



## 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.**