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

State Form 55322 (R / 8-14)
INDIANA STATE DEPARTMENT OF HEALTH
INDIANA WOMEN, INFANTS, & CHILDREN PROGRAM (WIC)

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

Patient's Parent/Guardian/Caretaker Name: _____

PLEASE COMPLETE EACH SECTION FOR YOUR INFANT PATIENT

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

- ☐ Premature birth
- ☐ Low birth weight
- ☐ Gastrointestinal disorders
- ☐ Failure to thrive
- ☐ Immune system disorders
- ☐ Malabsorption syndromes
- ☐ 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

2. Name of WIC exempt infant formula prescription:

_____

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:
For infants unable to consume infant foods at six (6) months, additional formula may be provided at the 4-5 month amounts. A Cash Value Voucher (CVV) 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