New Jersey Department of Health
WIC Services

MEDICAL DOCUMENTATION FOR WIC FORMULA AND APPROVED WIC FOODS FOR INFANTS, CHILDREN AND WOMEN

<table>
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<tr>
<th>WIC Clinic</th>
<th>Phone</th>
<th>Fax</th>
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Please complete entire form. Fax the completed form to the WIC clinic or have your patient return the document to the WIC Clinic. Thank you!

PLEASE NOTE: It is the responsibility of the health care provider to provide close medical oversight and instructions to participants issued exempt infant formula, WIC-eligible Nutritional and/or supplemental foods that require medical documentation. This responsibility cannot be assumed by personnel at the WIC State or local agency.

- Re-authorization is required every three months.
- No authorization is necessary for Enfamil Infant, Enfamil Gentlease and Prosobee. Documentation for Enfamil AR is requested, but not required.

Patient Name (First and Last) | Current Height/Length:
--- | ---
Date of Birth | Current Weight:
Parent/Caregiver Name (First and Last) | Date

1. Formula Requested: __________________________________________
   - Amount Requested: □ Maximum Allowable OR □ __________ ounces/day (if formula)
   - Physical Form: □ Powder □ Concentrate
   - Intended Length of Use: □ 1 Month □ 2 Months □ 3 Months

2. Qualifying Condition(s) (Justifies the medical need.) (Complete and submit Page 2 with this form.)

3. Can patient receive supplemental (or other WIC) foods in addition to formula or medical food? □ Yes □ No
   (If Yes, please check the foods below that your patient CAN / IS eating.)

   **Infants (6-11 months only):**
   □ Infant Cereal □ Infant Vegetable or Fruit

   **Children and Women:**
   □ Juice □ Breakfast Cereal □ Whole Wheat Bread or Other Whole Grains □ Eggs
   □ Vegetables and Fruits □ Milk or Milk Substitutes □ Legumes □ Canned Fish* □ Peanut Butter

   Reasons/Instructions/Comments: __________________________________________

   *Fully breastfeeding women, women partially breastfeeding multiple infants from the same pregnancy, women pregnant with multiple infants, and pregnant women who are mostly breastfeeding an infant are the only WIC participant categories eligible to receive these foods.

Health Care Provider Name (Print) | □ MD □ DO □ APN □ PA-C
--- | ---
Medical Office/Clinic | Telephone Number
Medical Office/Clinic Address | Fax Number
Health Care Provider Signature | Date

WIC OFFICE USE ONLY:

Reviewed by CPA Name: □ Approved □ Disapproved 
   # of months: __________
   Date: ______________________
If required: MS and/or RD CPA Name: ______________________

WIC-11
APR 16
This institution is an equal opportunity provider.
http://www.nj.gov/health/fhs/wic
## QUALIFYING CONDITIONS

*(Please check appropriate Qualifying Conditions.)*

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<tr>
<th>Participant Category</th>
<th>Non-Qualifying Conditions</th>
<th>Qualifying Conditions</th>
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| **Infants (up to 12 months)** | • Non-specific formula or food intolerance  
  • Only condition is a diagnosed formula intolerance or food allergy to lactose, sucrose, milk protein or soy protein that does not require an exempt infant formula | □ Severe food allergies  
 □ Milk and soy allergies  
 □ Metabolic disorders  
 □ Gastrointestinal disorder  
 □ Mal-absorption disorders  
 □ Premature birth  
 □ Failure to thrive/severely underweight  
 □ Low birth weight  
 □ NG/Tube Fed  
 □ Oral/motor feeding problems  
 □ Immune system disorders  
 □ Life threatening disorders |
| **Children (up to five years of age)** | • Solely for the purpose of enhancing nutrient intake or managing body weight without an underlying condition  
  • Lactose intolerance  
  • Participant preference | □ Severe food allergies  
 □ Milk and soy allergies  
 □ Metabolic disorders  
 □ Gastrointestinal disorder  
 □ Mal-absorption disorders  
 □ Premature birth  
 □ Failure to thrive/severely underweight  
 □ Low birth weight  
 □ NG/Tube Fed  
 □ Oral/motor feeding problems  
 □ Immune system disorders  
 □ Life threatening disorders |
| **Women** | • Solely for the purpose of enhancing nutrient intake or managing body weight without an underlying condition  
  • Lactose intolerance  
  • Participant preference | □ Severe food allergies  
 □ Milk and soy allergies  
 □ Metabolic disorders  
 □ Gastrointestinal disorder  
 □ Mal-absorption disorders  
 □ NG/Tube Fed  
 □ Oral/motor feeding problems  
 □ Immune system disorders  
 □ Life threatening disorders |