



**STATE OF HAWAII**  
DEPARTMENT OF HEALTH  
WIC SERVICES BRANCH  
235 S. BERETANIA STREET, SUITE 701  
HONOLULU, HAWAII 96813

In reply, please refer to:  
File:

September 1, 2009

Dear Health Care Provider:

**Re: CHANGE IN WIC MEDICAL DOCUMENTATION FOR SPECIAL FORMULA,  
MEDICAL FOODS & SUPPLEMENTAL FOODS**

Effective October 1, 2009 the Hawaii WIC Program requires submission of a new medical documentation form for participants with qualifying medical conditions who require WIC-approved special formula, medical foods and/or supplemental foods. All existing approved prescriptions will expire September 30, 2009. Old forms are no longer acceptable for food issuance on or after October 1, 2009. New Form FD 941C (copy enclosed) can be downloaded at [http://hawaii.gov/health/family-child-health/wic/Food Packages/Food Packages/Hawaii\\_WIC\\_Medical\\_Documentation\\_Form](http://hawaii.gov/health/family-child-health/wic/Food Packages/Food Packages/Hawaii_WIC_Medical_Documentation_Form).

Depending on their age, participants may receive foods such as infant cereal, baby food fruits and vegetables, milk, cheese, eggs, peanut butter, etc. in addition to WIC-approved special formula and/or medical foods after October 1, 2009 due to new federal regulations. WIC must provide lower fat milk for anyone  $\geq 2$  years of age and will offer soy products. The new form will also document the need for:

- Whole milk for women and children  $\geq 2$  years of age if they receive special formula/WIC-approved medical foods and require additional calories;
- Tofu and/or soy beverage for children 1-4 years of age as a milk substitute with a qualifying condition;
- Cheese in excess for maximum allowances for children 1-4 years of age;
- Tofu and cheese in excess of maximum allowances for women

A registered dietitian or nutritionist at the local WIC agency will contact you to work on documentation for your current patients on WIC. If you have any general questions about the transition to the new documentation form, please contact Iris Takahashi, Clinic Operations Section Chief at 586-8060. We appreciate your efforts to ensure your patients receive the correct special formulas, medical foods and/or supplemental foods to support their growth and health.

Linda Chock, M.P.H., R.D.  
Chief, WIC Services Branch

Louise Iwaishi, M.D.  
Medical Director  
Family Health Services Division

Enclosure



## Hawaii Department of Health Women, Infants and Children (WIC) Medical Documentation

This form replaces prescriptions from health care providers. Completion of this form is federally required to ensure that the patient under your care has a medical condition/diagnosis that requires the use of special formula, WIC-approved medical food, and/or changes to their supplemental food package.

Please fax the completed form to the WIC clinic or have your patient return the document to the WIC clinic.

WIC Clinic:	
Phone #:	Fax #:
Contact Name:	

### I. Patient information *(Complete all)*

Patient's name (Last, First, MI):	DOB:
Parent/Caregiver's name (Last, First, MI):	WIC ID:
Medical diagnosis/qualifying condition: <small>(Justifies the medical need-Include ICD-9 code if available)</small>	
Medical documentation valid for: _____ (not to exceed 6 months)	

### II. Special formula/WIC-approved Medical food/Soy products and WIC supplemental foods *(Complete all that apply)*

**A. Name of special formula/WIC-approved medical food *(For issuance of soy products see Section C)*:**

\_\_\_\_\_

Prescribed amount: \_\_\_\_\_ per day (maximum amounts are listed on back)

**B. Contraindications to WIC Supplemental foods** (supplemental foods will be issued to patients over six months of age, unless contraindicated. (refer to page 2 of this form to see complete list of foods to be issued) After reviewing the food packages, check the issuance appropriate for your patient:

No contraindications. Patient may receive complete food package.

All foods listed are contraindicated. Supplemental foods should not be consumed by this patient.

There are some contraindications. Patient may receive supplemental foods except for those indicated below.

M O D I F I E D	WIC Participant Category	WIC Supplemental Foods To Omit/Modify		Special Instructions/Additional Modifications	
	Infants (6-12 months)	<input type="checkbox"/> Infant cereal	<input type="checkbox"/> Infant fruits/vegetables		
	Children (1-4 years) and Women	<input type="checkbox"/> Milk	<input type="checkbox"/> Cheese		
<input type="checkbox"/> Eggs		<input type="checkbox"/> Peanut butter			

**C. Supplemental foods requiring medical documentation**

**Issue whole milk:** WIC provides low fat milk for children  $\geq 2$  years, and women.  
Only patients receiving special formula/WIC-approved medical foods who require additional calories qualify to receive whole milk.

**Issue WIC-approved tofu/soy beverage/cheese (for children 1 – 4 years)** as a milk substitute with a specific qualifying condition. (Allowable qualifying conditions: milk allergy, severe lactose intolerance, cultural preference, religious practices, or vegan diet. Personal preference is not a qualifying condition.)

