NEW YORK STATE DEPARTMENT OF HEALTH
Division of Nutrition

Medical Documentation for WIC Formula and Approved WIC Foods for Women, Infants and Children

WIC

Instructions: Providers, please complete sections A-D for ALL WIC participants to request formula and supplemental foods. The provision of formula/food is subject to WIC policies and procedures. (Detailed instructions and resources on back)

WIC Stamp

A. PATIENT INFORMATION

Patient's Name: _____ **Date of Birth:** ____/____/____

B. FORMULA

Formula Requested: _____ **Length of Use:** ☐ 1 month ☐ 6 months ☐ _____ months ☐ 3 months ☐ 12 months

Prescribed Amount: _____ **ounces/day**

Special Instructions/Comments: _____

WIC Qualifying Medical Conditions:

☐ Premature Birth	☐ Metabolic Disorders	☐ Failure to Thrive *(Must meet at least one of the criteria on back)*	***Note: These non-specific symptoms/ conditions are not acceptable: dermatitis, formula/food intolerance, fussiness, gas, spitting up, constipation, diarrhea, vomiting, colic, or to enhance or manage body weight without an underlying medical condition.***
☐ Low Birth Weight	☐ Immune System Disorders	☐ Severe Food Allergies	
☐ GI Disorders	☐ Malabsorption Syndromes	☐ Other (Specify):	

C. WIC SUPPLEMENTAL FOODS (WIC does not provide supplemental foods to infants < 6 months old)

☐ YES ☐ NO I authorize qualified WIC staff to determine supplemental foods and amounts based on the patient's medical condition.

If NO, select ONE of the following options:

- ☐ No food restrictions; provide full amount of age-appropriate foods
- ☐ Infant <6 months; provide formula only
- ☐ Patient requires food restrictions based on medical condition (provider MUST complete the following):
  - ☐ ≥ 6 months cannot tolerate solid food: provide formula only
  - ☐ ≥ 12 months cannot tolerate solid food: provide jarred baby fruits & vegetables in lieu of fruit & vegetable voucher
  - ☐ OMIT the following food(s) based on medical condition:

Infants (6-11 months):	☐ Infant Cereal	☐ Baby Food Fruits/Vegetables		☐ Fresh Fruits/Vegetables (9-11 months)	
Children (≥ 12 months) & Women:	☐ Peanut Butter ☐ Cereal	☐ Milk ☐ Canned Fish	☐ Whole Grains ☐ Vegetables/Fruits	☐ Cheese ☐ Beans	☐ Yogurt ☐ Juice

D. HEALTH CARE PROVIDER INFORMATION (Contact information may be printed or stamped and must be legible)

Provider Stamp

Provider's Signature _____ Date _____

Street _____ City, State, Zip Code _____

Provider's Printed Name _____ Telephone Number _____ Fax Number _____

E. RELEASE OF INFORMATION

I authorize the above health care provider and NYS WIC agency staff to disclose/discuss information regarding feeding needs. This permission is good for the length of this certification. I understand that I may cancel this permission at any time by request to my health care provider and WIC. This release is not a condition of WIC eligibility.

Participant/Parent/Caregiver Signature _____ Date _____

Printed Name _____

F. WIC STAFF USE ONLY (WIC staff must complete section in its entirety and note comments/actions) ☐ Consent on file at WIC

Check box next to question if the answer is yes:

- ☐ Acceptable qualifying condition indicated?
- ☐ Formula consistent with qualifying condition?
- ☐ Amount and length appropriate?
- ☐ Med Doc Foods note written?

☐ Approved ☐ Disapproved ☐ Pending Pending Date & Initial _____

Signature: _____

Printed Name: _____ Date: _____

Comments: _____ WIC ID # _____

This institution is an equal opportunity provider and employer.

NEW YORK STATE DEPARTMENT OF HEALTH
Instructions and Resources for WIC Medical Documentation Form

Federal policy limits the issuance of certain formulas to medically fragile participants with qualifying medical conditions.

Use this form to request exempt formulas, WIC-Eligible Nutritionals, standard formulas for infants unable to tolerate solid foods, and supplemental foods for patients with qualifying medical conditions. If you have questions or need additional clarification, please contact the WIC agency where your patient is receiving WIC benefits. A directory of New York WIC agencies can be found at: **http://www.health.ny.gov/prevention/nutrition/wic/local_agencies.htm**.

WIC agency staff will review and fill requests for formulas and supplemental foods according to federal regulations and New York WIC program policies and procedures. WIC may require additional documentation for prescription approval if diagnoses are missing, incomplete, non-specific, or inconsistent with anthropometric data. WIC agency staff may contact you if further clarification is needed.

RENEWAL OF THIS FORM REQUIRED PERIODICALLY

SECTIONS A-D ARE COMPLETED BY HEALTH CARE PROVIDER TO REQUEST WIC FORMULA AND FOODS

A. PATIENT INFORMATION *(Complete for ALL WIC participants.)*

Patient's Name and Date of Birth: Print WIC participant name and date of birth.

B. FORMULA *(Complete for ALL WIC participants.)*

Formula Requested: Write the prescribed formula name and/or brand. See approved NYS WIC formulas at: **http://www.health.ny.gov/prevention/nutrition/wic/approved_formulas.htm**

Prescribed Amount: Specify amount required in ounces/day. (**Ranges allowed.** WIC max, ad lib, as tolerated are not acceptable.)

Length of Use: Check (√) the number of months for which the prescription is valid, or enter number of months up to 12.

Special Instructions/Comments: Include details of relevant medical condition, allergies, formula history, etc.

WIC Qualifying Medical Conditions: Check (√) beside one or more of the described medical diagnoses or check (√)"Other" and specify the medical diagnosis. (ICD Codes are not required.)

Severe food allergies: *Select for severe or multiple food allergies that require a formula.*

Failure to Thrive (FTT) is a severe condition that the NYS WIC Program takes seriously. The patient must meet at least one of the criteria below that WIC uses to define Failure to Thrive:

- Weight consistently below the 3rd percentile for age;
- Weight less than 80% of ideal weight for height/age;
- Progressive fall-off in weight to below the 3rd percentile; or
- A decrease in expected rate of growth along the child's previously defined growth curve irrespective of its relationship to the 3rd percentile.

WIC measures heights and weights on participants to monitor their growth. Copies of CDC growth charts used by WIC can be found at: **http://www.cdc.gov/growthcharts.**

C. WIC SUPPLEMENTAL FOODS: Complete for all patients. Check (√) Yes or No to indicate referral to WIC for supplemental foods and amounts. If a patient requires restrictions select one of the options listed within the section.

D. HEALTH CARE PROVIDER INFORMATION *(Complete for ALL WIC participants.)*

Licensed health care provider must sign and date. Contact information may be printed or stamped and must be legible.

SECTION E WILL BE COMPLETED BY PARTICIPANT/PARENT/CAREGIVER – Please sign, date, and print name.

SECTION F WILL BE COMPLETED BY WIC STAFF – Please follow WIC program procedure when completing this form.

We appreciate your cooperation and partnership in serving the New York WIC population.

