

Exception Request for Formula/Food

Women, Infants and Children (WIC)

Complete all sections below to request a formula/food exception for an infant, woman or child. Please note: Provision of special formula is not mandated by Federal WIC regulations and is based on available funding. WIC contract formula is encouraged to promote normal nutrition and development and may be introduced.

A. Participant Information			
Patient's name:		Date of birth:	
B. Medical Information			
Qualifying medical condition(s) including ICD-9 code(s) that justifies the requested formula/food			
Medical condition(s):		ICD-9 code(s):	
Current Infant or Child Data	Weight:	Length/height:	Date taken: (within 30 days of request)
Exception requested for: <input type="checkbox"/> 1 mo. <input type="checkbox"/> 2 mo. <input type="checkbox"/> 3 mo. <input type="checkbox"/> 6 mo.*			
*(Only for children/women if formula is sole source of nutrition.)			
C. Formula and WIC Supplemental Foods			
Name of formula requested:			
Formula amount: <input type="checkbox"/> _____ per day OR <input type="checkbox"/> maximum allowable by federal guidelines			
Comments:			
Additional Supplemental Foods to Include:			
Please select foods allowed based on medical condition of this individual.			
<input type="checkbox"/> No supplemental foods: Offering foods is contraindicated at this time; Omit all supplemental foods and provide only formula.			
Infants (6 through 11 months)	<input type="checkbox"/> Infant cereal <input type="checkbox"/> Infant fruits/vegetables		
Children (12 mo. to 5 years)	<input type="checkbox"/> Milk <input type="checkbox"/> Cheese <input type="checkbox"/> Juice <input type="checkbox"/> Eggs <input type="checkbox"/> Breakfast cereal <input type="checkbox"/> Infant cereal	<input type="checkbox"/> Beans or peanut butter <input type="checkbox"/> Whole wheat bread or other whole grains	<input type="checkbox"/> Fruits and vegetables <input type="checkbox"/> Canned fish (fully breastfeeding women only)
and Women			
Comments:			
D. Health Care Provider Information			
Signature of health care provider:			
<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PA <input type="checkbox"/> ARNP <input type="checkbox"/> CNS <input type="checkbox"/> CNM			
Provider's name (please print):			
Date form completed:			
Phone number:		Fax number:	

This institution is an equal opportunity provider.

Information

Exception Request for Formula/Food

Oklahoma WIC Service is required to contract with a formula company to provide formula. WIC Service currently has a contract with Nestlé USA through September 30, 2013. Infants requiring a standard milk-based or soy-based formula are required to be issued a contract formula. Special formulas for specific medical conditions may be requested by completion of the *Exception Request for Formula/Food* form. A complete list of formulas currently available can be found at www.ok.gov/health under *Child and Family Health, WIC, WIC Formula Information*. Additional formulas may become available. Please contact the WIC Service office at 1-888-655-2942.

All areas of this form must be completed by a medical doctor (MD), doctor of osteopathic medicine (DO), physician's assistant (PA), advanced registered nurse practitioner (ARNP), clinical nurse specialist (CNS), or certified nurse midwife (CNM).

- **A qualifying diagnosed medical condition with its corresponding ICD-9 code must be provided on the request.**

The qualifying conditions include but are not limited to premature birth, low birth weight, inborn errors of metabolism and metabolic disorders, gastrointestinal disorders, malabsorption syndromes, immune system disorders, severe food allergies that require an elemental formula, and life threatening disorders, diseases and medical conditions that impair ingestion, digestion, absorption, or the utilization of nutrients that could adversely affect the participant's nutrition status. Formulas may not be issued solely for the purpose of enhancing nutrient intake or managing body weight. Formulas are not authorized for a non-specific formula or food intolerance.

- **A weight and length/height must be provided for all infant and children exception requests.**

These measurements must be current measurements. This means the measurements were taken no greater than 30 days prior to the completion of the request.

Infants 6 months and older and women/children may be eligible for WIC supplemental foods in addition to formula. Please indicate any WIC foods that may be provided to the individual based on the medical need.

Requests may be approved for 1 to 3 months for infants, children, and women. Six months may be requested if the formula is for a woman or child and that formula is the primary source of nutrition for that individual.