

LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS
 OFFICE OF PUBLIC HEALTH NUTRITION SERVICES
 Louisiana Women, Infant and Children (WIC) Special Supplemental Nutrition Program

Medical Documentation for WIC Medical Formula and Approved WIC Foods for Infants, Children and Women

This request must be completed with the signature of the physician or a licensed healthcare professional with prescriptive authority under Louisiana law. The signed and dated request should be less than 60 days old when received by the clinic staff. The completed form can be submitted by fax or hand delivered by the provider/participant/caregiver to the clinic. **The prescription is subject to WIC approval and provision based on Program policy and procedure.** The Louisiana WIC Program requires that a written request for the approval of these formulas be submitted every 6 months. The Louisiana WIC Formulary is the only reference source of WIC approved special formulas and is located at <http://www.wic.dhh.louisiana.gov>.

Patient's name: _____ Date of Birth _____
 (Please Print) Last First MI (MM/DD/YY)

Weight _____ Length/Height _____ Hgb _____ Hct _____ Date of measurements/Lab _____ Weeks gestation _____

Parent/Caregiver name (First and Last): _____

Medical Diagnosis/Qualifying Condition: <i>(Justifies medical need for formula/food)</i>	Include ICD-9 Code
_____	_____
_____	_____
_____	_____

Name of WIC formula/medical food requested: _____ Maximum Allowed **OR** _____ Per Day

Medical documentation valid for: ____ Months (Not to exceed 6 months) **Special Instructions:** _____

WIC Supplemental Food: In addition to the medical formula/food, supplemental food appropriate to the WIC participant's category will be provided. Louisiana WIC routinely provides 2% or less reduced fat milk to children > 2 years. Please indicate below any supplemental food that would be **contraindicated** and/or require special instructions specific to the participant's medical diagnosis. **(See reverse side for a listing of formula and WIC supplemental foods).**

- WIC supplemental food is contraindicated Provide medical formula only
- Provide all appropriate WIC supplemental food for WIC participant category

WIC Participant Category	WIC Supplemental Food Restrictions	Comments
Infants (greater than 6 months)		
Children (13 - 60 months) and Women		

Soy Beverage (for children 13-60 months) Indicate the qualifying condition that justifies the need for soy beverage as a milk substitute. **(personal preference is not a qualifying condition).**

Milk Allergy Severe Lactose Intolerance Vegan Diet Other: _____

Health Care Provider Information

Signature (MD, PA, NP,) _____ Date _____ Telephone Number _____

WIC Participant ID Number _____	WIC Staff Use Only
Comments _____	Approved ___ Yes ___ No If approved – for how long? _____
Signature _____	Date _____
(WIC Licensed/Registered Dietitian/Nutritionist)	

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(Include on back of WIC - 48, two-sided form)

WIC Supplemental Food Packages

WIC participants receiving special medical formula/foods will also receive food from the list below, unless they are contraindicated.

Formula	Infants 0-3 months *	Infants 4-5 months *	Infants greater than 6 months *	Infants 6–12 months with formula only *
Powder , (reconstituted)	Up to 870 fluid ozs	Up to 960 fluid ozs	Up to 696 fluid ozs	Up to 960 fluid ozs
Concentrate (reconstituted)	Up to 806 fluid ozs	Up to 884 fluid ozs	Up to 624 fluid ozs	Up to 884 fluid ozs
Ready-to-feed	Up to 832 fluid ozs	Up to 896 fluid ozs	Up to 640 fluid ozs	Up to 896 fluid ozs
Infant Cereal	N/A	N/A	24 oz Infant Cereal	N/A
Baby Food Fruit and Vegetables	N/A	N/A	32 – 4oz Jars Baby Food Fruits and Vegetables	N/A

* Formula quantities provided are less if the infant is breastfed.

Children	Fully Breastfeeding and Partially Breast Feeding Multiples Women	Pregnant and Partially Breastfeeding Women	Postpartum Women
910 ozs formula	910 ozs formula	910 ozs formula	910 ozs formula
13 quarts milk	21 quarts	19 quarts milk	13 quarts milk
1 pound cheese	2 pounds cheese	1 pound cheese	1 pound cheese
1 dozen eggs	2 dozen eggs	1 dozen eggs	1 dozen eggs
128 ozs juice	144 ozs juice	144 ozs juice	96 ozs juice
36 ozs breakfast cereal	36 ozs breakfast cereal	36 ozs breakfast cereal	36 ozs breakfast cereal
\$6.00 fresh fruits and vegetables cash value voucher	\$10.00 fresh fruits and vegetables cash value voucher	\$8.00 fresh fruits and vegetables cash value voucher	\$8.00 fresh fruits and vegetables cash value voucher
18oz peanut butter OR 16ozs dried beans	18oz peanut butter AND 16 ozs dried beans	18oz peanut butter and 16 ozs dried beans	18oz peanut butter OR 16ozs dried beans
2 pounds whole wheat bread or equivalent, or brown rice	1 pounds whole wheat bread or equivalent, or brown rice	1 pounds whole wheat bread or equivalent, or brown rice	N/A
N/A	30 ozs tuna or salmon	N/A	N/A

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Instructions for using the WIC Medical Documentation for WIC Medical Formula and Approved Food for Infants, Children and Women Form

The WIC-48 form is used to communicate with the Louisiana WIC Program by a licensed health care professional authorized to write medical prescriptions under state law.

The participant must complete the WIC certification process before the formula is approved.

The licensed health care professional (i.e., MD, PA, NP) will complete the following sections on the form:

1. Patient's name
Date of birth
Weight, length/height
Date of measurements
Hematocrit
Hemoglobin
Weeks gestation
2. Name of formula requested, length of time the formula is needed and any comments or special instructions
3. Medical reason or qualifying diagnosis, ICD-9 Code
4. Complete all other appropriate sections of the form
5. See reverse side of the WIC - 48 form for a listing of allowed formula and food for all WIC Participant Categories
6. Signature, date and telephone number of the licensed health care provider

The signed and dated request should not be greater than 60 days old when received by the clinic staff.

No stamped signatures. Electronic signatures are allowed.

The completed form can be submitted by e-mail (electronic signature) fax or hand delivered by the provider/participant/caregiver to the clinic staff.

The WIC Nutritionist will review the request and complete the "WIC Staff Use Only" section of the form:

- Approved, check yes or no
- How long approved (number of days/months, up to six months)
- Comments
- Signature and date signed

The participant and Medical Provider will be advised of the disapproval by the appropriate clinic staff.

A copy of this form will be maintained in the participant's medical record.