

**Connecticut WIC Program Manual  
Federal Fiscal Year 2016**

**Section: Food Delivery**

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- 400-01 Food Delivery Statewide System**
- 400-02 Initial Enrollment in the Food Delivery System**
- 400-03 Approved Food List/Participant ID Booklet**
- 400-04 Request for Alternate and/or Caretaker**
- 400-05 Check Pickup**
- 400-06 Check Prorating**
- 400-07 Changing Food Package**
- 400-08 Theft and/or Loss of WIC Checks**
- 400-09 Unused Check Stock Inventory**
- 400-10 Issuance of Contract Standard Formula, WIC Special Formula/WIC Approved Foods and Formulas due to Religious Preference**
- 400-11 Use of Medical Documentation Form**
- 400-12 Issuance of Special Formula Checks and ordering through the State Office**
- 400-13 Special Formula Reconciliation**
- 400-14 New Special Formula Product Approval**
- 400-15 WIC Formula Return Policy**
- 400-16 Procedure for Documenting Issues with Formula Quality and Safety**
- 400-17 Formula Storage Guidelines**
- 400-18 Coordination with Public or Private Insurance for Issuance of Special Formula**

**Connecticut WIC Program Manual  
Federal Fiscal Year 2016**

**400-19 Conflict of Interest with Vendors**

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**SECTION: Food Delivery****SUBJECT: Food Delivery Statewide System**

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**POLICY**

The Connecticut WIC program utilizes a statewide computerized food delivery system. The system is used by local agencies to:

- Complete the enrollment of a participant during the initial certification visit, and
- Provide checks which are used by the participant to purchase approved foods at authorized retail stores.

To enroll a participant in the computerized food delivery system, the local staff person completes the certification process. The certification process is used to capture all necessary information about new participants including demographic, health, and risk information. If a participant qualifies for the WIC program, a Competent Professional Authority (CPA) assigns the appropriate food package during this process.

Checks are printed while the participant waits. A maximum of three months of checks may be issued at one time. The checks, which specify the type and amount of food to be purchased, must be used between the first day to use and the last day to use, which are printed on each check.

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**SECTION: Food Delivery****SUBJECT: Initial Enrollment in the Food Delivery System**

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**Federal Regulations:** §246.12 (e)-(f), 246.10 (b)(2)(ii) and 246.10(e)

**POLICY**

The foods allowed on the WIC program have been selected according to their nutrient content, cost, availability and acceptability. These foods are grouped into "food packages" designed to supplement the participant's nutrient and caloric needs.

The local agency staff shall explain to participants the type and amount of foods which are pertinent to their needs.

Explain verbally the type of foods approved for the WIC program. An audio-visual presentation may be used for reinforcement purposes only.

Instruct the payee to sign the first check stub and initial the last check stub for checks received.

**SECTION: Food Delivery**

**SUBJECT: Approved Food List/Participant ID Booklet**

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See WIC 200-16 and WIC 400-02

**POLICY**

The local agency staff shall issue and explain the WIC Approved Food List/Participant ID Booklet to each participant/family upon enrollment in the Program. Review of WIC foods and Food List may need to occur at mid or re-certifications or more often as needed. WIC staff must clearly explain the least cost (expensive) brand at time of purchase policy when reviewing the Food List.

Both English and Spanish booklets are available through the State agency.



State of Connecticut  
Department of Public Health  
WIC Program

# Approved Food List/ Participant ID Booklet

December 1, 2014



This booklet includes a detailed list of WIC approved foods, your WIC ID, and food buying guide. If you have questions or need to change your appointment call:

**Your local WIC office is:**

# WIC Check Example

**42771100**

CONNECTICUT DEPARTMENT OF PUBLIC HEALTH: SPECIAL SUPPLEMENTAL NUTRITION PROGRAM  
FOR WOMEN, INFANTS, AND CHILDREN (WIC PROGRAM) 410 Capitol Avenue, Hartford CT 06106. 1-800-741-2142

64-1966 /611

SEQUENCE NO.	FAMILY	WIC ID	PAYEE NAME	SITE	FIRST DAY TO USE
PAY TO THE ORDER OF: AUTHORIZED WIC VENDOR STAMPED HERE.			<b>VOID</b>		
PACKAGE:					
LAST DAY TO USE					
					ACTUAL \$ AMOUNT OF SALE

⑆ 4 2 7 7 1 0 0 5 ⑆
⑆ 0 6 1 1 9 6 6 4 ⑆
2 5 0 0 2 5 4 ⑆

VENDOR MUST DEPOSIT WITHIN 60 DAYS OF "FIRST DAY TO USE" DATE  
 SIGNATURE OF PARTICIPANT OR AUTHORIZED PROXY \_\_\_\_\_ NOT NEGOTIABLE UNLESS SIGNED  
 IMPROPER USE OF THIS CHECK IS SUBJECT TO STATE AND FEDERAL PROSECUTION  
**UNITED COMMUNITY BANK**  
 Marietta, GA

DATE \_\_\_\_\_

**This is your family number.**

**The Payee's name is printed here.**

**These are the items you can buy and how much of each item.**

**You cannot use the WIC check BEFORE this date.**

**You cannot use the WIC check AFTER this date.**

**The cost of the WIC food goes here.**

**Sign and date your name here after the actual amount of sale has been filled in.**

**Participants do not need to purchase everything listed on WIC checks. No substitutions or exchanges are allowed. Other WIC foods are allowed if printed on the check.**

# How to Use Your WIC Check

1. Shop only at CT WIC approved stores that are on the list that was given by the Local WIC Office. This list is also on our website at:  
[www.ct.gov/dph/wic](http://www.ct.gov/dph/wic)
2. Check the dates on your WIC checks! WIC checks cannot be used before the “first day to use” or after the “last day to use”.
3. Buy only WIC approved foods. See your WIC Approved Food List for the items, brands and sizes that are allowed. No other items are permitted.
4. Keep your WIC food separate from other items. Separate your items by check if using more than one WIC check.
5. Tell the cashier you have WIC checks and give the cashier your participant ID booklet.
6. Using black ink, you or the cashier must fill in the actual amount of the sale on the check. For fruit and vegetable checks, write the maximum value of the check if the sale exceeds the specified amount. This must be done at the time of purchase.
7. Using black ink, sign and date the check AFTER the amount of sale has been filled in.
8. For fruit and vegetable WIC checks only, you can pay for any extra amount owed. No change is returned from fruit and vegetable checks that are under the maximum value of the check.
9. Be sure to leave the store with your participant ID and all unused checks. Do not leave unredeemed checks or pre-signed checks at the store.
10. To contact the State WIC office by telephone dial (800) 741-2142 or email at [ctwic@ct.gov](mailto:ctwic@ct.gov).

# Shopping Tips

- When specified, you must buy the least expensive brand at the time of the purchase, which is usually the store or generic brand. All WIC approved foods are high quality regardless of the brand.

## Use Coupons

Store promotions, store savings cards, and any other type of discounts save money and help us serve more people.



- You can “buy one, get some free” if the store coupon/card allows it.
- Buy items in the largest sizes possible to get the most that you’re allowed on WIC checks.
- Bread and tortillas can be found in the bread aisle, in front of the deli, or in the ethnic food aisle.
- Tofu can be found in a refrigerated case in the produce section.
- Choosing only WIC approved foods on this list and in the right amounts will shorten your time at the register.
- Always bring this CT WIC Booklet with you when you shop.

### Weights:

ounces = oz.

16 ounces = 1 pound (lb.) or (#)

# Reminders

- Keep your WIC checks in a safe place and treat them the same as cash. If they are lost or stolen, they cannot be replaced. Report lost or stolen checks to your local WIC office.

- Your alternate or your caretaker can shop for you. Their signature must be on



the Participant Identification and they must have your participant booklet to shop for you. You are responsible for training both persons on how to use your WIC checks and for their action while shopping.

- You do not need to purchase everything on the check.
- Store credit, IOUs and rainchecks are not allowed.
- Respect WIC staff and store employees. Giving false information and buying the wrong foods is WIC abuse, as well as, physical and/or verbal actions against other WIC participants, WIC staff, property or store employees.
- If you feel that a store, a WIC participant or a staff person is doing something wrong, call your local WIC office.

# Dairy

**Must buy the least expensive brand at the time of the purchase.**

**Eggs** - Large, white or brown, 1 dozen, carton



## Milk

Only Skim (Fat Free/Nonfat) or 1% (Lowfat/Light) should be sold, unless specified on check  
1/2 Gallon or 1 Gallon



Skim



1%



2%\*\*



Whole\*

## UHT Milk

Unflavored  
(Whole\* 2%\*\* or 1%),



## Nonfat Dry Milk

16 oz. box

## Soy Milk

64 oz./half gallon paper carton



## 8th Continent Original



## Lactose Reduced or Lactose Free Milk

64 oz./half gallon paper carton (Skim, 1%, Whole\*)



## Silk Original

## Evaporated Milk - 12 oz.

Fat Free Skim, or 2%\*\* Homogenized- Vitamin D added (whole\*)



## Goat Milk-Meyenberg

Canned or packets

\* For 1 year old children only

\*\* Only when specified on the check



No flavored or raw milk.  
No organic milk or eggs.

# Dairy

**Must buy the least expensive brand at the time of the purchase.**

## Cheese

One package only, 16 oz. /1lb. (8 oz. only when specified on check)



\*\* Only American can be from the deli or sliced



## Fat Free Mozzarella -

One pound (lb.)16 ounces, prepackaged (Calabro and Polly-O only)



No deli or sliced cheese, except American. No individually wrapped slices, shredded or string cheese, cheese food, cheese product or spreads, cream cheese or cottage cheese, imported, flavored or organic cheese.

# Tofu

**Tofu** - Plain, 14-16 oz. package

**Nasoya** -Cubed, Super Firm, Firm, Lite Firm, Lite Silken, Silken, Soft

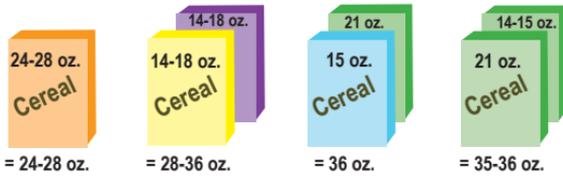
**Azumaya** - Firm, Extra Firm

**Nature's Promise** - Firm, Extra Firm

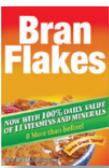


# Cereal

**Cold Cereal** Buy 1 or 2 bag(s)/box(es) totaling up to 36 oz. Only buy sizes 14 oz. or larger.



Choose type of cereal, then choose the least expensive brand at the time of the purchase.



## Bran Flakes

America's Choice, Best Yet, Big Y, Food Club Essential Choice, HY-TOP, IGA, Kiggins, Parade, Post, Price Chopper High Fiber, ShopRite, Stop & Shop



## Corn Flakes

America's Choice, Best Yet, Big Y, Food Club, Great Value, HY-TOP, IGA, Kellogg's, Kiggins, Krasdale, Parade, Price Chopper, ShopRite, Shurfine, Stop & Shop, Valu Time Fat Free Corn Flakes, White Rose



## Corn Squares

America's Choice Toasted/Crunchy Corn, Big Y Crispy Corn Squares, IGA Square Shaped Corn Biscuits, General Mills Corn Chex, Price Chopper Toasted Corn Crisps, ShopRite Crispy Corn Squares, Shurfine, Stop & Shop



## Crispy Rice

Best Yet, Clear Value Crisp Rice, Great Value, Malt-O-Meal Crispy Rice, ShopRite, Stop & Shop

# Cereal



## **Frosted Shredded Wheat**

America's Choice, Best Yet, Big Y, Clear Value, Food Club, HY-TOP, IGA, Kellogg's, Kiggins, Malt-O-Meal Frosted Mini Spooners, Market Pantry, Parade, Price Chopper, ShopRite, Stop & Shop, Valu Time

## **Grape Nuts/Nutty Nuggets**

Best Yet, Post Grape Nuts, Price Chopper, ShopRite Natural Wheat & Barley



**Kix**, plain - General Mills

**Oat Bran**, Quaker

## **Oat Squares**

Best Yet Oat Wise, Price Chopper Good Choice Cereal, Quaker Oat Life, Stop & Shop



## **Oats & Flakes**

Best Yet Honey, Oats & Flakes, HY-TOP Honey, IGA Honey, Malt-O-Meal Honey & Oat Blenders, Market Pantry Honey & Oat Mixers, Price Chopper Crispy Honey Oats & Flakes, ShopRite Honey Oat Clusters, ShopRite Oats and More with Honey, Shurfine Oats & More, Stop & Shop Honey Crunchin' Oats with Honey



**Rice Flakes**, Kellogg's Special K

**Rice Squares**, IGA Square Shaped Crispy Rice Biscuits, Rice Chex



## **Toasted Oats Plain**

America's Choice, Best Yet, Big Y, Food Club, General Mills Cheerios, HY-TOP, IGA, Kiggins Rollin Oats, Krasdale, Market Pantry, Parade, Price Chopper, ShopRite, Shurfine, Stop & Shop Oats & O's, ValuTime, White Rose

## **Toasted Oats Multigrain**

Multigrain Cheerios

# Cereal

## Unfrosted Shredded Wheat

Best Yet, HY-TOP Shredded Wheat, Kellogg's, Kiggins, IGA, Parade, ShopRite



## Wheat Flakes

Hy-Top Multi Grain Flakes, Kellogg's All Bran Complete Wheat Flakes, Post Grape Nut Flakes, Shurfine Wheat Bran, General Mills Total (not recommended for children under 4 years of age due to the high iron content.)