NEW YORK STATE | WIC Program

Tarjeta de alimentos aceptados por WIC

Leche
Su cheque de WIC menciona el contenido de grasa que debe comprar

- ✓ **LECHE:** Compre el recipiente más grande disponible (galones, 96 onzas, medios galones o cuartos de galón) o el tamaño que se enumera en el cheque de WIC
- ✓ **LECHE EVAPORADA/EN LATA:** solo el recipiente de 12 onzas
- ✓ **LECHE EN POLVO:** solo el recipiente de 25.6 onzas
- ✓ **LECHE DESLACTOSADA:** compre el recipiente más grande disponible o el tamaño que aparece en el cheque de WIC
- ✓ **LECHE KOSHER:** compre el recipiente más grande disponible o el tamaño que aparece en el cheque de WIC

NO ESTÁ PERMITIDO: la leche condensada saborizada, orgánica o endulzada; suero de leche o leche con calcio agregado; leche con contenido de grasa reducido (2%)

Queso

- ✓ Queso americano procesado y American, Monterey Jack, Mozzarella, Cheddar, Colby, Swiss, Muenster, Provolone, o combinaciones de cualquier de estos quesos
- ✓ Comprado en bloques o rodajas
- ✓ Debe sumar la cantidad de onzas del cheque (puede ser 1 o más paquetes)
- ✓ **QUESO KOSHER** si está impreso en su cheque de WIC

NO ESTÁ PERMITIDO: el queso importado; alimentos, productos o crema para untar de queso; cortes para galletas; picado, rayado, en cubos, tiras o queso en barras; queso con sabor o queso orgánico; rodajas empacadas individualmente

Yogur
Su cheque de WIC menciona el contenido de grasa que debe comprar

- ✓ Un recipiente de exactamente 32 onzas O cualquier combinación de tamaños que sume hasta exactamente 32 onzas.
- ✓ **Cualquier marca:** Plain, Plain Greek, Organic Plain, Organic Plain Greek
- ✓ **YOGUR KOSHER** si está impreso en su cheque de WIC

NO ESTÁ PERMITIDO: con sabores (como vainilla, frutas), con ingredientes mezclados, yogur bebible/comprimible, yogur congelado

Bebida de soya

- ✓ **8TH CONTINENT:**
  Soymilk – Original y Vanilla (de 32 onzas que se conserva a temperatura ambiente)
  Soymilk – Original y Vanilla (refrigerado de 64 onzas)
- ✓ **PACIFIC NATURAL FOODS:**
  Ultra Soy – Original y Vanilla (de 32 onzas que se conserva a temperatura ambiente)
- ✓ **SILK:**
  Soymilk – Original (refrigerada de 32 o 64 onzas)
  Soymilk – Original (paquete múltiple refrigerado de 128 onzas)
- ✓ **WESTSOY:**
  Organic Plus Soymilk – Plain (de 32 o 64 onzas que se conserva a temperatura ambiente)
  Plus Soymilk – Vanilla (de 32 o 64 onzas que se conserva a temperatura ambiente)

Huevos

- ✓ **Medianos o grandes:** blancos o cafés

NO ESTÁ PERMITIDO: huevos jumbo o extra grandes; huevos de especialidades de alto costo (incluyendo orgánicos, colesterol reducido, de gallinas no enjauladas/rango libre, Omega 3)

Mantequilla de maní
frasco de 16-18 onzas

- ✓ **Cualquier marca:** se permiten las variedades crujiente, con trozos, cremosa, suave, natural y con poca grasa.

NO ESTÁ PERMITIDO: mantequilla de maní para untar, mantequilla de maní recién hecha o batida; mantequilla de maní combinada con jalea, malvaviscos, chocolate o miel; mantequilla de maní orgánica, mantequilla de maní con vitaminas y minerales agregados u otros ingredientes agregados (Omega 3, DHA y EPA, aceite de palma, etc.)

Frijoles, arvejas y lentejas
Para disminuir el consumo de sal, pase los frijoles, arvejas, lentejas por agua

- ✓ **Seco:** bolsa de 1 lb de frijoles, arvejas, lentejas maduras de cualquier marca
- ✓ **En lata:** una lata de 15-16 onzas de frijoles, arvejas, lentejas maduras de cualquier marca

NO ESTÁ PERMITIDO: frijoles horneados, cerdo y frijoles; frijoles en lata que contengan azúcares, grasas, carne o aceites agregados. Frijoles/arvejas sin madurar (por ejemplo: ejotes, guisantes, judías verdes, frijol blanco, ejotes blancos).

Pescado enlatado
Para disminuir el consumo de grasa, elija pescado empacado en agua

- ✓ **Atún liviano:** cualquier marca (latas de 5 y 6 onzas)
- ✓ **Salmón rosado:** cualquier marca (latas de 5, 6 y 7.5 onzas)
- ✓ **Sardinas:** cualquier marca (latas de 3.75 onzas)
- ✓ Puede ser empacado en agua o aceite
- ✓ Puede tener espinas y la piel

NO ESTÁ PERMITIDO: atún albacora, salmón blueback, salmón rojo; con sabor; con ingredientes agregados

Tofu
paquete de 14 a 16 onzas

- ✓ **AZUMAYA:** Japanese Style Tofu – Firm, Extra Firm
- ✓ **HOUSE:** Premium u Organic Tofu – Soft, Medium Firm, Firm, Extra Firm
- ✓ **NATURE'S PROMISE:** Organic Tofu – Firm
- ✓ **NASOYA:** Organic Tofu – Silken, Lite Firm, Firm, Extra Firm
- ✓ **WEGMANS:** Organic Tofu – Firm
- ✓ **VITASOY:** San Sui u Korean Sprouted Organic – Soft, Firm, Extra Firm

De forma exclusiva, las mujeres que están lactando reciben alimentos adicionales que les ayudan a desarrollar el suministro de leche necesario para su bebé en crecimiento.

Comida para bebés – Vegetales y frutas
recipientes de 4 onzas

✓ **BEECH-NUT o GERBER:**
✓ Cualquier fruta o vegetal simple
✓ Cualquier combinación de diferentes vegetales y frutas

NO ESTÁ PERMITIDO: orgánico, paquetes, mezclas que incluyan ingredientes que no sean frutas ni vegetales como carne, yogur, arroz, fideos

BANANAS: algunos cheques también proporcionan plátanos/ bananos frescos enteros

Fórmula para bebés

Su cheque de WIC enumera la marca, el tamaño y la forma (en polvo, concentrado o listo para usar) que debe comprar.

Comida para bebés – Carnes
recipientes de 2.5 onzas

✓ **BEECH-NUT o GERBER:** cualquier carne con caldo o salsa

Carnes en comida para bebés Kosher: Estas marcas están impresas en su cheque de WIC
✓ **TUV TAAM:** Beef Puree & Broth, Chicken Puree & Broth
✓ **FIRST CHOICE:** Chicken with Gravy, Turkey with Gravy

Cereal infantil
El cheque debe decir Gerber Cereal for Baby se permiten recipientes de 8 y 16 onzas

✓ **GERBER:** Cereal for Baby únicamente
Solo las variedades simples: avena, arroz, trigo integral o multigranos

NO ESTÁ PERMITIDO: los ingredientes orgánicos, adicionales como DHA, fruta, fórmula o proteína agregada

Cereales para el desayuno

✓ Compre cajas de 12 onzas o más grandes

Para aumentar el consumo de fibra, elija cereales integrales. Todos los cereales son 'integrales' a menos que estén marcados con el símbolo ❖

NO ESTÁ PERMITIDO: Cereal orgánico, cajas con paquetes de una sola porción

Marcas de la tienda* **Se puede comprar cualquier marca de la tienda para los siguientes tipos de cereales**

✓ **Corn Flakes❖ - simple**

✓ **Shredded Wheat - simple o azucarado**

✓ **Oat Squares – simple. También conocidos como:** ***Crisp Oat Squares, Crunchy Oat Squares, Oat Crisps***

✓ **Wheat Flakes - simple**

✓ **Oat O's – simple. También conocidos como:** ***Toasted Oats, Tasteeos, Oats & O's***

✓ **Multigrain Flakes with Oat Clusters❖ – con o sin almendras. También conocidos como:**
Honey Crunchin' Oats, Honey & Oats, Honey Oat Clusters, Honey Oats & Flakes, Krispy Honey-Oats, Oats & More, Oats & Honey

