



# Maryland WIC Program Medical Documentation Form

This form is federally required to ensure your patient has a medical diagnosis that requires a formula/medical food or changes to the WIC food package.

**Sections 1 - 4 MUST be completed.**  
**All requests are subject to WIC approval.**

① **Patient Name:** \_\_\_\_\_ **Patient DOB:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_ **Patient EDD:** \_\_\_\_\_

Medical data:	Weight: _____	Length/height: _____	Hgb: _____ Hct: _____
	Date measured: _____	Date measured: _____	Date measured: _____

2 **Medical Diagnosis: (Required)** \_\_\_\_\_  
*Non-specific symptoms such as intolerance, fussiness, colic, spitting up, gas, and constipation will NOT be considered indications for a special formula. NOTE: Appropriate medical documentation is also required when requesting soy beverage or tofu for a child ≥1 year of age.*

**Current symptom(s):**

<input type="checkbox"/> chronic diarrhea	<input type="checkbox"/> persistent respiratory condition
<input type="checkbox"/> chronic/persistent emesis	<input type="checkbox"/> anaphylactic reaction
<input type="checkbox"/> persistent rash	<input type="checkbox"/> other _____

**WIC products requested:** \_\_\_\_\_

*A request for formula for an infant will be considered only when Similac Advance or Similac Sensitive for Fussiness & Gas AND Enfamil Prosoabee are inappropriate due to medical diagnosis. Note: WIC does not provide non-contract milk- or soy-based standard infant formulas such as Enfamil Premium Newborn, Enfamil Premium Infant, Similac Isomil Soy, or Good Start products. Specialized formulas may be provided, when appropriate, regardless of manufacturer.*

**Amount prescribed per day:** \_\_\_\_\_

**Requested duration:** (Reauthorization may be required for a duration beyond 6 months.)

1 month  2 months  3 months  6 months  Other \_\_\_\_\_

③ **WIC Food Restrictions/Requests (Check all that apply. This section must be completed.)**

- Request WIC professional to determine food recommendations.
- No food restrictions.
- Request whole milk for child (≥ 2 years of age) or women for growth/weight-related diagnosis.
- Request soy beverage and/or tofu for child (≥ 1 year of age) to replace milk and/or cheese.
- Issue formula or medical food only. Do not issue other WIC foods.
- Do not issue the WIC foods checked below:

<u>Infant WIC Foods*</u>	<u>DO NOT GIVE</u>	<u>Woman or Child WIC Foods</u>	<u>DO NOT GIVE</u>
Infant cereal	<input type="checkbox"/>	Milk	<input type="checkbox"/>
Infant vegetables/fruit	<input type="checkbox"/>	Cheese	<input type="checkbox"/>
		Eggs	<input type="checkbox"/>
		Beans	<input type="checkbox"/>
		Peanut butter (≥ age 2)	<input type="checkbox"/>
		Cereal	<input type="checkbox"/>
		Whole grain bread, rice, tortillas**	<input type="checkbox"/>
		Vegetables & fruit	<input type="checkbox"/>
		Fruit juice	<input type="checkbox"/>
		Canned fish**	<input type="checkbox"/>

