## 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 th  | ne prescription of special formula, WIC n                                     | utritional or milk subs | stitute)              |
| A. AUTHORIZATION OF SPECIAL  | FORMULA OR WIC ELIGI  | BLE NUTRITI             | ONALS                 |
| Formula/Nutritional Prescribed   | Length of Use   | Am                      | ount per Day          |
| The Final food package rule allows WIC nutr in special packages if allowed by practitioner prescribe supplemental foods and amoun  | . Check the statement below if  | the WIC nutritioni      | ist/CPA is allowed to |
| WIC nutritionist/CPA can prescribe supple  | emental foods & amounts. Y_   | N                       | OR if not, indicate   |
| WIC foods disallowed or restricted in amo  | ounts if any  |                         |                       |
| WIC Foods: milk, soy milk, tofu, cheese, cer peanut butter, canned fish, Infant cereal, infa specifically formulated to provide nutritional sconventional food is precluded, restricted or | int fruits, infant vegetables. <b>WIC</b> support for individuals with qualif | Nutritionals are        | e enteral products    |
| B. AUTHORIZATION OF MILK SUB prescribed) or MILK FAT CONT  | ` ·   | UREED INFAI             | NT FOOD               |
| Whole milk to 1 year olds  | <ul><li>Whole milk for ur</li></ul>   | nderweight childre      | en >2 years           |
| 1% or non fat milk to children >2 years  | <ul><li>□ Soy Milk instead</li><li>□ 2% or 1% milk fo</li></ul>               |                         |                       |
|  | □ Pureed infant fru<br><u>Length of Use?</u> □ 6 mont                         |                         |                       |
|  | -   | •                       |                       |
| WIC will provide Women:<br>1% or non fat milk or soy milk  | Please check subs  □ Whole milk for ur  |                         |                       |
| Up to 6 pounds of tofu per month   | 2% milk for unde  | erweight women          |                       |
| for fully breastfeeding women & up to  | □ More than 4 or 6  |                         |                       |
| 4 pounds tofu per month for other women  | □ Pureed infant fru<br>Length of Use? □ 6 montl                               |                         |                       |
|  |   | -                       |                       |
| C. SIGNATURE (Health Care Provider):   |   | Dat                     | te:                   |
| Printed Name (Health Care Provider):   | Telephone:  |                         |                       |
| Address:   |   |                         |                       |
|  |   |                         |                       |
|  |   |                         |                       |
| D. WIC STAFF USE:  |   |                         |                       |

# 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 out lined 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

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