## Wheat Squares

Best Yet Crunchy Wheat, General Mills Wheat Chex

## Whole Grain Granola

Sunbelt Bakery Simple Granola  
Sunbelt Bakery Low Fat



## Gluten Free Cereal

Cream of Rice (hot cereal) General Mills Corn Chex, General Mills Rice Chex

## Hot Cereal - 14 oz. boxes or larger

America's Choice Original Hot Wheat

Best Yet Creamy Wheat

Cream of Rice

Cream of Wheat

1 minute, 2 ½ minute, 10 Minute

Farina Mills Original Farina

Maltex

Malt-O-Meal Original Hot Wheat Cereal

Maypo Vermont Style Maple Oatmeal

Price Chopper Enriched Quick Cream Farina

Ralston Creamy Wheat

Whole Grain Cream of Wheat



# Fruit Juice

**Must buy the least expensive brand at the time of the purchase.**

**100% juice and at least 120% Vitamin C**

## **Juice Concentrate**

Frozen 11.5 - 12 oz.

### **100% Apple Juice**

America's Choice, Best Yet, Clear Value, Food Club, Great Value, HY-TOP, IGA, Langers, Market Pantry, Old Orchard, Parade, Price Chopper, Seneca, ShopRite, Shurfine, Stop & Shop, Tipton Grove, Tree Top, Valu Time

### **100% Grape Juice**

America's Choice, Best Yet, Great Value, Langers (Purple and White), Market Pantry, Old Orchard, Seneca, ShopRite, Stop & Shop, Welch's (White and Purple)

### **100% Grapefruit Juice**

### **100% Orange Juice**

### **100% Orange Juice with Calcium\***

\*For women only

### **100% Juice Mixtures - all flavors**

Dole 100% Juice, Great Value, Langers, Market Pantry, Old Orchard, Welch's 100% - all yellow cap

### **100% Pineapple Juice**

Dole, Langers, Old Orchard, Market Pantry



### **Juice Concentrate**

Non-Frozen/Pourable

11.5 - 12 oz. metal cans

100% Juice Mixtures



No juice cocktail, beverages or drinks

# Fruit/Vegetable Juice

**Must buy the least expensive brand at the time of the purchase.**

**100% juice and at least 120% Vitamin C**

## **Fluid Juice - Refrigerated**

Refrigerated gallons and half gallons

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Half Gallon = 64 oz of fluid juice

Gallon = 128 oz of fluid juice



## **100% Orange Juice Only**

## **Vegetable Juice**

64 oz plastic

## **Vegetable Juices**

V8 Low Sodium

Price Chopper Low Sodium

## **Tomato Juice**

Campbell's Low Sodium



No juice cocktail, beverages or drinks

# Fruit Juice

**Must buy the least expensive brand at the time of the purchase.**

**100% juice and at least 120% Vitamin C**

**Fluid Juice - Not Refrigerated**

**64 oz. plastic bottle**

## **100% Apple Juice**

America's Choice, Best Yet, Big Y, Food Club, Great Value No Sugar Added, Harvest Classic, HY-TOP, IGA, Juicy Juice, Krasdale, Market Pantry, Mott's, Old Orchard, Parade, Price Chopper, Ruby Kist, Shurfine, ShopRite, Stop & Shop, Tipton Grove, White House, White Rose



## **100% White Grape Juice**

America's Choice, Best Yet, Big Y, Food Club, Great Value No Sugar Added, HY-TOP, IGA, Juicy Juice, Krasdale, Market Pantry, Old Orchard, Parade, Price Chopper, Shurfine, ShopRite, Stop & Shop, Tipton Grove, Welch's - All Varieties, White Rose, Valu Time

## **100% Purple Grape Juice**

America's Choice, Best Yet, Big Y, Food Club, Great Value No Sugar Added, HY-TOP, IGA, Juicy Juice, Krasdale, Market Pantry, Old Orchard, Parade, Price Chopper, ShopRite, Shurfine, Stop & Shop, Tipton Grove, ValuTime, Welch's Red Grape, White Rose

## **100% Juice Mixtures**

America's Choice (all flavors), Big Y Juice-A-Lot, IGA - Grape, Fruit Punch, Berry, Cherry, Great Value No Sugar Added, Great Value (all flavors), Nestle - Juicy Juice (all flavors), Market Pantry (all flavors), Old Orchard (all flavors) Price Chopper (all flavors), Stop & Shop (all flavors)

## **100% Grapefruit Juice/Blends - White or Pink**

America's Choice, Best Yet, Food Club, Great Value, HY-TOP, IGA, Parade, Price Chopper, Shurfine, ShopRite, Stop & Shop, White Rose

## **100% Pineapple Juice**

Best Yet, Food Club, Langers, Libby's, Old Orchard, Price Chopper, Ruby Kist, Stop & Shop



**No juice cocktail, beverages or drinks**

# Infant Products

## Baby Foods in Jars - Stage 2

4 oz. jars only, Beech-Nut® only  
Fruits - Only the 5 pictured below



Stage 2  
Apples



Stage 2  
Chiquita® Bananas



Stage 2  
Pears



Stage 2  
Mango



Stage 2  
Peaches

## Vegetables - Only the 5 pictured below



Stage 2  
Squash



Stage 2  
Sweet Potatoes



Stage 2  
Sweet Carrots



Stage 2  
Sweet Peas



Stage 2  
Green Beans

# Infant Products

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## Infant Formula- With Iron

The brand name, container size and type of formula is printed on the WIC checks.

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## Infant Cereal - Beech-Nut®, 8 oz. dry, boxes, Rice, Oatmeal, Multigrain



No added fruits, crisps, formula or DHA

**Allowed only for exclusively breastfed babies.**

**Meats - Beech-Nut only**  
2.5 oz. - Only the 3 pictured below



Stage 1 Beef & Beef Broth  
Stage 1 Chicken & Chicken Broth  
Stage 1 Turkey & Turkey Broth

# Fruits

## Fresh Fruits

- Any variety
- May be sold by the piece, by the package or by the pound



## Frozen Fruits

- Any variety
- Without added sweeteners, sugars or syrup
- May be sold as “mixed” fruit



## Canned Fruits

- Any variety-without added sweeteners, sugars, syrup, fats, oils, or salt
- May be packed in juice or water



No fruit rollups, fruit snacks, cranberry sauce or pie filling. No raisins or dried fruits. No items from the salad bar, party trays, or fruit baskets.

# Vegetables

## Fresh Vegetables

- Any variety EXCEPT POTATOES (Orange yams and sweet potatoes are allowed)
- May be sold by the piece, by the package or by the pound



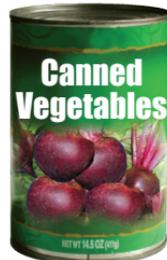
## Frozen Vegetables

- Any variety EXCEPT POTATOES or items with potatoes
- Without added sweeteners, sugars, fats, oils
- May be sold as “mixed” vegetables, but must not contain potatoes
- Must not be packed with sauce



## Canned Vegetables

- Any variety EXCEPT POTATOES or items with white potatoes
- Without added sweeteners, sugars, syrup, fats, oils
- May be regular or lower in sodium
- Also includes plain canned tomato sauce/plain spaghetti sauce without added sweeteners, sugars, syrup, fats and oils
- Canned tomato sauce/spaghetti sauce may only be purchased with fruit and vegetable checks



No herbs, spices, or olives. No party trays, pickled vegetables or items from the salad bar.

# Bread/Grain

## 100% Whole Wheat Bread

1 pound (lb.) or 16 oz. loaf

- Alvarado Street Bakery  
Essential Flaxseed Bread
- America's Choice
- Arnold Stoneground
- Best Yet
- Big Y
- Bimbo
- Central Market Classics
- Country Kitchen
- Gold Medal Bakery
- Gold Medal Bakery Wheat with Flaxseed
- Great Value
- Holsum
- Nature's Harvest
- Pas Yisroel
- Penn Street
- Pepperidge Farm Light Style
- Pepperidge Farm Stoneground
- Pepperidge Farm Very Thin Sliced Soft
- Sara Lee
- ShopRite
- Stop & Shop
- Stop & Shop Whole Wheat with Flaxseed
- Stop & Shop No-Salt Added Whole Wheat
- Stern's
- Sunbeam
- Weight Watchers
- Windmill Farms Stone Ground-Menzanos
- Windmill Farms Stone Ground-Hamotze
- Wonder

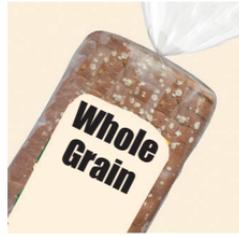


# Bread/Grain

## Whole Grain Bread

1 pound (lb.) or 16 oz. loaf

- Country Kitchen Wheat Italian
- Pepperidge Farm Whole Grain Seeded Rye
- ShopRite 12 Grain
- Weight Watchers Multi Grain



**Tortillas** 1 pound (lb.) or 16 oz. bag

## Whole Wheat Tortillas



- Big Y
  - Chi-Chi's
  - Don Pancho
  - Food Club
  - IGA
  - LaFe
  - La Banderita
- 
- Mayan Farms
  - Mission
  - Nature's Promise Whole Grain
  - Ortega
  - Pepito
  - ShopRite
  - Stop & Shop
  - Tropical

**Tortillas** 1 pound (lb.) or 16 oz. bag

## Corn Tortillas

- Chi-Chi's White Corn
- Don Pancho White Corn
- Stop & Shop White Corn
- La Banderita Corn
- La Poblanita Corn
- Mission Yellow Corn
- Pepito Corn Tortilla
- Nature's Promise Whole Grain Corn

# Bread/Grain

## **Brown Rice**

Dry 1 pound(lb.) or  
14-16 oz. bag/box, least  
expensive brand.



- America's Choice Long Grain
- Best Yet Instant
- Best Yet Long Grain
- Big Y Instant
- Carolina, Goya, Minute, Mahatma, Success
- C & F Boil-in-Bag
- C & F Instant
- C & F Long/short grain
- Food Club Boil-In-Bag
- Food Club Instant
- IGA Instant Long Grain
- Price Chopper Boil-In-Bag
- Price Chopper Instant
- Riceland Natural
- Shurfine
- Stop & Shop Boil-in Bag
- Stop & Shop Instant
- Uncle Ben's Fast & Natural Whole Grain Instant
- Uncle Ben's Natural Whole Grain
- Uncle Ben's Whole Grain Boil-in-Bag
- White Rose

# Bread/Grain

## **100% Whole Wheat Pasta/Macaroni Products**

16 oz. box/bag

- Gia Russa
- Hodgson Mill Whole Wheat Whole Grain
- Nature's Promise

# Other

Must buy the least expensive brand at the time of the purchase.



## Peanut Butter

16-18 oz. jar, Unflavored, smooth, creamy, or chunky



## Legumes

Any variety-beans, peas, or lentils. Dry, 1 pound (lb.) 16 oz. bags OR 15-16 oz. cans. Canned Beans may be plain or vegetarian. Cans may not contain added sugars, fats, oil, vegetables, fruits, or meats. No baked beans.



## Canned Fish

Must buy the least expensive brand at the time of the purchase.

Allowed only for certain categories of pregnant and breastfeeding women.

**Sardines** - 3.75 oz.can

**Tuna** - light only, 5 oz. can

**Salmon** - 6-15 oz.cans

Canned fish may be packed in water or oil; with added sauces and flavorings





# Connecticut WIC Program Participant Identification

Bring this participant booklet for **ALL** visits to the WIC office and the grocery store.

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Family ID Number

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Local Agency Code



*Babies were  
born to be  
breastfed.*

The signature(s) below must agree with the signature on the WIC check(s).

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Payee's Name (Please print)

---

Payee's Signature

---

Caretaker's Name (Please print)

---

Caretaker's Signature

---

Alternate's Name (Please print)

---

Alternate's Signature

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Staff Signature

USDA is an equal opportunity provider and employer.

