

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



Cheerios

More WIC Foods for Medically Fragile Patients

Now



Effective October 1, 2009





Same Information in Different Formats

California – Health and Human	Services Agency				California Department of Public He
ALIFORNIA 🗨				WIC Agency:	:
MIC	Pediatr	ic Referr	al		
OMEN, INFANTS & CHILDREN miles grow healthy with WIS				WIC ID#:	
					nd appropriate referrals. download from <u>www.wicworks.ca.gov</u>).
ATIENT NAME	(First)	(Last)			DATE OF BIRTH:
URRENT HEIGHT/LENGTH: inches (within 60 days)	CURRENT WEIGHT: bcz (within 60 days)	CURERNT BMI: BMI percentile: % (within 60 days)	MEASUREM	ENT DATE:	BIRTH WEIGHT/LENGTH:oz /inches
EMOGLOBIN OR H nonths when normal	and every 6 months	when abnormal.	Fully	breastfeeding	SSESSMENT (birth to 12 months): Never breastfed
Hemoglobin (gm/dl)	or Hematocrit (%)	Lab Result Date	1	ing breast and	Date:
EAD TEST (recomm	ended at 1-2 years o	of age):mcg/dL			R CHILD: To substitute soy milk and tofu eese, check or write a condition below:
MUNIZATIONS are			Cow	's milk protein	allergy Severe lactose intolerance
∐ Yes [No Not a	vailable	Veg	an	Other:
OMMENTS:					
EALTH PROFESSIONAL NAM	E		М	EDICAL OFFICE / C	CLINIC NAME AND LOCATION OR OFFICE STAMP
	IATURE		1		
EALTH PROFESSIONAL SIGN					

DIAGNOSIS: Prematurity GERD or reflux Food allerg	gy:	addition to t		. Please ch	nt will receive WIC foods i neck all foods listed below
	99	Category	WIC Foods	Do Not Give	Restriction/ Comment
		Infants	Baby cereal		
FORMULA / MEDICAL FOOD:		(6-12 mo)	Baby fruit/ vegetable		
DURATION: months AMOUNT:	oz / day	Children	Cow's milk		
	027 ddy	(1-5 yr)	Cheese		
This prescription is: New Refill		` ''	Eggs		
NOTE: The patient will receive 13 quarts of cow's milk in addition	n to therapeutic		Peanut butter		
formula unless Do Not Give is checked for cow's milk (see WIC Food Restrictions). COMMENTS:			Whole grains *		
			Cereal		
			Beans		
			Vegetables/fruits		
			Juice		
		* whole who	eat bread, corn/wheat tor	tilla, brown ri	ice, barley, bulgur, or oatmea
HEALTH COVERAGE: Refer the patient to the health provides these products when they are NOT a covered to Provide patient's health insurance information: Check the provide patient's health insurance information: Check	plan or Medi-Cal in penefit by the patier k action taken:	If the patie	lan or by Medi-Cal. nt requires a theraps	utic formu	la and does NOT have
Private insurance:		health insu	rance, check ALL bo	ixes below	tnat apply:
	Submitted justification o health plan	Gave	formula samples		
	o nouti pari	Refe	Referred to Medi-Cal		
Other:		Referred to WIC			
	Submitted justification to pharmacist	Health p	IS: Call 1-888-942-96 rofessionals: Go to woonals; then click WIC	ww.wicworl	ks.ca.gov; click Health