*** 'Cualquier marca de la tienda' incluye marcas de la tienda Y estas marcas de cereal frío:**

✓ **AMERICA'S CHOICE**	✓ **FOOD BASICS**	✓ **KIGGINS**	✓ **RED & WHITE**
✓ **BEST YET**	✓ **FOOD CLUB**	✓ **KRASDALE**	✓ **SHURFINE**
✓ **CLEAR VALUE**	✓ **GREAT VALUE**	✓ **NATURE'S CRUNCH**	✓ **VALUTIME**
✓ **ESSENTIAL EVERYDAY**	✓ **HYTOP**	✓ **PARADE**	✓ **WHITE ROSE**

Marcas nacionales/especializadas

✓ **GENERAL MILLS:** Cheerios (solo regular), Total Whole Grain, Corn Chex, Rice Chex, Wheat Chex, Dora the Explorer
✓ **KELLOGG'S:** Corn Flakes❖ (solo regular), Frosted Mini-Wheats Original (Little Bites, Bite Size)
✓ **KEMACH:** Corn Flakes❖, Toasted Oats, Wheat Flakes
✓ **MALT-O-MEAL:** Mini Spooners (Frosted, Strawberry Cream, Blueberry Cream), Oat Blenders❖ (Honey, Honey & Almonds)
✓ **POST:** Grape-Nuts (solo regular), Grape-Nuts Flakes, Honey Bunches of Oats (with Vanilla Bunches)
✓ **RALSTON:** Corn Flakes❖
✓ **SUNBELT:** Simple Granola
✓ **TAANUG:** Corn Flakes❖, Toasted Oats

¡CONSEJOS ÚTILES PARA COMPRAR!
Aquí hay unos ejemplos de maneras para obtener sus 36 onzas de cereal:

12 oz. + 12 oz. + 12 oz. = 36 oz. **15 oz. + 21 oz. = 36 oz.**
12 oz. + 24 oz. = 36 oz. **18 oz. + 18 oz. = 36 oz.**

Cereales calientes

✓ **CREAM OF WHEAT:**
Cream of Wheat Whole Grain (2 ½ minute)

✓ **MAYPO:**
Instant Maple Oatmeal, Vermont Style Maple Oatmeal

✓ **QUAKER:**
Instant Oats with Iron

Tortillas integrales paquete de 16 onzas

- ✓ **CELIA'S:** White Corn Tortillas, Yellow Corn Tortillas
- ✓ **CHI-CHI's:** White Corn Tortillas
- ✓ **DEL CAMPO TORTILLAS:** Corn Tortillas
- ✓ **DON PANCHO:** Whole Wheat (Flour Gordita Whole Wheat) Tortillas
- ✓ **ESSENTIAL EVERYDAY:** Soft White Corn Tortillas, 100% Whole Wheat Flour Tortillas
- ✓ **GREAT VALUE:** 100% Whole Wheat Tortillas
- ✓ **GUERRERO:** White Corn Tortillas
- ✓ **HERDEZ:** White Corn Tortillas
- ✓ **KEY FOODS:** Whole Wheat Tortillas
- ✓ **LA BANDERITA:** Corn Tortillas, 100% Whole Wheat Fajita Flour Tortillas, 100% Whole Wheat Soft Taco Flour Tortillas
- ✓ **MEXAMERICA:** 100% Whole Wheat with Honey Tortillas
- ✓ **MISSION:** 100% Whole Wheat Flour Tortillas
- ✓ **NATURE's PROMISE:** Corn All Natural Tortillas
- ✓ **ORTEGA:** Whole Wheat Tortillas
- ✓ **SIEMPRE AUTENTICO:** Whole Wheat Flour Tortillas
- ✓ **STOP & SHOP:** White Corn Tortillas (Shelf Stable & Dairy), Whole Wheat Flour Tortillas
- ✓ **TIO SANTI:** 100% Whole Wheat Flour Tortillas
- ✓ **TOPS:** Whole Wheat Tortillas
- ✓ **WEGMAN'S:** Whole Wheat Tortillas
- ✓ **YOSSI'S PITA:** Corn Tortillas

Productos de panadería integral paquete de 16 onzas

- ✓ **AMERICA'S CHOICE:** 100% Whole Wheat Bread
- ✓ **BEST YET:** 100% Whole Wheat Bread
- ✓ **BIMBO:** 100% Whole Wheat Bread
- ✓ **CENTRAL MARKET CLASSICS:** 100% Whole Wheat Bread
- ✓ **FOODLION:** 100% Whole Wheat Bread
- ✓ **FULL CIRCLE:** Flax & Grain Bread
- ✓ **GOLD MEDAL BAKERY:** 100% Wheat Bread with Flax
- ✓ **GOURMET:** 100% Whole Wheat Bread
- ✓ **HANNAFORD:** 100% Whole Wheat Bread
- ✓ **HAUSWALD:** 100% Whole Wheat Bread
- ✓ **HOLSUM:** 100% Whole Wheat Bread
- ✓ **JERUSALEM:** Franczoz Health Bread 100% Whole Wheat, Franczoz Health Bread Germinated Whole Wheat
- ✓ **MONKS':** Multigrain, Wheat Wholegrain Bread
- ✓ **PAS YISROEL:** 100% Multi Grain Bread All Natural, 100% Whole Wheat Bread All Natural
- ✓ **PENN STREET:** 100% Whole Grain Wheat Bread
- ✓ **ROMAN MEAL:** Sungrain 100% Whole Wheat Bread
- ✓ **RUBSCHLAGER:** Westphalian Style Pumpernickel Bread, Danish Style Pumpernickel, European Style Whole Grain, 100% Whole Wheat Bread, Cocktail Whole Grain Bread, Cocktail Rye Bread, Cocktail Pumpernickel Bread, 100% Rye Rye-Ola Flax Bread, 100% Rye Rye-Ola Pumpernickel Bread, 100% Rye Rye-Ola Black Rye Bread, 100% Rye Rye-Ola Sunflower Bread
- ✓ **SARA LEE:** 100% Whole Wheat Bread
- ✓ **SCHWEBEL'S:** 100% Whole Wheat Bread
- ✓ **SHOPRITE:** 100% Whole Wheat Bread
- ✓ **STERN'S:** Whole Wheat Bread, Whole Wheat Rolls
- ✓ **STOP & SHOP:** 100% Whole Wheat Bread (No Salt Added), 100% Whole Wheat (en la panadería de la tienda)
- ✓ **SUPER BREAD:** 100% Whole Wheat Bread
- ✓ **WINDMILL FARMS:** 100% Stone Ground Whole Wheat Hamotzie, 100% Stone Ground Whole Wheat Mezonos
- ✓ **ZOMICK'S**: 100% Whole Wheat Bread Hamotzie, 100% Whole Wheat Bread Mezonos, 100% Whole Wheat Rolls

Arroz integral paquete de 14 a 16 onzas o 28 a 32 onzas

- ✓ **Cualquier marca:** Arroz integral sencillo en cajas o bolsas; puede ser instantáneo, cocción rápida o regular

  NO ESTÁ PERMITIDO: Ingredientes agregados como azúcares, grasas, aceites o sal

Pasta integral solo paquete de 16 onzas

- ✓ **Cualquier marca:** Pasta integral en cualquier estilo/forma. Hecha de trigo integral o harina de trigo durum integral. Lo orgánico está permitido.