\*6 to 12 months of age

\*\*See WIC Foods List for details

**Comments:** \_\_\_\_\_

④ **Provider name** \_\_\_\_\_

**Provider phone #** \_\_\_\_\_

**Provider signature** \_\_\_\_\_  
 (MD/DO/CNM/CNP/PA with prescriptive authority signature required.)

**Today's date** \_\_\_\_\_

**WIC use only:** Date received \_\_\_\_\_

Request approved  Request denied

CPA Signature \_\_\_\_\_ Date \_\_\_\_\_

**For more information  
contact your local WIC agency**

Allegany County	(301) 759-5020
Anne Arundel County	(410) 222-6797
Baltimore City (Health Department)	(410) 396-9427
Baltimore City (Johns Hopkins)	(410) 614-4848
Baltimore County	(410) 887-6000
Calvert County	1-877-631-6182
Caroline County	(410) 479-8060
Carroll County	(410) 876-4898
Cecil County	(410) 996-5255
Charles County	(301) 609-6857
Dorchester County	(410) 479-8060
Frederick County	(301) 600-2507
Garrett County	(301) 334-7710
Harford County	(410) 273-5656
Howard County	(410) 313-7510
Kent County	(410) 810-0125
Montgomery County (CCI)	(301) 762-9426
Prince George's County (Health Dept)	(301) 856-9600
Prince George's County (Greenbelt Area)	(301) 762-9426
Prince George's County (Greater Baden)	(301) 324-1873
Queen Anne's County	(410) 758-0720
Somerset County	(410) 749-2488
St. Mary's County	1-877-631-6182
Talbot County	(410) 479-8060
Washington County	(240) 313-3335
Wicomico County	(410) 749-2488
Worcester County	(410) 749-2488
State WIC Office	1-800-242-4WIC 1-800-242-4942

<b>WIC Foods List</b> Participants may be issued these WIC foods each month:				
WIC Foods	Pregnant & Mostly Breastfeeding Women	Exclusively Breastfeeding Women*	Minimally Breastfeeding (1-2 times/day) or Non-Breastfeeding Women	Children, 1 through 4 years
Milk (1% or fat free ≥ 2 y/s)	4.75 gallons	5.25 gallons	3.25 gallons	3.25 gallons
Cheese	1 lb	2 lbs	1 lb	1 lb
Eggs	1 dozen	2 dozen	1 dozen	1 dozen
Beans/peanut butter (No peanut butter before age 2)	1 lb beans AND 18 oz peanut butter	1 lb beans AND 18 oz peanut butter	1 lb beans OR 18 oz peanut butter	1 lb beans OR 18 oz peanut butter
Cereal	36 oz	36 oz	36 oz	36 oz
Whole wheat bread or brown rice or tortillas (corn or whole wheat)	1 lb	1 lb	NA	2 lbs
Vegetables & fruit	\$10.00 benefit	\$10.00 benefit	\$10.00 benefit	\$6.00 benefit
Fruit juice	144 fl oz	144 fl oz	96 fl oz	128 fl oz
Canned light tuna, pink salmon, sardines	NA	30 oz	NA	NA
<b>Soy beverage and/or tofu may be substituted for milk and/or cheese for women and children. Appropriate medical documentation is required when requesting soy beverage or tofu for a child ≥ 1 year of age.</b>				
<b>Participants with qualifying medical conditions may receive WIC foods AND medical food up to these amounts:</b>				
Medical food	Up to 910 fl oz	Up to 910 fl oz	Up to 910 fl oz	Up to 910 fl oz

\* Also allowed for women pregnant with multiple fetuses and mothers mostly breastfeeding multiple infants.

<b>Infant Formula and Foods, Monthly Allotments:</b>			
Infant Formula	Exclusively Breastfed:	Mostly Breastfed:	Minimally or Not Breastfed:
Birth to 4 months	NA	Up to 384 fl oz** (12 oz/day)	806 fl oz*** (26 oz/day)
4 to 6 months	NA	Up to 442 fl oz** (14 oz/day)	884 fl oz*** (29 oz/day)
6 to 12 months	NA	Up to 312 fl oz** (10 oz/day)	624 fl oz*** (20 oz/day)
<b>Infant foods, 6 to 12 months of age: (If solids are contraindicated, infants receive up to 884 fl oz formula*** per month)</b>			
Cereal	24 oz	24 oz	24 oz
Vegetables/fruit	64 4-oz jars	32 4-oz jars	32 4-oz jars
Meat	31 2.5 oz jars	NA	NA

\*\* As reconstituted from powder. For the first month, no formula is given unless medically required.

\*\*\* As reconstituted from concentrate.