

Dear Health Care Professional:

Mother’s milk is the preferred food for infants. If infant formula becomes necessary, only certain formulas are available through the WIC Program. To contain program costs and serve more women, infants, and children, federal regulations require that WIC programs sign a contract with an infant formula manufacturer to provide specific standard formulas. The Kansas WIC program has contracted with Abbott Laboratories to provide Similac Advance or Similac Soy Isomil formula for healthy infants from birth through twelve months of age whose mothers choose not to breastfeed or who partially breastfeed.

Similac Sensitive for Fussiness and Gas, Similac for Spit Up, and Similac Total Comfort are also considered standard formulas and may be provided but only with a ***documented medical diagnosis***. Infants will not be issued any other brands of standard milk-based formula, including lactose free and added rice starch, or soy-based infant formulas.

The WIC Program will provide other exempt or “special” formulas or WIC-eligible nutritionals to WIC clients if there is a ***documented medical diagnosis*** for which the formula is intended. **The WIC Program will not issue any formulas or WIC-eligible nutritionals simply to enhance nutrient intake or manage body weight without an underlying medical condition.**

If an infant, child, or a pregnant, breastfeeding or postpartum woman in your care requires Similac Sensitive for Fussiness and Gas, Similac for Spit Up, Similac Total Comfort, or a special formula, complete and sign the form on the reverse side of this letter. The request for a special formula must be renewed each WIC certification period. Infants are usually certified until their first birthday. Certification periods for children are generally 12 months. A new form is required any time the special formula is changed.

Please visit the Kansas WIC website to see a list of the products WIC can provide at: [http://www.kansaswic.org/download/Formula\\_Manufacturers\\_Products\\_rev.pdf](http://www.kansaswic.org/download/Formula_Manufacturers_Products_rev.pdf)

Federal regulations determine the maximum amount of prescribed formula or medical food provided by WIC and is outlined in Kansas WIC Program policies. WIC is a supplemental program. Patients are responsible for acquiring any additional quantities of formulas or medical foods that exceed WIC allowances, potentially through insurance or medical card.

<b>WIC Formula/Nutritional Maximum Allowances</b>				
<b>Client Category</b>	<b>Infants 0-3 Months</b>	<b>Infants 4-5 Months</b>	<b>Infants 6-11 Months</b>	<b>Children &amp; Women</b>
<b>Approximate Amount</b>	26 fl oz/day	29 fl oz/day	20 fl oz/day	30 fl oz/day

\*Fluid ounces based on reconstituted liquid concentrate formula. Amounts differ slightly for ready-to-feed and powder formulas. Refer to the federal regulations at [www.fns.usda.gov/wic](http://www.fns.usda.gov/wic)

Health care professionals and WIC are partners in good nutrition. Thank you! Please call your local WIC clinic, if you would like further information on requesting special formulas.

**KANSAS WIC SPECIAL ISSUANCE AUTHORIZATION  
For Infants and Children**

Client Name	Date of Birth	Parent/Guardian Name
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Formula / WIC-eligible nutritional: (Brand name of requested product) \_\_\_\_\_  
 ⇒ **Length of Time Required:**  until 1 year old  until next WIC certification (generally 12 months)  other \_\_\_\_\_  
 ⇒ **Daily Amount:**  Maximum allowed\* -OR- \_\_\_\_\_oz. \*See other side for approximate maximum allowances.

Diagnosis for Formula / WIC-eligible nutritional requested above - The diagnosis must support the issuance of the product requested.  
**Please note:** The Kansas WIC Program will not authorize issuance for:  
 • Enhancing nutrient intake or managing body weight without an underlying medical condition (FTT needs an underlying condition).  
 • Baby doing well on (formula name) or preference for a specific formula.

<input type="checkbox"/> Severe symptoms of intolerance <input type="checkbox"/> chronic diarrhea <input type="checkbox"/> persistent vomiting <input type="checkbox"/> persistent dermatological condition <input type="checkbox"/> persistent respiratory conditions <input type="checkbox"/> other _____  <input type="checkbox"/> Food Intolerance / Allergy, including family history of severe allergies. <input type="checkbox"/> lactose intolerance <input type="checkbox"/> milk <input type="checkbox"/> soy <input type="checkbox"/> corn <input type="checkbox"/> other _____	<input type="checkbox"/> Complications of prematurity <input type="checkbox"/> Metabolic disorders. Specify _____ <input type="checkbox"/> GI disorder or Malabsorption syndromes. Specify _____ <input type="checkbox"/> FTT, <b>must</b> specify underlying diagnosis _____ <input type="checkbox"/> Malnutrition (ICD-10 E40-E46) <input type="checkbox"/> Other diagnosis _____
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**Infants - (6-12 months old)**

All age appropriate infant foods will be issued with the special issuance formula **unless otherwise indicated below.**

No foods. Provide **ONLY** formula after 6 months old due to inability or delay in consuming solids **and**  Allow maximum amount of formula (includes standard formulas).  
 Provide only the specific foods checked below in addition to the formula.

<input type="checkbox"/> Infant Cereal (available after 6 months old)
<input type="checkbox"/> Baby Food Fruits / Vegetables (available after 6 months old)
<input type="checkbox"/> Fresh Fruits / Vegetables (available after 9 months old.)

**Children - (12 months and older)**

All appropriate WIC foods, except milk, will be issued with the special issuance formula **unless otherwise indicated below.**

No foods. Provide formula **ONLY**.  
 Provide milk/soymilk in addition to formula and WIC foods.  
 Provide infant cereal in place of adult cereal.  
 Provide baby food fruits/vegetables in place of fresh fruits and/or vegetables.  
 Provide only the specific foods checked below in addition to the formula.

<input type="checkbox"/> Milk/Cheese/Yogurt	<input type="checkbox"/> Beans	<input type="checkbox"/> Whole Grains
<input type="checkbox"/> Breakfast Cereal	<input type="checkbox"/> Juice	<input type="checkbox"/> Peanut Butter
<input type="checkbox"/> Soymilk / Tofu	<input type="checkbox"/> Eggs	<input type="checkbox"/> Fruits / Vegetables

Health Care Professional's Signature		Date
Health Care Professional's Printed Name	Telephone	Fax/Email Address

Local WIC Agency		<b>WIC OFFICE USE ONLY</b>		
		1 <sup>st</sup> month of issuance	Last month of issuance	Next certification date
Telephone	Fax	CPA signature		Date