

Helpful Hints for Filling in NYSDOHWIC Medical Documentation Forms

For WIC Formula and Approved Foods for Infants, Children, and Women

1. Please completely fill in all parts of sections A, B, C, and D.
2. **Section B**
 - Specify formula, length of use, and prescribed amount (ounces) per day.
 - **Must** check off a qualifying condition that is applicable
 - *Note the box that lists conditions that are **not** acceptable.
3. **Section C**
 - Please check **“Yes”** if the infant will be capable of having supplemental foods at 6 months of age.
 - Infant will **not** receive foods from WIC **until** 6 months of age.
 - If **“No”** is checked, foods will **not** be provided at 6 months until a new form with **“Yes”** is completed.
 - Only check specific foods from chart if the patient **can’t** have them.
4. **Section D**
 - Please have qualified provider include: signature, printed name (legible), date, and contact information.