

SOUTH CAROLINA WIC PROGRAM MEDICAL DOCUMENTATION FOR WIC SPECIAL FORMULA AND FOODS

• Health Departments may order approved Special Formulas (not contract formulas) and could take up to 7+ days for							
delivery. Approved formula list found at <u>www.scdhec.gov/wic</u>							
Prescription is subject to WIG	C approval based on program	m policy and procedure.					
Participant's Name:	articipant's Name: Date of Birth:						
1. Medical Condition(s)							
Medical Diagnosis- Select all that apply, write specifics when indicated in the blank space provided:							
Failure to Thrive(R62) GERD(K21) Malabsorption (specify)(K90)							
Cystic Fibrosis(E84) Cow's Milk Protein Allergy(Z9.011) Metabolic Disorder (specify)(E88)							
Down Syndrome(Q90) Prematurity/Low Birth Weight(P07.1) Heart/circulatory (specify)(I99)							
Developmental Delay(R62.5) Food allergy (specify)(Z91.01) Other (specify)							
Cerebral Palsy(G80)	Feeding Tube (specify	/)(Z93.1)					
Not acceptable WIC Medical diagnosis: Spitting up, milk/formula intolerance, picky eater, constipation, fussiness or gas							
For Enfamil AR consideration, must be one of the following co		nust be documented. One diagnosis must be GERD and the other					
- History of GERD surgery (ex.	Fundoplication)	- Failure to thrive, weight loss, or inadequate weight gain					
- Other related medical condition	on (specify above)	- Frequent pneumonia					
	2. Anthropometr	ic Data (Within 30 days)					
Weight lb oz. Leng	gth/Height Inches BN	/ll (kg/m2) *Required for weight-related medical diagnoses					
	d Circumference Inches	Hgb/Hct Date of Measurement					
		Formula					
Formula Name:		ount: oz./day Cans or packets/ day					
		Max. issuance					
Length of Use:1 mo	2 mos3 mos.	Form: Powder					
	5 mos6 mos.	Concentrate					
	t's 1st birthday, not to exceed	6 months Ready to feed					
Special Instructions:							
	4. Supp	lemental Foods					
- Foods will be issued at the maxi	imum allowable amounts at 6	months of age unless otherwise indicated					
Option 1: Supplemental	foods are contraindicated at th	nis time. Provide formula only.					
Option 2: Healthcare Pro	ovider to select inappropriate f	oods below.					
Option 3: Refer to a WIC	Registered Dietitian for food	selections					
Infants	No Infant Cereal	No Baby Food Fruits and Vegetables					
	No Milk	No Cheese No Breakfast Cereal No Beans					
	No Peanut butter No Eggs No Fish No Juice						
Children & Women	No Fruit/Vegetables No whole wheat bread or whole grain substitute						
	Provide infant foods and cereal						
	Other (specify):						
5. Provider Information (Complete All Boxes)							
		WIC USE ONLY					
Signature of Provider Date							
Descrideria Manas (Drint)		[
Provider's Name (Print)		Participant ID #					
Office Name							
Address		Name					
City	State Zip Code	DOB					
Phone Number	Fax Number						
		n equal opportunity provider.					

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

South Carolina WIC Program Medical Documentation for WIC Approved Special Formula and WIC Approved Foodsfor Women, Infants & Children (Instructions for Completing DHEC 2074)