  NO ESTÁ PERMITIDO: ingredientes agregados como azúcares, grasas, aceites o sal

100% jugo

NO ESTÁ PERMITIDO: jugo orgánico

Recipientes de 11.5 onzas (Concentrados que se conservan a temperatura ambiente)

✓ **WELCH'S:** Cualquier sabor

Recipientes de 11.5 a 12 onzas (Concentrados congelados)

Toronja, naranja, piña: ✓ **CUALQUIER MARCA**

Manzana: ✓ **CUALQUIER MARCA DE LA TIENDA*** ✓ **LANGERS** ✓ **OLD ORCHARD** ✓ **SENECA**

Uva: ***roja y blanca*:** ✓ **CUALQUIER MARCA DE LA TIENDA*** ✓ **LANGERS** ✓ **OLD ORCHARD** ✓ **WELCH'S**

Mezclas de jugos: ✓ **CUALQUIER MARCA DE LA TIENDA***
- ✓ **DOLE:** Cualquier sabor
- ✓ **LANGERS:** Autumn Blend, Spring Blend, Summer Blend, Winter Blend
- ✓ **OLD ORCHARD:** Todos los sabores con tapa verde oscuro
- ✓ **WELCH'S:** Todos los sabores con tapa amarilla

Recipientes de 16 onzas (Concentrados congelados)

Toronja, naranja, piña: ✓ **CUALQUIER MARCA**
Manzana y mezclas de jugos ✓ **CUALQUIER MARCA**

NO ESTÁ PERMITIDO: Jugo de uva (excepto en las mezclas de jugos)

*** 'CUALQUIER MARCA DE LA TIENDA' incluye marcas de la tienda Y estas marcas de jugo 100% con 120% o más de vitamina C:**

✓ AMERICA's CHOICE	✓ FOOD CLUB	✓ PARADE
✓ BEST YET	✓ GREAT VALUE	✓ RED & WHITE
✓ CLEAR VALUE	✓ HARVEST CLASSIC	✓ RICHFOOD
✓ CRISP	✓ HYTOP	✓ SHURFINE
✓ DELSEA FARMS	✓ KRASDALE	✓ SUPER A
✓ ESSENTIAL EVERYDAY	✓ NATURE'S OWN	✓ TIPTON GROVE
✓ FLAVORITE		✓ WHITE ROSE

Botellas de plástico de 64 onzas

Toronja, naranja, piña: ✓ **CUALQUIER MARCA**

Manzana: ✓ **CUALQUIER MARCA DE LA TIENDA*** ✓ **APPLE & EVE** ✓ **LANGERS** ✓ **LUCKY LEAF** ✓ **MOTT'S** ✓ **MUSSELMAN'S** ✓ **JUICY JUICE** ✓ **OLD ORCHARD** ✓ **SENECA** ✓ **SESAME STREET**

Mezclas de jugos: ✓**CUALQUIER MARCA DE TIENDA***
- ✓ **LANGERS:** Apple Berry Cherry, Apple Cranberry, Apple Kiwi Strawberry, Apple Grape, Apple Orange Pineapple, Disney Apple Cranberry Grape
- ✓ **JUICY JUICE:** Apple Raspberry, Berry, Cherry, Fruit Punch, Kiwi Strawberry, Mango, Orange Tangerine, Strawberry Banana, Tropical
- ✓ **OLD ORCHARD:** Acai Pomegranate, Apple Cranberry, Berry Blend, Blueberry Pomegranate, Cherry Pomegranate, Peach Mango, Wild Cherry,
- ✓ **SESAME STREET:** Cookie Monster Berry, Elmo's Punch

NO ESTÁ PERMITIDO: jugo de uva (excepto en las mezclas de jugos), cajas refrigeradas

La etiqueta tiene que decir 120% o más de vitamina C

130% Daily Vitamin C

Alimentos aceptables para cheques de vegetales y frutas (Vales con valor en efectivo)

✓ El cheque especificará 'Solo fresco' o 'Fresco/congelado/enlatado' ✓ Las frutas y los vegetales orgánicos están permitidos

'Enlatado' significa que los alimentos han sido conservados en un recipiente hermético. El recipiente podría ser de metal, de vidrio o de plástico.

Frutas y vegetales frescos	✓ Cualquier variedad de frutas y vegetales frescos ✓ Pueden ser enteros o cortados en trozos ✓ Mezclas de ensalada en bolsa, vegetales en bolsa **NO ESTÁ PERMITIDO:** artículos del bar de ensaladas; bandejas de fiesta, canastas de fruta, frutas y vegetales decorativos, productos secos; nueces, incluso cacahuates/maní, mezclas de frutas/nueces; hierbas, especies, aderezos para ensalada
Frutas enlatadas	✓ Cualquier marca empacada en agua o jugo ✓ Cualquier variedad de fruta, mezcla de frutas ✓ Productos con endulzantes artificiales ✓ Cualquier tipo de empaque/recipiente/tamaño (excepto paquetes de una sola porción) ✓ La fruta debe ser el ingrediente principal ✓ Puré de manzana: Solo las variedades 'Sin azúcar agregada' o 'Sin endulzar' **NO ESTÁ PERMITIDO:** Puré de arándanos; relleno para tartas; cualquier jarabe (espeso, ligero, "Naturalmente ligero", extra ligero, etc.); Néctar con azúcar agregada ("Ligeramente endulzado en el jugo de fruta", etc.): sal, grasa, aceites agregados; paquetes de una sola porción
Vegetales enlatados	✓ Cualquier marca ✓ Puede ser regular o con bajo contenido de sodio/sal ✓ Cualquier variedad de vegetales, mezclas de vegetales ✓ Cualquier tamaño ✓ Cualquier tipo de recipiente/paquete ✓ El primer ingrediente debe ser un vegetal ✓ Tomates en lata (pasta, puré, enteros, triturados, en caldo, en cubos, en salsa, compota) **Para disminuir el consumo de sal, pase los vegetales enlatados por agua.** **NO ESTÁ PERMITIDO:** vegetales en escabeche o crema de vegetales (incluso maíz); sopas; salsa catsup; encurtidos; aceitunas; productos con grasas, aceites, azúcares agregados; frijoles, arvejas o lentejas maduras (por ejemplo: frijoles negros, garbanzos, judías)
Frutas congeladas	✓ Cualquier marca ✓ Cualquier tipo de empaque/recipiente ✓ Cualquier tamaño ✓ El primer ingrediente debe ser una fruta ✓ Cualquier variedad de fruta, mezclas de frutas **NO ESTÁ PERMITIDO:** otros ingredientes que no sean frutas; azúcar agregada; cualquier jarabe (jarabe de maíz, jarabe de maíz con alto contenido de fructosa, maltosa, dextrosa, sacarosa, miel, jarabe de maple, etc.)
Vegetales congelados	✓ Cualquier marca ✓ Cualquier tipo de empaque/recipiente ✓ Con o sin sal ✓ Se permiten frijoles, arvejas o lentejas congeladas ✓ Cualquier tamaño ✓ Cualquier variedad de vegetales, mezclas de vegetales ✓ El primer ingrediente debe ser un vegetal **NO ESTÁ PERMITIDO: azúcares, grasas o aceites agregados**

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WIC Acceptable Foods Card

Milk Your WIC check lists the fat content you must buy

- ✓ **MILK:** Buy the largest container available (gallons, 96 ounces, half gallons, or quarts) or the size listed on the WIC check
- ✓ **EVAPORATED/CANNED MILK:** 12-ounce container only
- ✓ **DRY/POWDERED MILK:** 25.6-ounce container only
- ✓ **LACTOSE FREE MILK:** Buy the largest container available or the size on the WIC check
- ✓ **KOSHER MILK:** Buy the largest container available or the size on the WIC check

NOT ALLOWED: Flavored, organic, or sweetened condensed milk; buttermilk or milk with added calcium; reduced fat (2%) milk

Cheese

- ✓ Pasteurized Process American, Monterey Jack, Mozzarella, Cheddar, Colby, Swiss, Muenster, Provolone, or blends of any of these cheeses
- ✓ Purchase in blocks or slices
- ✓ Must add up to the number of ounces on check (can be 1 or more packages)
- ✓ **KOSHER CHEESE** if printed on your WIC check

