

Dear Health Care Professional:

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

If a pregnant, breastfeeding or postpartum woman in your care requires a WIC-eligible nutritional, complete and sign the form on the reverse side of this letter. The request for a WIC-eligible nutritional must be renewed each WIC certification period. Pregnant women are certified until delivery, breastfeeding women are certified to their infant's first birthday, and postpartum nonbreastfeeding women are certified until their infant is six months old. A new form is required anytime the WIC-eligible nutritional is changed.

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

**KANSAS WIC SPECIAL ISSUANCE AUTHORIZATION
For Women**

Client Name _____	Date of Birth _____
-------------------	---------------------

Authorization requested for:

- WIC-eligible nutritional (brand name of requested product) _____
 ⇒ **Length of Time Product Required.** _____
 ⇒ **Daily Amount Required.** _____ (WIC is supplemental and may not be able to issue all requested.)

Acceptable Diagnoses - The diagnosis must support the issuance of the product requested.

- Food Intolerance / Allergy. milk soy lactose intolerance other _____
- Metabolic disorders. Specify _____
- GI disorder or Malabsorption syndromes. Specify _____
- Other diagnosis _____

Please note: The Kansas WIC Program will not authorize issuance to enhance nutrient intake or manage body weight or prenatal weight gain without an underlying medical condition.

All appropriate WIC foods, except milk, will be issued with the prescribed WIC-eligible nutritional **unless otherwise indicated below.**

- No foods. Provide WIC-eligible nutritional ONLY.
- Provide WIC-eligible nutritional and baby food fruits and/or vegetables ONLY in place of other WIC foods.
- Provide milk/soymilk in addition to the WIC-eligible nutritional and WIC foods.
- Provide only the specific foods checked below in addition to the WIC-eligible nutritional.

<input type="checkbox"/> Milk / Cheese / Yogurt	<input type="checkbox"/> Breakfast Cereal	<input type="checkbox"/> Fruits / Vegetable	<input type="checkbox"/> Beans	<input type="checkbox"/> Eggs
<input type="checkbox"/> Soymilk / Tofu	<input type="checkbox"/> Whole Grains	<input type="checkbox"/> Juice	<input type="checkbox"/> Peanut Butter	<input type="checkbox"/> Fish

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

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