

## WIC Program Prescription Infant (Birth to 12 Months of Age)

**The WIC Program promotes breastfeeding for infants in their first year of life and actively supports the American Academy of Pediatrics' Statement on Breastfeeding and the Use of Human Milk.**

A written prescription is required for an infant who uses a formula/product other than a North Carolina WIC contract standard milk- or soy-based infant formula. Changes to instructions below require a new WIC Prescription.

**Please complete all sections (A-D) for all prescriptions.**

<b>A. Participant Information</b>		
<b>Participant's name:</b>	<b>DOB:</b>	
<b>Medical condition(s) indicating need for prescribed product:</b>		
<b>B. Formula/Product</b>		
<b>Formula/product prescribed:</b>		
<b>Amount prescribed per day:</b>		
<b>Special instructions for preparation or dilution:</b>		
<b>Duration of prescription (limited to 12 months of age):</b>		
<b>C. Supplemental Foods (fruits and vegetables available beginning October 1, 2009)</b>		
Beginning at six months of age through the 11th month of age, WIC supplemental foods are available in addition to the prescribed formula. Please indicate which foods this infant should <u>not</u> receive for the duration of this prescription.		
<input type="checkbox"/> No Infant Cereal <input type="checkbox"/> No Infant Fruits or Vegetables		
<b>D. Health Care Provider Information</b>		
<b>Signature of health care provider:</b>		
<b>Provider's name (please print):</b>		
<b>Medical office/clinic (include address):</b>		
<b>Phone #:</b>	<b>Fax #:</b>	<b>Date:</b>

**Prescription is subject to WIC approval and provision based on program policy and procedures.** Contact your local WIC Program or go to [www.nutritionnc.com](http://www.nutritionnc.com) for more information.

## WIC Program Prescription

### Child (12 Months of Age and Older) or Woman

**Complete sections A and F for all prescriptions.**

- To prescribe **formula/products** needed by a child (12 months of age or older) or a woman, also complete **section B**.
- To prescribe **whole milk** for a child (24 months of age or older) or a woman, also complete **section C**.
- To prescribe **tofu** for a child (12 months of age or older) or a woman, also complete **section D**.
- To prescribe a **vegan** diet for a child (12 months of age or older) or a woman, also complete **section E**.

Changes in instructions below require a new WIC Prescription

<b>A. Participant Information</b>		
Participant's name:	DOB:	
Medical condition(s) indicating need for prescribed product:		
Duration of prescription (limited to 12 months):		
<b>B. Formula/Product and WIC Supplemental Foods</b>		
Formula/product prescribed:		
Amount prescribed per day:		
Special instructions for preparation or dilution:		
Supplemental foods (effective October 1, 2009): <input type="checkbox"/> No Supplemental foods are allowed for this participant. Offering these foods is contraindicated at this time. <p style="text-align: center;">— or —</p> Identify <u>any</u> WIC supplemental foods <u>not</u> allowed for this participant, otherwise some or all of the following foods may be provided depending on the participant category.		
<input type="checkbox"/> No Milk <input type="checkbox"/> No Whole-wheat Bread or Other Whole Grains <input type="checkbox"/> No Cheese <input type="checkbox"/> No Canned Fish (fully-breastfeeding women only)		
<input type="checkbox"/> No Juice <input type="checkbox"/> No Eggs <input type="checkbox"/> No Peanut Butter		
<input type="checkbox"/> No Breakfast Cereal <input type="checkbox"/> No Fruits and Vegetables <input type="checkbox"/> No Legumes		
<b>C. Whole Milk — Child (24 Months of Age or Older) or Woman</b>		
<input type="checkbox"/> Whole milk prescribed. Otherwise, these individuals receive skim, 1%, or 2% milk.		
<b>D. Tofu — Child (12 Months of Age or Older) or Woman — (effective October 1, 2009)</b>		
Allow tofu substitution. <input type="checkbox"/> Entire milk allowance <input type="checkbox"/> Part of milk allowance		
Please indicate the specific qualifying condition that justifies the need for tofu as a milk substitute.		
<input type="checkbox"/> Milk allergy <input type="checkbox"/> Severe lactose intolerance <input type="checkbox"/> Other _____		
<b>E. Vegan Diet — Child (12 Months of Age or Older) or Woman — (effective October 1, 2009)</b>		
<input type="checkbox"/> Vegan diet prescribed. All fluid milk substituted with tofu; eggs, fish, and cheese omitted from food package.		
<b>F. Health Care Provider Information</b>		
Signature of health care provider:		
Provider's name (please print):		
Medical office/clinic (include address):		
Phone #:	Fax #:	Date:

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