te of California – Health and Human Services Agency	California Denar	tment of Public Hea
→	WIC Agency:	
Wic Pediatric Referra		
WOMEN, INFANTS & CHILDREN Fornifes grow healthy with WZG	WIC ID#:	
CTION I: Complete this section to assist the patient with WIC eligible. Whenever a therapeutic formula is prescribed, complete b		ks.ca.gov).
PATIENT NAME (First) (Last)	DATE OF BIRTH:	
CURRENT HEIGHT/LENGTH: CURRENT WEIGHT: CURERNT BMI: BMI percentille: BMI percentille: % (within 60 days) (within 60 days) (within 60 days)	EASUREMENT DATE: BIRTH WEIGHT/LENGTH:	inches
HEMOGLOBIN OR HEMATOCRIT TEST is required every 12 months when normal and every 6 months when abnormal.	BREASTFEEDING ASSESSMENT (birth to 12 mon	,
Hemoglobin (gm/dl) or Hematocrit (%) Lab Result Date	Feeding breast and formula Discontinued bre	
LEAD TEST (recommended at 1-2 years of age):mcg/dL	SOY REQUEST FOR CHILD: To substitute soy mill for cow's milk and cheese, check or write a condition	
IMMUNIZATIONS are up-to-date:	Cow's milk protein allergy Severe lactose into	
Yes No Not available		noral loc
COMMENTS:	Vegan Other:	
HEALTH PROFESSIONAL NAME	MEDICAL OFFICE / CLINIC NAME AND LOCATION OR OFFICE S	CTAME
HEALTH PROFESSIONAL NAME HEALTH PROFESSIONAL SIGNATURE	MEDICAL OFFICE / GLINIG NAME AND LOCATION OR OFFICE S	O IAMP
HEALTH PROFESSIONAL SIGNATURE		
PHONE NUMBER TODAY'S DATE		
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e information above is only for use by the intended recipient and contains confidential informat	n. Any unauthorized review, use, disclosure or distribution is proh	ibited. If you are
intended recipient, please contact the sender and destroy all copies of the original form. This	stitution is an equal opportunity provider and employer. CDPH	247A (REV 05/20
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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: HEALTH COVERAGE: Refer the patient to the health plan or Medi-Caprovides these products when they are NOT a covered benefit by the patient provide patient's health insurance information: Check action taken: Private insurance:	Scribed. Incomplete information may delay issue WIC FOOD RESTRICTIONS: The patient will received addition to the formula prescribed. Please check all foo that are NOT appropriate for the diagnosis. Category WIC Foods Do Not Give Infants (6-12 mo) Baby cereal Baby cereal (6-12 mo) Baby fruit vegetable Children (1-5 yr) Cheese Eggs Peanut butter Whole grains * Cereal Beens Vegetables/fruits Juice * whole wheat bread, corn/wheat tortilla, brown rice, barley, befor a medically necessary formula or medical form's health plan or by Medi-Cal. If the patient requires a therapeutic formula and doe health insurance, check ALL boxes below that apply Gave formula samples	247A (REV 05/21 ance of WIC ive WIC foods i ds listed below ion/ Comment bulgur, or catmeal bod. WIC onl as NOT have y:





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:				
			T					
CURRENT HEIGHT/LENGTH:	CURRENT WEIGHT:	CURERNT BMI:	MEASUREMENT DATE:	BIRTH WEIGHT/LENGTH:				
inches	lboz	BMI percentile: %		lboz /inches				
(within 60 days)	(within 60 days)	(within 60 days)						
HEMOGLOBIN OR HI			BREASTFEEDING AS	SSESSMENT (birth to 12 months):				
months when normal a	and every 6 months v	vhen abnormal.	Fully breastfeeding	Never breastfed				
Homodobio ((41)	Usmataprit (%)	Lab Result Date	Feeding breast and f	formula Discontinued breastfeeding				
Hemoglobin (gm/dl)	or riematocht (%)	Lab Result Date	L recoming breast and r					
[]			l	Date:				
			SOY REQUEST FOR CHILD: To substitute soy milk and tofu					
LEAD TEST (recomm	anded at 1-2 years o	fage): mcg/dL						
LEAD TEST (recommit	ended at 1-2 years o	rage)nlog/uL	for cow's milk and cheese, check or write a condition below:					
IMMUNIZATIONS are	up-to-date:		Cow's milk protein allergy Severe lactose intolerance					
		-9-1-1-		,				
Yes [No Not a	vailable	Vegan	Other:				
COMMENTS:								
COMMENTO.								
HEALTH PROFESSIONAL NAM	F		MEDICAL OFFICE / C	LINIC NAME AND LOCATION OR OFFICE STAMP				
TIERETT PROFESSIONAL NAME				,				
HEALTH PROFESSIONAL SIGNATURE]						
i			ŀ					
BUILDING AN INSCRIPTION		ZODANIO DATE	1					
PHONE NUMBER		TODAY'S DATE						
1			İ					



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.wicwerks.ca.gov).

