

# KANSAS WIC SPECIAL ISSUANCE AUTHORIZATION For Infants and Children

*(complete both sides of form)*

Client Name	Date of Birth
Parent/Guardian Name	
Authorization requested for: <input type="checkbox"/> Formula / Medical Food (brand name of the product requested) _____ ⇒ <b>Length of Time Product Required.</b> _____ ⇒ <b>Daily Amount Required.</b> _____ (WIC is supplemental and may not be able to issue all requested.) <input type="checkbox"/> Soy Milk / Tofu issued to a child <input type="checkbox"/> More than 1 pound of cheese for a lactose intolerant child. Authorization not needed for lactose free milk. <input type="checkbox"/> 2 pounds <input type="checkbox"/> 3 pounds <input type="checkbox"/> 4 pounds <input type="checkbox"/> 5 pounds	

<b>Acceptable Diagnoses - The diagnosis must support the issuance of the product requested.</b>
<input type="checkbox"/> Severe symptoms of intolerance that resolved with the requested product. <input type="checkbox"/> chronic diarrhea <input type="checkbox"/> persistent vomiting <input type="checkbox"/> persistent dermatological condition <input type="checkbox"/> persistent respiratory conditions <input type="checkbox"/> other _____
<input type="checkbox"/> Food Intolerance / Allergy, including family history of severe allergies. <input type="checkbox"/> milk <input type="checkbox"/> soy <input type="checkbox"/> corn <input type="checkbox"/> lactose intolerance <input type="checkbox"/> other _____
<input type="checkbox"/> Metabolic disorder/ Inborn error of amino acid metabolism. Specify _____
<input type="checkbox"/> GI disorder, including malabsorption syndromes. Specify _____
<input type="checkbox"/> Complications of prematurity
<input type="checkbox"/> Other diagnosis _____
<b>Please note:</b> The Kansas WIC Program will not authorize issuance for: <ul style="list-style-type: none"> <li>Nonspecific symptoms, such as intolerance, fussiness, gas, spitting up, constipation or colic.</li> <li>To enhance nutrient intake or managing body weight without an underlying medical condition.</li> <li>Baby doing well on (<u>formula name</u>); or preference for a specific formula.</li> </ul>

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

## Supplemental Foods

Indicate the supplemental foods and prescribed amount that may be issued to this WIC client.

### Infants - (only issued after infant is 6 months old)

- Any of the following are okay up to the maximum amount allowed by WIC and as age appropriate  
 ONLY formula may be issued NO solids

**OR** restrict the products and/or amounts as indicated below.

**Please note: WIC will not be able to issue any item that is not checked.**

	Maximum Allowed per Month	Limit issuance to amount specified	Do not issue
Infant Cereal	24 ounces	<input type="checkbox"/> _____	<input type="checkbox"/>
Baby Food Fruits / Vegetables	32 4-oz jars	<input type="checkbox"/> _____	<input type="checkbox"/>

### Children - (12 months and older)

- Any of the following are okay up to the maximum amount allowed by WIC  
 ONLY formula may be issued NO solids

**OR** restrict the products and/or amounts as indicated below.

**Please note: WIC will not be able to issue any item that is not checked.**

	Maximum Allowed per Month	Issue Maximum	Limit issuance to amount specified	Do not issue
Milk	16 quarts	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
Cheese	*	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
Breakfast Cereal	36 oz	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
Whole Grains	2 pounds	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
Juice	2 64-fl oz containers	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
Fruits / Vegetable	\$6.00	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
Eggs	1 dozen	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
Peanut Butter <sup>1,2</sup>	18 ounces	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
Canned Beans <sup>2</sup>	4 14-16 oz cans	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
Dried Beans <sup>2</sup>	1 pounds	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>

\* Issuing cheese will reduce the amount of milk. No more than 1 pound of cheese may be issued, unless requested for lactose intolerance in the "Authorization requested for:" box on page 1 of this form.

<sup>1</sup> Peanut Butter is not issued to children less than 24 months of age.

<sup>2</sup> WIC may issue Peanut Butter, Canned Beans or Dried Beans, not a combination.

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