

WIC Pediatric Referral Form Tutorial



2010

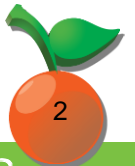




Tutorial Objectives

At the end of this session, you will be able to explain:

- The new WIC food packages for medically fragile infants and children (≤ 5 yrs.)
- The new federal medical documentation requirements for WIC participants
- WIC resources for improved nutrition outcomes

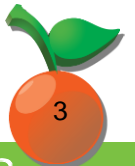




New WIC Policy Changes

Obtain medical documentation before issuing:

- Therapeutic formula, a medical food, or any WIC foods to medically fragile WIC participants
- Additional formula to older infants with special needs
- Soy-based beverage or tofu to a child





Effective October 1, 2009





Same Information in Different Formats

State of California – Health and Human Services Agency
California Department of Public Health

CALIFORNIA wic
WOMEN, INFANTS & CHILDREN
Families grow healthy with WIC

Pediatric Referral

WIC Agency: _____
WIC ID #: _____

SECTION I: Complete this section to assist the patient with WIC eligibility, WIC services, and appropriate referrals. Whenever a therapeutic formula is prescribed, complete both Section I and II (download from www.wicworks.ca.gov).

PATIENT NAME (First) _____ (Last) _____		DATE OF BIRTH: _____	
CURRENT HEIGHT/LENGTH: _____ inches (within 60 days)	CURRENT WEIGHT: _____ lb _____ oz (within 60 days)	CURRENT BMI: _____ % (within 60 days)	MEASUREMENT DATE: _____
BIRTH WEIGHT/LENGTH: _____ lb _____ oz / _____ inches			

HEMOGLOBIN OR HEMATOCRIT TEST is required every 12 months when normal and every 6 months when abnormal.

Hemoglobin (gm/dl) or Hematocrit (%)	Lab Result	Date

LEAD TEST (recommended at 1-2 years of age): _____ mcg/dL

IMMUNIZATIONS are up-to-date: ☐ Yes ☐ No ☐ Not available

BREASTFEEDING ASSESSMENT (birth to 12 months):
☐ Fully breastfeeding ☐ Never breastfed
☐ Feeding breast and formula ☐ Discontinued breastfeeding Date: _____

SOY REQUEST FOR CHILD: To substitute soy milk and tofu for cow's milk and cheese, check or write a condition below:
☐ Cow's milk protein allergy ☐ Severe lactose intolerance
☐ Vegan ☐ Other: _____

COMMENTS: _____

HEALTH PROFESSIONAL NAME _____	MEDICAL OFFICE / CLINIC NAME AND LOCATION OR OFFICE STAMP _____
HEALTH PROFESSIONAL SIGNATURE _____	
PHONE NUMBER _____ TODAY'S DATE _____	

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SECTION II: Complete ALL boxes below when therapeutic formula is prescribed. Incomplete information may delay issuance of WIC foods