PATIENT NAME (First)	(Last)		DATE OF BIRTH:			
CURRENT HEIGHT/LENGTH: CURRENT WEIGHT:	CURERNT BMI:	MEASUREMENT DATE:	BIRTH WEIGHT/LENGTH:			
inches b oz	BMI percentile: %	MEASOREMENT DATE:	blk // VEIGHT/EERSTH.			
(within 60 days) (within 60 days)	(within 60 days)					
HEMOGLOBIN OR HEMATOCRIT TEST is		BREASTFEEDING A	SSESSMENT (birth to 12 months):			
months when normal and every 6 months v	vhen abnormal.	Fully breastfeeding	Never breastfed			
Hemoglobin (gm/dl) or Hematocrit (%)	Lab Result Date	Feeding breast and f	ormula Discontinued breastfeeding Date:			
LEAD TEST (recommended at 1-2 years or	f 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:				
IMMUNIZATIONS are up-to-date:		Cow's milk protein allergy Severe lactose intolerance				
Yes No Not a	vailable	Vegan	Other:			
COMMENTS:						
HEALTH PROFESSIONAL NAME		MEDICAL OFFICE / C	LINIC NAME AND LOCATION OR OFFICE STAMP			
HEALTH PROFESSIONAL SIGNATURE						
FILALITY FROM ESSIONAL SIGNATURE						
PHONE NUMBER	TODAY'S DATE					



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.

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:	CURERNT BMI: BMI percentile: % (wnrsks 60 days)	MEASUREMENT DATE:	BIRTH WEIGHT/LENGTH:
months when normal a	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:			SSESSMENT (birth to 12 months): Never breastfed Tomula Discontinued breastfeeding Date: CHILD: To substitute soy milk and tofu Dese, check or write a condition below: CHILD: Other: Other:
COMMENTS:				
	HEALTH PROFESSIONAL NAME HEALTH PROFESSIONAL SIGNATURE			LINIC NAME AND LOCATION OR OFFICE STAMP
PHONE NUMBER		TODAY'S DATE		



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).

	(mil 1)	00		DATE OF DISTIL			
PATIENT NAME	(First)	(Last)		DATE OF BIRTH:			
CURRENT HEIGHT/LENGTH:	CURRENT WEIGHT:	CURERNT BMI:	MEASUREMENT DATE:	BIRTH WEIGHT/LENGTH:			
inches	lboz	BMI percentile: %		lb oz / inches			
(within 60 days)	(within 60 days)	(within 60 days)					
	HEMATOCRIT TEST		BREASTFEEDING AS	SSESSMENT (birth to 12 months):			
months when normal	and every 6 months	vhen abnormal.	Fully breastfeeding	Never breastfed			
Hemoglobin (gm/d	I) or Hematocrit (%)	Lab Result Date	Feeding breast and f	ormula Discontinued breastfeeding			
			1	Date:			
			SOV REQUEST FOR	CHILD: To substitute soy milk and tofu			
LEAD TEST (recome	mended at 1.2 years o	fage): mcg/dL	for cow's milk and cheese, check or write a condition below:				
EEAD IEU	mondoù ar 1 2 yeare e	mograc	for cow's mink and cheese, check or write a condition below.				
IMMUNIZATIONS ar	e up-to-date:		Cow's milk protein a	allergy Severe lactose intolerance			
Vos	□ No □ Not a	vailable	I=				
			Vegan	Other:			
COMMENTS:							
COMMENTS:							
HEALTH PROFESSIONAL NA	ME		MEDICAL OFFICE / C	LINIC NAME AND LOCATION OR OFFICE STAMP			
				1			
HEALTH PROFESSIONAL SIGNATURE		1					
			l				
PHONE NUMBER		TODAVIS DATE	1				
PHONE NUMBER		TODAY'S DATE					
			1				



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.

