



Memorandum

14-044

TO: WIC Regional Directors
WIC Local Agency Directors

FROM: Linda Brumble, Unit Manager
Nutrition Education/Clinic Services Unit
Nutrition Services Section

DATE: April 10, 2014

SUBJECT: WIC Certification Specialist (WCS) Contract Formula Request Approvals

This memo serves to provide an exception to WIC policy FD:16.0, Approval of Formulas and Nutritional Products Requiring Medical Documentation. WCS staff may **temporarily** approve alternate contract formula requests listed on side one of the *Texas WIC Medical Request for Contract Formula/Food (Rev. 03/14)* until further notice. Alternate contract formulas include:

- Similac Sensitive (WCS may approve as of April 1, 2014)
- Similac Total Comfort (WCS may approve as of June 1, 2014)
- Similac For Spit-Up (WCS may approve as of June 1, 2014)

If the medical request is received on any form other than the *Texas WIC Medical Request for Contract Formula/Food (Rev. 03/14)*, WCSs will require assistance from a Certifying Authority. This is a temporary arrangement due to recent contract formula changes.

If you have any questions or require additional information, please contact the Formula Pager at 512-499-6814, or contact Tiffany Brown, WCS Program Coordinator, at Tiffany.Brown@dshs.state.tx.us or 512-341-4587.

Texas WIC Medical Request for Contract Formula/Food

For all other formula requests use reverse side.

All requests are subject to WIC approval and provision based on program policy and procedure.

See the Texas WIC Formulary at <http://www.dshs.state.tx.us/wichd/nut/pdf/TXWICFormulary.pdf>.

Required Patient Information

Patient's Last Name: _____ First Name: _____ DOB: _____

Parent/Caregiver's Name: _____

Similac Advance is the formula provided to all infants on WIC. If **Similac Advance** is not tolerated, alternate formulas may be provided.

Check below to request an alternate WIC formula due to formula intolerance:

- Similac Sensitive – for lactose sensitivity and/or colic**
- Similac for Spit Up – for spitting up and/or reflux** (Medical Request not required until June 1st, 2014)
- Similac Total Comfort – for digestive issues and/or colic** (Medical Request not required until June 1st, 2014)

Unable to trial Similac Advance due to severe or exceptional medical condition listed here: _____

Formula amount: _____ per day (Maximum allowed by federal guidelines will be provided unless a lesser amount is indicated.)

Number Months: _____ (Will be issued up to 12 months of age unless otherwise indicated.)

Infants (6-12 months old)

Full provision of formula and infant foods will be issued unless checked below.

- Provide only formula past 6 months of age due to inability or delay in consuming solids.**

Infants unable to eat and on therapeutic (non-standard) formula may be eligible for an increased amount of formula.

Check WIC Supplemental Food to OMIT at 6 months of age.

Infant Cereal

Baby Food
(fruits and/or vegetables)

Children (1-5 years old) and Women

All appropriate WIC foods, except milk, will be issued with prescribed formula unless checked below.

- Provide milk** in addition to formula.
- Provide soy milk/tofu** in addition to formula for milk allergy.
- No supplemental foods.** Provide formula only.

Check WIC Supplemental Foods to OMIT from Food Package.

Cheese

Peanut Butter

Cereal

Juice

Eggs

Beans

Whole Grains

Fruits/Vegetables

Health Care Provider Information (Signature and all information below required to process request):

Signature/Stamp of Health Care Provider (MD, DO, PA, NP): _____ Date: _____

Provider's Name (Please Print): _____ Clinic/Practice Name: _____

Phone Number: _____ Fax Number: _____

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SIDE 1



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Required Patient Information

Patient's Last Name: _____ First Name: _____ DOB: _____

Parent/Caregiver's Name: _____

Name of Formula: _____

Requested length of issuance: 3 months 6 months Other: _____ Formula amount: _____ per day*

*Maximum allowed by federal guidelines will be provided unless a lesser amount is indicated.

Qualifying Condition/Diagnosis: _____

Date of Measurements: _____

Measurements: Length/Height: _____ Weight: _____ If premature: Birth Weight: _____ Weeks Gestation: _____

A retrial of contract WIC formula (Similac Advance, Gerber Good Start Soy) will occur up to a maximum of 3 months after the non-WIC formula has been provided. (Does not apply to therapeutic formulas.)

This retrial may be waived for severe or exceptional medical conditions.

Please state condition(s) here:

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Check WIC Supplemental Food to **OMIT** at 6 months of age.

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