

Muscogee (Creek) Nation WIC Program Medical Documentation

Completion of this form is required per USDA Federal Regulations to ensure that the patient under your care has a medical condition or diagnosis that requires the use of medical formula or food that will mandate changes to their supplemental food package. Please fax the completed form to the WIC office at **918-549-2989** or have your patient return the document to the WIC clinic. Forms can be accessed <http://www.muscogeenation-nsn.gov/Pages/WIC/wic.html>

Patient's Name _____ DOB _____

Medical Diagnosis/Qualifying Condition _____

ICD-10 Code(s) _____ Medical Documentation Valid for: 1 2 3

Months Name of Medical Formula/Medical

Food: _____

Prescribed Amount: Maximum Allowable per Federal Guidelines OR _____ Per Day

Current Weight _____ Height _____ Date Taken (within 30 days of request) _____

No supplemental foods, offering foods is contraindicated at this time. Provide only formula.
After reviewing food packages on back, select foods allowed based on medical condition of this individual.

INFANTS (6-11 months)

- Infant Cereal Infant Fruits Infant Vegetables Infant Meats

WOMEN AND CHILDREN (12 – 60 months)

- Milk Eggs Peanut Butter Cheese
 Cereal Juice Beans Whole Grains
 Fruits Vegetables

Issue Whole Milk: WIC provides low fat milk only for all participants \geq 2 years of age unless contraindicated.

SPECIAL INSTRUCTIONS OR RESTRICTIONS

Signature of Health Care Provider _____ Date _____

Provider's Name (please print) _____ MD DO PA ARNP CNS CNM

Name of Medical Office/Clinic _____

Phone Number (with area code) _____ Fax# _____

For questions regarding this form contact our office at 918.549.2790
This institution is an equal opportunity provider.

June 2015

WIC USE ONLY	_____ Approved _____ Denied by:	Approved through:
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**Muscogee (Creek) Nation WIC Program
Supplemental Food Packages for Women, Infants and Children**

WIC participants receiving medical foods or formula will also be provided the foods listed below, unless they are contraindicated and documented on front of form.

Infants Birth - 12 months	0 - 3 months	4 - 5 months	6 - 12 months	6 - 12 months if solids are contraindicated
Powder (reconstituted)	Up to 870 fluid ounces	Up to 960 fluid ounces	Up to 696 fluid ounces	Up to 960 fluid ounces
Concentrate (reconstituted)	Up to 806 fluid ounces	Up to 884 fluid ounces	Up to 624 fluid ounces	Up to 884 fluid ounces
Ready-to-Feed	Up to 832 fluid ounces	Up to 896 fluid ounces	Up to 640 fluid ounces	Up to 896 fluid ounces
Infant Cereal	None	None	24 ounces	None
Infant Fruits and Vegetables (Formula Fed Infants)	None	None	128 ounces	None
Infant Fruits and Vegetables (Breastfed Infants)	None	None	256 ounces	None
Infant Meats (Breastfed Infants)	None	None	77.5 ounces	None

Children 12 – 60 months
13 quarts milk
1 pound cheese
1 dozen eggs
128 ounces juice
36 ounces cereal
18 ounces peanut butter OR 16 ounces dry legumes OR 64 ounces canned beans
2 pounds whole grain bread, tortillas, brown rice or bulgur wheat
\$9 for fruits and vegetables, fresh or frozen
Up to 910 ounces formula with medical documentation

Muscogee (Creek) Nation Contract Formulas

Good Start Gentle

Good Start Soy

Good Start Soothe

Exclusively Breastfeeding Women	Partially Breastfeeding & Prenatal Women	Non-Breastfeeding Women
21 quarts milk	19 quarts milk	13 quarts milk
2 pounds cheese	1 pound cheese	1 pound cheese
2 dozen eggs	1 dozen eggs	1 dozen eggs
144 ounces juice	144 ounces juice	96 ounces juice
36 ounces cereal	36 ounces cereal	36 ounces cereal
\$11 for fruits and vegetables, fresh or frozen	\$11 for fruits and vegetables, fresh or frozen	\$11 for fruits and vegetables, fresh or frozen
18 ounces peanut butter AND 1 pound dry legumes OR 64 ounces canned beans	18 ounces peanut butter AND 1 pound dry legumes OR 64 ounces canned beans	18 ounces peanut butter OR 1 pound dry legumes OR 64 ounces canned beans
1 pound whole grain bread, tortillas, brown rice, or bulgur wheat	1 pound whole grain bread, tortillas, brown rice or bulgur wheat	None
30 ounces tuna, salmon or sardines	None	None
Up to 910 ounces formula with medical documentation	Up to 910 ounces formula with medical documentation	Up to 910 ounces formula with medical documentation