

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) _____ _____ Daily Amount Required. (WIC is supplemental and may not be able to issue all requested.) _____ Length of Time Product Required. <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	

Acceptable Diagnoses - The diagnosis must support the issuance of the product requested.
<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 _____
Please note: The Kansas WIC Program will not authorize issuance for: <ul style="list-style-type: none"> • Nonspecific symptoms, such as intolerance, fussiness, gas, spitting up, constipation or colic. • To enhance nutrient intake or managing body weight without an underlying medical condition. • Baby doing well on <u>(formula name)</u>; or preference for a specific formula.

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

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

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 ^{1,2}	18 ounces	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
Canned Beans ²	4 14-16 oz cans	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
Dried Beans ²	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.

¹ Peanut Butter is not issued to children less than 24 months of age.

² 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