



REQUIRED MEDICAL DOCUMENTATION FOR WIC FORMULA AND APPROVED WIC FOODS - INFANTS (BIRTH UP TO 12 MONTHS)

State Form 55322 (R2 / 3-17)
INDIANA STATE DEPARTMENT OF HEALTH
INDIANA WOMEN, INFANTS, & CHILDREN PROGRAM (WIC)

Patient's Name: _____ Birthdate (mm/dd/yyyy): _____

Patient's Parent/Guardian/Caretaker Name: _____

PLEASE COMPLETE EACH SECTION FOR YOUR INFANT PATIENT.

1. Qualifying conditions include, but are not limited to:

- | | | |
|--|--|---|
| <input type="checkbox"/> Premature birth | <input type="checkbox"/> Low birth weight | <input type="checkbox"/> Gastrointestinal disorders |
| <input type="checkbox"/> Failure to thrive | <input type="checkbox"/> Immune system disorders | <input type="checkbox"/> Malabsorption syndromes |
| <input type="checkbox"/> Severe food allergies that require an elemental formula | | |
| <input type="checkbox"/> Inborn errors of metabolism and metabolic disorders | | |
| <input type="checkbox"/> Disease and medical conditions that impair ingestion, digestion, absorption, or the utilization of nutrients that could adversely affect the participant's nutrition status | | |

2. Name of WIC exempt infant formula prescription:

Prescribed amount per day: _____

Physical Form: Powder Concentrate Ready to Use

Special instructions for preparation and use: _____

3. Allowed WIC foods (Please select all that apply.):

- | | |
|--|--|
| <input type="checkbox"/> No WIC food is being ordered at this time | <input type="checkbox"/> Infant cereal starting at 6-11 months |
| <input type="checkbox"/> Infant food/fruits/vegetables starting at 6-11 months | |

4. Length of use for this prescription: 1 month 3 months 6 months 12 months

Other: _____

SIGNATURE (Health Care Provider): _____ Date (mm/dd/yyyy): _____

Printed Name (Health Care Provider): _____

Medical Office/Clinic: _____ Telephone: _____

Address (number and street, city, state, and ZIP code): _____

WIC Staff Use Only:

For infants unable to consume infant foods at six (6) months, additional formula may be provided at the 4-5 month amounts. A Cash Value Voucher (CVV) for FRESH fruits and vegetables may be provided in place of part of the pureed fruits and vegetables at the 9-11 month, after a nutrition assessment and to encourage progression to solids.

Non-qualifying conditions include:

- Formula or food intolerance
- Patient/parent preference
- Food allergy to lactose, sucrose, milk protein, or soy protein not requiring an elemental formula

This institution is an equal opportunity provider.