WICE HEATTHY HEATTHY		cky WIC Pro ht (< 1 year o	-	WIC	Clinic:
<b>Certificate for Medica</b>				Clini	c Fax number:
	•		•		
The WIC Program provid Noncontract standard form				rants.	
Exception to WIC foods requests: Complete Sections A, C and D.					ntion:
Exempt formula or WIC Nut	ritionals: Complete section	ons A, B, C and			
Kentucky Guidelines			Client must	try:	-
for issuance of infant formula:					
	Requests for milk based formulaGood Start Gentle or SootheRequests for soy based formulaGood Start Soy and Soothe (if no milk allergies)				
Requests for soy based formulaGood Start Soy and Soothe (if no milk allergiesRequests for lactose free/reduced formulaGood Start Soothe and Soy				liergies)	
Requests for infant/tode			tle or Soothe or Soy		
			ry Good Start product b	ased on above	auidelines.
-					guidenneel
A. Patient Information (	please print)			<b>DOD</b>	
Patient's name:				DOB:	
Parent/Caregiver's Nam					
Medical diagnosis/quali	ifying condition (ICD-9/	10 code):			
		,			
(Justifies the medical nee				_	
Medical documentation			3 mos. 🛛 4 mos. 🛛	5 mos. □6 m	los.
□ 8 mos. □9 mos.	□10 mos. □11 mos.	□ 12 mos.			
B. Medical Formula/Foo	d (please print)				
Name of formula or WIC	Nutritionals requested	<b>d:</b>			
Prescribed amount:		per day OR	□ maximum allowable		
Provide information reg		& length	Problems	s encountered:	
of time tried:					
C. WIC Supplemental Fo	oods for Infants - 1 you				
			to indicate any foods that	would be contra	aindicated and/or
			will receive the WIC foo		
WIC Supplemental Food				Special Instru	ctions
□ Infant cereal	<b>u</b>			•	
□ Infant fruits			]		
□ Infant vegetables					
□ Infant meats (fully bre					
		I foods and pro	vide exempt infant or med	lical formula/foo	d only.
D. Health care provider					
Signature of health care	<pre>&gt; provider:</pre>	Provider's	name (please print):	MD 🗆 DO 🗆 F	'A 🗆 NP
Medical office/clinic:					
Phone number:		Fax number:		Date:	
Adapted from Oregon Medical Do			equal opportunity provide		WIC – 200
See back for most comm					Rev. 10/17

This certification for medical necessity is necessary for providing the following products from the WIC Program for medically fragile infants.

The most commonly used products are listed below:

Hypoallergenic formulas:

- Nutramigen
- Pregestimil
- Similac Alimentum

Impaired kidney function/hypocalcemia

• Similac PM 60/40

## Premature formulas

- Enfamil EnfaCare
- Enfamil Premature with Iron 20
- Enfamil Premature with Iron 24
- Enfamil Premature with Iron 30
- Similac NeoSure
- Similac Special Care 24 with Iron
- Similac Special Care 30 with Iron

## **Reflux formulas**

• Enfamil AR

Severe cow's milk allergy/multiple food protein allergy

- Neocate Infant/Neocate SYNEO Infant
- Neocate Infant DHA & ARA
- Elecare for Infants
- PurAmino
- Alfamino

For additional products available from WIC, please view the website at: <a href="http://chfs.ky.gov/dph/ach/ns/Nutrition+Education+Materials.htm">http://chfs.ky.gov/dph/ach/ns/Nutrition+Education+Materials.htm</a>

Use the above link and click on "WIC Formula Resource Guide" from the list of materials.

WIC is a registered service mark of the U. S. Department of Agriculture for USDA's Special Supplemental Nutrition Program for Women, Infant and Children.