DIAGNOSIS: <input type="checkbox"/> Prematurity <input type="checkbox"/> GERD or reflux <input type="checkbox"/> Food allergy: _____ <input type="checkbox"/> Failure to thrive <input type="checkbox"/> Dysphagia <input type="checkbox"/> Other: _____		WIC FOOD RESTRICTIONS: The patient will receive WIC foods in addition to the formula prescribed. Please check all foods listed below that are NOT appropriate for the diagnosis.																																										
FORMULA / MEDICAL FOOD: _____ DURATION: _____ months AMOUNT: _____ oz / day This prescription is: <input type="checkbox"/> New <input type="checkbox"/> Refill		<table border="1"> <thead> <tr> <th>Category</th> <th>WIC Foods</th> <th>Do Not Give</th> <th>Restriction/ Comment</th> </tr> </thead> <tbody> <tr> <td rowspan="2">Infants (6-12 mo)</td> <td>Baby cereal</td> <td></td> <td></td> </tr> <tr> <td>Baby fruit/ vegetable</td> <td></td> <td></td> </tr> <tr> <td rowspan="7">Children (1-5 yr)</td> <td>Cow's milk</td> <td></td> <td></td> </tr> <tr> <td>Cheese</td> <td></td> <td></td> </tr> <tr> <td>Eggs</td> <td></td> <td></td> </tr> <tr> <td>Peanut butter</td> <td></td> <td></td> </tr> <tr> <td>Whole grains *</td> <td></td> <td></td> </tr> <tr> <td>Cereal</td> <td></td> <td></td> </tr> <tr> <td>Beans</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Vegetables/fruits</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Juice</td> <td></td> <td></td> </tr> </tbody> </table> <p><small>* whole wheat bread, corn/wheat tortilla, brown rice, barley, bulgur, or oatmeal</small></p>		Category	WIC Foods	Do Not Give	Restriction/ Comment	Infants (6-12 mo)	Baby cereal			Baby fruit/ vegetable			Children (1-5 yr)	Cow's milk			Cheese			Eggs			Peanut butter			Whole grains *			Cereal			Beans				Vegetables/fruits				Juice		
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HEALTH COVERAGE: Refer the patient to the health plan or Medi-Cal for a medically necessary formula or medical food. WIC only provides these products when they are NOT a covered benefit by the patient's health plan or by Medi-Cal.																																												
Provide patient's health insurance information: Private insurance: _____ Medi-Cal managed care: _____ Other: _____ Regular Medi-Cal (fee-for-service) _____		Check action taken: Submitted justification to health plan _____ Submitted justification to pharmacist _____																																										
If the patient requires a therapeutic formula and does NOT have health insurance, check ALL boxes below that apply: <input type="checkbox"/> Gave formula samples <input type="checkbox"/> Referred to Medi-Cal <input type="checkbox"/> Referred to WIC		QUESTIONS: Call 1-888-942-9675 or 1-800-852-5770. Health professionals: Go to www.wicworks.ca.gov ; click Health Professionals; then click WIC contacts for MDs.																																										

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Pediatric Referral

WIC Agency: _____

WIC ID #: _____

SECTION I: Complete this section to assist the patient with WIC eligibility, WIC services, and appropriate referrals.
Whenever a therapeutic formula is prescribed, complete both Section I and II (download from www.wicworks.ca.gov).

PATIENT NAME (First) _____ (Last) _____			DATE OF BIRTH: _____							
CURRENT HEIGHT/LENGTH: _____ inches (within 60 days)	CURRENT WEIGHT: _____ lb _____ oz (within 60 days)	CURRENT BMI: _____ % (within 60 days)	MEASUREMENT DATE: _____	BIRTH WEIGHT/LENGTH: _____ lb _____ oz / _____ inches						
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PHONE NUMBER _____		TODAY'S DATE _____								

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SECTION II: Complete ALL boxes below when therapeutic formula is prescribed. Incomplete information may delay issuance of WIC foods.

DIAGNOSIS:

☐ Prematurity ☐ GERD or reflux ☐ Food allergy: _____
☐ Failure to thrive ☐ Dysphagia ☐ Other: _____

FORMULA / MEDICAL FOOD: _____

DURATION: _____ months **AMOUNT:** _____ oz / day

This prescription is: ☐ New ☐ Refill

NOTE: The patient will receive 13 quarts of cow's milk in addition to therapeutic formula unless Do Not Give is checked for cow's milk (see WIC Food Restrictions).

COMMENTS:

WIC FOOD RESTRICTIONS: The patient will receive WIC foods in addition to the formula prescribed. Please check all foods listed below that are NOT appropriate for the diagnosis.

