



**State of Hawaii, Department of Health  
Women, Infants and Children (WIC) Program  
Medical Documentation Form**

- ❖ 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: <input type="checkbox"/> 1 month <input type="checkbox"/> 2 months <input type="checkbox"/> 3 months <input type="checkbox"/> 4 months <input type="checkbox"/> 5 months <input type="checkbox"/> 6 months	

**B. Formula**

Name of formula:
Prescribed amount: _____ oz per day   or <input type="checkbox"/> 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
<b>Infants (6-11 months)</b>	<input type="checkbox"/> No infant cereal	<input type="checkbox"/> No infant fruits and vegetables	
<b>Children (1-4 years) and Women</b>	<input type="checkbox"/> No milk	<input type="checkbox"/> No peanut butter	
	<input type="checkbox"/> No eggs	<input type="checkbox"/> No beans	
	<input type="checkbox"/> No cheese	<input type="checkbox"/> No breakfast cereals	
	<input type="checkbox"/> No juice	<input type="checkbox"/> No whole grains	
	<input type="checkbox"/> No fresh fruits and vegetables	<input type="checkbox"/> 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):	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> NP <input type="checkbox"/> PA
Medical office/clinic:	
Phone #:	Fax #:
Email:	

<b>WIC USE ONLY</b>	Approved by:	Date:	WIC ID:
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# HAWAII WIC APPROVED CONTRACT AND NON-CONTRACT FORMULA

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

Formula(s)	Diagnosis/condition (Medical reason for request)
Similac Advance	<b>Contract</b> – Milk-based formula (20 kcal/fluid oz.)
Similac Sensitive	<b>Contract</b> – Milk-based, reduced-lactose formula (20 kcal/fluid oz.)
Similac Soy Isomil	<b>Contract</b> – Soy-based, Lactose-free, sucrose-free formula (20 kcal/fluid oz.)
Similac Total Comfort	<b>Contract</b> – Partially hydrolyzed protein, milk-based formula (20 kcal/fluid oz.)
Beneprotein	For increased protein needs. Nutritionally incomplete.
Enfamil Enfaport	Nutritionally complete formula for infants with Chyllothorax or LCHAD deficiency. Contains 84% of its fat from MCT oil. (30 kcal/fluid oz.)
Enfamil NeuroPro EnfaCare / Similac Neosure	Prematurity and/or low-birth weight infants. (22 kcal/fluid oz.)
Enfamil Nutramigen Enflora LGG / Similac Alimentum	Hypoallergenic formula for infants with an allergy or sensitivity to intact proteins in cow's milk and soy formulas, as well as other foods.
Enfamil Portagen	Pancreatic insufficiency, bile acid deficiency or lymphatic anomalies. Not for infants. Nutritionally incomplete.
Enfamil Pregestimil	Fat malabsorption and sensitivity to intact proteins. Contains 55% of fat from MCT oil.
Free Amino Acid Elemental Formulas: EleCare for Infants / EleCare Jr / Neocate / Neocate Jr / PurAmino	For infant or child with severe malabsorption, protein maldigestion, severe food allergies, short bowel syndrome, and/or GI impairment.
Metabolic formulas: Cyclinex / I-Valex Glutarex / Hominex / Ketonex / Phenex	Metabolic disorders. (WIC does not provide medical nutritional therapy for metabolic disorders)
Pediatric Formulas: <b>Child &gt; 1 yr.</b> <i>Nutren Jr. with or without fiber / PediaSure with or without fiber</i>	For children with chronic illness, oral motor feeding problems, tube feeding or medical conditions which increase caloric needs beyond what is expected for age. WIC will not provide 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.
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 intended for feeding low birth weight infants after they reach a weight of 8 lbs.
Vivonex Pediatric	Children with severe GI impairment, e.g. Crohn's disease, Short Bowel Syndrome, intestinal failure, GI trauma/surgery, or Malabsorption syndrome.

## Hawaii WIC is unable to provide the following formulas, even with medical documentation

- ❖ No Similac soy infant formula: Similac Soy Isomil
- ❖ No Similac or Enfamil Supplementation formula: Similac for Supplementation or Enfamil for Supplementing
- ❖ No Gerber standard milk-based formula: Good Start Gentle or Good Start Soothe
- ❖ No Enfamil standard infant formulas: Enfamil PREMIUM, Enfamil ProSobee, Enfamil AR, or Enfamil Gentlease