federal policy limits the issuance of special formulas and nutritionals to cases of serious diagnosed medical conditions.

Provision of special formulas and nutritionals by the Georgia WIC Program will be for intervals of one (1) to twelve (12) months. At a minimum, a new medical authorization is required at each participation renewal or formula change.

## Definitions, Examples and Exclusions:

### Medical Diagnoses:

- Non-specific symptoms or diagnoses are insufficient for the purposes of Georgia WIC prescriptions (e.g., colic, multiple food allergies, spitting up, milk/formula intolerance, feeding problems, feeding difficulties, picky eater, poor appetite, inadequate intake, constipation, cramps, digestive disturbances, fussiness and gas).
- The following diagnoses require an **underlying medical condition** be present and documented: "underweight," "feeding disorder," "inadequate/poor weight gain," and "inadequate/poor growth." The Georgia WIC Program cannot accept these diagnoses alone – a more specific, primary medical condition must be present and listed among the diagnoses (e.g., Cerebral Palsy, Failure to Thrive, Oral-Motor Feeding Disorder, Prematurity, Dysphagia, etc.).
- The Georgia WIC Program may require additional documentation for prescription approval if diagnoses are missing, incomplete, non-specific, inconsistent with existing anthropometric data, or if clarification is needed.

### Non-Qualifying / Excluded Conditions:

- Solely for the purpose of enhancing nutrient intake or managing body weight without an underlying condition
- Non-specific formula intolerance or food intolerance
- Patient/caregiver preference or food dislikes

### Release of Information:

- The WIC Program participant must have a signed Release of Information before any communication regarding the patient's feeding needs can be discussed between the medical provider and WIC Program staff.
- Without the signed authorization to release information, the participant would be solely responsible for contacting their medical provider to receive an updated form should clarifying information be required to fulfill the request for special formulas or medical nutritionals.
- The medical provider cannot clarify information to the WIC staff by telephone without a signed authorization to release information.

### Prescribed Formula Quantity:

- Infants (<12 months of age) enrolled in the Georgia WIC Program will receive the full maximum quantity of formula allowed per month regardless of the amount of formula prescribed per day under Section 2 of the form. The maximum quantity of formula allowed is based on age, amount of breastfeeding (fully formula feeding, some breast feeding, or mostly breastfeeding), product form (concentrate, ready-to-feed, powder), and product package size. Exclusively breastfeeding infants do not receive any formula from the WIC Program.
- Children and women enrolled in the Georgia WIC Program will receive the quantity of formula or nutritional prescribed under Section 2, not to exceed the maximum quantity allowed by federal regulations and Georgia WIC Program policy.
- The amount of prescribed formula or nutritional provided by WIC 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 formulas or nutritionals that exceed what is eligible for provision by WIC.

## Approximate WIC Maximum Daily Allowances of Reconstituted Formula for Infants\*

Feeding Method:	Age 0 – 1 Month	Age 1 – 3 Months	Age 0 – 3 Months	Age 4 – 5 Months	Age 6 – 12 Months
Mostly Breastfeeding	3.5 fluid oz/day	12.0 fluid oz/day		14.5 fluid oz/day	10.5 fluid oz/day
Some Breastfeeding			20.0 fluid oz/day	22.0 fluid oz/day	16.0 fluid oz/day
Fully Formula Feeding			27.0 fluid oz/day	29.5 fluid oz/day	21.0 fluid oz/day

\*Fluid ounces based on reconstituted liquid concentrate formula. Amounts differ for ready-to-feed and reconstituted powder formulas. Refer to the federal regulations at [www.fns.usda.gov/wic](http://www.fns.usda.gov/wic).

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