# Connecticut WIC Program Participant Identification

Bring this participant booklet for ALL visits to the WIC office and the grocery store.

Family ID Number

Local Agency Code



Babies were  
born to be  
breastfed.

The signature(s) below must agree with the signature on the WIC check(s).

Payee's Name (Please print)

Payee's Signature

Caretaker's Name (Please print)

Caretaker's Signature

Alternate's Name (Please print)

Alternate's Signature

Staff Signature

USDA is an equal opportunity provider and employer.

**SECTION: Food Delivery****SUBJECT: Request for Alternate and/or Caretaker**

**Federal Regulations:** §246.2 and 246.12(r)(1)

Also see WIC 200-23

**POLICY**

A payee may request in writing designation of an *alternate* to redeem WIC checks at the store. A payee may request in writing designation of a *caretaker* to participate in mid-certification and nutrition education visits, sign required forms in absence of the payee and perform all the duties of an "alternate" (see below definitions).

**Basis for Policy**

Federal WIC Regulations at 246.2 *Definitions- Proxy* and 246.12 (r) (1), Requests from local agencies and recent monitoring findings. In Connecticut we are using the term "alternate" rather than "proxy". Further, we are adjusting this policy to reflect the fact that a nutrition education contact is expected at each WIC clinic visit. Therefore, this policy now limits the duties of an alternate to shopping for WIC foods. Since implementation of one-year certifications for children, we are adjusting caretaker's scope. A caretaker can no longer represent a payee at the annual re-certification appointment. However, a caretaker can represent a payee at the mid-certification and second nutrition education contacts.

**Definitions**

An alternate is defined as any person designated by the payee to obtain and transact food instruments or to obtain supplemental foods on behalf of a participant/payee. An "alternate" **cannot** certify or participate in nutrition education on behalf of an infant or child however, a "caretaker" can.

A "caretaker" is defined as a person who is authorized by a participant or the parent/guardian of a participant to:

- participate in mid-certification and nutrition education sessions;
- sign all required forms; and
- shop for WIC foods (duty of an "alternate").

The "caretaker" **must** be someone responsible for the primary care and well being of the participant and must be able to provide information on the eating habits and medical condition of the participant(s) i.e. parent (father) or grandmother. Individuals only responsible for the occasional care of the participant do not fall within the definition of "caretaker".

An "Alternate or Caretaker Request and Authorization Form" must be completed when an "alternate"/"caretaker" is designated and the respective responsibilities of each are listed as follows:

## For clarification:

### An Alternate

- must be at least fifteen (15) years of age
- can serve no more than two families
- should be trusted by the participant/payee
- can shop for WIC Foods
- **cannot** represent a payee at any nutrition assessment or education sessions (certification, mid-certification or second contacts)

A payee may only have one authorized alternate at a time.

### A Caretaker

- must be able to provide information on the eating habits and medical conditions of the participant's/payee's child(ren) and the payee.
- can shop for WIC Foods
- **can** represent a payee at mid-certification and nutrition education session

A payee may only have one authorized caretaker at a time

Local agency staff must ensure that only three individuals, the payee, the alternate and/or the caretaker, may use WIC checks.

### Procedures for Authorizing an Alternate or Caretaker in Person

1. A payee may request in writing designation of an alternate to redeem WIC checks. If an alternate is not desired or not authorized, **cross out or otherwise invalidate** the "Alternates Name" & "Alternate's Signature".
  - If, at a later date the payee is interested in designating an alternate place an appropriate "alternate sticker" over the invalidated section and follow procedures to authorize an alternate.
2. A payee may request in writing designation of a caretaker to participate in mid-certification and nutrition education, sign required forms in absence of the payee and perform all the duties of an "alternate" (see above definitions). If a caretaker is not desired or not authorized, **cross out or otherwise invalidate** and/or "Caretaker's Name" and "Caretaker's Signature boxes".
  - If, at a later date the payee is interested in designating caretaker, place an appropriate "caretaker sticker" over the invalidated section and follow procedures to authorize a caretaker.
3. Inform the payee that it is her/his responsibility to explain to the alternate the correct use of WIC checks at the store. If an alternate has been authorized, tell the payee that if (s)he is unable shop for WIC foods, the alternate must present the payee's WIC ID folder at the store for proof of identity.

4. Inform the payee it is her/his responsibility to explain to the caretaker WIC's general office procedures e.g. basic WIC second contact (individual or group nutrition education) and mid-certification process including how to sign for WIC checks and shop for WIC foods at the store. If a caretaker has been authorized, tell the payee that if the caretaker is representing her at a make a WIC nutrition education or mid-certification appointment or while shopping for WIC foods the caretaker must present the payee's WIC ID folder for proof of identity. Note: It is also acceptable to ask a caretaker for proof of identification if the WIC staff person assisting the caretaker at the time of the WIC visit isn't familiar with that person.
5. Encourage the payee/alternate/caretaker to report all problems with a WIC vendor to the local WIC office.
6. The selection of an alternate/or caretaker by a payee should be documented in the participant's file using the Request for Alternate/Caretaker form. The form MUST be retained by the local program and shall clearly indicate the individuals authorized to use each set of WIC checks and participate in WIC certification and nutrition education and shall include the individuals' signatures. However, **non-selection** of an alternate and/or caretaker should be documented in SWIS, screen #111. It is at the discretion of the Program Coordinator to choose to document selection/non-selection of an alternate/caretaker in both the participant's file and in SWIS.

In summary:

- Complete the Request for Alternate/Caretaker form. (Note: If the payee requests that an alternate/caretaker be authorized until further notice, complete the form accordingly.)
- Complete the appropriate information on the WIC ID folder
- Retain the completed Request for Alternate/Caretaker form in the participant's file

**Procedures for Authorizing an Alternate or Caretaker when the Alternate and/or Caretaker is/are NOT present:**

- Complete the Request for Alternate/Caretaker form. (Note: If the payee requests that an alternate be authorized until further notice, complete the form accordingly.)
- Provide the request form and WIC ID folder if necessary to the participant.
- Have the participant return the completed ID and form to the WIC office and compare the alternate's and/or caretaker's signature.
- Retain the completed Request for Alternate/Caretaker form in the participant's file.

## **Authorization of a Caretaker When Payee is Not Present**

If the payee sends the proposed caretaker to pick up WIC checks, participate in a mid-certification or nutrition education session along with the WIC ID and a signed note requesting authorization of the caretaker.

- Verify the payee signature on the note with the payee's signature on file and on the WIC ID folder.
- Local agency staff must sign and date the note and record the family number on the note.
- Have the caretaker sign and date the note.
- Complete the appropriate information on the WIC ID folder. Limit the duration of alternate/caretaker authorization to one month unless the payee in the note specifies a longer.
- Retain the completed note in the participant's file.

## **Reviewing Requests for Alternate or Caretaker**

When reviewing a request for an alternate or caretaker, verify the individual's identity *before* completing the authorization. The alternate or caretaker must be either an adult or an emancipated minor (parenthood, marriage, court decree, self-sufficiency with relinquishment of parental rights and duties).

The authorized alternate and/or caretaker must sign on a currently valid WIC ID folder, which the payee has previously signed.

The alternate and/or caretaker must present a valid WIC ID folder in order to be able to pick up checks. **If the WIC ID is lost, the payee must appear in person to obtain a new card or folder unless the WIC Coordinator or CPA on staff documents special hardship.**

A WIC staff member shall not serve as an alternate or caretaker for a WIC payee without written authorization from the local program coordinator.

## **Hardship/Emergency**

In documented cases of hardship or emergency, the local program coordinator or CPA may authorize a temporary (one month) caretaker with a verbal or phone request from the payee. This should be documented in the SWIS file and a hold placed on future issuance of WIC checks in order to complete necessary paperwork.

In instances of special hardship (For example: payee is hospitalized):

- On a Request for Alternate/Caretaker form, document the hardship.
- Record the effective dates for a one-month period and complete the signature sections for the caretaker and local WIC office.
- Complete the alternate information on the WIC ID folder.

Retain the signed Request for Alternate/Caretaker form in the participant's file.

## Guidance for Common Scenarios

As a reminder, the caretaker option is an exception for convenience and flexibility for the family but our expectation is that the payee be present unless there is a special circumstance.

It seems when flexibility is added that it is then assumed that an **exception** becomes a rule. It was never the intent of the State agency to have caretakers assume the role of the payee, or be present at every WIC appointment. It was and still is intended to be a rare occurrence and should be communicated to the participant/payee in this manner.

**Mom (payee) is working full-time or frequently and Dad or father of baby/child (caretaker) is coming in for appointments all the time.** In this situation discuss with family what would work best for them. Does it make sense to have Dad as the payee to avoid the problem of the Mom coming in one time a year for the certification visit? Explain that if the WIC payee is shifted to Dad what that means for the family. Let the Mom know that if at any point she wants to become the payee again, the Dad will have to approve the change by completing a new alternate/caretaker form in which the Dad reverts back to the alternate or caretaker role. The only exception is when she becomes pregnant then she will revert back to the payee without approval from Dad.

**Dad is the Payee and the Mom (caretaker) becomes pregnant. The Mom must revert to the payee.** Again, this requires a conversation with the family. Let the Dad know he can participate as the caretaker, but since the Mom is pregnant, we will require her to participate in her certification, second contacts including prenatal weight checks and re-certifications as either a breastfeeding or postpartum participant.

**Mom (payee) is working full-time or frequently and grandmother of baby/child (caretaker) is coming in for appointments all the time.** In this situation discuss with family what would work best for them. Does it make sense to have grandmother as the payee to avoid the problem of the Mom coming in one time a year for the certification visit? Explain that if the WIC payee is shifted to grandmother what that means for the family. Let the Mom know that if at any point she wants to become the payee again, the grandmother will have to approve the change by completing a new alternate/caretaker form in which the grandmother reverts back to the alternate or caretaker role. The only exception is when the Mom becomes pregnant then she will revert back to the payee without approval from the grandmother.

**Grandmother is the Payee and the Mom (caretaker) becomes pregnant. The Mom must revert to the payee.** Again, this requires a conversation with the family. Let the grandmother know she can participate as a caretaker for the children, but since the Mom is pregnant, we will require her to participate in her certification, second contacts including prenatal weight checks and re-certifications as either a breastfeeding or postpartum participant.

Note: No "Change of Payee" form will be required in order to lessen the amount of paperwork for WIC local agency staff. In most cases, the payee will either be the mother, father of child or grandmother. When a family decides to make a payee change, the expectation is that an updated alternate/caretaker form would be completed with the former payee as either the alternate or caretaker. The change of payee should also be documented in SWIS in comments. When a family

decides to change back to the original payee (mother), complete a new alternate /caretaker form as described above.

### **Program Abuse by Alternate or Caretaker**

Abuse of the program by an alternate or caretaker shall, as a minimum, result in the alternate's /caretaker's disqualification from serving as an alternate/caretaker for the duration of the certification period.

First offenders may be issued a warning rather than being disqualified if a Coordinator or CPA determines and documents that such disqualification would, in effect, prevent the participant from receiving program benefits.

**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
WIC PROGRAM**

**ALTERNATE OR CARETAKER REQUEST AND AUTHORIZATION FORM**

Family ID # \_\_\_\_\_

Name of Payee \_\_\_\_\_

Valid dates of form:

From \_\_\_\_\_ to \_\_\_\_\_

Date voided:
Participant's Initials
WIC Staff's Initials

There may be times when you are unable to shop for WIC foods, attend a mid-certification appointment or nutrition education session. You may choose an alternate or caretaker to represent you at these times. There are differences between an alternate and caretaker. Please read descriptions carefully.