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:	CURERNT BMI: BMI percentile: % (within 60 days)	MEASUREMENT DATE:	BIRTH WEIGHT/LENGTH:lboz /inches				
HEMOGLOBIN OR HE			BREASTFEEDING ASSESSMENT (birth to 12 months):					
Hemoglobin (gm/dl)		Lab Result Date	Fully breastfeeding Feeding breast and f					
LEAD TEST (recomme	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:				
IMMUNIZATIONS are	up-to-date:		Cow's milk protein a	_				
Yes L	NoNota	vailable	Vegan	Other:				
COMMENTS:								
HEALTH PROFESSIONAL NAMI			MEDICAL OFFICE / C	LINIC NAME AND LOCATION OR OFFICE STAMP				
HEALTH PROFESSIONAL SIGN	ATURE							
PHONE NUMBER		TODAY'S DATE						



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:			
CURRENT HEIGHT/LENGTH:inches (within 60 days)	CURRENT WEIGHT:lboz(within 60 days)	CURERNT BMI: BMI percentile: % (within 60 days)	MEASUREMENT DATE:	BIRTH WEIGHT/LENGTH: lboz /inches			
HEMOGLOBIN OR HEMATOCRIT TEST is required every 12 months when normal and every 6 months when abnormal.			BREASTFEEDING ASSESSMENT (birth to 12 months): Fully breastfeeding Never breastfed				
Hemoglobin (gm/dl) or Hematocrit (%) Lab Result Date		Feeding breast and f	formula Discontinued breastfeeding Date: CHILD: To substitute soy milk and tors				
LEAD TEST (recomme	ended at 1-2 years o	fage):mcg/dL	for cow's milk and cheese, check or write a condition below:				
IMMUNIZATIONS are	up-to-date:		Cow's milk protein allergy Severe lactose intolerance				
Yes	No Not a	vailable	Vegan	Other:			
COMMENTS:							
HEALTH PROFESSIONAL NAME			MEDICAL OFFICE / C	LINIC NAME AND LOCATION OR OFFICE STAMP			
HEALTH PROFESSIONAL SIGNATURE							
PHONE NUMBER		TODAY'S DATE					



Sample of Section I Completed

State of California – Health and Human Services Agency

CALIFORNIA

CALIFORNIA

WOMEN, INFANTS & CHILDREN
Families grow North WARD

Pediatric Referral

the second secon
WIC Agency: San Juan WIC Program 2557 Broadway rave.
Sacramento, CA 95 814
0/14.555.1212
WICID# FIM 931202054

California Department of Public Health

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) MAYLA	(Last) Sanchet		DATE OF BIRTH: 07 - 05 - 200 8			
CURRENT HEIGHT/LENGTH: 21/12 inches (within 60 days)	CURRENT WEIGHT: 22 lb 8 oz (within 60 days)	CURERNT BMI: BMI percentile: 15 % (within 60 days)	MEASUREMENT DATE:	BIRTH WEIGHT/LENGTH: 10 8 oz / 19 1/2 inches			
HEMOGLOBIN OR HEMATOCRIT TEST is required every 12 months when normal and every 6 months when abnormal.			BREASTFEEDING ASSESSMENT (birth to 12 months): Fully breastfeeding Never breastfed				
Hemoglobin (gm/dl):		Lab Result Date 07-08-2009 fage): mcg/dL		Ormula Discontinued breastfeeding Date: 05-30 - 2009 CHILD: To substitute soy milk and tofu eese, check or write a condition below:			
IMMUNIZATIONS are up-to-date: Yes			Cow's milk protein allergy Severe lactose intolerance Vegan Other: N A				
COMMENTS:							
HEALTH PROFESSIONAL NAME HEALTH PROFESSIONAL SIGN PHONE NUMBER	John Doe	Doc, MD	Sacramento Sacramento 5200 Main Sacramento,	EINIC NAME AND LOCATION OR OFFICE STAMP PECLIATRICS, Inc. St. StC 100 CIA 95822			



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.

DIAGNOSIS: Prematurity GERD or reflux Foo	d allergy:	8	addition to ti		. Please ch	nt will receive WIC foods in leck all foods listed below
	er:		Category	WIC Foods	Do Not Give	Restriction/ Comment
		П	Infants	Baby cereal		
FORMULA / MEDICAL FOOD:	· · · · · · · · · · · · · · · · · · ·	Н	(6-12 mo)	Baby fruit/ vegetable		
DURATION: months AMOUNT:	oz / day	П	Children	Cow's milk		
		П	(1-5 yr)	Cheese		
This prescription is: New Refill		П		Eggs		
NOTE: The patient will receive 13 quarts of cow's milk in		П		Peanut butter		
formula unless Do Not Give is checked for cow's milk (se	ee WIC Food Restrictions).	П		Whole grains *		
COMMENTS:		П		Cereal		
,				Beans		
				Vegetables/fruits		
		H		Juice		
		* whole wheat bread, corn/wheat tortilla, brown rice, barley, bulgur, or oatmeal				
HEALTH COVERAGE: Refer the patient to the provides these products when they are NOT a covered provide patient's health insurance information:	health plan or Medi-Cal to vered benefit by the patien Check action taken:	nt':	s health pl	an or by Medi-Cal.		nedical food. WIC only la and does NOT have
		health insurance, check ALL boxes below that apply:				
Private insurance: Submitted justification		Gave formula samples				
Medi-Cal managed care: to health plan		П		rred to Medi-Cal		
Other:				rred to WIC		
Regular Medi-Cal (fee-for-service) Submitted justification to pharmacist			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 .			s.ca.gov; click Health