Category	WIC Foods	Do Not Give	Restriction/ Comment
Infants (6-12 mo)	Baby cereal	<input type="checkbox"/>	
	Baby fruit/ vegetable	<input type="checkbox"/>	
	Cow's milk	<input type="checkbox"/>	
Children (1-5 yr)	Cheese	<input type="checkbox"/>	
	Eggs	<input type="checkbox"/>	
	Peanut butter	<input type="checkbox"/>	
	Whole grains *	<input type="checkbox"/>	
	Cereal	<input type="checkbox"/>	
	Beans	<input type="checkbox"/>	
	Vegetables/fruits	<input type="checkbox"/>	
	Juice	<input type="checkbox"/>	

* whole wheat bread, corn/wheat tortilla, brown rice, barley, bulgur, or oatmeal

HEALTH COVERAGE: Refer the patient to the health plan or Medi-Cal for a medically necessary formula or medical food. WIC only provides these products when they are NOT a covered benefit by the patient's health plan or by Medi-Cal.

Provide patient's health insurance information:

Private Insurance: _____

Medi-Cal managed care: _____

Other: _____

Regular Medi-Cal (fee-for-service)

Check action taken:

Submitted justification to health plan

Submitted justification to pharmacist

If the patient requires a therapeutic formula and does NOT have health insurance, check ALL boxes below that apply:

☐ Gave formula samples
☐ Referred to Medi-Cal
☐ Referred to WIC

QUESTIONS: Call 1-888-942-9675 or 1-800-852-5770.

Health professionals: Go to www.wicworks.ca.gov; click **Health Professionals**; then click **WIC contacts for MDs**.

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Step #1: Only complete Section I for a *routine* WIC referral that does not require a therapeutic formula.

SECTION I: Complete this section to assist the patient with WIC eligibility, WIC services, and appropriate referrals. Whenever a therapeutic formula is prescribed, complete both Section I and II (download from www.wicworks.ca.gov).

PATIENT NAME (First) (Last)			DATE OF BIRTH:	
CURRENT HEIGHT/LENGTH: _____ inches (within 60 days)	CURRENT WEIGHT: _____ lb _____ oz (within 60 days)	CURERNT BMI: BMI percentile: _____ % (within 60 days)	MEASUREMENT DATE:	BIRTH WEIGHT/LENGTH: _____ lb _____ oz / _____ inches
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LEAD TEST (recommended at 1-2 years of age): _____ mcg/dL		SOY REQUEST FOR CHILD: To substitute soy milk and tofu for cow's milk and cheese, check or write a condition below: <input type="checkbox"/> Cow's milk protein allergy <input type="checkbox"/> Severe lactose intolerance <input type="checkbox"/> Vegan <input type="checkbox"/> Other: _____		
IMMUNIZATIONS are up-to-date: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not available				
COMMENTS:				
HEALTH PROFESSIONAL NAME			MEDICAL OFFICE / CLINIC NAME AND LOCATION OR OFFICE STAMP	
HEALTH PROFESSIONAL SIGNATURE				
PHONE NUMBER	TODAY'S DATE			

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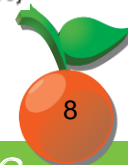
Step #2: Write both the first and last name and date of birth. Forms with only a first or a last name are difficult to locate in the WIC files.

SECTION I: Complete this section to assist the patient with WIC eligibility, WIC services, and appropriate referrals.

Whenever a therapeutic formula is prescribed, complete both Section I and II (download from www.wicworks.ca.gov).

PATIENT NAME (First) (Last)			DATE OF BIRTH:											
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Step #3: Record a Hgb or Hct lab result that was completed during the past 6 or 12 months.

A lead test result for a child over 1 year of age is requested during WIC enrollment.

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Whenever a therapeutic formula is prescribed, complete both Section I and II (download from www.wicworks.ca.gov).

PATIENT NAME (First) (Last)			DATE OF BIRTH:							
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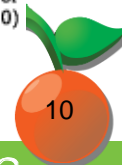


Step #4: WIC encourages up-to-date immunizations. WIC infants and children (≤ 2 yr. of age) are screened and referred for immunizations using a documented immunization history.

SECTION I: Complete this section to assist the patient with WIC eligibility, WIC services, and appropriate referrals. Whenever a therapeutic formula is prescribed, complete both Section I and II (download from www.wicworks.ca.gov).

