Hawaii Department of Health
Women, Infants and Children (WIC)
Medical Documentation

- Complete sections A, B, C and D for all patients.
- Form available at: http://health.hawaii.gov/wic

WIC Clinic:	
Phone #:	Fax #:
Contact Name:	

A. Patient Information

Patient's name (Last, First, MI):	DOB:

Parent/Caregiver's name (Last, First, MI):

Medical diagnosis/qualifying condition: _____

(Note: Colic, constipation, spitting up, and formula intolerance are not qualifying conditions for special formula.)

Medical documentation valid for: ☐ 1 month ☐ 2 months ☐ 3 months ☐ 4 months ☐ 5 months ☐ 6 months

B. Formula

Name of formula:

Prescribed amount: _____ oz per day or ☐ Maximum allowable

C. WIC Supplemental Foods

Supplemental foods: (Check one box below. If no box is selected, decision will be deferred to WIC Registered Dietitian or Nutritionist)

☐ Defer decision to WIC Registered Dietitian or Nutritionist

☐ All: Issue all age-appropriate WIC supplemental foods listed below

☐ None: No WIC supplemental foods for Infants (6-11 months)/Children/Women; provide formula only

☐ Modified: Issue a modified food package REMOVING the supplemental foods checked below.

WIC Participant Category	WIC Supplemental Foods to REMOVE		Special Instructions
Infants (6-11 months)	☐ No infant cereal	☐ No infant fruits and vegetables	
Children (1-4 years) and Women	☐ No milk	☐ No peanut butter	
	☐ No eggs	☐ No beans	
	☐ No cheese	☐ No breakfast cereals	
	☐ No juice	☐ No whole grains	
	☐ No fresh fruits and vegetables	☐ No canned fish (Exclusive breastfeeding women only)	

Milk Options for Children (1 - 4 years) and Women:

☐ Nonfat Milk ☐ Lowfat (1%) Milk ☐ Reduced-fat (2%) Milk ☐ Whole Milk*

(WIC will provide whole milk for children 12 to 23 months of age and lowfat (1%) and nonfat milk for children ≥ 2 years and women if no option is selected. *Whole milk may be given to children ≥ 2 years and women only with a prescribed formula)

D. Health Care Provider Information

Signature of health care provider: Date:

Provider's name (please print): ☐ MD ☐ DO ☐ NP ☐ PA

Medical office/clinic:

Phone #: Fax #: Email:

WIC USE ONLY	Approved by:	Date:	WIC ID:

HAWAII WIC APPROVED CONTRACT AND NON-CONTRACT FORMULA

WIC participants with a qualifying medical condition are eligible to receive formulas listed below.

Formula(s)	Diagnosis/condition (Medical reason for request)
Similac Advance	Contract – Milk-based formula.
Enfamil ProSobee	Contract – Lactose-free, sucrose-free, soy-based formula.
Beneprotein	For increased protein needs. Nutritionally incomplete.
Enfaport	Nutritionally complete formula for infants with Chylothorax or LCHAD deficiency. Contains 84% of its fat from MCT oil. (30 kcal/fluid oz.)
EnfaCare / Similac Expert Care Neosure	Prematurity and/or low-birth weight infants. (22 kcal/fluid oz.)
Free Amino Acid Elemental Formulas: EleCare / EleCare Jr / Neocate / Neocate Jr / PurAmino	For oral or tube feeding. For infant or child with severe malabsorption, protein maldigestion, severe food allergies, short bowel syndrome, and/or GI impairment.
Metabolic formulas: (Specify formula requested)	Metabolic disorders. (WIC does not provide medical nutritional therapy for metabolic disorders)
Nutramigen Enflora LGG / Similac Expert Care Alimentum	Allergy to intact proteins in cow's milk and soy formulas, as well as other foods.
Pediatric Formulas: Child > 1 yr. *Nutren Jr. with or without fiber / Pediasure with or without fiber*	For children with chronic illness, oral motor feeding problems, tube feeding or medical conditions which increase caloric needs beyond what is expected for age. Should not be used for sole purpose of enhancing nutrient intake or managing body weight. Note: Medicaid will provide formula for Medicaid blind and/or disabled infants & children that are tube fed. Not for children with Galactosemia.
Peptamen Junior	Children with GI impairment, e.g. Inflammatory Bowel, Cystic Fibrosis or Short Bowel Syndrome.
Portagen	Pancreatic insufficiency, bile acid deficiency or lymphatic anomalies. Not for infants. Nutritionally incomplete.
Pregestimil	Fat malabsorption and sensitivity to intact proteins. Contains 55% of the fat from MCT oil.
ProViMin	Malabsorption of carbohydrate and/or fat; supplement for patient who requires increased protein, minerals, and vitamins.
Ross Carbohydrate Free	Inability to tolerate type or amount of carbohydrate in milk or conventional formula; or need for ketogenic diet.
Similac Human Milk Fortifier (HMF)	Added to breastmilk for low birth weight and premature infants. HMF can be issued until the infant reaches a maximum weight of 8 lbs.
Similac PM 60/40	Renal or cardiac conditions requiring low mineral level.
Similac for Spit-Up	Treatment of medically diagnosed Gastroesophageal Reflux Disease.
Similac Special Care Advance 24	Premature and low-birth weight infants. Not to be used with infants > 8 lbs. due to excessive fat soluble vitamins.
Similac Total Comfort	Inability to tolerate whole cow-milk protein. (Partially hydrolyzed protein, milk-based formula)
Vivonex Pediatric	Children with GI impairment, e.g. Crohn's disease, Short Bowel Syndrome and intractable diarrhea.

<u>Hawaii WIC cannot provide the following formulas, even with medical documentation</u>:

- No Similac standard soy infant formula: Similac Soy Isomil
- No Similac lactose free formula: Similac Sensitive
- No Enfamil standard cow milk infant formulas: Enfamil PREMIUM, Enfamil A.R., or Enfamil Gentlease
- No Gerber standard infant formulas: Any Good Start formula