NOT ALLOWED: Imported cheese; cheese foods, products or spreads; cracker cuts; shredded, grated, cubed, string, or stick cheese; flavored or organic cheese; individually wrapped slices

Yogurt Your WIC check lists the fat content you must buy

- ✓ Exactly 32-ounce container OR any combination of sizes that adds up to exactly 32 ounces.
- ✓ **Any brand:** Plain, Plain Greek, Organic Plain, Organic Plain Greek
- ✓ **KOSHER YOGURT** if printed on your WIC check

NOT ALLOWED: Flavored (such as vanilla, fruit), mix-in ingredients, drinkable/squeezable yogurt, frozen yogurt

Soy Beverage

- ✓ **8TH CONTINENT:**
  Soymilk – Original and Vanilla (32-ounce shelf-stable)
  Soymilk – Original and Vanilla (64-ounce refrigerated)
- ✓ **PACIFIC NATURAL FOODS:**
  Ultra Soy – Original and Vanilla (32-ounce shelf-stable)
- ✓ **SILK:**
  Soymilk – Original (32 or 64-ounce refrigerated)
  Soymilk – Original (128-ounce refrigerated multi-pack)
- ✓ **WESTSOY:**
  Organic Plus Soymilk – Plain (32 or 64-ounce shelf-stable)
  Plus Soymilk – Vanilla (32 or 64-ounce shelf-stable)

Eggs

- ✓ **Medium or Large:** White or brown

NOT ALLOWED: Jumbo and extra-large eggs; high-cost specialty eggs (including organic, reduced cholesterol, cage free/free range, Omega-3)

Peanut Butter 16-18-ounce jar

- ✓ **Any brand:** crunchy, chunky, creamy, smooth, natural and reduced fat varieties are allowed.

NOT ALLOWED: Peanut spread, freshly ground or whipped peanut butter; peanut butter mixed with jelly, marshmallow, chocolate or honey; organic peanut butter, peanut butter with added vitamins and minerals, or other added ingredients (Omega 3, DHA & EPA, Palm Oil, etc.)

Beans, Peas, and Lentils

To lower salt intake, rinse canned beans, peas, lentils

- ✓ **Dry:** Any brand, 1-pound bag of mature beans, peas, lentils
- ✓ **Canned:** Any brand, 15-16-ounce can of mature beans, peas, lentils

NOT ALLOWED: Baked beans, pork and beans; canned beans containing added sugars, fats, meat, or oils. Immature beans/peas (for example: green beans, green peas, snap beans, orange beans, wax beans).

Canned Fish

To lower fat intake, choose water-packed fish

- ✓ **Light Tuna:** Any Brand (5 and 6-ounce cans)
- ✓ **Pink Salmon:** Any Brand (5, 6, and 7.5-ounce cans)
- ✓ **Sardines:** Any Brand (3.75-ounce cans)
- ✓ May be packed in water or oil
- ✓ May contain bones and skin

NOT ALLOWED: Albacore tuna, blueback salmon, red salmon; flavored; with added ingredients

Tofu 14-16-ounce package

- ✓ **AZUMAYA:** Japanese Style Tofu – Firm, Extra Firm
- ✓ **HOUSE:** Premium or Organic Tofu – Soft, Medium Firm, Firm, Extra Firm
- ✓ **NATURE'S PROMISE:** Organic Tofu – Firm
- ✓ **NASOYA:** Organic Tofu – Silken, Lite Firm, Firm, Extra Firm
- ✓ **WEGMANS:** Organic Tofu – Firm
- ✓ **VITASOY:** San Sui or Korean Sprouted Organic – Soft, Firm, Extra Firm

Exclusively breastfeeding women get extra foods that help build the milk supply needed by their growing baby.

Baby Food – Vegetables and Fruits
4-ounce containers

✓ **BEECH-NUT or GERBER:**
✓ Any single fruit or vegetable
✓ Any combination of different vegetables and fruits

NOT ALLOWED: Organic, pouches, mixtures including non-fruit or non-vegetable ingredients such as meat,yogurt, rice, noodles

BANANAS: Some checks will also provide fresh whole bananas

Infant Formula

Your WIC check lists the brand, size, and form (powder, concentrate, or ready to use) that you must buy.

Baby Food – Meats **2.5-ounce containers**

✓ **BEECH-NUT or GERBER:** Any meat with broth or gravy

Kosher Baby Food Meats: These brands are printed on your WIC check
✓ **TUV TAAM:** Beef Puree & Broth, Chicken Puree & Broth
✓ **FIRST CHOICE:** Chicken with Gravy, Turkey with Gravy

Infant Cereal
Check must say Gerber Cereal for Baby
8 and 16-ounce containers are allowed

✓ **GERBER:** Cereal for Baby only
Plain varieties only: oatmeal, rice, whole wheat, or multigrain

NOT ALLOWED: Organic, extra ingredients such as DHA, fruit, formula, or added protein

Breakfast Cereals

✓ Purchase 12-ounce boxes or larger

To increase fiber intake, choose whole grain cereal. All cereals are 'whole grain' unless marked with the symbol ❖

NOT ALLOWED: Organic cereal, boxes with single serving packets

Store Brands* **Any store brand can be purchased for the following kinds of cereals**

✓ **Corn Flakes❖ - plain**

✓ **Shredded Wheat - plain or frosted**

✓ **Oat Squares – plain. Also called:** ***Crisp Oat Squares, Crunchy Oat Squares, Oat Crisps***

✓ **Wheat Flakes - plain**

✓ **Oat O's – plain. Also called:** ***Toasted Oats, Tasteeos, Oats & O's***

✓ **Multigrain Flakes with Oat Clusters❖ – with or without almonds. Also called:**
Honey Crunchin' Oats,
Honey & Oats,
Honey Oat Clusters,
Honey Oats & Flakes,
Krispy Honey-Oats,
Oats & More,
Oats & Honey

*** 'Any store brand' includes store names AND these brands of cold cereal:**

✓ AMERICA'S CHOICE	✓ FOOD BASICS	✓ KIGGINS	✓ RED & WHITE
✓ BEST YET	✓ FOOD CLUB	✓ KRASDALE	✓ SHURFINE
✓ CLEAR VALUE	✓ GREAT VALUE	✓ NATURE'S CRUNCH	✓ VALUTIME
✓ ESSENTIAL EVERYDAY	✓ HYTOP	✓ PARADE	✓ WHITE ROSE

National/Specialty Brands

✓ **GENERAL MILLS:** Cheerios (regular only), Total Whole Grain, Corn Chex, Rice Chex, Wheat Chex, Dora the Explorer
✓ **KELLOGG'S:** Corn Flakes❖ (regular only), Frosted Mini-Wheats Original (Little Bites, Bite Size)
✓ **KEMACH:** Corn Flakes❖, Toasted Oats, Wheat Flakes
✓ **MALT-O-MEAL**: Mini Spooners (Frosted, Strawberry Cream, Blueberry Cream), Oat Blenders❖ (Honey, Honey & Almonds)
✓ **POST:** Grape-Nuts (regular only), Grape-Nuts Flakes, Honey Bunches of Oats (with Vanilla Bunches)
✓ **RALSTON:** Corn Flakes❖
✓ **SUNBELT:** Simple Granola
✓ **TAANUG:** Corn Flakes❖, Toasted Oats

HELPFUL SHOPPING HINTS!
Here are examples of ways to get your 36 ounces of cereal:

12 oz. + 12 oz. + 12 oz. = 36 oz. **15 oz. + 21 oz. = 36 oz.**
12 oz. + 24 oz. = 36 oz. **18 oz. + 18 oz. = 36 oz.**

