

# Texas WIC Medical Request for Metabolic Formula/Food

## Release of Information/Divulgación de la Información

I authorize the health care provider/clinic to release information to the WIC Program and the WIC Program to release information to this health care provider/clinic. All information is considered confidential.

*Doy mi autorización para que mi proveedor de servicios de salud o clínica divulgue la información médica al programa de WIC y autorizó el programa de WIC a divulgar información a este proveedor de servicios de salud o clínica. Toda la información es confidencial.*

\_\_\_\_\_  
Signature of Parent/Guardian/ Firma del Padre/Tutor

**For directions on completing the form and other information, see reverse side.**

### A. Required Patient Information

Patient's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ DOB \_\_\_\_\_

Parent/Caregiver's Name \_\_\_\_\_

Date of Measurements \_\_\_\_\_ Length \_\_\_\_\_ Weight \_\_\_\_\_

If premature: Birthweight \_\_\_\_\_ Weeks Gestation \_\_\_\_\_

### B. Formula and WIC Supplemental Foods

Name of Formula	Amount per Day	Unit Size	Units per Month

Qualifying medical condition \_\_\_\_\_

Requested length of issuance  6 mo.  3 mo.  1 mo.  Other \_\_\_\_\_

**Check one**  Issue full provision of supplemental food **OR**  Issue modified foods as specified below

***Request is subject to WIC approval and provision based on program policy and procedure.***

#### Check below if age-appropriate supplemental foods should not be provided:

- No supplemental foods allowed. Provide formula only.
- Modified\* — Check the foods listed below that need to be omitted from the participant's food package for medical reasons.

#### Special Instructions/Comments

#### \*Modified WIC Supplemental Foods to Omit

#### Infants (6–11months)

- Infant cereal
- Infant food

#### Children (1–5 Years) and Women

- Milk
- Eggs
- Cereal
- Juice
- Beans
- Cheese
- Peanut butter
- Whole grains
- Fruits/Vegetables

### C. Soy Package for Children — Note: Full provision of foods will be provided unless checked in \*Modified WIC Foods to Omit above.

Issue soy formula (Name) \_\_\_\_\_  Issue soy milk  Issue tofu (instead of cheese)

**Check qualifying medical condition for soy milk and/or tofu as a milk substitute.** (Note: Personal preference is not a qualifying condition.)

Milk allergy  Lactose intolerance  Vegan diet  Other (Specify) \_\_\_\_\_

### D. Required Health Care Provider Information

Signature of Health Care Provider \_\_\_\_\_  MD  PA  DO  NP Date \_\_\_\_\_

Provider's Name (Please Print) \_\_\_\_\_

Fax No. \_\_\_\_\_ Phone No. \_\_\_\_\_

Metabolic Nutritionist Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Metabolic Center \_\_\_\_\_ Phone No. \_\_\_\_\_

Frequency of Contact  Monthly  Quarterly

Notes/Comments \_\_\_\_\_

## SIGNATURE STAMP

# Texas WIC Medical Request for Metabolic Formula/Food

## Directions

Please complete sections A and D for all patients. Form may be faxed.

- Complete section B for metabolic formula and food.
- Complete section C for soy milk and/or tofu for children along with metabolic formula.

**Metabolic formula requests must come from a recognized metabolic center.** Please refer to the following Web site for a list of metabolic centers in Texas. <http://www.dshs.state.tx.us/wichd/nut/pdf/MCDietitians.pdf>

**Guidelines for issuing formula for Phenylketonuria (PKU) may be found at Web site** <http://www.dshs.state.tx.us/wichd/nut/pdf/PKUFormula.pdf>.

Federal regulations require all WIC programs to obtain a formula rebate contract to help contain costs. Texas WIC currently has a contract with Abbott Nutrition, makers of Similac brand formulas.

The following contract formulas do not require medical documentation for infants younger than 12 months. Please provide the name and quantity if any are needed in addition to the metabolic formula:

- Similac Advance (Early Shield) — Milk-based
- Similac Sensitive — Lactose-free
- Isomil Advance — Soy-based
- Similac Sensitive R. S. — Milk-based, lactose-free, added rice starch
- Go and Grow Milk (from 9–12 months) — Toddler milk-based
- Go and Grow Soy (from 9–12 months) — Toddler soy-based

### Full Provision of WIC Formula and Food

Infants (Approximately)	Children and Women (Approximately 29 oz formula/day)
<ul style="list-style-type: none"> <li>• 0–3 months of age: 26 ounces formula/day</li> <li>• 4–5 months of age: 29 ounces formula/day</li> <li>• 6–11 months of age: 20 ounces formula/day</li> </ul> <p>24 ounces infant cereal, 32 four ounce containers infant food fruit/vegetables</p>	<ul style="list-style-type: none"> <li>• Eggs 1 dozen/month</li> <li>• Fruits/Vegetables — \$6–\$10</li> <li>• Cereal 36 ounces</li> <li>• Cheese 1 pound/month</li> <li>• Milk up to 4 gallons/month (children approx. 13–17 ounces/day)</li> <li>• Juice 1 gallon/month (children approx. 4 ounces/day)</li> <li>• Whole grains 1–2 pounds/month</li> <li>• Beans 1 pound/month</li> <li>• Peanut butter 18 ounces/month (2 yrs and older only)</li> </ul>

*WIC is a supplemental food program. Infants who are not breastfed may require more formula than WIC is able to provide.*

## Web Resources

TexasWIC.org (<http://www.texaswic.org>) — Web site link for health care providers

Texas WIC Formulary (<http://www.dshs.state.tx.us/wichd/nut/formula-nut.shtm>) — includes all formulas that can be provided by WIC and reasons for their issuance.

## For WIC Use Only