PATIENT NAME (First) (Last)			DATE OF BIRTH:					
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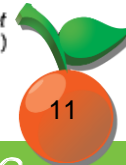


Step #5: Breastfeeding women receive more WIC foods. This information is used to improve communication between WIC and health care professionals and to ensure that the appropriate breastfeeding food package is issued.

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Whenever a therapeutic formula is prescribed, complete both Section I and II (download from www.wicworks.ca.gov).

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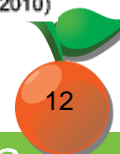


Step #6: A box **MUST BE CHECKED** in order to issue soy and tofu to a **CHILD** instead of cow's milk and cheese. Personal preference is not a qualifying condition.

SECTION I: Complete this section to assist the patient with WIC eligibility, WIC services, and appropriate referrals.
Whenever a therapeutic formula is prescribed, complete both Section I and II (download from www.wicworks.ca.gov).

PATIENT NAME (First) (Last)			DATE OF BIRTH:							
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Sample of Section I Completed

State of California – Health and Human Services Agency

California Department of Public Health



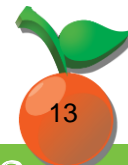
Pediatric Referral

WIC Agency: San Juan WIC Program
2557 Broadway Ave.
Sacramento, CA 95814
916-555-1212
WIC ID #: FM931202054

SECTION I: Complete this section to assist the patient with WIC eligibility, WIC services, and appropriate referrals.
Whenever a therapeutic formula is prescribed, complete both Section I and II (download from www.wicworks.ca.gov).

PATIENT NAME (First) <u>Maria</u> (Last) <u>Sanchez</u>			DATE OF BIRTH: <u>07-05-2008</u>						
CURRENT HEIGHT/LENGTH: <u>28 1/2</u> inches (within 60 days)	CURRENT WEIGHT: <u>22</u> lb <u>8</u> oz (within 60 days)	CURRENT BMI: <u>75</u> % BMI percentile: <u>75</u> % (within 60 days)	MEASUREMENT DATE: <u>07-08-2009</u>	BIRTH WEIGHT/LENGTH: <u>7</u> lb <u>8</u> oz / <u>19 1/2</u> inches					
HEMOGLOBIN OR HEMATOCRIT TEST is required <u>every 12 months</u> when normal and <u>every 6 months</u> when abnormal.			BREASTFEEDING ASSESSMENT (birth to 12 months): <input type="checkbox"/> Fully breastfeeding <input type="checkbox"/> Never breastfed <input type="checkbox"/> Feeding breast and formula <input checked="" type="checkbox"/> Discontinued breastfeeding Date: <u>05-30-2009</u>						
<table border="1"> <thead> <tr> <th>Hemoglobin (gm/dl) or Hematocrit (%)</th> <th>Lab Result Date</th> </tr> </thead> <tbody> <tr> <td><u>12.0</u></td> <td><u>07-08-2009</u></td> </tr> </tbody> </table>		Hemoglobin (gm/dl) or Hematocrit (%)	Lab Result Date	<u>12.0</u>	<u>07-08-2009</u>	SOY REQUEST FOR CHILD: To substitute soy milk and tofu for cow's milk and cheese, check or write a condition below: <input type="checkbox"/> Cow's milk protein allergy <input type="checkbox"/> Severe lactose intolerance <input type="checkbox"/> Vegan <input checked="" type="checkbox"/> Other: <u>N/A</u>			
Hemoglobin (gm/dl) or Hematocrit (%)	Lab Result Date								
<u>12.0</u>	<u>07-08-2009</u>								
LEAD TEST (recommended at 1-2 years of age): _____ mcg/dL IMMUNIZATIONS are up-to-date: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not available									
COMMENTS:									
HEALTH PROFESSIONAL NAME: <u>John Doe, MD</u>			MEDICAL OFFICE / CLINIC NAME AND LOCATION OR OFFICE STAMP <u>Sacramento Pediatrics, Inc.</u> <u>5200 Main St. Ste 100</u> <u>Sacramento, CA 95822</u>						
HEALTH PROFESSIONAL SIGNATURE: <u>John Doe, MD</u>									
PHONE NUMBER: <u>916-525-1252</u>	TODAY'S DATE: <u>07-08-2009</u>								

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Step #7: Complete Section II when a therapeutic formula or medical food is prescribed. A WIC dietitian or nutritionist tailors the WIC food package based upon the diagnosis.