Hot Cereals

✓ **CREAM OF WHEAT:**
Cream of Wheat Whole Grain (2 ½ minute)

✓ **MAYPO:**
Instant Maple Oatmeal, Vermont Style Maple Oatmeal

✓ **QUAKER:**
Instant Oats with Iron

Whole Grain Tortillas 16-ounce package

- ✓ **CELIA'S:** White Corn Tortillas, Yellow Corn Tortillas
- ✓ **CHI-CHI's:** White Corn Tortillas
- ✓ **DEL CAMPO TORTILLAS:** Corn Tortillas
- ✓ **DON PANCHO:** Whole Wheat (Flour Gordita Whole Wheat) Tortillas
- ✓ **ESSENTIAL EVERYDAY:** Soft White Corn Tortillas, 100% Whole Wheat Flour Tortillas
- ✓ **GREAT VALUE:** 100% Whole Wheat Tortillas
- ✓ **GUERRERO:** White Corn Tortillas
- ✓ **HERDEZ:** White Corn Tortillas
- ✓ **KEY FOODS:** Whole Wheat Tortillas
- ✓ **LA BANDERITA:** Corn Tortillas, 100% Whole Wheat Fajita Flour Tortillas, 100% Whole Wheat Soft Taco Flour Tortillas
- ✓ **MEXAMERICA:** 100% Whole Wheat with Honey Tortillas
- ✓ **MISSION:** 100% Whole Wheat Flour Tortillas
- ✓ **NATURE's PROMISE:** Corn All Natural Tortillas
- ✓ **ORTEGA:** Whole Wheat Tortillas
- ✓ **SIEMPRE AUTENTICO:** Whole Wheat Flour Tortillas
- ✓ **STOP & SHOP:** White Corn Tortillas (Shelf Stable & Dairy), Whole Wheat Flour Tortillas
- ✓ **TIO SANTI:** 100% Whole Wheat Flour Tortillas
- ✓ **TOPS:** Whole Wheat Tortillas
- ✓ **WEGMAN'S:** Whole Wheat Tortillas
- ✓ **YOSSI'S PITA:** Corn Tortillas

Whole Grain Bread Products 16-ounce package

- ✓ **AMERICA'S CHOICE:** 100% Whole Wheat Bread
- ✓ **BEST YET:** 100% Whole Wheat Bread
- ✓ **BIMBO:** 100% Whole Wheat Bread
- ✓ **CENTRAL MARKET CLASSICS:** 100% Whole Wheat Bread
- ✓ **FOODLION:** 100% Whole Wheat Bread
- ✓ **FULL CIRCLE:** Flax & Grain Bread
- ✓ **GOLD MEDAL BAKERY:** 100% Wheat Bread with Flax
- ✓ **GOURMET:** 100% Whole Wheat Bread
- ✓ **HANNAFORD:** 100% Whole Wheat Bread
- ✓ **HAUSWALD:** 100% Whole Wheat Bread
- ✓ **HOLSUM:** 100% Whole Wheat Bread
- ✓ **JERUSALEM:** Franczoz Health Bread 100% Whole Wheat, Franczoz Health Bread Germinated Whole Wheat
- ✓ **MONKS':** Multigrain, Wheat Wholegrain Bread
- ✓ **PAS YISROEL:** 100% Multi Grain Bread All Natural, 100% Whole Wheat Bread All Natural
- ✓ **PENN STREET:** 100% Whole Grain Wheat Bread
- ✓ **ROMAN MEAL:** Sungrain 100% Whole Wheat Bread
- ✓ **RUBSCHLAGER:** Westphalian Style Pumpernickel Bread, Danish Style Pumpernickel, European Style Whole Grain, 100% Whole Wheat Bread, Cocktail Whole Grain Bread, Cocktail Rye Bread, Cocktail Pumpernickel Bread, 100% Rye Rye-Ola Flax Bread, 100% Rye Rye-Ola Pumpernickel Bread, 100% Rye Rye-Ola Black Rye Bread, 100% Rye Rye-Ola Sunflower Bread
- ✓ **SARA LEE:** 100% Whole Wheat Bread
- ✓ **SCHWEBEL'S:** 100% Whole Wheat Bread
- ✓ **SHOPRITE:** 100% Whole Wheat Bread
- ✓ **STERN'S:** Whole Wheat Bread, Whole Wheat Rolls
- ✓ **STOP & SHOP:** 100% Whole Wheat Bread (No Salt Added), 100% Whole Wheat (in store fresh bakery)
- ✓ **SUPER BREAD:** 100% Whole Wheat Bread
- ✓ **WINDMILL FARMS:** 100% Stone Ground Whole Wheat Hamotzie, 100% Stone Ground Whole Wheat Mezonos
- ✓ **ZOMICK'S**: 100% Whole Wheat Bread Hamotzie, 100% Whole Wheat Bread Mezonos, 100% Whole Wheat Rolls

Brown Rice 14-16-ounce or 28-32-ounce package

- ✓ **Any brand:** Plain brown rice in boxes or bags; may be instant, quick, or regular cooking

NOT ALLOWED: Added ingredients such as sugars, fats, oils, or salt

Whole Wheat Pasta 16-ounce package only

- ✓ **Any brand:** Whole Wheat Pasta in any style/shape. Made from whole wheat or whole wheat durum flour. Organic is allowed.

NOT ALLOWED: Added ingredients such as sugars, fats, oils, or salt

100% Juice

NOT ALLOWED: Organic Juice

11.5-Ounce Containers (Shelf-stable concentrates)

✓ **WELCH'S:** Any flavor

11.5-12-Ounce Containers (Frozen concentrates)

Grapefruit, Orange, Pineapple: ✓ **ANY BRAND**

Apple: ✓**ANY STORE BRAND***
✓ **LANGERS** ✓ **OLD ORCHARD** ✓ **SENECA**

Grape: ***Purple & White*:** ✓**ANY STORE BRAND***
✓ **LANGERS** ✓**OLD ORCHARD** ✓ **WELCH'S**

Juice Blends: ✓ **ANY STORE BRAND***
✓ **DOLE:** Any flavor
✓ **LANGERS:** Autumn Blend, Spring Blend, Summer Blend, Winter Blend
✓ **OLD ORCHARD:** All flavors with dark green lid
✓ **WELCH'S:** All flavors with yellow lid

16-Ounce Containers (Frozen concentrates)

Grapefruit, Orange, Pineapple: ✓ **ANY BRAND**
Apple & Juice Blends ✓ **ANY BRAND**

NOT ALLOWED: Grape juice (except in juice blends)

*** 'ANY STORE BRAND' includes store names AND these brands of 100% juice with 120% or more Vitamin C:**

✓ AMERICA's CHOICE	✓ FOOD CLUB	✓ PARADE
✓ BEST YET	✓ GREAT VALUE	✓ RED & WHITE
✓ CLEAR VALUE	✓ HARVEST CLASSIC	✓ RICHFOOD
✓ CRISP	✓ HYTOP	✓ SHURFINE
✓ DELSEA FARMS	✓ KRASDALE	✓ SUPER A
✓ ESSENTIAL EVERYDAY	✓ NATURE'S OWN	✓ TIPTON GROVE
✓ FLAVORITE		✓ WHITE ROSE

64-Ounce Plastic Bottles

Grapefruit, Orange, Pineapple: ✓ **ANY BRAND**

Apple: ✓ **ANY STORE BRAND*** ✓ **APPLE & EVE** ✓ **LANGERS** ✓ **LUCKY LEAF** ✓ **MOTT'S** ✓ **MUSSELMAN'S** ✓ **JUICY JUICE** ✓ **OLD ORCHARD** ✓ **SENECA** ✓ **SESAME STREET**

Juice Blends: ✓**ANY STORE BRAND***
✓ **LANGERS:** Apple Berry Cherry, Apple Cranberry, Apple Kiwi Strawberry, Apple Grape, Apple Orange Pineapple, Disney Apple Cranberry Grape
✓ **JUICY JUICE:** Apple Raspberry, Berry, Cherry, Fruit Punch, Kiwi Strawberry, Mango, Orange Tangerine, Strawberry Banana, Tropical
✓ **OLD ORCHARD:** Acai Pomegranate, Apple Cranberry, Berry Blend, Blueberry Pomegranate, Cherry Pomegranate, Peach Mango, Wild Cherry,
✓ **SESAME STREET:** Cookie Monster Berry, Elmo's Punch

NOT ALLOWED: Grape juice (except in juice blends), refrigerated cartons

Label must say 120% or more Vitamin C

130% Daily Vitamin C

Acceptable Foods for Vegetables & Fruit Checks (Cash Value Vouchers)

✓ Check will specify 'Fresh only' or 'Fresh/Frozen/Canned' ✓ Organic vegetables and fruits are allowed

'Canned' means food that has been preserved in an airtight container. The container could be metal, glass or plastic.

