

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. The Kansas WIC Program provides Similac Advance or Gerber Good Start Soy formula for healthy infants from birth through twelve months of age whose mothers choose not to breastfeed or who partially breastfeed. A contract for these formulas provides a special price that will help the WIC Program serve more women, infants and children in Kansas. Similac Sensitive for Fussiness and Gas, Similac for Spit Up, and Similac Total Comfort may also be provided with a ***documented medical diagnosis***. Infants will not be issued any other brands of standard milk-based, including lactose free and rice starch added milk-based, or soy-based infant formulas.

The WIC Program will provide other 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 anytime the special formula is changed.

Thank you for your cooperation and interest in good nutrition. 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 |
|-------------|---------------|----------------------|

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 Required.** \_\_\_\_\_ (WIC is supplemental and may not be able to issue all requested.)

Diagnosis for Formula / WIC-eligible nutritional requested above - The diagnosis must support the issuance of the product requested.

|  |  |
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| <input type="checkbox"/> Severe symptoms of intolerance<br><input type="checkbox"/> chronic diarrhea <input type="checkbox"/> persistent vomiting<br><input type="checkbox"/> persistent dermatological condition<br><input type="checkbox"/> persistent respiratory conditions<br><input type="checkbox"/> other _____<br><br><input type="checkbox"/> Food Intolerance / Allergy, including family history of severe allergies.<br><input type="checkbox"/> lactose intolerance <input type="checkbox"/> milk <input type="checkbox"/> soy <input type="checkbox"/> corn<br><input type="checkbox"/> other _____ | <input type="checkbox"/> Complications of prematurity<br><br><input type="checkbox"/> Metabolic disorders. Specify _____<br><br><input type="checkbox"/> GI disorder or Malabsorption syndromes. Specify _____<br><br><input type="checkbox"/> FTT, specify underlying diagnosis _____<br><br><input type="checkbox"/> Other diagnosis _____ |
|--|--|

**Please note:** The Kansas WIC Program will not authorize issuance for:

- To enhance nutrient intake or managing body weight without an underlying medical condition.
- Baby doing well on (formula name) or preference for a specific formula.

|   |   |   |  |  |   |                                |                                       |   |                                |  |   |                               |  |
|---|---|---|--|--|---|--------------------------------|---------------------------------------|---|--------------------------------|--|---|-------------------------------|--|
| <p align="center"><b>Infants - (6-12 months old)</b></p> <p>All age appropriate infant foods will be issued with the prescribed formula <b>unless otherwise indicated below.</b></p> <input type="checkbox"/> No foods. Provide formula ONLY after 6 months old due to inability or delay in consuming solids <b>and</b> <input type="checkbox"/> Allow Maximum amount of formula (includes standard formulas).<br><input type="checkbox"/> Provide only the specific foods checked below in addition to the formula. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Infant Cereal (available after 6 months old)</td> </tr> <tr> <td><input type="checkbox"/> Baby Food Fruits / Vegetables (available after 6 months old)</td> </tr> <tr> <td><input type="checkbox"/> Fresh Fruits / Vegetables (Bananas available after 6 months old and other fresh fruits and/or vegetables available after 9 months old.)</td> </tr> </table> | <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 (Bananas available after 6 months old and other fresh fruits and/or vegetables available after 9 months old.) | <p align="center"><b>Children - (12 months and older)</b></p> <p>All appropriate WIC foods, except milk, will be issued with the prescribed formula <b>unless otherwise indicated below.</b></p> <input type="checkbox"/> No foods. Provide formula ONLY<br><input type="checkbox"/> Provide milk/soymilk in addition to formula and WIC foods.<br><input type="checkbox"/> Provide only the specific foods checked below in addition to the formula. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Milk/Cheese/Yogurt</td> <td><input type="checkbox"/> Beans</td> <td><input type="checkbox"/> Whole Grains</td> </tr> <tr> <td><input type="checkbox"/> Breakfast Cereal</td> <td><input type="checkbox"/> Juice</td> <td><input type="checkbox"/> Peanut Butter</td> </tr> <tr> <td><input type="checkbox"/> Soymilk / Tofu</td> <td><input type="checkbox"/> Eggs</td> <td><input type="checkbox"/> Fruits / Vegetables</td> </tr> </table> <p><input type="checkbox"/> Provide baby food fruits/vegetables in place of fresh/frozen/canned fruits and/or vegetables.</p> | <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 |
| <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 (Bananas available after 6 months old and other fresh fruits and/or vegetables available after 9 months old.)  |   |   |  |  |   |                                |                                       |   |                                |  |   |                               |  |
| <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 |
|---|-----------|-----|

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