**You are not required to have an alternate or caretaker.**

<p><b>Alternate:</b></p> <ul style="list-style-type: none"> <li>can serve no more than two families</li> <li>should be someone you know well and trust</li> <li>can shop for you</li> </ul>	<p><b>Caretaker (can be parent or guardian):</b></p> <ul style="list-style-type: none"> <li>must be able to provide information on the eating habits and medical conditions of your child or you.</li> <li>can represent you at mid-certification and at nutrition education sessions</li> <li>can perform the duty of an alternate (shop)</li> </ul>
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<p><b>Please check one of the following for the person below:</b></p> <p><input type="checkbox"/> Alternate                      <input type="checkbox"/> Caretaker</p> <hr/> <p>Signature _____ Date _____</p> <hr/> <p>Name (please print) _____</p> <hr/> <p>Address _____ Apt # _____</p> <p>_____ CT, _____</p> <p>City _____ Zip Code _____</p> <hr/> <p>Telephone # _____</p>	<p><b>Please check one of the following for the person below:</b></p> <p><input type="checkbox"/> Alternate                      <input type="checkbox"/> Caretaker</p> <hr/> <p>Signature _____ Date _____</p> <hr/> <p>Name (please print) _____</p> <hr/> <p>Address _____ Apt # _____</p> <p>_____ CT, _____</p> <p>City _____ Zip Code _____</p> <hr/> <p>Telephone # _____</p>
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*It is your responsibility to instruct your alternate/caretaker in the proper use of the WIC Program. You must notify the WIC Program of any changes.*

\_\_\_\_\_  
**Signature of Payee/Participant/Parent/Guardian** **Date**

\_\_\_\_\_  
**Signature Local WIC Staff** **Date**

<b>Office Use:</b>
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**ESTADO DE CONNECTICUT  
DEPARTAMENTO DE SALUD PÚBLICA  
PROGRAMA WIC**

**Formulario para asignar un tutor o sustituto**

Número de Identificación de familia \_\_\_\_\_

Nombre de identificación del beneficiario \_\_\_\_\_

Fechas válidas: Desde \_\_\_\_\_ Hasta \_\_\_\_\_

Se vence en:
Iniciales del Participante:
Iniciales del oficial de WIC:

Puede haber momentos en los que no pueda ir a comprar alimentos del programa WIC, asistir a las citas de mid-certificación o sesiones educativas. Usted puede elegir un sustituto o tutor para que le represente en estos tiempos. Hay diferencias entre un sustituto y tutor. Por favor, lea cuidadosamente las descripciones.

**No es necesario que tenga un sustituto o tutor.**

<p><b>Sustituto:</b></p> <p>Puede servir a no más de dos familias</p> <p>Debe ser alguien que usted le tenga confianza</p> <p>Puede comprar los alimentos de WIC por usted</p>	<p><b>Tutor</b> (Puede ser el padre o guardián legal):</p> <p>Debe ser capaz de proporcionar información sobre los hábitos de alimentación y las condiciones médicas de su niño(a) o usted.</p> <p>Puede representarle en las citas para mid-certificación y en sesiones educativas de nutrición</p> <p>Puede realizar las funciones de un sustituto</p>
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<p><b>Por favor marque una de las siguientes para la persona a continuación:</b></p> <p style="text-align: center;"><input type="checkbox"/> <b>Sustituto</b>                      <input type="checkbox"/> <b>Tutor</b></p> <hr/> <p>Firma _____ Fecha _____</p> <hr/> <p>Nombre (en letra de molde) _____</p> <hr/> <p>Dirección _____ Apt # _____</p> <p>_____ CT, _____</p> <p>Ciudad _____ Código Postal _____</p> <hr/> <p># de Teléfono _____</p>	<p><b>Por favor marque una de las siguientes para la persona a continuación:</b></p> <p style="text-align: center;"><input type="checkbox"/> <b>Sustituto</b>                      <input type="checkbox"/> <b>Tutor</b></p> <hr/> <p>Firma _____ Fecha _____</p> <hr/> <p>Nombre (en letra de molde) _____</p> <hr/> <p>Dirección _____ Apt # _____</p> <p>_____ CT, _____</p> <p>Ciudad _____ Código Postal _____</p> <hr/> <p># de Teléfono _____</p>
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*Es su responsabilidad instruir su sustituto/tutor en el uso adecuado del Programa WIC. En todo momento, la firma del tutor/sustituto deberá aparecer en el folleto de identificación del participante. Usted debe notificar al Programa WIC de cualquier cambio.*

\_\_\_\_\_  
*Firma del beneficiario/Participante/Padre/Guardián Legal* *Fecha*

\_\_\_\_\_  
*Firma del empleado del Programa WIC* *Fecha*

Para uso oficial:
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**SECTION: Food Delivery****SUBJECT: Check Pickup**

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**POLICY****Base Check Pickup Date**

The base check pickup date is the day of the month that the participant is scheduled to pickup checks. This date is automatically set to the day a participant is certified and defines the participant's pickup cycle. This date represents the first day a check is valid.

**For example**, if a participant is certified on June 16, the participant's base check pickup date is June 16 and the participant's pickup cycle is on the 16<sup>th</sup> of each month.

As checks are printed, the base check pickup date will roll forward one month. This will occur for each month of checks that is printed. Thus, the base check pickup date represents the date through which a participant has been issued checks.

**Next Base Check Pickup Date**

The next base check pickup date is equal to one calendar month (30 days) from the base check pickup date. This date is the last day a check is valid.

**For example**, the participant's base check pickup date is June 16 and the next base check pickup date is July 15. The checks printed for this period will be valid from June 16 through July 15.

Situations may arise that require the participant's next check pickup date to be altered. For example, a new participant is being added to an already existing group. An infant was certified on April 15. The infant's mother and sister were certified on March 21. The infant's base check pickup date and the group's base check pickup date are different. A change in a group relationship is necessary. Changing next base check pickup date will permanently alter the participant's pickup cycle. If minor scheduling changes are necessary, the participant's scheduled check pickup date should be changed. The next base check pickup date cannot be more than one month from the base check pickup date.

To adjust a participant's pickup cycle to a group, the next base check pickup date should be set equal to the group's next base check pickup date. The participant's checks will be valid until the participant's base pickup date is the same as the group's base check pickup date.

**Scheduled Check Pickup Date**

The scheduled check pickup date is the date the participant is scheduled to pickup checks. This date typically is the same as the next check pickup date (base date) but this is not always the case.

**For example**, the participant's next base check pickup date may be June 16. Because this date is a Sunday, the participant's scheduled check pickup date may be the Friday before, June 14, or the following Monday, June 17. Participants may pick up checks 30 days prior to the base check pickup date.

## Guidance

**Q:** Since we are no longer pre-printing before certification date, will that change the base date, term date and/or check date or will it be up to the program assistant to make sure they always come in after the term date? Sometimes multiple certifications will not allow this to take place.

STATE AGENCY RESPONSE:

Re-certifying before the term date will change the "Day to Use" of the last set of checks from a proration to a full 30 days, thereby avoiding the proration situation and keeping the client on the same monthly schedule.

**Q:** Often, we change the base date for families with more than one participant so they are on the same dates. It's easier for them to pay attention to the dates on the checks. Will we still be able to do this? If we are, will we be able to print those remaining checks when it's time to recertify?

STATE AGENCY RESPONSE:

Changing the base dates to align all the family members forces a prorated package, which always has the potential to issue too much or too little food. Instead, we recommend that all family members are scheduled for their check pickups within a 30-day window. The base dates do not need to be exactly aligned. In these cases, make sure that participants are aware of the differences in each family member's checks- first day of use and last day of use.

**SECTION: Food Delivery**

**SUBJECT: Check Prorating**

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**POLICY**

Prorating should now only occur when a participant goes off the program permanently, such as when categorically terminating or moving out of state.

If a participant comes in on any day after their check pickup date (base date), the base date advances to that day and they get a full month's worth of checks. They essentially lose any benefits between the time of their last checks ending and the current date.

When a participant comes in for checks and a re-certification, be sure to re-certify first and then print checks. This will avoid forcing a prorate at the end of their current certification period.

Refer to 400-05 for more information on WIC Check Pickup.

**SECTION: Food Delivery**

**SUBJECT: Changing Food Package**

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**POLICY**

To change a participant's food package determine the new food package to be issued, including the type and quantity of foods to be given.

If the change is not immediate, inform the payee/alternate/caregiver when the new food package will take effect.

If the change is immediate, prepare checks for the new food package.

Void the previously issued checks with the proper code. Use the "Void in Hand" code only if you are in possession of the checks.

Use the "Void as Used" code if the checks have been used at an Authorized WIC Vendor. Mark each check as Void and file them with that day's WIC check stubs.

Issue the checks for the new food package.

## Guidance

Q: Can payees' of 6-11 month infants have the option of requesting all formula vs. baby food?

### STATE AGENCY RESPONSE:

No. The food packages are issued based on the age of the infant. The mother will not have an option to select more formula instead of baby foods. Adjustments in amounts of formula for 6-11 month infants (getting formula in amounts of 4-5 month old package) can only be made with medical documentation.

Q: Interim Food Package Rule Table 3-Food Package III, footnote 15 states "32 dry ounces of infant cereal may be substituted for 36 oz of breakfast cereal. Can we offer infant cereal to those children with medical issues requesting it by the MD?

### STATE AGENCY RESPONSE:

Yes, children receiving Food Package III will be able to receive four (4) 8 oz. cartons of Beechnut infant cereal instead of 36 oz of breakfast cereal. Medical documentation is needed to make this substitution, as it is only allowed in FP III and the form is necessary for all foods provided in this food package. All other items must be tailored out if necessary and no other substitutions are allowed.

Q: If a child is prescribed Pediasure and the doctor doesn't mark whole milk, would they still get LF [lowfat] milk? What if the doctor wants whole milk and no other medical food? Could we give just whole milk with no medical food and document as to why?

### STATE AGENCY RESPONSE:

A doctor wouldn't necessarily require whole milk for a child on Pediasure as a rule. We would issue checks for lowfat milk and suggest the mom purchase 2%. The difference in calories between whole and 2% is negligible and it is a more heart healthy alternative. Additionally, you may also be concerned that if the child is consuming 3 cans of Pediasure per day and the entire allotment of fluid milk they may not be able to eat (due to sheer volume) adequate amounts of solids which could also present a nutritional problem.

No, Food Package III is used to provide medical foods and conventional supplemental foods. There is no option to provide whole milk without the issuance of a formula or medical food to a child over 2 years of age. Whole milk for children 2 years and older and women is not authorized in any food package but Food Package III.

Q: Can we have a food item checklist so people can pre-select their food items prior to sitting w/the nutritionist? Can a tool for food preferences/frequency be developed (or is this contained in the new SWIS) to assist the local agency with the interview re: food package choices (to decrease time expended on process?) Can we have a food item checklist so people can pre-select their food items prior to sitting w/the nutritionist?

## STATE AGENCY RESPONSE:

We may consider this for returning participants, however, since the food package prescription is individualized and based on a complete nutrition assessment we may not want to provide this option for new applicants or those participants changing categories i.e. pregnant mom to breastfeeding mom. Additionally, if specific health related issues come up during the course of the assessment, certain food items or options may not apply to all participants. To avoid the awkwardness or confusion of participant selecting milk- then stating they have a milk allergy – it may not be such a good idea. This is something we need to think about in more detail. We understand the need for efficiency and will consider this when programming the system (SWIS) to be as user-friendly as possible.

**SECTION: Food Delivery****SUBJECT: Theft and/or Loss of WIC Checks issued to Participants**

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**POLICY**

Complete the Lost or Stolen Check report for all reported occurrences of damaged, lost, or stolen checks.

**Procedure for replacement of checks issued to participants**

WIC checks issued to participants shall not be replaced except under the following circumstances:

- Only Infant lost/stolen checks shall be replaced. (only Formula or Special foods)
- Damaged and returned to the local agency.
- Damaged or destroyed by a documented Fire or Natural Disaster, e.g., hurricane, tornado, flood, etc.
- Foster mother who is unable to obtain issued checks from the birth mother.

Call the State WIC agency for guidance under any other circumstance.

**Stolen/Lost Check Procedure**

1. All local WIC agencies must complete as needed and E-Mail to the State agency Lost-Stolen Checks Report Spreadsheet. A copy can be found @ L:\Local Agency INFO\Lost-Stolen Check Report.xls, or it can be saved and placed on your desktop.
2. Lost or stolen checks are to be checked on the "Cater" program only if it has been nine (9) days from the first day of use. If checks have been redeemed, look up on the "*WIC Banking Program*" print and scan redeemed checks. A copy of these checks is then sent back to the local WIC agency via email notifying them that the checks requested have been cashed. If the checks have not been cashed, depending on the circumstances the checks may be replaced.
3. The State agency completes the Lost-Stolen report and sends it back to the local WIC agency.
4. Copy and paste Lost-Stolen Report information onto the Lost-Stolen Checks Master Spreadsheet. The Master report can be found @ L:\Local Agency INFO\Lost-Stolen checks Master.

The state agency then checks to see that any replacement checks given to the participants by the local WIC agencies have been redeemed and update the Master spreadsheet accordingly. (presentment date obtained from "Cater").

Special Reminders:

- Only void and reissue formula/medical food checks that have not been redeemed
- Only Infant lost/stolen checks shall be replaced if checks have not been redeemed. (only Formula or Special foods)
- Any damaged checks that are returned to the local agency may be replaced.
- Checks damaged or destroyed by a documented Fire or Natural Disaster, e.g., hurricane, tornado, flood, etc. may be replaced.
- Foster mother who is unable to obtain issued checks from the birth mother may receive replacement benefits.

