

SOUTH CAROLINA WIC PROGRAM MEDICAL DOCUMENTATION FOR WIC SPECIAL FORMULA AND FOODS

delivery. Approved formula ist found at www.schec.gov/wic Prescription is subject to WC approval based on program policy and procedure. Participant's Name: Date of Birth: Medical Diagnosis- Select all that apply, write specifics when indicated in the blank space provided Failure to Trivie Crystic Fibrosis Cow's Milk Protein Allergy Metabolic Disorder (specify) Down Syndrome Prematurity/Low Birth Weight Heart/circulatory (specify) Developmental Delay Food allergy (specify) Other (specify) Cerebral Palsy Foeding Tube (specify) Other (specify) Carebral Palsy Foeding Tube (specify) - Faiture to thrive, weight loss, or inadequate weight gain - Not acceptable WIC Medical diagnosis: Spitting up, milk/formula intolerance, picky eater, constipation, fussiness or gas* For Enfamil AR consideration, two (2) medical diagnoses must be documented. One diagnosis must be GERD and the other - Not acceptable WIC Medical diagnosis: - Faiture to thrive, weight loss, or inadequate weight gain - Other related medical condition (specify above) - Faiture to thrive, weight loss, or inadequate weight gain - Other related medical condition (specify above) - Faiture to thrive, weight loss, or inadequate weight dignosis: Weight Ib oz Anthropometricio Data (Within 30 days)			not contract formulas) and could take up to 7+ days for				
Participant's Name: Date of Birth: Image: Construction of the second of the	delivery. Approved formula list found at <u>www.scdhec.gov/wic</u>						
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This institution is an equal opportunity provider.	Phone Number						
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SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

South Carolina WIC Program Medical Documentation for WIC Approved Special Formula and WIC Approved Foodsfor Women, Infants & Children (Instructions for Completing DHEC 2074)

PURPOSE: EXPLANATION AND DEFINITION:	To use when issuing a prescription for WIC approved special formula and foods. This form is completed by the healthcare professional licensed to write medical prescriptions under SC	
	state law for WIC participants with special dietary needs.	
ITEM-BY-ITEM INSTRUCTIONS:		
Participant's Name:	Enter name of the participant.	
Date-of-Birth:	Enter participant's birth date.	
Medical Condition(s):	Place check ($$) beside one or more of the medical condition(s) or check ($$) "other" and write the medical	
	diagnosis. When "specify" is indicated, write comments in the space provided.	
	Note: Symptoms such as spitting up, milk/formula intolerance, picky eater, constipation, cramps,	
	fussiness, or gas are not considered acceptable medical conditions and will not be approved by	
	WIC or issuance of a special formula. WIC will not provide formula to enhance nutrient intake or	
Enfamil AR:	manage body weight without an underlying medical condition. Two (2) medical conditions must be documented and supported with anthropometric data for added	
Ellidilli AR.	rice starch infant formulas to be issued. One condition must be GERD and the second condition	
	must be a medically related condition.	
Current Data:	Enter weight, length/height, head circumference, hgb/hct. Enter date taken.	
Formula:	Enter prescribed WIC formula.	
Amount:	Enter amount ounces per day or cans or packets/day or check ($$) "maximum issuance"	
Length-of-use:	Place a check ($$) beside the time period. Prescription not to exceed 6 months. Exception: Metabolic	
Length-or-use.	formula prescription not to exceed 1 year.	
Form:	Place a check ($$) beside form type.	
Special Instructions:	Enter any special instructions or comments.	
Supplemental foods:	Foods will be issued at 6 months, unless otherwise indicated. Check ($$) option to specify.	
eappientental leedel	Option 1: Formula Only Option 2: Healthcare Provider Option 3: WIC RD selects	
Infants:	Select options for modified food package.	
Children:	Select options for modified food package.	
Healthcare Provider:	Enter signature and credentials.	
Date:	Enter date prescription written.	
Provider's Name:	Enter printed name of healthcare provider. May stamp contact information.	
Office Information:	Enter office name, address, city, zip code, telephone number, and fax number.	
WIC RD/CPA Approval Signature:	Signature of RD/CPA	
Date:	Enter date of formula approval	
MCI:	Participants WIC number. May use participant's label.	

Children	Pregnant or Partially Breastfeeding Women	Fully Breastfeeding	Non-Breastfeeding/Postpartum Women
Up to 910 fl. oz. reconstituted formula	Up to 910 fl. oz. reconstituted formula	Up to 910 fl. oz. reconstituted formula	Up to 910 fl. oz. reconstituted formula
16 quarts milk 1 lb. cheese may be substituted for 3 qts. 1 quart yogurt may be substituted for 1 quart of milk.	22 quarts milk 1 lb. cheese may be substituted for 3 qts. 1 quart yogurt may be substituted for 1 quart of milk	24 quarts milk 1 lb. of cheese 1 quart yogurt may be substituted for 1 quart of milk.	16 quarts milk 1 lb. cheese may be substituted for 3 qts. 1 quart yogurt may be substituted for 1 quart of milk.
1 dozen eggs	1 dozen eggs	2 dozen eggs	1 dozen eggs
36 oz. cereal	36 oz. cereal	36 oz. cereal	36 oz. cereal
2 lb. whole wheat bread or substitute	1 lb. whole wheat bread or substitute	1 lb. whole wheat bread or substitute	N/A
18 oz. peanut butter (> 2 years only) OR 1 lb. dried peas/beans	18 oz. peanut butter AND 1 lb. dried peas/ beans	18 oz. peanut butter AND 1 lb. dried peas/beans	18 oz. peanut butter OR 1 lb. dried peas/beans
128 ounces juice	144 ounces juice	144 ounces juice	96 ounces juice
\$8.00 Cash Value Voucher for fruit and vegetables	\$11.00 Cash Value Voucher for fruit and vegetables	\$11.00 Cash Value Voucher for fruit and vegetables	\$11.00 Cash Value Voucher for fruit and vegetables
N/A	N/A	30 ounces canned fish	N/A
Infants	Infants 0-3 months*	Infants 4-5 months*	Infants 6-11 months*
Formula Concentrate - reconstituted	806 fluid ounces	884 fluid ounces	624 fluid ounces
Foods Full Formula or Partial Breastfeeding	N/A	N/A	 32- 4 oz. containers infant fruits & vegetables 24 oz. infant cereals 9-11 months old- Optional FRESH ONLY \$4 Cash Value Voucher with 16- 4 oz. infant fruits & vegetable
Foods Fully Breastfeeding	N/A	N/A	64- 4 oz. containers infant fruits & vegetables 24 oz. infant cereals 31- 2.5 oz. infant meat 9-11 months old- Optional FRESH ONLY \$8 Cash Value Voucher with 32- 4 oz. infant fruits & vegetable

*Formula quantities provided are less if the infant is breastfeeding

This form should be filed in the participant's WIC record, with like forms together in chronological order, most recent on top.