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.

			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.						
	r:		Category	WIC Foods	Do Not Give	Restriction/ Comment			
FORMULA (MEDICAL FORM)		П	Infants	Baby cereal					
FORMULA / MEDICAL FOOD:		Ħ	(6 12 mo)	Baby fruit/ vegetable					
DURATION: months AMOUNT:	oz / day	П	Children	Cow's milk					
This was a station in		П	(1-5 yr)	Cheese					
This prescription is: New Refill		Ш		Eggs		<u> </u>			
NOTE: The patient will receive 13 quarts of cow's milk in a	addition to therapeutic	П		Peanut butter					
formula unless Do Not Give is checked for cow's milk (see	WIC Food Restrictions).	П		Whole grains *					
COMMENTS:				Cereal					
,		П		Beans					
		П		Vegetables/fruits					
		П		Juice					
		Ī.	* whole who	eat bread, corn/wheat tort	illa, brown r	ice, barley, bulgur, or oatmeal			
HEALTH COVERAGE: Refer the patient to the he provides these products when they are NOT a cover	ealth plan or Medi-Cal i ered benefit by the patier	fo nt'	r a medic s health pl	ally necessary form lan or by Medi-Cal.	nula or n	nedical food. WIC only			
Provide patient's health insurance information: Check action taken:			If the patient requires a therapeutic formula and does NOT have health insurance, check ALL boxes below that apply:						
Private insurance:		Ľ		rance, encon nee	, 00 DOIO11	that apply.			
Medi-Cal managed care:Submitted justification to health plan				formula samples					
Other:		Referred to Medi-Cal Referred to WIC							
Regular Medi-Cal (fee-for-service)	Submitted justification to pharmacist	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.				ks.ca.gov; click Health			



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: Prematurity GERD or reflux Food a	allergy:	a	ddition to t		. Please cl	nt will receive WIC foods in heck all foods listed below		
		r:	١	Category	WIC Foods	Do Not Give	Restriction/ Comment		
		П	Infants	Baby cereal					
	FORMULA / MEDICAL FOOD:		Н	(6-12 mo)	Baby fruit/ vegetable				
ļ	DURATION: months AMOUNT:	oz / day		Children (1-5 yr)	Cow's milk				
1	_				Cheese				
	This prescription is: New Refill				Eggs				
	NOTE: The patient will receive 13 quarts of cow's milk in ac	ddition to therapeutic	П		Peanut butter				
	formula unless Do Not Give is checked for cow's milk (see	WIC Food Restrictions).	Н		Whole grains *				
ı	COMMENTS:				Cereal				
			П		Beans	<u></u>			
			П		Vegetables/fruits				
			Ц		Juice				
			L	* whole whe	eat bread, corn/wheat tor	illa, brown r	ice, barley, bulgur, or oatmeal		
	HEALTH COVERAGE: Refer the patient to the he provides these products when they are NOT a cover	ealth plan or Medi-Cal i	nt's	r a medic s bealth pl	ally necessary for an or by Medi-Cal.	mula or r	nedical food. WIC only		
	Provide patient's health insurance information: Check action taken:			If the patient requires a therapeutic formula and does NOT have heath insurance, check ALL boxes below that apply:					
	Private insurance: Submitted justification to health plan Other:		l۲	Gave formula samples					
			U						
			Referred to Medi-Cal Referred to WIC						
	Regular McS Cal (fee-for-service) Submitted justification to pharmacist			Health p	S: Call 1-888-942-96 rofessionals: Go to wonals; then click WIC	ks.ca.gov; click Health			





Step #10: WIC's medically fragile participants are issued a customized WIC food package. Foods **NOT APPRORIATE 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.