SECTION II: Complete ALL boxes below when therapeutic formula is prescribed. Incomplete information may delay issuance of WIC foods.

<p>DIAGNOSIS:</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Prematurity <input type="checkbox"/> Failure to thrive </div> <div> <input type="checkbox"/> GERD or reflux <input type="checkbox"/> Dysphagia </div> <div> <input type="checkbox"/> Food allergy: _____ <input type="checkbox"/> Other: _____ </div> </div> <p>FORMULA / MEDICAL FOOD: _____</p> <p>DURATION: _____ months AMOUNT: _____ oz / day</p> <p>This prescription is: <input type="checkbox"/> New <input type="checkbox"/> Refill</p> <p><small>NOTE: The patient will receive 13 quarts of cow's milk in addition to therapeutic formula unless Do Not Give is checked for cow's milk (see WIC Food Restrictions).</small></p> <p>COMMENTS:</p>	<p>WIC FOOD RESTRICTIONS: The patient will receive WIC foods in addition to the formula prescribed. Please check all foods listed below that are NOT appropriate for the diagnosis.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Category</th> <th style="width: 45%;">WIC Foods</th> <th style="width: 10%;">Do Not Give</th> <th style="width: 30%;">Restriction/ Comment</th> </tr> </thead> <tbody> <tr> <td rowspan="2">Infants (6-12 mo)</td> <td>Baby cereal</td> <td></td> <td></td> </tr> <tr> <td>Baby fruit/ vegetable</td> <td></td> <td></td> </tr> <tr> <td rowspan="8">Children (1-5 yr)</td> <td>Cow's milk</td> <td></td> <td></td> </tr> <tr> <td>Cheese</td> <td></td> <td></td> </tr> <tr> <td>Eggs</td> <td></td> <td></td> </tr> <tr> <td>Peanut butter</td> <td></td> <td></td> </tr> <tr> <td>Whole grains *</td> <td></td> <td></td> </tr> <tr> <td>Cereal</td> <td></td> <td></td> </tr> <tr> <td>Beans</td> <td></td> <td></td> </tr> <tr> <td>Vegetables/fruits</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Juice</td> <td></td> <td></td> </tr> </tbody> </table> <p><small>* whole wheat bread, corn/wheat tortilla, brown rice, barley, bulgur, or oatmeal</small></p>	Category	WIC Foods	Do Not Give	Restriction/ Comment	Infants (6-12 mo)	Baby cereal			Baby fruit/ vegetable			Children (1-5 yr)	Cow's milk			Cheese			Eggs			Peanut butter			Whole grains *			Cereal			Beans			Vegetables/fruits				Juice		
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<p>Provide patient's health insurance information:</p> <p>Private insurance: _____</p> <p>Medi-Cal managed care: _____</p> <p>Other: _____</p>	<p>Check action taken:</p> <p>_____ Submitted justification to health plan</p> <p>_____ Submitted justification to pharmacist</p>	<p><i>If the patient requires a therapeutic formula and does NOT have health insurance, check ALL boxes below that apply:</i></p> <div style="display: flex;"> <div style="flex: 1;"> <input type="checkbox"/> Gave formula samples <input type="checkbox"/> Referred to Medi-Cal <input type="checkbox"/> Referred to WIC </div> </div> <p>QUESTIONS: Call 1-888-942-9675 or 1-800-852-5770. Health professionals: Go to www.wicworks.ca.gov; click Health Professionals; then click WIC contacts for MDs.</p>																																							

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Step #8: The diagnosis must match the formula and the WIC foods prescribed. If it does not, WIC will contact the doctor for clarification. This may delay access to WIC services and benefits.