# Lost-Stolen Check Report

Local Agency name	Local Agency contact person	Date of request	Participant ID #	Situation	Original Check # (one check # per line)	First Day to use of original check	Is original check redeemed? (Yes/No)	Request to void/reissue granted by:	Replacement Check # (one check # per line)	First Day to use of replacement check	Is replacement check redeemed? (Yes/No)	Comments
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**SECTION: Food Delivery****SUBJECT: Unused WIC Check Stock Inventory**

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**POLICY**

In order to minimize the chances of a theft or loss of unissued WIC check stock on hand, local agencies will use a locked storage area for all check stock that is intended for immediate use.

The unused check stock distribution report provides the ranges of check numbers and total number of checks in each agency. WIC checks are ordered on a quarterly basis from RR Donnelly and shipped to local agencies at the State Office's request.

The Food Resource and Vendor Management (FRVM) Supervisor manages the unused check stock process. Each month the local agencies must perform a reconciliation of perpetual and physical inventories of the unissued WIC check stock and submit it the State Office. The Coordinator or his/her designee must run the unused check stock report for their own agency and conduct a physical inventory of checks on hand. The Unused Check Stock Inventory Report must be reconciled to the physical inventory of the check stock on the premises by making a notation confirming each batch of check stock that has been located and explain any missing check stock. Any unissued WIC check stock that will not be used should be voided in the system. Each check should be marked as Void and placed with that day's issued check stubs.

**Voiding Unissued WIC Check Stock**

- Go to Screen WICPS303, Void/Reissue Screen
- Specify the range of checks to be voided
- Void the checks "IN HAND"
- Enter "NO" at the "Reissue" prompt
- Press F5 and select Void/Reissue from the light bar to void the checks

An Outlook appointment reminder has been placed on the Coordinators' calendars to submit the report by the 15th of every month. The receipt of these reports is tracked in an Excel spreadsheet (Check Stock Inventory Report tracking) at the State Office.

Every quarter, the current check stock for each agency is entered into an Excel spreadsheet (Check Usage) as the Amount on Hand. The spreadsheet contains calculations for the Monthly Average Usage, the Amount Needed, the Number of Cartons needed. This information is transferred to a Local Agency table for ordering a check delivery from RR Donnelly. Once checks are delivered to the agencies, the Coordinator or his/her designee must verify the check numbers received with the information on the packing slip. The staff member must email or fax a copy of the packing slip to the FRVM Supervisor within three (3) days of the delivery, with the check numbers handwritten on the packing slip for clarity. The check numbers and quantities of checks are reconciled to an Excel spreadsheet sent by RR Donnelly. The ranges of check numbers must be entered into SWIS by the local agency for use. The state office also enters the check ranges into CATER in order to appear on the Unused Check Stock Distribution report and the copies of the packing slips are emailed to the

business office. The DPH Business Office sends the invoices for each local agency shipment. The invoices must be approved and signed by the FRVM Supervisor and forwarded back to the DPH Business Office.

These procedures will be followed for all reported occurrences of damaged checks or in cases involving a theft and/or loss of unissued WIC check stock at local agencies:

- Determine the extent of the loss and make a list of all check numbers involved.
- Notify the local police department and the State WIC office immediately.
- Local agency staff must write a description of the theft and/or loss including date and time discovered and surrounding circumstances.
- Forward copies of both the police report and local agency reports to the State WIC office.
- Void the check numbers of the missing checks from the unused check stock.

**SECTION: Food Delivery****SUBJECT: Issuance of Contract Standard Formula, WIC Special Formula, WIC Approved Foods and Religious Preference Formula Issuance**

Federal Regulations 246.10(d) (2) (i)

**POLICY**

The Connecticut WIC Program promotes breastfeeding as the normal and optimal method to feed infants for at least the first year of life with a special emphasis on the health benefits derived by exclusive breastfeeding for the first six months. If infants do consume formula, the program supports the American Academy of Pediatrics (AAP) recommendation that all formula fed infants receive iron-fortified formula for the first year.

In accordance with the recommendation, the Connecticut WIC program has a sole source contract with Mead Johnson® to provide standard iron-fortified milk and soy based formulas ***Enfamil PREMIUM Infant***® and ***Enfamil ProSobee***® for healthy infants from birth to twelve months of age whose mothers choose not to breastfeed or who partially breastfeed. **Effective October 1, 2013**, Connecticut WIC has approved ***Enfamil Gentlease*** as a contract standard formula no longer requiring a prescription. However, like all other cow's milk based formulas, this product should not be provided to anyone with a known or suspected milk allergy. Also, like other products containing lactose, this product is contraindicated when a totally lactose free diet is indicated.

Women who make the decision to use formula should receive support in their decision and receive complete and accurate information regarding the proper preparation, use and storage of formula. [http://www.nal.usda.gov/wicworks/Topics/FG/Chapter4\\_InfantFormulaFeeding.pdf](http://www.nal.usda.gov/wicworks/Topics/FG/Chapter4_InfantFormulaFeeding.pdf)

All local agency staff should be trained about WIC formula policies and procedures and the infant formula contract. All staff can help assure parents of WIC infants that the WIC contract formula can be appropriately used with most generally healthy, full term infants.

The Program provides special and exempt infant formulas, such as protein hydrolysate, hypercaloric, elemental and metabolic infant formulas with an appropriate nutrition related ICD-9 medical diagnosis.

General symptoms such as fussiness, colic, spitting-up and constipation *will not* be acceptable justification for formula changes. Although small differences in protein, fat and carbohydrate exist among all standard formulas, there are no medically proven advantages to any of the brand name formulas. While health care providers and/or parents/guardians may have a personal preference for a particular brand of formula, funding constraints and WIC regulations limit the issuance of non-contract, special/exempt formulas only to participants with qualifying medical conditions.

If a supplemental (vs. complete) soy formula is prescribed for children ages 12-24 months any approved toddler soy formula can be issued as of *October 1, 2011* because the State no longer has a rebate on one brand of formula.

## Special Formula/WIC Approved Foods

Medical Documentation is required for the issuance of the following formulas and/or supplemental foods: See Food Delivery, *WIC 400-11 Use of Medical Documentation Form* for more details.

- Any special or exempt infant formula
- Any formula provided to a child or adult who receives Food Package III (must have a qualifying medical condition)
- Any WIC eligible medical food
- Any authorized supplemental foods issued to participants receiving Food Package III
- Any authorized soy-based beverage or tofu issued to children ( $\geq$  12 months of age) who receive Food Package IV
- Any additional authorized cheese issued to children who receive Food Package IV that exceeds the maximum substitution rate
- Any additional authorized tofu and cheese issued to women who receives Food Package V and VII that exceeds the maximum substitution rate

## Religious Preferences and Formula Issuance

Both contract standard formulas offered by the Connecticut WIC program ***Enfamil PREMIUM Infant***<sup>®</sup> and ***Enfamil ProSobee***<sup>®</sup> meet the requirements for participants requesting a Kosher or Halal infant formula due to religious preference. Non-contract formulas will not be provided for religious reasons.

## Labeling of Kosher/Pareve and Halal foods:

Letters or words printed next to the kosher certification symbol on food packages. These are added to inform the consumer of the product's kosher category.

Kosher categories are Meat (*Fleishig* in Yiddish, *Basari* in Hebrew), Dairy (*Milchig* in Yiddish, *Chalavi* in Hebrew) or neither meat or dairy (*Pareve* in Yiddish, *Parve* in Hebrew). According to Jewish Dietary Laws, meat and dairy food must be prepared and consumed separately, and pareve food can be eaten with either meat or dairy dishes.

### Meat:

"Meat", "M" or "Glatt" printed near the kosher symbol on the food package indicates the product is kosher and contains some meat or meat derivative.

### Dairy:

"Dairy" or "D" printed near the kosher symbol on the food package indicates the product is kosher and contains some milk or milk derivative.

**Fish:**

"F" printed near the kosher symbol on the food package indicates the product is kosher and contains fish ingredients.

**Pareve:**

"Pareve", "Parev", or "Parve" printed near the kosher symbol on the food package indicates the item is neither meat or dairy.

**Passover:**

"P" printed near the kosher symbol on the food package does not stand for pareve, but instead it means the product is kosher for Passover and all year round.

Furthermore, D-P means dairy and kosher for Passover and all year round. M-P or Glatt-P means meat and kosher for Passover and all year round. F-P means fish and kosher for Passover and all year round.

**Definition of Halal**

In Arabic, the word *halal* means permitted or lawful. Halal foods are foods that are allowed under Islamic dietary guidelines. According to these guidelines gathered from the Qu'ran, Muslim followers cannot consume the following:

- pork or pork by products
- animals that were dead prior to slaughtering
- animals not slaughtered properly or not slaughtered in the name of Allah
- blood and blood by products
- alcohol
- carnivorous animals
- birds of prey
- land animals without external ears

These prohibited foods and ingredients are called *haram*, meaning forbidden in Arabic.

**Halal is One of the Most Humane Methods of Animal Slaughter**

Muslims are taught through the Qu'ran that all animals should be treated with respect and well cared for. The goal is to slaughter the animal, limiting the amount of pain the animal will endure.

When an animal is slaughtered, the jugular vein is cut and the blood is allowed to drain from the animal. Muslims are prohibited from consuming animal blood.

**SECTION: Food Delivery****SUBJECT: Policy Background and Definitions for Issuance of Contract Standard Formula and WIC Special Formula and WIC Approved Foods**

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Federal Regulations: § 246.2 and §246.16a (c)(1)

**Background:**

Like many hospitals and health maintenance organizations, the Connecticut WIC Program has a sole source contract for infant formulas to effectively manage resources. Additionally, WIC State agencies are required by Federal law to obtain a competitive bid on infant formula for cost containment<sup>1</sup>.

Connecticut WIC Program holds part of multi-state contract (NEATO) with 5 other New England WIC Programs, 3 Indian Tribal Organizations (ITO's) and Mead Johnson<sup>®</sup> which saves the taxpayers money. Non-contract standard infant formulas are purchased by the WIC Program at the retail price. Connecticut receives approximately a 77% rebate on Mead Johnson<sup>®</sup> formulas purchased. Therefore, infants receiving a non-contract standard infant formula cost the Program, four (4) times as much as infants on the WIC contract formula.

Many States including New York, Vermont, New Jersey, Virginia, Kansas and California do not approve or provide non-contract standard iron-fortified milk-and soy-based infant formulas to participants in order to contain costs and serve more nutritionally at-risk women, infants and children. **As of July 1, 2009, the Connecticut WIC Program no longer provides non-contract standard milk- and soy-based infant formula under any circumstances.**

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<sup>1</sup> Oliveira, Vic & Prell, Mark & Smallwood, David & Frazao, Elizabeth, 2004. "[WIC And The Retail Price Of Infant Formula](#)," [Food Assistance and Nutrition Research Reports](#) 33873, United States Department of Agriculture, Economic Research Service.

Oliveira, Victor and Davis, David E. (2006): *Recent Trends and Economic Issues in the WIC Infant Formula Rebate Program*. Published in: Economic Research Report 22 (2006)

## Definitions:

- **Contract Formulas:** The current contract formulas are Mead Johnson<sup>®</sup> iron-fortified milk- and soy-based formulas- *Enfamil PREMIUM Infant*<sup>®</sup> and *Enfamil ProSobee*<sup>®</sup>. These are standard infant formulas, which can be provided to most healthy, full-term infants. These formulas do not require a prescription<sup>2</sup>. WIC provides formula in supplemental amounts and may not provide all that an infant needs for a given month. **Effective October 1, 2013, *Enfamil Gentlease*<sup>®</sup>** is approved in Connecticut as a standard contract formula and does not require a prescription. However, like all other cow's milk based formulas, this product should not be provided to anyone with a known or suspected milk allergy. Also, like other products containing lactose, this product is contraindicated when a totally lactose free diet is indicated.
- **Non-contract brand standard milk- and soy- based infant formulas:** Are formulas **not** covered by the current NEATO infant formula contract. These include all standard iron-fortified infant formulas manufactured by Abbott Laboratories and Nestle<sup>®</sup>). This list also includes generic and store brand formulas manufactured by PBM Nutritionals e.g. *Parent's Choice* (Walmart).
- **Special Medical Formula or Exempt Infant Formula:** Some infants or children have a medical diagnosis requiring a special medical formula such as protein hydrolysate, hypercaloric, elemental or metabolic. These formulas are authorized when a participant has a documented nutrition-related medical diagnosis. **"Special" or Exempt infant formula is** an infant formula that meets the requirements under Section 412(h) of the Federal Food, Drug and Cosmetic Act (21 U.S.C. 350a(h)) and the regulations at CFR parts 106 and 107. (WIC Regulations ([http://edocket.access.gpo.gov/cfr\\_2010/janqtr/pdf/7cfr246.2.pdf](http://edocket.access.gpo.gov/cfr_2010/janqtr/pdf/7cfr246.2.pdf) ) An exempt infant formula can be authorized for infants or children when a health care provider determines and documents that the infant or child has a medical diagnosis that restricts the use of standard formulas and requires formulas such as protein hydrolysate, hypercaloric, elemental or metabolic. The quantities prescribed should be appropriate for the participant's age and special medical needs. These formulas are authorized when a participant has a documented nutrition-related medical diagnosis.
- **WIC-eligible Medical Food<sup>3</sup>:** Certain enteral products that are specifically formulated to provide nutritional support for individuals with a qualifying condition, when the use of conventional food is precluded, restricted, or inadequate. Such WIC-eligible medical foods must serve the purpose of a food, meal or diet (may be nutritionally complete or incomplete) and provide a source of calories and one or more nutrients; be designed for enteral digestion via an oral or tube feeding; and may not be a conventional food, drug, flavoring or enzyme. WIC eligible medical foods include many, but not all, products that meet the definition of a medical food in Section 5(b)(3) of the Orphan Drug Act (21 U.S.C. 360 ee (b)(3)).