DIAGNOSIS: Prematurity GERD or reflux Foo	d allergy:	addition to t		. Please ch	nt will receive WIS foods in eck all foods listed below		
	ner:	Category	WIC Foods	Do Not Give	Restriction/ Comment		
	/	Infants	Baby cereal		1		
FORMULA / MEDICAL FOOD:		(6-12 mo)	Baby fruit/ vegetable				
DURATION: months AMOUNT:	oz / day	Children	Cow's milk				
	(1-5 yr)	Cheese					
This prescription is: New Refill			Eggs				
NOTE: The patient will receive 13 quarts of cow's milk in	addition to therapeutic		Peanut butter				
formula unless Do Not Give is checked for cow's milk (see	ee WIC Food Restrictions).		Whole grains *				
COMMENTS:			Cereal				
			Beans				
,			Vegetables/fruits				
			Juice				
		* whole who	eat bread, corn/wheat tort	illa, brown ri	co, barley, bulgur, or oatmeal		
HEALTH COVERAGE: Refer the patient to the provides these products when they are NOT a coverage.	health plan or Medi-Cal t vered benefit by the patien	for a medic nt's health pi	ally necessary for an or by Medi-Cal.	mula or m	nedical food. WIC only		
Provide patient's health insurance information:	Check action taken:				a and does NOT have		
Private insurance:		health insurance, check ALL boxes below that apply:					
Medi-Cal managed care: Submitted justification to health plan			Gave formula samples				
Other:		Referred to Medi-Cal Referred to WIC					
Regular Medi-Cal (fee-for-service)	Submitted justification to pharmacist	QUESTIONS: Call 1-888-942-9675 or 1-800-852-5770. Health professionals: Go to www.wicworks.ca.gov; click He Professionals; then click WIC contacts for MDs.					



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.

DIAGNOSIS: Prematurity GERD or reflux Foo	od allergy:	addition to the		. Please ch	nt will receive WIC foods in neck all foods listed below		
	ner:	Category	WIC Foods	Do Not Give	Restriction/ Comment		
_		Infants	Baby cereal				
FORMULA / MEDICAL FOOD:		(6-12 mo)	Baby fruit/ vegetable				
DURATION: months AMOUNT:	oz / day	Childre	Cow's milk				
		(1-5 yr)	Cheese				
This prescription is: New Refill		[] [Eggs				
NOTE: The patient will receive 13 quarts of cow's milk ir	addition to therapeutic		Peanut butter				
formula unless Do Not Give is checked for cow's milk (se	ee WIC Food Restrictions).		Whole grains *				
COMMENTS:			Cereal				
			Beans				
,]]	Vegetables/fruits				
			Juice				
		* whole wheat bread, corn/wheat tortilla, brown rice, barley, bulgur, or oatmeal					
HEALTH COVERAGE: Refer the patient to the provides these products when they are NOT a con-	health plan or Medi-Cal by vered benefit by the patier Check action taken:	If the patien	an or by Medi-Cal. nt requires a therape	utic formu	la and does NOT have		
Private insurance:		health insurance, check ALL boxes below that apply:					
Medi-Cal managed care: Submitted justification to health plan			Gave formula samples Referred to Medi-Cal				
Other:		1	Referred to WIC				
Regular Medi-Cal (fee-for-service)	Submitted justification to pharmacist	QUESTIONS: Call 1-888-942-9675 or 1-800-852-5770. Health professionals: Go to <u>www.wicworks.ca.gov</u> ; click <u>Heal Professionals</u> ; then click <u>WIC contacts for MDs</u> .					