SECTION II: Complete ALL boxes below when therapeutic formula is prescribed. Incomplete information may delay issuance of WIC foods.

DIAGNOSIS:

☐ Prematurity ☐ GERD or reflux ☐ Food allergy: _____
☐ Failure to thrive ☐ Dysphagia ☐ Other: _____

FORMULA / MEDICAL FOOD: _____

DURATION: _____ months **AMOUNT:** _____ oz / day

This prescription is: ☐ New ☐ Refill

NOTE: The patient will receive 13 quarts of cow's milk in addition to therapeutic formula unless Do Not Give is checked for cow's milk (see WIC Food Restrictions).

COMMENTS:

WIC FOOD RESTRICTIONS: The patient will receive WIC foods in addition to the formula prescribed. Please check all foods listed below that are NOT appropriate for the diagnosis.

Category	WIC Foods	Do Not Give	Restriction/ Comment
Infants (6-12 mo)	Baby cereal		
	Baby fruit/ vegetable		
Children (1-5 yr)	Cow's milk		
	Cheese		
	Eggs		
	Peanut butter		
	Whole grains *		
	Cereal		
	Beans		
	Vegetables/fruits		
	Juice		

* whole wheat bread, corn/wheat tortilla, brown rice, barley, bulgur, or oatmeal

HEALTH COVERAGE: Refer the patient to the health plan or Medi-Cal for a medically necessary formula or medical food. WIC only provides these products when they are NOT a covered benefit by the patient's health plan or by Medi-Cal.

Provide patient's health insurance information:

Private insurance: _____
Medi-Cal managed care: _____
Other: _____

Regular Medi-Cal (fee-for-service)

Check action taken:

_____ Submitted justification to health plan

_____ Submitted justification to pharmacist

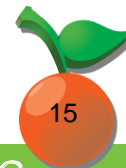
If the patient requires a therapeutic formula and does NOT have health insurance, check ALL boxes below that apply:

☐ Gave formula samples
☐ Referred to Medi-Cal
☐ Referred to WIC

QUESTIONS: Call 1-888-942-9675 or 1-800-852-5770.

Health professionals: Go to www.wicworks.ca.gov; click Health Professionals; then click WIC contacts for MDs.

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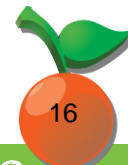


Step #9: Refer all patients to their health plan for medically necessary formula/food. When a health plan denies coverage, direct them to Medi-Cal and refer these patients to WIC for short term assistance.

SECTION II: Complete ALL boxes below when therapeutic formula is prescribed. Incomplete information may delay issuance of WIC foods.

DIAGNOSIS: <input type="checkbox"/> Prematurity <input type="checkbox"/> GERD or reflux <input type="checkbox"/> Food allergy: _____ <input type="checkbox"/> Failure to thrive <input type="checkbox"/> Dysphagia <input type="checkbox"/> Other: _____		WIC FOOD RESTRICTIONS: The patient will receive WIC foods in addition to the formula prescribed. Please check all foods listed below that are NOT appropriate for the diagnosis.																																									
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Step #10: WIC's medically fragile participants are issued a customized WIC food package. Foods **NOT APPROPRIATE MUST BE CHECKED**. A WIC dietitian or nutritionist will screen the information provided and refer as needed.

SECTION II: Complete ALL boxes below when therapeutic formula is prescribed. Incomplete information may delay issuance of WIC foods.

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Step #11: A child prescribed a medical food, such as PediaSure, will also receive cow's milk from WIC:

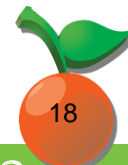
910 oz PediaSure/mo + 13 qts milk/mo = large amount of fluid

Doctors must check the no cow's milk box if they do NOT want the patient to receive both.

SECTION II: Complete ALL boxes below when therapeutic formula is prescribed. Incomplete information may delay issuance of WIC foods.

