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MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
WIC AND NUTRITION SERVICES

# MEDICAL DOCUMENTATION - HEALTH CARE PROVIDER AUTHORIZATION

**Important!** Medical documentation is federally required for issuance of exempt infant formulas, WIC-eligible nutritionals, and supplemental foods or when contract infant formula mixing instructions are different than those on the label. A qualifying condition must be present for approval. Non-qualifying conditions include the following:

- non-specific symptoms such as intolerance, fussiness, gas, spitting up, constipation, or colic; OR
- enhancing nutrient intake or managing body weight without an underlying medical condition.

This form and a list of WIC-approved formulas and WIC-eligible nutritionals are available at https://health.mo.gov/living/families/wic/wichcp/documents

## A. PARTICIPANT INFORMATION

PARTICIPANT'S NAME | DOB

PARENT/CAREGIVER'S NAME

## B. EXEMPT INFANT FORMULAS or WIC-ELIGIBLE NUTRITIONALS

FORMULA REQUESTED

REQUIRED CALORIE/FLUID OUNCE CONCENTRATION
☐ Mix according to label instructions
☐ 22 cal/fl oz ☐ 24 cal/fl oz ☐ Other: _____
Mixing instructions: _____

DAILY AMOUNT REQUESTED
_____ Max allowed*
_____ ounces/day
_____ cans/day
*per federal regulation

REQUESTED APPROVAL LENGTH (ENDS LAST DAY OF MONTH)
☐ 1 month ☐ 4 months
☐ 2 months ☐ 5 months
☐ 3 months ☐ 6 months

**Medical Reason/DX:** (Qualifying Condition) RF = Missouri WIC Risk Factor

| | | |
|---|---|---|
| ☐ Low Birth Weight (RF 141) (<24 months) | ☐ Metabolic Disorders (RF 351) *Describe the disorder:* | ☐ Immune System Disorders (RF 360) *Describe the disorder:* |
| ☐ Prematurity (RF 142) (<24 months) | ☐ Severe Food Allergies (RF 353) *Describe the allergy:* | ☐ Gastrointestinal Disorders (RF 342) *Describe the disorder:* |
| ☐ Other (Disorder/disease/medical condition that could adversely affect the participant's nutrition status.) | | |

WHEN PRESCRIBING A FORMULA IN READY-TO-USE (RTU) FORM, COMPLETE SECTION B AND CHECK THE APPROPRIATE REASON BELOW.
☐ Accommodates the participant's condition better. ☐ Improves the participant's compliance in consuming the prescribed WIC formula.

ISSUING WHOLE MILK
• Issuing whole milk to women and children 24 months of age or older requires medical documentation and issuance of a WIC formula (infant formula, exempt infant formula, or WIC-eligible nutritional).
• Issuance of whole milk for personal preference is NOT allowed.

DOES THIS PARTICIPANT NEED WHOLE MILK?
☐ Yes ☐ No

## C. WIC SUPPLEMENTAL FOOD

**Full provision of age/categorical appropriate WIC food will be provided unless otherwise indicated below:**

| WIC Food for Infants (6-11 months) | WIC Food For Children (1-4 years) and Women |
|---|---|
| 1. CAN THE INFANT (6-11 MONTHS) CONSUME WIC INFANT FOODS?<br>☐ Yes ☐ No | 1. DOES THE CHILD OR WOMAN NEED INFANT FOOD?<br>☐ No ☐ Yes, Infant Cereal ☐ Yes, Infant Fruits and Vegetables |
| 2. IF NOT, DOES THIS INFANT NEED ADDITIONAL CANS OF FORMULA?<br>☐ Yes ☐ No | 2. PLEASE CHECK ANY FOODS TO BE OMITTED FOR CHILD/WOMAN FROM LIST BELOW<br>☐ Omit all WIC foods (or individual foods as checked below):<br>☐ Cow's Milk ☐ Soy Milk ☐ Juice ☐ Yogurt ☐ Tofu<br>☐ Peanut Butter ☐ Beans ☐ Cereals ☐ Fruits and Vegetables<br>☐ Eggs ☐ Cheese ☐ Whole Grains (bread, tortillas, rice, or pasta) |

## D. HEALTH CARE PROVIDER INFORMATION (COMPLETED BY A PRESCRIPTIVE AUTHORITY LICENSED BY THE STATE)

NAME *(PRINT)* | PHONE | DATE

SIGNATURE *(SIGNATURE STAMPS NOT ALLOWED)*
☐ MD ☐ DO ☐ PA ☐ NP ☐ CNS ☐ CNM

## E. WIC USE ONLY (MUST COMPLETE SECTION IN ITS ENTIRETY)

☐ Approved
☐ Disapproved If disapproved, did you contact HCP? ☐ Yes ☐ No

WIC 27 END DATE | STATE WIC ID

NAME *(PRINT)* | SIGNATURE ☐ RD ☐ Nutritionist ☐ CPA | DATE

AGENCY NAME | AGENCY NUMBER