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: GERD or reflux Food all	WIC FOOD RESTRICTIONS: The patient will receive WIC foods in addition to the formula prescribed. Please check all needs listed below that are NOT appropriate for the diagnosis.						
		Category	WIC Foods	Do Not Give	Restriction/ Comment		
		Infants	Baby cereal				
FORMULA / MEDICAL FOOD:		(6-12 mo)	Baby fruit/ vegetable				
DURATION: months AMOUNT:	oz / day	Children	Cow's milk				
		(1-5 yr)	Cheese				
This prescription is: New Refill			Eggs				
NOTE: The patient will receive 13 quarts of cow's milk in add	dition to therapeutic		Peanut butter				
formula unless Do Not Give is checked for cow's milk (see V	VIC Food Restrictions).		Whole grains *				
COMMENTS:			Cereal				
			Beans				
			Vegetables/fruits				
			Juice				
		* whole who	et bread, corn/wheat tort	illa, brown ri	ice, barley, bulgur, or oatmeal		
HEALTH COVERAGE: Refer the patient to the heat provides these products when they are NOT a covere	olth plan or Medi-Cal to ed benefit by the patien	for a medicat's health pl	ally necessary form an or by Medi-Cal.	nula or n	nedical food. WIC only		
Provide patient's health insurance information: Ch	neck action taken:		nt requires a therape rance, check ALL bo		la and does NOT have that apply:		
Private insurance:	Submitted justification		,				
Medi-Cal managed care:			formula samples rred to Medi-Cal				
Other:		Refe					
Regular Medi-Cal (fee-for-service)	Submitted justification to pharmacist	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 .					





Step #13: Before providing WIC benefits, WIC requires a health care professional's signature <u>and</u> 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-ROFESSIONAL NAME		MEDICAL OFFICE / CLINIC NAME AND LOCATION OR OFFICE STAMP
HEALTH PROFESSIONAL SIGNATURE		
PHONE NUMBER	TODAY'S DATE	

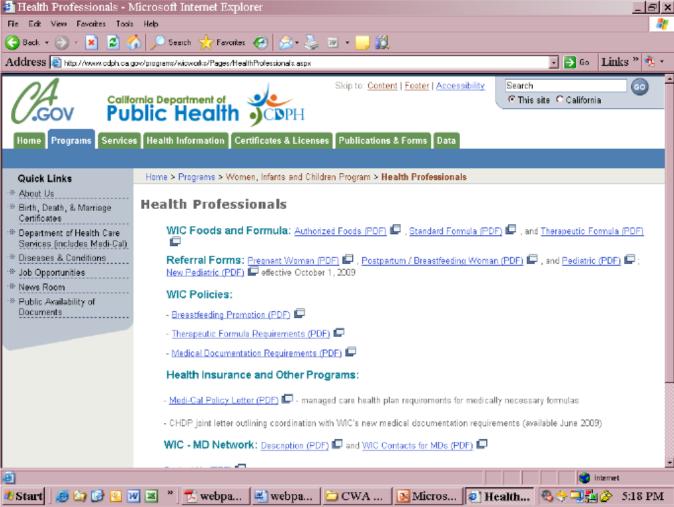


Sample of Section II Completed

Prematurity GERD or reflux Food allergy: Wilk post		WIC FOOD RESTRICTIONS: The patient will receive WIC foo addition to the formula prescribed. Please check all foods listed be that are NOT appropriate for the diagnosis.					
Failure to thrive Dysphagia Other:	_	Category	WIC Foods	Do Not Give	Restriction	/ Comment	
FORMULA/MEDICAL FOOD: Neocate Jr.		Infants (6-12 mo)	Baby cereal				
	— I		Baby fruit/ vegetable				
URATION: 12 months AMOUNT: 14-24 oz / day		Children	Cow's milk	×			
		(1-5 yr)	Cheese	×			
This prescription is: New Refill			Eggs	×			
OTE: The patient will receive 13 quarts of cow's milk in addition to therapeutic	- 1		Peanut butter				
formula unless Do Not Give is checked for cow's milk (see WIC Food Restrictions).			Whole grains *				
OMMENTS:			Cereal				
			Beans	*	NO 804	beans!	
			Vegetables/fruits				
			Juice				
		* whole wheat bread, corn/wheat tortilla, brown rice, barley, bulgur, or oatme					
HEALTH COVERAGE: Refer the patient to the health plan or Medi provides these products when they are NOT a covered benefit by the		's health pl	lan or by Medi-Cal.				
Provide patient's health insurance information: Check action taken:			nt requires a therape			NOT have	
Private insurance:	_	health insurance, check ALL boxes below that apply: Gave formula samples					
Medi-Cal managed care: California Care Submitted justificat to health plan	on						
Other:		Referred to Medi-Cal					
Outer,		Refe	rred to WIC				
	- 1	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.					



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





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