

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

A. Participant Information		
Participant's name:	DOB:	
Medical condition(s) indicating need for prescribed product:		
Duration of prescription (limited to 12 months):		
B. Formula/Product and WIC Supplemental Foods		
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.		
— or —		
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 Juice	<input type="checkbox"/> No Breakfast Cereal
<input type="checkbox"/> No Whole-wheat Bread or Other Whole Grains	<input type="checkbox"/> No Eggs	<input type="checkbox"/> No Fruits and Vegetables
<input type="checkbox"/> No Cheese	<input type="checkbox"/> No Peanut Butter	<input type="checkbox"/> No Legumes
<input type="checkbox"/> No Canned Fish (fully-breastfeeding women only)		
C. Whole Milk — Child (24 Months of Age or Older) or Woman		
<input type="checkbox"/> Whole milk prescribed. Otherwise, these individuals receive skim, 1%, or 2% milk.		
D. Tofu — Child (12 Months of Age or Older) or Woman — (effective October 1, 2009)		
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		
E. Vegan Diet — Child (12 Months of Age or Older) or Woman — (effective October 1, 2009)		
<input type="checkbox"/> Vegan diet prescribed. All fluid milk substituted with tofu; eggs, fish, and cheese omitted from food package.		
F. Health Care Provider Information		
Signature of health care provider:		
Provider's name (please print):		
Medical office/clinic (include address):		
Phone #:	Fax #:	Date:

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 for more information.