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<sup>2</sup> Child participants requiring contract formula past one year of age need a completed Medical Documentation Form.

<sup>3</sup> The following are not considered a WIC eligible medical food: Formulas used solely for the purpose of enhancing nutrient intake, managing body weight, addressing picky eaters or used for a condition other than a qualifying condition (e.g. vitamin pills, weight control products, etc.); medicines or drugs as defined by the Food, Drug and Cosmetic Act (21 U.S.C. 350a) as amended; enzymes, herbs, botanicals; oral rehydration fluids or electrolyte solutions; flavoring or thickening agents; and feeding utensils or devices (e.g., feeding tubes, bags, pumps) designed to administer a WIC-eligible formula. (WIC Regulations 246.10 Table 4. Footnote 1)

# CT WIC Program Guide to Formula References

## **WIC 400-10**

- Policy Background and Definitions for Issuance of Contract Standard Formula, WIC Special Formula and WIC Approved Foods
- Issuance of Contract Standard Formula, WIC Special Formula, WIC Approved Foods and Religious Preference Formula Issuance

### *Additional References*

- CT WIC Approved Common Infant Formulas: Indications For Usage
- CT WIC Approved Most Common Children's Formulas Ordered through the State: Indications for Usage
- WIC Approved Special Formulas (Now also includes age appropriate guidelines)
- Special Formulas Ordered through the State: Infant Formula Maximum Issuance and Ordering Amounts
- Special Formulas Ordered through the State: Child Formula Maximum Issuance and Ordering Amounts
- CT WIC Program Guide to Formula References

## **WIC 400-11**

Use of Medical Documentation Form

WIC Medical Documentation Form(s) Infants and Children & Women

WIC Special Formula-Guidelines for Clinicians

ICD-9 codes WIC

## **WIC 400-12**

Ordering Special Formula

Special Formula Request Form

## **WIC 400-13**

Special Formula Reconciliation Form

## **WIC 400-14**

New Special Formula Product Approval

## **WIC 400-15**

WIC Formula Return Policy

## **WIC 400-16**

Formula Quality Complaint Procedure and Required Documentation

## **WIC 400-17**

Formula Storage Guidelines

## **WIC 400-18**

Coordination between Public and Private Insurance for Issuance of Special Formula

## **WIC 200-24**

Phenylketonuria or Metabolic Disorders with Nutrition Implications

## **Other References/Forms**

Special Formula Product Code List

**State of Connecticut-Special Supplemental Nutrition Program for Women, Infants, and Children  
Approved Special Formula Listing**

<b>Product Name</b>	<b>Size</b>	<b>Form</b>	<b>Reconstituted fluid ounces</b>	<b>Packaging</b>	<b>Pt Category I=INFANT C=CHILD W=WOMAN</b>	<b>Is this product ordered through the State WIC Office?</b>	<b>Is a call to the State Nutrition Unit required before placing initial order?</b>
BCAD1	16 oz	POWDER	NSD	6 cans/case	I-Term,C (toddlers)	YES	YES
BCAD2	16 oz	POWDER	NSD	6 cans/case	C, W	YES	YES
Boost	8 oz	RTD	8	6 pk bottles/4 pks (24 bottles)/case	W	NO	NO
Boost Glucose Control	8 oz	RTD	8	6 pk bottles/4 pks (24 bottles)/case	W	NOT ROUTINELY*	NOT ROUTINELY**
Boost High Protein (currently avail in vanilla only)	8 oz	RTD	8	6 pk bottles/4 pks (24 bottles)/case	W	NO	NO
Boost Just for Kids Essentials 1.0 cal (institutional) vanilla, choc, or strawberry	8 oz	RTF	8	27 tetrapaks/case	C	NOT ROUTINELY**	NOT ROUTINELY**
Boost Just for Kids Essentials 1.5 cal Vanilla (institutional)	8 oz	RTF	8	27 tetrapaks/case	C	NOT ROUTINELY*	NOT ROUTINELY**
Boost Just for Kids Essentials 1.5 cal Vanilla w/Fiber (institutional)	8 oz	RTF	8		C	NOT ROUTINELY*	NOT ROUTINELY**
Boost Plus	8 oz	RTD	8	6 pk bottles/4 pks (24 bottles)/case	W	NO	NO
Bright Beginnings Soy Pediatric Drink (currently avail in vanilla only)	8 oz	RTF	8 oz	24 cans/case	C	NOT ROUTINELY*	NOT ROUTINELY**
Calcilo XD	13.2 oz	POWDER	96	6 cans/case	IC	POSSIBLY*	YES
Duocal (unflavored)	400 gm	POWDER	NSD	6 cans/case	C, W	NOT ROUTINELY*	YES
Elecare for Infants DHA & ARA	14.1 oz.	POWDER	95	6 cans/case	I	YES	NO
Elecare Jr Vanilla (formerly Elecare Vanilla)	14.1 oz	POWDER	62	6 cans/case	C	YES	NO
Elecare Junior Unflavored	14.1 oz	POWDER	62	6 cans/case	C	YES	NO
EnfaGrow Soy Toddler	21 oz	POWDER	141	4 cans/case	C 1-2 yrs	NO	NO
Enfamil AR	12.9 oz	POWDER	93	6 cans/case	I-Term	NO	NO
Enfamil AR	(6) 8 oz bottle	RTU	48	six (6) 8 oz bottles/box	I-Term	NO	NO
Enfamil EnfaCare	12.8 oz	POWDER	82	6 cans/case	I-Preterm	NO	NO
Enfamil EnfaCare	(6) 8 oz bottle	RTU	48	six (6) 8 oz bottles/box	I-Preterm	NO	NO
Enfamil Human Milk Fortifier	.71 gms	POWDER	NSD	100 pkts/carton, 2 cartons/case	I-Term	YES	YES
Enfamil Premature LIPIL with Iron 20 cal	2 oz.	RTF	2	48 bottles/case	I-Preterm	YES	NO
Enfamil Premature LIPIL with Iron 24 cal	2 oz	RTF	2	48 bottles/case	I-Preterm	YES	NO
Enfamil with Iron 24 cal	2 oz	RTF	2	48 bottles/case	I-Term	YES	NO
Ensure	8 oz	RTF	8	6 pk/24 bottles/case	W	NO	NO
Ensure High Protein	8 oz	RTF	8	6 pk/24 bottles/case	W	NO	NO
Ensure Plus	8 oz	RTF	8	6 pk/24 bottles/case	W	NO	NO
EO28 Splash Grape	8 oz	RTF	8	27 Tetra paks/case	C	YES	NO

**State of Connecticut-Special Supplemental Nutrition Program for Women, Infants, and Children**  
**Approved Special Formula Listing**

EO28 Splash Orange-Pineapple	8 oz	RTF	8	27 Tetra paks/case	C	YES	NO
EO28 Splash Tropical Fruit	8 oz	RTF	8	27 Tetra paks/case	C	YES	NO
GA	16 oz	POWDER	NSD	6 cans/case	I-Term, C	YES	YES
Gerber Good Start 2 Soy	24 oz	POWDER	170	6 cans/case	C (1-2 yr. olds)	NO	NO
Glucerna (1.0 cal)	8 oz	RTF	8	24 bottles/case	W	NOT ROUTINELY*	NOT ROUTINELY**
HCY 1	16 oz	POWDER	NSD	6 cans/case	I-Term, C (toddlers)	YES	YES
HCY 2	16 oz	POWDER	NSD	6 cans/case	C, W	YES	YES
KetoCal 3.1	1 oz (300 gm)	POWDER	NSD	6 cans/case	C	POSSIBLY*	YES
KetoCal 4.1	1 oz (300 gm)	POWDER	NSD	6 cans/case	C	POSSIBLY*	YES
LMD	16 oz	POWDER	NSD	6 cans/case	I-Term, C	YES	YES
Lophlex (orange, berry)	14.3 gm	POWDER	NSD	30 sachet/ case	W	POSSIBLY*	YES
Monogen	400 gm	POWDER	NSD	6 cans/case	C, W	POSSIBLY*	YES
MSUD Analog	400 gm	POWDER	NSD	6 cans/case	I-Term	YES	YES
MSUD Maxamaid	454 gm	POWDER	NSD	6 cans/case	C	YES	YES
MSUD Maxamum	454 gm	POWDER	NSD	6 cans/case	W	YES	YES
Neocate Infant with DHA/ARA	14 oz	POWDER	97	4 cans/case	I-Term	YES	NO
Neocate Junior (Cherry-Vanilla) Flavor	14 oz	POWDER	59	4 cans/case	C	YES	NO
Neocate Junior Chocolate Flavor	14 oz	POWDER	60.1	4 cans/case	C	YES	NO
Neocate Junior Tropical Fruit Flavor	14 oz	POWDER	60.1	4 cans/case	C	YES	NO
Neocate Junior Unflavored	14 oz	POWDER	63.7	4 cans/case	C	YES	NO
Novasource Renal	8 oz	RTF	8	27 Tetra packs/case	W	NOT ROUTINELY*	NOT ROUTINELY*
PurAmino (formerly Nutramigen AA)	14.1 oz	POWDER	98	4 cans/case	I-Term	YES	NO
Nutramigen	(6) 8 oz bottle	RTU	48	six (6) 8 oz bottles/box	I-Term	YES temporarily	NO
Nutramigen Enflora LGG	12.6 oz	POWDER	87	6 cans/case	I-Term	NO	NO
Nutren Junior	250 ml	RTF	250 ml	24 tetra-prisma/case	C	NOT ROUTINELY*	NOT ROUTINELY*
Nutren Junior with Fiber	250 ml	RTF	250 ml	24 tetra-prisma/case	C	NOT ROUTINELY*	NOT ROUTINELY*
OA 1	16 oz	POWDER	NSD	6 cans/case	I-Term, C (toddlers)	YES	YES
OA 2	16 oz	POWDER	NSD	6 cans/case	C	YES	YES
Pediasure (bottles retail)	8 oz	RTF	8	24 bottles/case	C	NO	NO
PediaSure 1.5 cal	8 oz	RTF	8	24 cans/case	C	NOT ROUTINELY*	NOT ROUTINELY*
Pediasure Enteral	8 oz	RTF	8	24 cans/case	C	NO	NO
Pediasure Enteral with Fiber	8 oz	RTF	8	24 cans/case	C	NO	NO
PediaSure Peptide 1.0 cal Strawberry	8 oz	RTF	8	24 bottles/case	C	YES	YES
PediaSure Peptide 1.0 cal Unflavored	8 oz	RTF	8	24 bottles/case	C	YES	YES

**State of Connecticut-Special Supplemental Nutrition Program for Women, Infants, and Children  
Approved Special Formula Listing**

