

# WIC SPECIAL FORMULA/FOOD REQUEST INSTRUCTIONS

Michigan Department of Health and Human Services

DCH-1326, The Special Formula/Food Request must be completed by a health care provider licensed to write prescriptions under state law, then provided to the WIC clinic as an original written document, electronically or via facsimile. Only when necessary a telephone order to a Competent Professional Authority (CPA) containing all medical documentation requirements may be used, with the expectation that the Special Formula/Food Request will be provided to the WIC clinic within two weeks.

- In Section 1, a qualifying medical condition must be selected.
- ALL other sections must be completed, as applicable.
- Indicate in Section 3 and 4 allowable milk/foods, substitutions or restricted food items.
- In Section 6, include the Medical Provider Name, Phone, Fax, Address, Signature, and Date.

## The Special Formula/Food Request must be completed for the following situations:

1. Women, infants, and children with a qualifying medical condition requiring a Special Formula\*.
2. Women and children  $\geq 12$  months on a formula with a qualifying medical condition requiring food substitutions for texture modification. Cereal, fruits and vegetables can be substituted for infant cereal, infant fruits and vegetables.
3. Children who receive a formula due to a qualifying condition who need to have soy beverage substituted for milk.
4. Women and children  $\geq 12$  months of age who receive a formula due to a qualifying medical condition and need to have whole or 2% milk substituted for low fat milk.
5. Children  $\geq 12$  months of age with a qualifying medical condition requiring a Contract Formula\*.

\* For a full list of Formulas, go to [michigan.gov/wic](http://michigan.gov/wic), Medical Providers, List of Authorized WIC Formulas.

## Qualifying medical conditions include but are not limited to:

<input type="checkbox"/> Preterm birth (< 37 weeks)	<input type="checkbox"/> Severe food allergies that require an elemental diet
<input type="checkbox"/> Low birth weight ( $\leq 5$ lbs 8 oz)	<input type="checkbox"/> Life threatening disorders, diseases and medical conditions that impair ingestion, digestion, absorption or utilization of nutrients that could adversely affect nutritional status
<input type="checkbox"/> Failure to thrive	
<input type="checkbox"/> Inborn errors of metabolism/metabolic disorders	
<input type="checkbox"/> Gastrointestinal disorders	
<input type="checkbox"/> Immune system disorders	

If you have any questions about completing the DCH-1326, Special Formula/Food Request please call your local WIC clinic.

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