

**Mississippi State Department of Health - WIC Program  
Request for Medical Formula for Women or Children (≥ 1 yr.)**

This request must be completed with the signature of the physician or licensed medical professional with prescriptive authority under State law\*. The request should be no more than 60 days old when received by the WIC clinic. The request is subject to WIC approval and provision based on program policy and procedure.

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Date of Measurements: \_\_\_\_\_

Medical Diagnosis/Qualifying Condition (justifying need for medical formula):  
\_\_\_\_\_  
\_\_\_\_\_

Medical formula/food requested: \_\_\_\_\_

Prescribed amount of medical formula per day: \_\_\_\_\_

Is child tube fed?  Yes  No

Duration of time requested (maximum 3 month period): \_\_\_\_\_

**Oral Intake Evaluation**

**Must be completed by authorized medical professional\***

WIC supplemental foods may be provided based on medical diagnosis and oral intake evaluation. Please assist us in determining appropriate WIC foods for this participant.

Formula only

Place a (✓) by the WIC supplemental foods THAT CAN BE OFFERED TO THIS PARTICIPANT:

- Infant Cereal
- Milk
- Cheese
- Eggs
- Cereal (Adult/Child)
- Bread/Brown Rice/Tortillas
- Fruits and Vegetables (Fresh and/or Canned)
- Fruit Juice
- Beans/Peas
- Peanut Butter
- Tuna (Breastfeeding Women Only)

\_\_\_\_\_  
Printed Name of Physician/Authorized Medical Professional\*

\_\_\_\_\_  
Clinic Name

\_\_\_\_\_  
Signature of Physician/Authorized Medical Professional\*

\_\_\_\_\_  
Date

*"WIC is an equal opportunity provider and employer"*

**WIC PROGRAM REQUEST FOR MEDICAL FORMULA FOR WOMEN AND  
CHILDREN (≥ 1 YEAR)  
FORM NO. 263**

**PURPOSE:** To be used by local WIC certifiers to document the medical need for WIC medical products.

**INSTRUCTIONS:** This form should be completed by the medical provider of WIC participants requesting a medical product from the MS WIC program. This form should be submitted to the WIC clinic for approval and scanned into the participant's SPIRIT record if the medical product is issued by WIC. The instructions that follow describe the proper completion of the Request for Medical Formula for Women and Children (form 263).

**Patient's Name:** Provider must document the first and last name of the WIC participant.

**Date of Birth:** Provider must document the month, day and year of birth of the WIC participant.

**Weight:** Provider must document the most current weight of the WIC participant.

**Height:** Provider must document the most current height or length of the WIC participant.

**Date of Measurements:** Provider must document the date the weight and height measurements were collected.

**Medical Diagnosis/Qualifying Condition:** Provider must document the medical diagnosis that justifies the need for the medical product/formula.

**Medical Formula/Food Requested:** Provider must document the name of the medical product/formula that is being requested for the WIC participant.

**Prescribed Amount of Medical Formula Per Day:** Provider must document the amount (# of cans or bottles; total number of ounces or milliliters) of the medical product the WIC participant is prescribed to consume daily.

**Is Child Tube Fed:** Provider should mark "YES" or "NO" as verification of tube feeding status of WIC child.

**Duration of Time Requested:** Provider should document the number of months (1 to 3 months) the medical product is being requested through the WIC program.

**Oral Intake Evaluation box:** Provider must check the applicable boxes.

**Printed Name of Physician/Authorized Medical Professional:** Provider must print their full name to include professional designations.

**Clinic Name:** Print the name of the medical clinic completing this form.

**Signature of Physician/Authorized Medical Professional:** Provider must sign their full name to include professional designations.

**Date:** Print the month, day, and year this form is completed.

**OFFICE MECHANICS**

This form should be scanned into the WIC participant's SPIRIT record. The original, completed form can be filed at the WIC clinic if desired by the clinic staff.

**RETENTION PERIOD**

Retain for three (3) years if a hard copy is filed at the clinic. The scanned form will remain as a permanent part of the SPIRIT record for as long as the record exists.

1/3/20