**Issue WIC-approved tofu/cheese (for women in excess of maximum allowance)** as a milk substitute with a specific qualifying condition. (Allowable qualifying conditions: milk allergy, severe lactose intolerance, cultural preference, religious practices, or vegan diet. Personal preference is not a qualifying condition.)

### III. Health care provider information *(Complete all)*

Signature of health care provider:					
Provider's name (please print):		<input type="checkbox"/> MD	<input type="checkbox"/> DO	<input type="checkbox"/> NP	<input type="checkbox"/> PA
Medical office/clinic:					
Phone #:		Fax #:		Date:	
WIC USE ONLY	Approved by:			Date:	

## Maximum Quantities of Special Formula/WIC-approved Medical Food and Supplemental Foods For Hawaii WIC Participants

WIC participants with qualifying medical conditions are eligible to receive special formula/WIC-approved medical food **AND** the foods listed below. Foods which are contraindicated for your patient and noted in section II on the front of this form will be removed/modified from their supplemental food package.

For more information on Hawaii WIC medical documentation and qualifying conditions go to:  
<http://hawaii.gov/health/family-child-health/wic/>

<b>Infants birth through 12 months</b>				
<b>Medical Formula:</b>	<b>Infants 0-3 months</b>	<b>Infants 4-5 months</b>	<b>Infants 6-12 months</b>	<b>Infants 6-12 months when solids are contraindicated</b>
<b>Powder</b> (reconstituted)	Up to 870 fl. oz.	Up to 960 fl. oz.	Up to 696 fl. oz.	Up to 960 fl. oz.
<b>Concentrate</b> (reconstituted)	Up to 806 fl. oz.	Up to 884 fl. oz.	Up to 624 fl. oz.	Up to 884 fl. oz.
<b>Ready-to-feed</b>	Up to 832 fl. oz.	Up to 896 fl. oz.	Up to 640 fl. oz.	Up to 896 fl. oz.
<b>Infant Foods</b>				
Infant cereal	none	none	24 oz. Infant cereal	None. Solids are contraindicated based on medical condition.
Baby food fruits and vegetables	none	none	32 – 4 oz. jars Baby food fruits and vegetables	None. Solids are contraindicated based on medical condition.

<b>Children 1-4 years*</b>
Up to 910 oz. formula
13 qt. milk
1 lb. cheese
1 doz. eggs
128 oz. juice
36 oz. breakfast cereal
\$6 fruits and vegetables
18 oz. peanut butter <b>OR</b> 16 oz. dried beans
2 lb. whole wheat bread, corn tortillas or brown rice

<b>Fully Breastfeeding Women*</b>	<b>Women who are Pregnant or mostly breastfeeding**</b>	<b>Non-Breastfeeding Women*</b>
Up to 910 oz. formula	Up to 910 oz. formula	Up to 910 oz. formula
21 qt. milk	19 qt. milk	13 qt. milk
2 lb. cheese	1 lb. cheese	1 lb. cheese
2 doz. eggs	1 doz. eggs	1 doz. eggs
144 oz. juice	144 oz. juice	96 oz. juice
36 oz. breakfast cereal	36 oz. breakfast cereal	36 oz. breakfast cereal
\$10 fruits and vegetables	\$8 fruits and vegetables	\$8 fruits and vegetables
18 oz. peanut butter <b>AND</b> 1 lb. dried beans	18 oz. peanut butter <b>AND</b> 1 lb. dried beans	18 oz. peanut butter <b>OR</b> 1 lb. dried beans
1 lb. whole wheat bread, corn tortillas or brown rice	1 lb. whole wheat bread, corn tortillas or brown rice	none
30 oz. canned fish	none	none

**Any milk substitutions in excess of these maximum allowances require medical documentation:**

\* More than 1 pound of cheese or any soy beverage/tofu as a milk substitute.

\*\* More than 4 quarts of milk for women who are pregnant, partially breastfeeding, and non-breastfeeding, and more than 6 quarts of milk for women who are fully breastfeeding.

(Note: Cheese or calcium-set tofu may be substituted for milk at the rate of 1 pound of cheese per 3 quarts of milk or 1 pound of tofu per 1 quart of milk.)

The following standard infant formulas do not require medical authorization in Hawaii:

- Similac Advance
- Similac Isomil
- Similac Sensitive

Hawaii WIC cannot provide the following formulas, even with medical documentation:

- Any low iron formula.
- Mead Johnson standard infant formulas: Enfamil LIPIL, Prosobee LIPIL, Gentlease LIPIL, Lactofree LIPIL, Enfamil Premium, Enfamil AR LIPIL.
- Nestle standard infant formulas: Good Start formulas.