Fresh Vegetables and Fruits	✓ Any variety of fresh vegetables and fruits ✓ May be whole or cut up ✓ Bagged salad mixtures, bagged vegetables **NOT ALLOWED:** Items from the salad bar; Party trays, fruit baskets, decorative vegetables and fruits, dried products; Nuts, including peanuts, fruit/nut mixtures; Herbs, spices, salad dressing
Canned Fruits	✓ Any brand packed in water or juice ✓ Any variety of fruit, fruit mixture ✓ Products with artificial sweeteners ✓ Any size/container/package type (except single-serving pouches) ✓ Fruit must be the first ingredient ✓ Applesauce: 'No sugar added' or 'Unsweetened' varieties only **NOT ALLOWED:** Cranberry sauce; pie filling; any syrup (heavy, light, "Naturally light", extra light, etc.); Added sugar ("Lightly sweetened in fruit juice", etc.), nectar; added salt, fat, oils; single-serving pouches
Canned Vegetables	✓ Any brand ✓ May be regular or low sodium/salt ✓ Any variety of vegetable, vegetable mixtures ✓ Any size ✓ Any container/package type ✓ Vegetable must be the first ingredient ✓ Canned tomatoes (paste, puree, whole, crushed, stewed, diced, sauce, salsa) **To lower salt intake, rinse canned vegetables.** **NOT ALLOWED:** Pickled or creamed vegetables (including corn); soups; ketchup; relishes; olives; products with added fats, oils, sugars; mature beans, peas and lentils (for example: black beans, garbanzo beans, kidney beans)
Frozen Fruits	✓ Any brand ✓ Any container/package type ✓ Any size ✓ Fruit must be the first ingredient ✓ Any variety of fruit, fruit mixtures **NOT ALLOWED:** Ingredients other than fruit; added sugar; any syrup (corn syrup, high fructose corn syrup, maltose, dextrose, sucrose, honey, maple syrup, etc.)
Frozen Vegetables	✓ Any brand ✓ Any container/package type ✓ With or without salt ✓ Frozen beans, peas and lentils are allowed ✓ Any size ✓ Any variety of vegetable, vegetable mixtures ✓ Vegetable must be the first ingredient **NOT ALLOWED: Added sugars, fats or oils**

NEW YORK STATE DEPARTMENT OF HEALTH
Division of Nutrition/WIC Program

Authorization Form

If you would like to authorize another person to represent you at times when you are unable to attend WIC appointments or redeem food instruments, please check either Parent/Spouse/Partner, Representative or Proxy. You are allowed to have up to two persons to represent you but this is not required.

This form does not allow for the release of WIC records.

For Office Use Only

Validation Date: _____

Void Date: _____

Participant's Initials: _____

Participant Name(s)	Individual WIC ID Numbers

☐ **Parent/Spouse/Partner**

- has the same rights under the WIC program as the enrolling parent/spouse/partner
- can authorize a Representative or Proxy
- can sign all required forms
- can represent you at your certification appointments
- can represent you at your children's certification appointments
- can represent you and/or your children at nutrition education appointments
- can pick up and redeem your food instruments

☐ **Representative**

- must be someone responsible for the primary care of the participant and able to provide information on the eating habits and medical condition of the participant(s)
- can sign all required forms
- can represent you at your children's certification appointments
- can represent you and/or your children at nutrition education appointments
- can pick up and redeem your food instruments

☐ **Proxy**

- can represent you and/or your children at nutrition education appointments
- can pick up and redeem your food instruments

Signature _____ Date _____

Name (please print) _____

Address _____ Apt. # _____

City _____ State _____ Zip Code _____

Phone # _____

Verification of Correct Information

Initial/Date	Initial/Date
Initial/Date	Initial/Date
Initial/Date	Initial/Date
Initial/Date	Initial/Date

I have instructed the above authorized parent/spouse/partner, representative or proxy on the rules and regulations of the WIC program including proper use of food instruments at redemption locations. I understand that I am liable for improper or fraudulent use of the WIC program by said person.

_____ _____

Signature of Participant/Parent/Guardian (sign only after form is completed) Date

DEPARTAMENTO DE SALUD DEL ESTADO DE NUEVA YORK
División de Nutrición/Programa para Mujeres, Bebés y Niños (WIC)

Formulario de autorización

Si desea autorizar a otra persona para que lo represente en las ocasiones en que usted no pueda asistir a las citas del WIC o para retirar cheques para alimentos, marque padre/cónyuge/pareja, representante o apoderado. Puede tener hasta dos personas que lo representen, aunque no es necesario.

Este formulario no permite divulgar los registros de WIC.

Solo para uso de la oficina

Fecha de validación: _____

Fecha de caducidad: _____

Iniciales del participante: _____

Nombre(s) del participante	Números de identificación en el WIC

☐ **Padre/cónyuge/pareja**

- tiene los mismos derechos que el padre/cónyuge/pareja participante en el programa WIC
- puede autorizar a un representante o apoderado
- puede firmar todos los formularios necesarios
- puede representarlo en sus citas de certificación
- puede representarlo en las citas de certificación de sus hijos
- puede representarlo a usted y/o a sus hijos en las citas sobre educación de nutrición
- puede recoger y retirar sus cheques para alimentos

☐ **Representante**

- tiene que ser una persona responsable del cuidado principal del participante y que pueda proporcionar información acerca de los hábitos alimenticios y estado de salud del (de los) participante(s)
- puede firmar todos los formularios necesarios
- puede representarlo en las citas de certificación de sus hijos
- puede representarlo a usted y/o a sus hijos en las citas sobre educación de nutrición
- puede recoger y retirar sus cheques para alimentos

☐ **Apoderado**

- puede representarlo a usted y/o a sus hijos en las citas sobre educación de nutrición
- puede recoger y retirar sus cheques para alimentos

			Verificación de que la información es correcta (Solo para uso de la oficina)	
Firma		Fecha		
Nombre (escriba con letra de molde)			Iniciales/Fecha	Iniciales/Fecha
Dirección		Apartamento #	Iniciales/Fecha	Iniciales/Fecha
Ciudad	Estado	Código postal	Iniciales/Fecha	Iniciales/Fecha
No. de teléfono			Iniciales/Fecha	Iniciales/Fecha

Le he explicado al padre/cónyuge/pareja, representante o apoderado que se autoriza arriba las reglas y reglamentos del programa WIC, incluido el uso adecuado de cheques para alimentos y lugares en que deben retirarse. Comprendo que soy responsable del uso fraudulento o inadecuado del programa de WIC que pueda realizar esa persona.