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Step #12: WIC will track infants and children prescribed therapeutic formulas or medical foods to correctly tailor the WIC food packages and to request updated food restrictions as needed.

SECTION II: Complete ALL boxes below when therapeutic formula is prescribed. Incomplete information may delay issuance of WIC foods.

DIAGNOSIS: <input type="checkbox"/> Prematurity <input type="checkbox"/> GERD or reflux <input type="checkbox"/> Food allergy: _____ <input type="checkbox"/> Failure to thrive <input type="checkbox"/> Dysphagia <input type="checkbox"/> Other: _____		WIC FOOD RESTRICTIONS: The patient will receive WIC foods in addition to the formula prescribed. Please check all foods listed below that are NOT appropriate for the diagnosis.																																									
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Provide patient's health insurance information:		Check action taken:																																									
Private insurance: _____		_____ Submitted justification to health plan																																									
Medi-Cal managed care: _____																																											
Other: _____																																											
Regular Medi-Cal (fee-for-service)		_____ Submitted justification to pharmacist																																									
		If the patient requires a therapeutic formula and does NOT have health insurance, check ALL boxes below that apply: <input type="checkbox"/> Gave formula samples <input type="checkbox"/> Referred to Medi-Cal <input type="checkbox"/> Referred to WIC																																									
		QUESTIONS: Call 1-888-942-9675 or 1-800-852-5770. Health professionals: Go to www.wicworks.ca.gov ; click <u>Health Professionals</u> ; then click <u>WIC contacts for MDs</u> .																																									

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Step #13: Before providing WIC benefits, WIC requires a health care professional's signature and contact information. This information is necessary to confirm accuracy of the information received and to streamline health plan approval of prescribed therapeutic formulas and medical foods.

HEALTH PROFESSIONAL NAME		MEDICAL OFFICE / CLINIC NAME AND LOCATION OR OFFICE STAMP	
HEALTH PROFESSIONAL SIGNATURE			
PHONE NUMBER	TODAY'S DATE		

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Sample of Section II Completed

SECTION II: Complete ALL boxes below when therapeutic formula is prescribed. Incomplete information may delay issuance of WIC foods.

DIAGNOSIS:

☐ Prematurity ☒ GERD or reflux ☒ Food allergy: eggs, soy milk protein
☐ Failure to thrive ☐ Dysphagia ☐ Other: _____

FORMULA / MEDICAL FOOD: Neocate Jr.

DURATION: 12 months **AMOUNT:** 16-24 oz / day

This prescription is: ☒ New ☐ Refill

NOTE: The patient will receive 13 quarts of cow's milk in addition to therapeutic formula unless Do Not Give is checked for cow's milk (see WIC Food Restrictions).

COMMENTS:

WIC FOOD RESTRICTIONS: The patient will receive WIC foods in addition to the formula prescribed. Please check all foods listed below that are NOT appropriate for the diagnosis.

Category	WIC Foods	Do Not Give	Restriction/ Comment
Infants (6-12 mo)	Baby cereal		
	Baby fruit/ vegetable		
Children (1-5 yr)	Cow's milk	<input checked="" type="checkbox"/>	
	Cheese	<input checked="" type="checkbox"/>	
	Eggs	<input checked="" type="checkbox"/>	
	Peanut butter		
	Whole grains *		
	Cereal		
	Beans	<input checked="" type="checkbox"/>	No soy beans!
	Vegetables/fruits		
	Juice		

* whole wheat bread, corn/wheat tortilla, brown rice, barley, bulgur, or oatmeal

HEALTH COVERAGE: Refer the patient to the health plan or Medi-Cal for a medically necessary formula or medical food. WIC only provides these products when they are NOT a covered benefit by the patient's health plan or by Medi-Cal.

