COMMONWEALTH of VIRGINIA

Department of Health

Dear Health Care Provider:

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.

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.

USDA us an equal opportunity provider and employer

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

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:

- ☐ Milk Protein Allergy (558.3)
- ☐ Cerebral Palsy (343.9)
- ☐ Cystic Fibrosis (277.0)
- ☐ Developmental Sensory/Motor Delays (783.4)
- ☐ Failure to Thrive (783.41)
- ☐ Gastro Esophageal Reflux (530.81)
- ☐ Heart/Circulatory (390-459) Specify .....
- ☐ Malabsorption Syndromes (579.9)
- ☐ Prematurity (765.20) and/or Low Birth Weight (765.1)
- ☐ 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)
- ☐ Underweight (783.22)
  - ☐ Child: <5th percentile ht/wt
  - ☐ Woman: BMI <18.5
- ☐ Poor Maternal Weight Gain (646.83)
- ☐ Other Metabolic or Disease State Requiring Increased Calories w/ ICD Code: .....

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)

Address:

Phone:

Fax:

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

"WIC USE ONLY"

Client ID #

CPA Signature

CPA Name

Date