Virgin Islands WIC PROGRAM
Authorization for Special Formula and Approved WIC Foods
WIC is an Equal Opportunity Provider and Employer

Name of Client_____________________________ Date of Birth__________________ ID#________________ For WIC Only

Qualifying Medical Condition(s): _______________________________________________________________ (Justifies the prescription of special formula, WIC nutritional or milk substitute)

A. AUTHORIZATION OF SPECIAL FORMULA OR WIC ELIGIBLE NUTRITIONALS

Formula/Nutritional Prescribed______________ Length of Use______________ Amount per Day________

The Final food package rule allows WIC nutritionist/CPA to determine the need & amounts of WIC supplemental foods in special packages if allowed by practitioner. Check the statement below if the WIC nutritionist/CPA is allowed to prescribe supplemental foods and amounts for participants on special formula or WIC nutritionals:

WIC nutritionist/CPA can prescribe supplemental foods & amounts. Y______ N______ OR if not, indicate

WIC foods disallowed or restricted in amounts if any ________________________________________________________________________________________

WIC Foods: milk, soy milk, tofu, cheese, cereal juice, eggs, fruits, vegetables, whole wheat bread, brown rice, beans, peanut butter, canned fish, Infant cereal, infant fruits, infant vegetables. WIC Nutritionals are enteral products specifically formulated to provide nutritional support for individuals with qualifying conditions when the use of conventional food is precluded, restricted or inadequate.

B. AUTHORIZATION OF MILK SUBSTITUTES (if special formula or WIC nutritional is prescribed) or MILK FAT CONTENT ALTERATIONS or PUREED INFANT FOOD

WIC will provide Children: Please check foods children can have:
Whole milk to 1 year olds
□ Whole milk for underweight children >2 years
1% or non fat milk to children >2 years
□ Soy Milk instead of Cows milk □ Tofu
1% or non fat milk to children >2 years
□ 2% or 1% milk for overweight children <2 years
□ Pureed infant fruits and vegetables

Length of Use? □ 6 months □ 1 year □ Other____________

WIC will provide Women: Please check substitutes women can have:
1% or non fat milk or soy milk
□ Whole milk for underweight women
Up to 6 pounds of tofu per month
□ 2% milk for underweight women
for fully breastfeeding women & up to
□ More than 4 or 6 pounds of tofu per month
4 pounds tofu per month for other women
□ Pureed infant fruits and vegetables

Length of Use? □ 6 months □ 1 year □ Other____________

C. SIGNATURE (Health Care Provider): _______________________________ Date: ______________
Printed Name (Health Care Provider): _______________________________ Telephone: __________________
Address: _________________________________________________________________________________

D. WIC STAFF USE: _______________________________ 8/16
Remarks/Staff Signature/Date (Prescription subject to WIC approval based upon Program Regulations)
GUIDELINES FOR COMPLETING THE AUTHORIZATION FOR SPECIAL FORMULA, WIC NUTRITIONALS AND APPROVED WIC FOODS FORM

I. Information Needed for Completion of Sections A and C

The United States Department of Agriculture (USDA) issued The Final Food Package Rule March 4, 2014. The requirements for the issuance of special formulas indicate that individuals who receive these formulas must have a qualifying medical condition as outlined in the table below. Since these participants are regarded as medically fragile, the qualifying medical condition may preclude or restrict the use of conventional food. The medical practitioner may indicate WIC foods that are restricted or may allow the WIC nutritionist to prescribe the WIC foods on the food prescription. The prescription should specify the quantity of formula needed per day. Regulations indicate that special formulas or WIC nutritionals should not be authorized for infants whose only condition is a food allergy to lactose or a non specific formula intolerance that can be met by other non elemental WIC formulas (e.g. lacto free or soy formulas). They are also not authorized for women and children just for enhancing nutrient intake (e.g. picky eater) or managing body weight (e.g. underweight) without an underlying qualifying condition.

Complete these items on the prescription form for Authorization of Special Formula or WIC Nutritional:
- Medical determination of a qualifying condition
- Name of prescribed WIC formula or WIC nutritional
- Quantity needed per day of prescribed WIC formula or WIC nutritional
- Length of time the WIC formula is required by the participant
- Indication of other WIC foods allowed or restricted and how much is allowed per day or indication that WIC nutritionist is allowed to prescribe the WIC foods by checking the space provided
- Signature of medical practitioner, date and contact information

Table of Qualifying and Non qualifying Conditions for Special Formula

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<thead>
<tr>
<th>Participant Category</th>
<th>Non-qualifying Conditions</th>
<th>Qualifying Medical Conditions</th>
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| Infants (up to 12 months) | Non-specific formula or food intolerance  
Colicky behavior, spitting up, constipation  
A diagnosed formula intolerance or food allergy to lactose, sucrose, milk protein or soy protein that does not require an elemental formula | Premature birth, low birth weight  
Failure to thrive  
Metabolic and gastrointestinal disorders  
Malabsorption syndromes  
Immune system disorders  
Life threatening disorders, diseases & medical conditions that impair ingestion, digestion, absorption or utilization of nutrients that could adversely effect the participant’s nutrition status, severe food allergies |
| Children (up to 5 years) | Solely for the purpose of enhancing nutrient intake or managing body weight without an underlying qualifying condition  
Lactose intolerance  
Participant preference | Same as above except for low birth weight |
| Women | Same as above | Same as above except for premature birth, low birth weight and failure to thrive |

II. Information Needed for Completion of Sections B and C

The regulations also require medical authorization for the provision of certain WIC foods for women and children that are outlined below:
- Whole milk for women and children 2 years and older; 1% and 2% fat milk for women and children, or soy beverage and tofu for children who are receiving special formula or a WIC nutritional.
- More than 6 pounds of tofu for fully breastfeeding women and more than 4 pounds for women who are receiving special formula or a WIC nutritional.

The qualifying condition for the allowance of these WIC food changes need to be written in the section, “Qualifying Medical Condition.” Soy milk and tofu can be allowed for women and children with milk allergy and lactose intolerance or vegans. Pureed food is allowed in certain conditions when conventional food is precluded.

Complete these items on the prescription form for section B & C:
- The appropriate milk or milk substitute(s) or pureed food allowance(s) for the category of WIC participant
- Length of time the milk or milk substitute or pureed food is required by the participant
- Signature of medical practitioner, date and contact information