



## COMMONWEALTH of VIRGINIA

Department of Health

Dear Health Care Professional:

The Virginia Women, Infants, and Children (WIC) Program promotes breastfeeding as the optimal feeding method for most infants. For those infants who do consume formula, Similac Advance and Similac Soy Isomil are offered. A contract with Abbott Nutrition for these formulas provides a special price that allows the WIC program to serve more participants in Virginia. Due to this contract, Virginia WIC is unable to provide standard infant formulas which are made by other manufacturers (ex. Mead Johnson (Enfamil), Nestle (Gerber Good Start), or generic/store brands).

Medical conditions may require the use of special formulas for infants and the use of special formula, medical foods, soy beverage, and/or whole milk for children and women. If a Virginia WIC participant in your care requires one of these items, a special food prescription can be issued after the completion of this WIC-395 request form. All participants receiving a special food prescription remain eligible to receive age/category appropriate WIC supplemental foods as medically indicated.

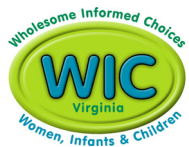
The list of currently approved Virginia WIC Formulas/Medical Foods can be found at:  
[www.vahealth.org/DCN/publications/pubswic.htm](http://www.vahealth.org/DCN/publications/pubswic.htm).

A new WIC-395 request form is required at each WIC subsequent certification appointment or at the end of the duration indicated, whichever occurs first. In addition, a new request form will also be required when any changes to the food prescription are requested.

In addition, please refer to the provided chart below for the standard issuance amounts of WIC provided formulas/medical foods.

Standard WIC Formula/Medical Foods Amounts				
Participant Age / Category	Infants 0-3 months	Infants 4-5 months	Infants 6-11 months	Children and Women
Monthly Formula Amount (Reconstituted)	Up to 806 fl oz Approximately 26 fl oz/day	Up to 884 fl oz Approximately 29 fl oz/day	Up to 624 fl oz Approximately 20 fl oz/day	Up to 455 fl oz Approximately 15 fl oz/day

**For more information about special food prescriptions or formula issuance by the Virginia WIC program, please call (804) 864-7800.**



# Virginia Request for Special Food Prescription

# WIC-395

Prescription is subject to approval and provision based on Virginia WIC policy and procedure.

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Caregiver's First and Last Name \_\_\_\_\_

### Current Anthropometric Data (Optional)

Weight: \_\_\_\_\_ lbs. \_\_\_\_\_ oz. Length/Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Hgb/Hct: \_\_\_\_\_

Date Assessed: \_\_\_\_\_

### Formula/Medical Food

For list of Virginia WIC approved formulas, go to : [www.vahealth.org/DCN/Publications/pubswic.htm](http://www.vahealth.org/DCN/Publications/pubswic.htm)

Full Name of Product Prescribed: \_\_\_\_\_

Amount Per Day: \_\_\_\_\_ \*Standard WIC formula amount will be issued unless otherwise indicated

Form  Powder  Concentrate  RTF\* The use of RTF products requires additional justification for WIC unless RTF is the only available form.

Length of Use:  1 mo  3mos.  6 mos.  12 mos.

Special Mixing Instructions or Additional Comments: \_\_\_\_\_

#### Diagnosis:

- |   |   |
|---|---|
| <input type="checkbox"/> Milk Protein Allergy (558.3)               | <input type="checkbox"/> Gastro Esophageal Reflux (530.81)                    |
| <input type="checkbox"/> Cerebral Palsy (343.9)                     | <input type="checkbox"/> Heart/Circulatory (390-459) Specify _____            |
| <input type="checkbox"/> Cystic Fibrosis (277.0)                    | <input type="checkbox"/> Malabsorption Syndromes (579.9)                      |
| <input type="checkbox"/> Developmental Sensory/Motor Delays (783.4) | <input type="checkbox"/> Prematurity (765.20) and/or Low Birth Weight (765.1) |
| <input type="checkbox"/> Failure to Thrive (783.41)                 | <input type="checkbox"/> Other Medical Diagnosis w/ ICD Code: _____           |

*\*Symptoms such as spitting up, milk/formula intolerance, picky eater, constipation, cramps, fussiness, or gas are not considered acceptable medical diagnoses and will not be approved by WIC for issuance of a special formula. WIC will not provide formula to enhance nutrient intake or manage body weight without an underlying medical condition.*

### Soy-Based Beverage (for children 1 year and older)

Issue WIC approved soy beverage as a milk and cheese substitute.

#### Diagnosis:

Milk Allergy (558.3)  Severe Lactose Maldigestion (271.3)  Vegan *\*Personal preference is not an allowed reason*

Length of Use:  1 mo.  3mos.  6 mos.  12 mos.

### Whole Milk (for children over age 2 and women)

#### Diagnosis:

Failure to Thrive (783.4)  Poor Maternal Weight Gain (646.83)  
 Underweight (783.22)  Other Metabolic or Disease State Requiring Increased Calories w/ ICD Code: \_\_\_\_\_

Child: <5<sup>th</sup> percentile ht/wt \_\_\_\_\_

Woman: BMI <18.5 **Length of Use:**  1 mo.  3mos.  6 mos.  12 mos.

### WIC Supplemental Foods

Issue full provision of age-appropriate supplemental foods  No WIC supplemental foods: provide formula only

Issue a modified food package omitting the supplemental foods checked below

Infants (6-11 mos.):  no infant cereal  no infant fruit or vegetable

#### Children & Women:

no milk  no cheese  no breakfast cereal  no whole wheat bread/substitutes  no juice  
 no beans  no peanut butter  no eggs  no fish (fully breastfeeding women only)  no fruits & vegetables

### Health Care Provider's Information (print or stamp)

### "WIC USE ONLY"

Address: \_\_\_\_\_

Client ID # \_\_\_\_\_

Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

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

CPA Name \_\_\_\_\_

Signature of Health Care Professional authorized to write medical prescriptions under State law.

Date \_\_\_\_\_

Date \_\_\_\_\_