Dear Health Care Professional:

Mother's milk is the preferred food for infants. If infant formula becomes necessary, only certain formulas are available through the WIC Program. The Kansas WIC Program provides Similac Advance or Similac Soy Isomil formula for healthy infants from birth through twelve months of age whose mothers choose not to breastfeed or who partially breastfeed. A contract for these formulas provides a special price that will help the WIC Program serve more women, infants and children in Kansas. Similac Sensitive for Fussiness and Gas, Similac for Spit Up, and Similac Total Comfort may also be provided with a ***documented medical diagnosis***. Infants will not be issued any other brands of standard milk-based, including lactose free and rice starch added milk-based, or soy-based infant formulas.

The WIC Program will provide other formulas or WIC-eligible nutritionals to WIC clients if there is a ***documented medical diagnosis*** for which the formula is intended. The WIC Program will not issue any formulas or WIC-eligible nutritionals simply to enhance nutrient intake or manage body weight without an underlying medical condition.

If an infant, child, or a pregnant, breastfeeding or postpartum woman in your care requires, Similac Sensitive for Fussiness and Gas, Similac for Spit Up, Similac Total Comfort, or a special formula, complete and sign the form on the reverse side of this letter. The request for a special formula must be renewed each WIC certification period. Infants are usually certified until their first birthday. Certification periods for children are generally 12 months. A new form is required anytime the special formula is changed.

Please visit the Kansas WIC website to see a list of the products WIC can provide at:
http://www.kansaswic.org/download/Formula_Manufacturers_Products_rev.pdf

Thank you for your cooperation and interest in good nutrition. Please call your local WIC clinic, if you would like further information on requesting special formulas.

KANSAS WIC SPECIAL ISSUANCE AUTHORIZATION
For Infants and Children

Client Name	Date of Birth	Parent/Guardian Name

Formula / WIC-eligible nutritional: (Brand name of requested product) _____

⇨ **Length of Time Required:** ☐ until 1 year old ☐ until next WIC certification (generally 12 months) ☐ other _____

⇨ **Daily Amount Required:** _____ (WIC is supplemental and may not be able to issue all requested.)

Diagnosis for Formula / WIC-eligible nutritional requested above - The diagnosis must support the issuance of the product requested.

☐ Severe symptoms of intolerance
  ☐ chronic diarrhea   ☐ persistent vomiting
  ☐ persistent dermatological condition
  ☐ persistent respiratory conditions
  ☐ other _____

☐ Food Intolerance / Allergy, including family history of severe allergies.
  ☐ lactose intolerance   ☐ milk   ☐ soy   ☐ corn
  ☐ other _____

☐ Complications of prematurity

☐ Metabolic disorders. Specify_____

☐ GI disorder or Malabsorption syndromes.
  Specify_____

☐ FTT, specify underlying diagnosis _____

☐ Other diagnosis _____

Please note: The Kansas WIC Program will not authorize issuance for:
- Enhancing nutrient intake or managing body weight without an underlying medical condition.
- Baby doing well on (formula name) or preference for a specific formula.

Infants - (6-12 months old)	**Children** - (12 months and older)
All age appropriate infant foods will be issued with the prescribed formula **unless otherwise indicated below.**	All appropriate WIC foods, except milk, will be issued with the prescribed formula **unless otherwise indicated below**.

Infants:

☐ No foods. Provide formula ONLY after 6 months old due to inability or delay in consuming solids **and** ☐ Allow maximum amount of formula (includes standard formulas).

☐ Provide only the specific foods checked below in addition to the formula.

☐ Infant Cereal (available after 6 months old)

☐ Baby Food Fruits / Vegetables (available after 6 months old)

☐ Fresh Fruits / Vegetables (available after 9 months old.)

Children:

☐ No foods. Provide formula ONLY.

☐ Provide milk/soymilk in addition to formula and WIC foods.

☐ Provide infant cereal in place of adult cereal.

☐ Provide baby food fruits/vegetables in place of fresh fruits and/or vegetables.

☐ Provide only the specific foods checked below in addition to the formula.

☐ Milk/Cheese/Yogurt	☐ Beans	☐ Whole Grains
☐ Breakfast Cereal	☐ Juice	☐ Peanut Butter
☐ Soymilk / Tofu	☐ Eggs	☐ Fruits / Vegetables

Health Care Professional's Signature		Date
Health Care Professional's Printed Name	Telephone	Fax

Local WIC Agency	WIC OFFICE USE ONLY		
	1st month of issuance	Last month of issuance	Next certification date
Telephone / Fax			
	CPA signature		Date