Firma del participante/cónyuge/guardián (firme solo después de que se llene el formulario) _____ Fecha _____

APPROVED FORMULAS IN THE NEW YORK STATE WIC PROGRAM
FORMULARY
Effective December 2015

NEW YORK STATE WIC CONTRACT - INFANT FORMULA

Contract Infant Formulas	Size and formulation	Approved for:
Enfamil A.R.	12.9 oz. powder, 32 oz. RTU	I / C
Enfamil Gentlease	12.4 oz. powder, 32 oz. RTU	I / C
Enfamil Infant	13 oz. concentrate, 12.5 oz. powder, 32 oz. RTU	I / C
Enfamil ProSobee	13 oz. concentrate, 12.9 oz. powder, 32 oz. RTU	I / C

EXEMPT FORMULAS/WIC-ELIGIBLE NUTRITIONALS FOR INFANTS, CHILDREN & WOMEN

Hypoallergenic Formulas	Size and formulation	Approved for:
EleCare For Infants	14.1 oz. powder	I / C
Nutramigen	13 oz. concentrate, 32 oz. RTU	I / C
Nutramigen with Enflora LGG	12.6 oz. powder	I / C
Neocate Infant with DHA and ARA	14.1 oz. powder	I / C
Similac Expert Care Alimentum	16 oz. powder, 32 oz. RTU	I / C
Formulas for Premature Infants		
Enfamil EnfaCare (22 Calories/fl oz.)	12.8 oz., 32 oz. RTU	I only
Similac Expert Care Neosure (22 Calories/fl oz.)	13.1 oz. powder, 32 oz. RTU	I only
Specialized Formulas		
Pregestimil	16 oz. powder	I / C
Enfaport	6 pack -6 oz. RTU	I only
Similac PM 60/40	14.1 oz. powder	I / C
Calorie and Nutrient Dense Products		
Boost/Boost High Protein	6 pack -8 oz. RTU	W only
Boost Kid Essentials	4 pack -8.25 oz. RTU	C only
Ensure	6 pack -8 oz. RTU	W only
Ensure Plus	6 pack -8 oz. RTU	W only
PediaSure/PediaSure with Fiber	6 pack -8 oz. RTU	C only
PediaSure Enteral/PediaSure Enteral with Fiber	8 oz. RTU	C only
Modular Products		
MCT oil	32 oz. RTU	I / C / W
Phenex-1	14.1 oz. powder	I / C
Phenex-2	14.1 oz. powder	C / W
Phenyl-Free 1	16 oz. powder	I / C
Phenyl-Free 2	16 oz. powder	C / W

Effective February 2016: The NYS WIC Program will no longer issue modular products.

Please note:

- **Medical documentation is required for:**
  - **exempt formula, WIC-Eligible Nutritionals, and/or**
  - **greater amounts of contract formula for infants 6 months or older unable to tolerate solid infant foods**
- **Medical documentation includes an appropriate qualifying medical condition/medical reason for the formula, quantity (ounces/day), duration of formula and food restrictions/referral.**

The need for Ready-To-Use (RTU) formula will be addressed by the WIC Program.

I = infant < 1 year; C = child 1 ≤ 5 years; W = woman

NEW YORK STATE DEPARTMENT OF HEALTH
DIVISION OF NUTRITION

For WIC Use:

Date Mailed/ Given	Date Rec'd
Appt Date	WIC ID #

WIC MEDICAL REFERRAL FORM FOR INFANTS and CHILDREN

Child's Last Name (Print):_____ Child's First Name: _____

Parent/Caretaker's Name:_____ Street: _____ Apt: _____

City:_____ Zip:_____ On WIC Before: Yes ☐ No ☐ Sex: M ☐ F ☐

Phone: ( ) _____ - _____ Child's DOB: _____/_____/_____ Language(s) Spoken: _____

I authorize _____ (Health Care Provider) to release the information below to the WIC Program, and I authorize the WIC Program to release information about my infant/child to this health care provider for the purposes of coordinating his/her health care. If I need to transfer to another WIC Program, I authorize the release of this information to the transferring WIC Program. All information is considered confidential.

YOUR SIGNATURE: _____

Health Care Provider: Please complete this section.

BIRTH HISTORY: ☐ SGA (<10th Weight for Gestational Age)

Birth Weight _____lb _____oz ***OR*** _____kg

Birth Length _____in ***OR*** _____cm Weeks Gestation_____

WEIGHT and HEIGHT must be less than 60 days old on the date of the WIC appointment _____/_____/_____ **Date Taken:**

Current Weight _____lb _____oz ***OR*** _____kg _____/_____/_____

Current Height/Length _____in ***OR*** _____cm _____/_____/_____

Measurement Taken: ☐ Standing ☐ Recumbent (< 2 yrs)

HEMATOLOGY: **Date Taken:**

Hgb _____gm/dL ***OR*** Hct_____ _____% ____/____/____

Blood Lead _____ mcg/dL at one year of age ____/____/____

Blood Lead _____ mcg/dL at two years of age ____/____/____

Provide marker IMMUNIZATION dates or attach a copy of record.

	First	Second	Third	Fourth	Fifth
Hep B					
DTP/ DTap					
MMR					

SPECIFIC MEDICAL DIAGNOSIS OR NUTRITIONAL/HEALTH RISKS including ICD-9 code

Signature of Health Care Provider

Provider's Name (Please Print):

Title:

Medical Office/Clinic:

Street:

City: Zip:

Phone #: Fax #:

Date: _____/_____/_____

Send Completed Form To:

This institution is an equal opportunity provider.

NEW YORK STATE DEPARTMENT OF HEALTH
DIVISION OF NUTRITION

For WIC Use:

Date Mailed/ Given	Date Rec'd
Appt Date	WIC ID #

WIC MEDICAL REFERRAL FORM FOR WOMEN

Last Name (Print):_____ First Name: _____

Street:_____ Apt:_____ City: _____ Zip:_____

Phone: ( ) _____ - _____ Date of Birth: _____/_____/_____ On WIC Before: Yes ☐ No ☐

Maiden Name:_____ Language(s) Spoken: _____

I authorize _____ (Health Care Provider) to release the information below to the WIC Program, and I authorize the WIC Program to release information about me to this health care provider for the purposes of coordinating my health care. If I need to transfer to another WIC Program, I authorize the release of this information to the transferring WIC Program. All information is considered confidential.

YOUR SIGNATURE: _____

Health Care Provider: Please complete this section.

PRENATAL OR POSTPARTUM:

Gravida _____ Para_____ Multi Fetal_____

Pregravid Weight _____pounds **Date:**

EDD _____/_____/_____

Prenatal Care Began _____/_____/_____

☐ Fetal Weight <10th Percentile for Gestational Age

WEIGHT and HEIGHT must be less than 60 days old on the date of the WIC appointment: _____/_____/_____

	Date Taken:
Current Weight_____pounds	_____/_____/_____
Current Height_____ inches	_____/_____/_____

HEMATOLOGY:

	Date Taken:
Hgb _____gm/dL ***OR*** Hct_____%	_____/_____/_____
Blood Lead _____mcg/dL (Optional)	_____/_____/_____

- ***Bloodwork must be taken during current pregnancy.***
- ***Bloodwork must be taken after delivery for Breastfeeding/ Postpartum Women.***

BREASTFEEDING/POSTPARTUM: Most Recent Pregnancy

Date of Delivery/(Termination, if any) _____/_____/_____

Total Weight Gained_____pounds Weeks Gestation_____

Current Infant's Birth Weight _____lb _____oz ***OR*** _____kg

SPECIFIC MEDICAL DIAGNOSIS OR NUTRITIONAL/HEALTH RISKS including ICD-9 code

Signature of Health Care Provider

Provider's Name (Please Print):

Title:

Medical Office/Clinic:

Street:

City: Zip:

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