

**Kentucky WIC Program  
 Infant (< 1 year old)  
 Certificate for Medical Necessity for Formula and WIC Food Exceptions**

WIC Clinic:
Clinic Fax number:
Attention:

The WIC Program provides Gerber Good Start Gentle Formulas to all non-medically fragile infants.

Noncontract standard formula request: Complete sections A, B and D

Exception to WIC foods requests: Complete Sections A, C and D.

Exempt formula or WIC Nutritionals: Complete sections A, B, C and D.

Kentucky Guidelines for issuance of infant formula:	Client must try:
Requests for milk based formula	Good Start Gentle or Soothe
Requests for soy based formula	Good Start Soy and Soothe (if no milk allergies)
Requests for lactose free/reduced formula	Good Start Soothe and Soy
Requests for infant/toddler formulas	Good Start Graduates Gentle or Soy
Requests for 19 Kcal formulas will not be authorized. Must try Good Start product based on above guidelines.	

**A. Patient Information (please print)**

Patient's name:	DOB:
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Parent/Caregiver's Name:

Medical diagnosis/qualifying condition (ICD-9 code):  
 (Justifies the medical need for formula/food )

Medical documentation valid for:  1 mo.  2 mos.  3 mos.  4 mos.  5 mos.  6 mos.  7 mos.  
 8 mos.  9 mos.  10 mos.  11 mos.  12 mos.

**B. Medical Formula/Food (please print)**

Name of formula or WIC Nutritionals requested:

Prescribed amount: \_\_\_\_\_ per day OR  maximum allowable

Special instruction/comments:

Provide information regarding Formulas tried & length of time tried:	Problems encountered:

**C. WIC Supplemental Foods for Infants < 1 year old**

**Supplemental foods:** Please mark the appropriate boxes below to indicate any foods that would be contraindicated and/or require special instructions. **If no boxes are marked, the infant will receive the WIC foods.**

WIC Supplemental Foods(provided at 6 months of age)	Restrictions/Special Instructions
<input type="checkbox"/> Infant cereal	
<input type="checkbox"/> Infant fruits	
<input type="checkbox"/> Infant vegetables	
<input type="checkbox"/> Infant meats (fully breastfeeding infants only)	
<input type="checkbox"/> <b>No supplemental foods:</b> omit all supplemental foods and provide exempt infant or medical formula/food only.	

**D. Health care provider information**

Signature of health care provider: \_\_\_\_\_ Provider's name (please print):  MD  DO  PA  NP

Medical office/clinic:

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_ Date: \_\_\_\_\_