PURPOSE: EXPLANATION AND DEFINITION:	To use when issuing a prescription for WIC approved special formula and foods. This form is completed by the healthcare professional licensed to write medical prescriptions under SC	
	state law for WIC participants with special dietary needs.	
ITEM-BY-ITEM INSTRUCTIONS:		
Participant's Name:	Enter name of the participant.	
Date-of-Birth:	Enter participant's birth date.	
Medical Condition(s):	Place check ($$) beside one or more of the medical condition(s) or check ($$) "other" and write the medical diagnosis. When "specify" is indicated, write comments in the space provided.	
	Note: Symptoms such as spitting up, milk/formula intolerance, picky eater, constipation, cramps,	
	fussiness, or gas are not considered acceptable medical conditions and will not be approved by WIC or issuance of a special formula. WIC will not provide formula to enhance nutrient intake or	
	manage body weight without an underlying medical condition.	
Enfamil AR:	Two (2) medical conditions must be documented and supported with anthropometric data for added	
	rice starch infant formulas to be issued. One condition must be GERD and the second condition	
	must be a medically related condition.	
Current Data:	Enter weight, length/height, head circumference, hgb/hct. BMI(body mass index), and Weight/length	
	percentage from growth grid. Enter date taken.	
Formula:	Enter prescribed WIC formula.	
Amount:	Enter amount ounces per day or cans or packets/day or check ($ m v$) "maximum issuance"	
Length-of-use:	Place a check ($$) beside the time period. Prescription not to exceed 6 months. Exception: Metabolic	
	formula prescription not to exceed 1 year.	
Form:	Place a check ($$) beside form type.	
Special Instructions:	Enter any special instructions or comments.	
Supplemental foods:		
	Option 1: Formula Only Option 2: Healthcare Provider Option 3: WIC RD selects	
Infants:	Select options for modified food package.	
Children:	Select options for modified food package.	
Healthcare Provider:	Enter signature and credentials.	
Date:	Enter date prescription written.	
Provider's Name:	Enter printed name of healthcare provider. May stamp contact information.	
Office Information:	Enter office name, address, city, zip code, telephone number, and fax number.	
Retention Schedule:	17932; retain for 3 months after scanning into SCWIC and submit for destruction	
Participant ID number:	Participant ID number	

Children	Pregnant or Partially Breastfeeding Women	Fully Breastfeeding	Non-Breastfeeding/Postpartum Women
Up to 910 fl. oz. reconstituted formula	Up to 910 fl. oz. reconstituted formula	Up to 910 fl. oz. reconstituted formula	Up to 910 fl. oz. reconstituted formula
16 quarts milk 1 lb. cheese may be substituted for 3 qts. 1 quart yogurt may be substituted for 1 quart of milk. 1 pound of tofu may be substituted for 1 quart of milk	22 quarts milk 1 lb. cheese may be substituted for 3 qts. 1 quart yogurt may be substituted for 1 quart of milk 1 pound of tofu may be substituted for 1 quart of milk	24 quarts milk 1 lb. of cheese 1 quart yogurt may be substituted for 1 quart of milk. 1 pound of tofu may be sub- stituted for 1 quart of milk	16 quarts milk 1 lb. cheese may be substituted for 3 qts. 1 quart yogurt may be substituted for 1 quart of milk. 1 pound of tofu may be substituted for 1 quart of milk
1 dozen eggs	1 dozen eggs	2 dozen eggs	1 dozen eggs
36 oz. cereal	36 oz. cereal	36 oz. cereal	36 oz. cereal
2 lb. whole wheat bread or substitute	1 lb. whole wheat bread or substitute	1 lb. whole wheat bread or substitute	N/A
18 oz. peanut butter (> 2 years only) OR 1 lb. dried peas/beans	18 oz. peanut butter AND 1 lb. dried peas/ beans	18 oz. peanut butter AND 1 lb. dried peas/beans	18 oz. peanut butter OR 1 lb. dried peas/ beans
128 ounces juice	144 ounces juice	144 ounces juice	96 ounces juice
\$9.00 Cash Value Voucher for fruit and vegetables	\$11.00 Cash Value Voucher for fruit and vegetables	\$11.00 Cash Value Voucher for fruit and vegetables	\$11.00 Cash Value Voucher for fruit and vegetables
N/A	N/A	30 ounces canned fish	N/A
Infants	Infants 0-3 months*	Infants 4-5 months*	Infants 6-11 months*
Formula Concentrate - reconstituted	806 fluid ounces	884 fluid ounces	624 fluid ounces
Foods Full Formula or Partial Breastfeeding	N/A	N/A	 32- 4 oz. containers infant fruits & vegetables 24 oz. infant cereals 9-11 months old- Optional FRESH ONLY \$4 Cash Value Voucher with 16- 4 oz. infant fruits & vegetable
Foods Fully Breastfeeding	N/A	N/A	64- 4 oz. containers infant fruits & vegetables 24 oz. infant cereals 31- 2.5 oz. infant meat 9-11 months old- Optional FRESH ONLY \$8 Cash Value Voucher with 32- 4 oz. infant fruits & vegetable

*Formula quantities provided are less if the infant is breastfeeding

This form should be scanned in SCWIC under Communication for the participant.