PediaSure Peptide 1.0 cal Vanilla	8 oz	RTF	8	24 bottles/case	C	YES	NO
PediaSure Peptide 1.5 cal Vanilla	8 oz	RTF	8	24 bottles/case	C	YES	YES
Pediasure with Fiber (bottles retail)	8 oz	RTF	8	24 bottles/case	C	NO	NO
Peptamen	250 ml	RTF	250 ml	24 tetra-prisma/case	W	YES	YES
Peptamen 1.5	250 ml	RTF	250 ml	24 tetra-prisma/case	W	YES	YES
Peptamen 1.5 Unflavored	250 ml	RTF	250 ml	24 tetra-prisma/case	W	YES	YES
Peptamen AF	250 ml	RTF	250 ml	24 tetra-prisma/case	W	YES	YES
Peptamen Junior Fiber Flavored	8.45 oz	RTU	8.45	24 tetra-prisma/case	C	YES	NO
Peptamen Junior Fiber Unflavored	8.45 oz	RTF	8.45	24 tetra-prisma/case	C	YES	NO
Peptamen Junior Flavored	8.45 oz	RTF	8.45	24 tetra-prisma/case	C	YES	NO
Peptamen Junior Unflavored	8.45 oz	RTU	8.45	24 tetra-prisma/case	C	YES	NO
PFD Toddler	16 oz	POWDER	NSD	6 cans/case	I-Term, C (toddlers)	YES	YES
PFD2	16 oz	POWDER	NSD	6 cans/case	C	YES	YES
Phenex-1	14.1 oz	POWDER	NSD	6 cans/case	I-Term, C (toddlers)	YES	YES
Phenex-2	14.1 oz	POWDER	NSD	6 cans/case	C, W	YES	YES
Phenyl-free 1	16 oz	POWDER	NSD	6 cans/case	I-Term, C (toddlers)	YES	YES
Phenyl-free 2	16 oz	POWDER	NSD	6 cans/case	C, W	YES	YES
Phenyl-free 2HP	16 oz	POWDER	NSD	6 cans/case	C, W	YES	YES
Portagen	16 oz	POWDER	70 oz	6 cans/case	C, W	NO	NO
Pregestimil 20 cal	2 oz	RTF	2	48 bottles/case	I-Term	YES	NO
Pregestimil 24 cal	2 oz	RTF	2	48 bottles/case	I-Term	YES	NO
Pregestimil	16 oz	POWDER	112	6 cans/case	I-Term	NO	NO
Propimex-1	14.1 oz	POWDER	NSD	6 cans/case	I-Term, C (toddlers)	YES	YES
Propimex-2	14.1 oz	POWDER	NSD	6 cans/case	C, W	YES	YES
ProViMin-	5.3 oz (150 gm)	POWDER	NSD	6 cans/case	I, C	POSSIBLY*	YES
Similac Expert Care Alimentum	32 oz	RTF	32	6 cans/case	I-Term	NO	NO
Similac Expert Care Alimentum	16 oz	POWDER	115	6 cans/case	I-Term	NO	NO
Similac Expert Care Neosure	13.1 oz	POWDER	87	6 cans/case	I-Preterm	NO	NO
Similac Expert Care Neosure	32 oz	RTF	32	6 cans/case	I-Preterm	NO	NO
Similac Go & Grow Soy	22 oz	POWDER	160	6 cans/case	C 1-2 yrs	NO	NO
Similac Human Milk Fortifier	.9 gms	POWDER	NSD	50 packets/carton 3 cartons/case	I-Preterm	YES	YES
Similac PM 60:40	14.1 oz	POWDER	102	6 cans/case	I-Term	NO	NO
Similac Special Care 20 with Iron	2 oz	RTF	2	48 bottles/case	I-Preterm	yes	NO
Similac Special Care 24 with Iron	2 oz	RTF	2	48 bottles/case	I-Preterm	YES	NO

**State of Connecticut-Special Supplemental Nutrition Program for Women, Infants, and Children  
Approved Special Formula Listing**

TYROS 1	16 oz	POWDER	NSD	6 cans/case	I-Term, C (toddlers)	YES	YES
TYROS 2	16 oz	POWDER	NSD	6 cans/case	C, W	YES	YES
Vivonex Pediatric	1.7 oz packet	POWDER	8.45 oz	6 packets/box 6 boxes/case	C	YES	NO
Vivonex RTF	250 ml	RTF	250 ml	24 tetra-prisma/case	W	YES	YES
WND 1	16 oz	POWDER	NSD	6 cans/case	I-Term, C (toddlers)	YES	YES
WND 2	16 oz	POWDER	NSD	6 cans/case	C, W	YES	YES
Xleu Analog	400 gm	POWDER	NSD	6 cans/case	I-Term	YES	YES
Xleu Maxamaid	454 gm	POWDER	NSD	6 cans/case	C	YES	YES
Xleu Maxamum	454 gm	POWDER	NSD	6 cans/case	W	YES	YES
Xlys, Xtrp Analog	400 gm	POWDER	NSD	6 cans/case	I-Term	YES	YES
Xlys, Xtrp Maxamaid	454 gm	POWDER	NSD	6 cans/case	C	YES	YES
Xlys, Xtrp Maxamum	454 gm	POWDER	NSD	6 cans/case	W	YES	YES
Xmet Analog	400 gm	POWDER	NSD	6 cans/case	I-Term	YES	YES
Xmet Maxamaid	454 gm	POWDER	NSD	6 cans/case	C	YES	YES
Xmet Maxamum	454 gm	POWDER	NSD	6 cans/case	W	YES	YES
XMTVI Analog	400 gm	POWDER	NSD	6 cans/case	I-Term	YES	YES
XMTVI Maxamaid	454 gm	POWDER	NSD	6 cans/case	C	YES	YES
XMTVI Maxamum	454 gm	POWDER	NSD	6 cans/case	W	YES	YES
Xphe Analog	400 gm	POWDER	NSD	6 cans/case	I-Term	YES	YES
Xphe Maxamaid (orange, strawberry, unflavored)	454 gm	POWDER	NSD	6 cans/case	C	YES	YES
Xphe Maxamum (orange, unflavored)	454 gm	POWDER	NSD	6 cans/case	W	YES	YES
Xphe, Xtyr Analog	400 gm	POWDER	NSD	6 cans/case	I-Term	YES	YES
Xphe, Xtyr Maxamaid	454 gm	POWDER	NSD	6 cans/case	C	YES	YES
XPTM Analog	400 gm	POWDER	NSD	6 cans/case	I-Term	YES	YES

**Similac for Spit Up deleted Jan 2014. All other formulas current as of Oct 2013**

**Connecticut WIC Program**  
***CT WIC Approved Common Infant Formulas: Indications for Usage***

**Term Infant Formulas (Whole, Intact Protein or Large Peptides:** These formulas are not hypoallergenic and are *not* indicated for infants with known or suspected cow's milk allergy)

1. Cow's Milk Based

a) For most healthy infants who are not exclusively breastfeeding

*Enfamil Premium Infant*

b) *Enfamil Gentlease*-low lactose, large peptides. Indicated where some lactose is tolerated and low lactose formula desired. Like all other cow's milk based formulas, this product should not be provided to anyone with a known or suspected milk allergy. Also, like other products containing lactose, this product is contraindicated when a totally lactose free diet is indicated.

c) For Some Infants with GE Reflux

- *Enfamil AR*
- *Similac for Spit Up (formerly Similac Sensitive for Spit up)* (this product is also Lactose-free)

2) Soy Based (For infants with cow's milk protein allergy\* or lactose intolerance)

*Enfamil ProSobee*

\*25-50% of infants with cow's milk allergy are prone to develop a soy allergy. Certain high-risk infants should be put on a hypoallergenic formula only (rather than a soy based formula) if they have a cow's milk allergy-the physician will decide this based on the specific infant's medical history.

**Term Infant Formulas (Small Peptides or Amino Acids.** These formulas are hypoallergenic.)

i. Peptide Based

For infants with cows milk protein allergy, soy protein allergy, or lactose intolerance

- *Nutramigen*
- *Nutramigen Enflora LGG (contains Probiotics)*

ii. Semi-Elemental Peptide Based

For infants with cows milk protein allergy, soy protein allergy, lactose intolerance, or maldigestion/malabsorption syndromes

(In addition to the protein being in peptide form, the carbohydrate and fat in these formulas are also in a simpler form, which is easier to digest)

- *Similac Expert Care Alimentum*
- *Pregestimil*

iii. Amino Acid Based

For infants with severe protein allergies (cow's milk, soy, and/or other proteins) or protein maldigestion/malabsorption (but not for maldigestion/malabsorption of Fat and/or CHO).

- *Neocate Infant with DHA/ARA*
- *Puramino (formerly Nutramigen AA)*
- *Elecare for Infants DHA & ARA*

**Preterm Infant Formulas and Human Milk Fortifiers (all are cow's milk based and are not indicated for infants with known or suspected cow's milk allergy)**

1. Formulas

For premature infants who are not exclusively receiving breast milk. Preterm infant formula is higher in many nutrients than term infant formula and is designed to meet the preterm infant's special nutritional needs.

- *Enfamil Premature* -usually given in hospital, sometimes continued post-hospital discharge
- *Similac Special Care* -usually given in hospital, sometimes continued post-hospital discharge
- *Similac Expert Care Neosure* (formerly *Neosure*)-designed for post-hospital discharge needs
- *Enfamil EnfaCare* (formerly *EnfaCare*)-designed for post-hospital discharge needs

2. Human Milk Fortifiers

For infants who are receiving breast milk. The fortifier supplements breast milk to meet the increased nutritional needs of premature infants.

- *Enfamil Human Milk Fortifier* (usually 2 packs/100ml breast milk; no higher than 4 packs/100ml breast milk) -usually given in hospital, and may be continued post-hospital discharge
- *Similac Human Milk Fortifier* (usually 2 packs/100 ml breast milk; no higher than 4 packs/100 ml breast milk) -usually given in hospital, and may be continued post-hospital discharge

**Connecticut WIC Program**  
**Special Formulas Ordered Through the State WIC Office**  
***Infant Formula Maximum Issuance and Ordering Amounts***

			0-4m	0-4m	4-5m	4-5m	6-11m	6-11m	
<b>Formula</b>	<b>Formula Packaging</b>	<b>Number of months</b>	<b>Cans/Packets maximum amount allowed (Rounded per Federal Regulations)</b>	<b>Cases: for ordering purposes (Assuming only full cases can be ordered)</b>	<b>Cans/Packets maximum amount allowed (Rounded per Federal Regulations)</b>	<b>Cases: for ordering purposes (Assuming only full cases can be ordered)</b>	<b>Cans/Packets maximum amount allowed (Rounded per Federal Regulations)</b>	<b>Cases: for ordering purposes (Assuming only full cases can be ordered)</b>	<b>Comments</b>
<i>Neocate Infant with DHA and ARA</i>	14 oz cans (powder), 4 cans/case	1	9 cans (2 cases and 1 can)	3	10 cans (2 cases, 2 cans)	3	7 cans (1 case, 3 cans)	2	1 can yields 97 oz. when reconstituted to standard dilution
		2	18 cans (4 cases, 2 cans)	5	20 cans (5 cases)	5	14 cans (3 cases, 2 cans)	4	
		3	27 cans (6 cases and 3 cans)	7	30 (7 cases, 2 cans)	8	21 (5 cases, 1 can)	6	
<i>Similac Special Care with Iron 20 cal or 24 cal 2 oz. RTF</i>	2 oz bottles, 48 bottles/case	1	403 bottles (8 cases and 19 bottles)	9	442 bottles (9 cases, 10 bottles)	10	312 bottles (6 cases, 24 bottles)	7	
		2	806 bottles (16 cases and 38 bottles)	17	884 (18 cases, 20 bottles)	19	624 bottles (13 cases)	13	
		3	1209 bottles (25 cases and 9 bottles)	26	1326 (27 cases, 30 bottles)	28	936 bottles (19 cases, 24 bottles)	20	

**Connecticut WIC Program**  
**Special Formulas Ordered Through the State WIC Office**  
***Infant Formula Maximum Issuance and Ordering Amounts***

<b><i>Enfamil Premature with Iron 20 cal or 24 cal, Enfamil with iron 24 cal,</i></b>	2 oz bottles, 48 bottles/case	1	403 bottles (8 cases and 19 bottles)	9	442 bottles (9 cases, 10 bottles)	10	312 bottles (6 cases, 24 bottles)	7	
		2	806 bottles (16 cases and 38 bottles)	17	884 (18 cases, 20 bottles)	19	624 bottles (13 cases)	13	
		3	1209 bottles (25 cases and 9 bottles)	26	1326 (27 cases, 30 bottles)	28	936 bottles (19 cases, 24 bottles)	20	
<b><i>Pregestimil 20 cal or 24 cal 2 oz RTF</i></b>	2 oz bottles, 48 bottles/case	1	403 bottles (8 cases and 19 bottles)	9	442 bottles (9 cases, 10 bottles)	10	312 bottles (6 cases, 24 bottles)	7	
		2	806 bottles (16 cases and 38 bottles)	17	884 (18 cases, 20 bottles)	19	624 bottles (13 cases)	13	
		3	1209 bottles (25 cases and 9 bottles)	26	1326 (27 cases, 30 bottles)	28	936 bottles (19 cases, 24 bottles)	20	
<b><i>Elecare for Infants DHA &amp;ARA</i></b>	14.1 oz powder cans/ 6 cans/case	1	9 ( 1 case and 3 cans)	2	10 (1 case and 4 cans)	2	7 (1 case and 1 can)	2	1 can yields 95 oz. when reconstituted to standard dilution
		2	18 (3 cases)	3	20 (3 cases and 2 cans)	4	14 (2 cases and 2 cans)	3	
		3	27 (4 cases and 3 cans)	5	30 (5 cases)	5	21 (3 cases and 3 cans)	4	

**Connecticut WIC Program**  
***CT WIC Approved Common Infant Formulas: Indications For Usage***

**Term Infant Formulas (Whole, Intact Protein or Large Peptides:** These formulas are not hypoallergenic and are *not* indicated for infants with known or suspected cow's milk allergy)

1. Cow's Milk Based

a) For most healthy infants who are not exclusively breastfeeding

*Enfamil Infant (formerly Enfamil Premium Infant)*

b) *Enfamil Gentlease*-low lactose, large peptides. Indicated where some lactose is tolerated and low lactose formula desired. Like all other cow's milk based formulas, this product should not be provided to anyone with a known or suspected milk allergy. Also, like other products containing lactose, this product is contraindicated when a totally lactose free diet is indicated.

c) For Some Infants with GE Reflux

- *Enfamil AR*

2) Soy Based (For infants with cow's milk protein allergy\* or lactose intolerance)

*Enfamil ProSobee*

\*25-50% of infants with cow's milk allergy are prone to develop a soy allergy. Certain high-risk infants should be put on a hypoallergenic formula only (rather than a soy based formula) if they have a cow's milk allergy-the physician will decide this based on the specific infant's medical history.