Provide patient's health insurance information:

Private insurance: _____
 Medi-Cal managed care: California Care
 Other: _____

Regular Medi-Cal (fee-for-service)

Check action taken:

☒ Submitted justification to health plan

____ Submitted justification to pharmacist

If the patient requires a therapeutic formula and does NOT have health insurance, check ALL boxes below that apply:

☐ Gave formula samples
☐ Referred to Medi-Cal
☐ Referred to WIC

QUESTIONS: Call 1-888-942-9675 or 1-800-852-5770.

Health professionals: Go to www.wicworks.ca.gov; click Health Professionals; then click WIC contacts for MDs.

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New WIC Form and Resources www.wicworks.ca.gov

The screenshot shows a Microsoft Internet Explorer browser window displaying the California Department of Public Health (CDPH) WIC Professionals page. The address bar shows the URL: <http://www.cdph.ca.gov/programs/wicworks/Pages/HealthProfessionals.aspx>. The page features the C.A.GOV logo and the California Department of Public Health (CDPH) logo. A navigation menu includes links for Home, Programs, Services, Health Information, Certificates & Licenses, Publications & Forms, and Data. A search bar is located in the top right corner. The main content area is titled "Health Professionals" and lists various resources:

- WIC Foods and Formula:** [Authorized Foods \(PDF\)](#), [Standard Formula \(PDF\)](#), and [Therapeutic Formula \(PDF\)](#)
- Referral Forms:** [Pregnant Woman \(PDF\)](#), [Postpartum / Breastfeeding Woman \(PDF\)](#), and [Pediatric \(PDF\)](#); [New Pediatric \(PDF\)](#) effective October 1, 2009
- WIC Policies:**
 - [Breastfeeding Promotion \(PDF\)](#)
 - [Therapeutic Formula Requirements \(PDF\)](#)
 - [Medical Documentation Requirements \(PDF\)](#)
- Health Insurance and Other Programs:**
 - [Medi-Cal Policy Letter \(PDF\)](#) - managed care health plan requirements for medically necessary formulas
 - CHDP joint letter outlining coordination with WIC's new medical documentation requirements (available June 2009)
- WIC - MD Network:** [Description \(PDF\)](#) and [WIC Contacts for MDs \(PDF\)](#)

A "Quick Links" sidebar on the left includes links to About Us, Birth, Death, & Marriage Certificates, Department of Health Care Services (includes Medi-Cal), Diseases & Conditions, Job Opportunities, News Room, and Public Availability of Documents. The Windows taskbar at the bottom shows the Start button, several open applications (webpa..., CWA..., Micros..., Health...), and the system clock indicating 5:18 PM on 5/18/2009.



Resources* for Collaboration

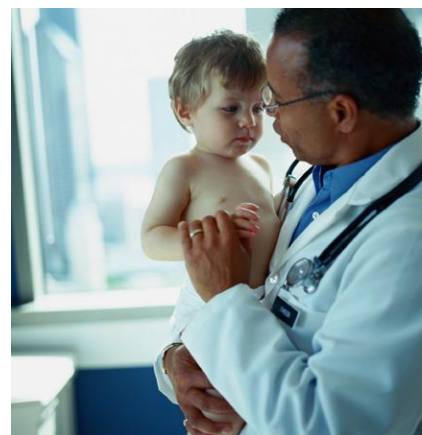
- **AAP-WIC video:** “New WIC Requirements”
- **WIC website with provider relevant information:**
 - WIC formulas
 - WIC fact sheet
 - New pediatric form with instructions and tutorial
- **Newsletters and fax blasts:** AAP, CHDP, health plans, Academy Family Physicians, nurses, dietitians
- **MD-WIC Network**

* Go to www.wicworks.ca.gov; then go to Health Professionals under Resources



MD - WIC Network

- Streamlined communication
- Early intervention
- Improved access to care
- Breastfeeding promotion
- Coordination for childhood obesity prevention





How to Contact WIC

- Email: MD-WIC@cdph.ca.gov
- WIC dietitian directory at MD-WIC Network
(www.wicworks.ca.gov; go to Professional Resources; click Health Professionals)
- California WIC's Program Evaluation and Policy Branch, 916-928-8652

