



REQUIRED MEDICAL DOCUMENTATION FOR WIC FORMULA AND APPROVED WIC FOODS - INFANTS (BIRTH UP TO 12 MONTHS)

State Form 55322 (R3 / 5-19)
INDIANA STATE DEPARTMENT OF HEALTH
INDIANA WOMEN, INFANTS, & CHILDREN PROGRAM (WIC)

Patient's Name: _____ **Birthdate** (mm/dd/yyyy): _____

Attention Clinic Staff: Scan this form into the Client Section of the INWIC Communication screen.
A Release of Information Form must be signed and scanned before faxing to the healthcare provider. – Thank you.

PLEASE COMPLETE EACH SECTION FOR YOUR INFANT PATIENT.

1. Qualifying conditions include, but are not limited to:

- Premature birth
- Failure to thrive
- Severe food allergies that require an elemental formula
- Inborn errors of metabolism and metabolic disorders
- Disease and medical conditions that impair ingestion, digestion, absorption, or the utilization of nutrients that could adversely affect the participant's nutrition status
- Low birth weight
- Immune system disorders
- Gastrointestinal disorders
- Malabsorption syndromes

2. Name of WIC standard or exempt infant formula prescription: (Note: For infants unable to consume infant foods at six (6) months, additional standard contract or exempt infant formula may be provided at the 4-5 month amounts. This form cannot be used to order standard contract formula for any reason other than this reason. Please contact the WIC clinic if you have questions.)

Prescribed amount per day: _____

Physical Form: Powder Concentrate Ready to Use

Special instructions for preparation and use: _____

3. Allowed WIC foods (Please select all that apply.):

- No WIC food is being ordered at this time.
- Infant cereal starting at 6-11 months
- Infant food / fruits / vegetables starting at 6-11 months

4. Length of use for this prescription: 1 month 3 months 6 months 12 months

Other: _____

SIGNATURE (Health Care Provider): _____ **Date** (mm/dd/yyyy): _____

Printed Name (Health Care Provider): _____

Medical Office / Clinic: _____ Telephone: _____

Address (number and street, city, state, and ZIP code): _____

WIC Staff Use Only:
A Cash Value Benefit (CVB) for FRESH fruits and vegetables may be provided in place of part of the pureed fruits and vegetables at the 9-11 month, after a nutrition assessment and to encourage progression to solids.

Non-qualifying conditions include:

- Formula or food intolerance
- Patient / parent preference
- Food allergy to lactose, sucrose, milk protein, or soy protein not requiring an elemental formula

This institution is an equal opportunity provider.