**Term Infant Formulas (Small Peptides or Amino Acids)** These formulas are hypoallergenic.

i. Peptide Based

For infants with cows' milk protein allergy, soy protein allergy, or lactose intolerance

- *Nutramigen*
- *Nutramigen Enflora LGG (contains Probiotics)*

ii. Semi-Elemental Peptide Based

For infants with cow's milk protein allergy, soy protein allergy, lactose intolerance, or maldigestion/malabsorption syndromes

(In addition to the protein being in peptide form, the carbohydrate and fat in these formulas are also in a simpler form, which is easier to digest)

- *Similac Expert Care Alimentum*
- *Pregestimil*

iii. Amino Acid Based

For infants with severe protein allergies (cows' milk, soy, and/or other proteins) or protein maldigestion/malabsorption (but not for maldigestion/malabsorption of Fat and/or CHO).

- *Neocate Infant with DHA/ARA*
- *Puramino (formerly Nutramigen AA)*
- *Elecare for Infants DHA & ARA*

**Preterm Infant Formulas and Human Milk Fortifiers (all are cow's milk based and are not indicated for infants with known or suspected cow's milk allergy)**

1. Formulas

For premature infants who are not exclusively receiving breast milk. Preterm infant formula is higher in many nutrients than term infant formula and is designed to meet the preterm infant's special nutritional needs.

- *Enfamil Premature* -usually given in hospital, sometimes continued post-hospital discharge
- *Similac Special Care* -usually given in hospital, sometimes continued post-hospital discharge
- *Similac Expert Care Neosure* (formerly *Neosure*)-designed for post-hospital discharge needs
- *Enfamil EnfaCare* (formerly *EnfaCare*)-designed for post-hospital discharge needs

2. Human Milk Fortifiers

For infants who are receiving breast milk. The fortifier supplements breast milk to meet the increased nutritional needs of premature infants.

- *Enfamil Human Milk Fortifier* (usually 2 packs/100ml breast milk; no higher than 4 packs/100ml breast milk) -usually given in hospital, and may be continued post-hospital discharge
- *Similac Human Milk Fortifier* (usually 2 packs/100 ml breast milk; no higher than 4 packs/100 ml breast milk) -usually given in hospital, and may be continued post-hospital discharge

**Connecticut WIC Program**  
**CT WIC Approved Most Common Children's Formulas Ordered through the State:**  
**Indications for Usage**  
*(Note that this is not a complete list of all products)*

<b>Formula</b>	<b>Indications for Usage</b>	<b>Age range</b>	<b>Comments</b>
<b><i>EO28 Splash</i></b>	Amino acid based <ul style="list-style-type: none"> <li>• Gastrointestinal tract impairment</li> <li>• Cow and soy milk allergy</li> <li>• Multiple food protein intolerance</li> <li>• Eosinophilic esophagitis</li> <li>• Gastroesophageal reflux disease</li> <li>• Short bowel syndrome</li> <li>• Other medical conditions for which an amino acid-based diet is required</li> </ul>	<i>1-10 years</i>	<b>Ready to feed.</b> (Formerly <i>Pediatric EO28</i> ) comes in three (3) flavors; grape, tropical fruit, and orange-pineapple (not available unflavored).  The product is hypoallergenic so may be ordered for the food allergic client. However, some people may be allergic to or at high risk of allergic reaction to the flavoring in the product, and therefore should only be recommended/provided if the health care provider has ordered this product for the patient and the flavoring is not an issue.
<b><i>Neocate Junior</i></b>	Amino acid based <ul style="list-style-type: none"> <li>• Gastrointestinal tract impairment</li> <li>• Malabsorption</li> <li>• Cow and soy milk allergy</li> <li>• Multiple food protein intolerance</li> <li>• Eosinophilic esophagitis</li> <li>• Short bowel syndrome</li> <li>• Other medical conditions for which an amino acid-based diet is required</li> </ul>	<i>1-10 years</i>	<b>Powder.</b> Comes flavored and unflavored-flavored should only be recommended/provided if the health care provider has ok'd the flavoring for the allergic patient.
<b><i>Elecare Jr</i></b>	Amino-acid based <ul style="list-style-type: none"> <li>• Severe food allergies</li> <li>• Protein maldigestion, <b>depending on the degree of fat malabsorption present in an individual</b>, Elecare is also indicated for use in Crohn's disease, Cystic Fibrosis, pancreatic disease and certain other mild to moderate malabsorption conditions where a semi-elemental formula is indicated</li> </ul>	1-10 years,	<b>Powder.</b> Comes flavored and unflavored. Flavored should only be recommended/provided if the health care provider has ok'd the flavoring for the allergic child.
<b><i>PediaSure Peptide 1 cal</i></b>	Peptide based Malabsorption Maldigestion	1-13 years	Certified Kosher. Product is not hypoallergenic and is not indicated for the food allergic client.
<b><i>PediaSure Peptide 1.5 cal</i></b>	Same as above but for those who need higher caloric intake	1-13 years	Certified Kosher. Product is not hypoallergenic and is not indicated for the food allergic client.
<b><i>Peptamen Junior</i></b>	Peptide based (not amino acid based) product. Indicated for several conditions related to GI impairment.	1-10 years	<b>Ready to Feed.</b> Comes flavored and unflavored. Product is not hypoallergenic and is not indicated for the food allergic client.
<b><i>Vivonex Pediatric</i></b>	Amino acid based. Indicated for several conditions related to GI impairment.	1-10 years	<b>Powder.</b> Unflavored. While traditionally ordered more for clients with GI impairment issues, this product is amino acid based so could be ordered for the food allergic client.

**Connecticut WIC Program**  
**Special Formulas Ordered through the State**  
***Child Formula Maximum Issuance and Ordering Amounts***

<b>Formula</b>	<b>Packaging</b>	<b># of mths</b>	<b>Cans/packets</b> *Total maximum amount given to participant	<b>Cases: for ordering</b>	<b>Comments</b>
<b><i>EO28 Splash</i></b>	8 oz RTF packs 27 packs/case	1	114 packs (4 cases & 6 packs)	<b>5</b>	
		2	228 packs (8 cases & 12 packs)	<b>9</b>	
		3	342 packs (12 cases & 18 packs)	<b>13</b>	
<b><i>Neocate Junior unflavored</i></b>	14 oz cans (powder) 4 cans/case	1	15 cans (3 cases and 3 cans)	<b>4</b>	1 can of unflavored yields 61 oz when reconstituted to standard dilution
		2	30 cans (7 cases & 2 cans)	<b>8</b>	
		3	45 cans (11 cases & 1 can)	<b>12</b>	
<b><i>Neocate Junior flavored</i></b>	14 oz cans (powder) 4 cans/case	1	16 cans (4 cases)	<b>4</b>	1 can of flavored yields 59 oz when reconstituted to standard dilution
		2	32 cans (8 cases)	<b>8</b>	
		3	48 cans (12 cases)	<b>12</b>	
<b><i>Elecare JR (unflavored) and Elecare (vanilla)</i></b>	14.1 oz powder cans 6 cans/case	1	15 cans (2 cases & 3 cans)	<b>3</b>	1 can yields 62 oz when reconstituted to standard dilution
		2	30 cans (5 cases)	<b>5</b>	
		3	45 cans (7 cases & 3 cans)	<b>8</b>	
<b><i>Peptamen Junior (RTF)</i></b>	8.45 oz RTF cans 24 cans/case	1	108 cans (4 cases & 12 cans)	<b>5</b>	Need to specify whether flavored or unflavored
		2	216 cans (9 cases)	<b>9</b>	
		3	324 cans (13 cases & 12 cans)	<b>14</b>	

**Connecticut WIC Program**  
**Special Formulas Ordered through the State**  
*Child Formula Maximum Issuance and Ordering Amounts*

<b>Formula</b>	<b>Packaging</b>	<b># of mths</b>	<b>Cans/packets</b> *Total maximum amount given to participant	<b># Cases for ordering</b>	<b>Comments</b>
<b><i>PediaSure Peptide (1 or 1.5 calorie)</i></b>	8 oz RTF bottles 24 bottles/case	1	114	<b>5</b>	
		2	228	<b>10</b>	
		3	342	<b>15</b>	
<b><i>Vivonex Pediatric</i></b>	1.7 oz powder packets 6 packets/box 6 boxes/case	1	108 packets (3 cases)	<b>3</b>	1 packet yields 8.45 oz when reconstituted to standard dilution
		2	216 packets (6 cases)	<b>6</b>	
		3	324 packets (9 cases)	<b>9</b>	

**SECTION: Food Delivery****SUBJECT: Use of Medical Documentation Form**

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**POLICY**

A WIC Medical Documentation Form is required in order to provide special/exempt formula and/or medical foods. Only formulas/medical foods that are approved by USDA and the Connecticut WIC program shall be authorized for use in the Connecticut WIC program. Refer to the *WIC Approved Special Formulas List*.

If a participant (women, infant, or child) requires a special/exempt infant formula or medical food due to a specific nutrition-related ICD-9 medical diagnosis, the health care provider is required to fill out a form. Instructions for completion are located on the back of each form.

In Connecticut, only a Medical Doctor (MD), and Advanced Practice Registered Nurse (APRN) or a Physician's Assistant (PA) who is authorized to write prescriptions in Connecticut can sign the form.

Medical documentation must be written and may be provided as an original written document, an electronic document, by facsimile, in person or by telephone to a WIC Nutritionist until written confirmation is received.

**Formula Prescriptions**

Any formula prescription received shall be followed up on promptly. If a new formula prescription order is received, the new order will invalidate any previous order. The prescription order on the WIC Medical Documentation Form shall be valid until the length of issuance has expired or until the next recertification. However, under no circumstances shall a prescription be valid if the medical documentation form is more than six months sold.

Ensure that all parts of the form are filled out, including the following:

- Patient's name
- Date of birth
- Name of parent or guardian
- Medical rationale (ICD-9) code
- Prescribed formula
- Name of formula and packaging if appropriate; ready to feed, powder, etc.
- Caloric density when appropriate (24 cal/oz, 20 cal/oz)
- Daily amount needed (unless ad lib)
- Length of issuance
- Health care provider signature with credentials and the date

A nutritionist shall, when indicated, contact the health care provider who wrote the prescription to clarify the order, to obtain any missing information, relay any concerns regarding medical rationale for the product, and/or if the daily amount needed/consumed exceeds what WIC can provide. Appropriately document your communications.

If the order is written on a prescription pad, attach the prescription to the form.

## Verbal Orders

In an emergency, a verbal order may be accepted, but must be followed by appropriate documentation received by the local agency within **one** business day.

Document on the Medical Documentation form that the order is a verbal order (V.O.), date it, and sign your name. Also specify the name/credentials of the health care provider who gave the verbal order.

*Example:*

Neocate One Plus Powder V.O. Dr. Smith, MD received by Jane Doe, WIC Nutritionist 6/30/11.

- When the local agency receives the appropriate documentation, attach it to the original form.

Once all necessary information is obtained, a local agency CPA must sign and date the form.

<b>ICD-9 Code</b>	<b>Medical diagnosis</b>
570	Acute liver disease
558.3	Allergic gastroenteritis and colitis
579.0	Celiac Disease
571	Chronic liver disease and cirrhosis
585.9	Chronic Renal Insufficiency
457.8	Chylothorax
558.9	Colitis
648.8	Diabetes, gestational
562.1	Diverticula, diverticulosis
562.11	Diverticulitis, (acute)
758.0	Downs Syndrome
557	Enterocolitis, necrotizing
777.5	Enterocolitis, necrotizing, newborn
760.71	Fetal alcohol syndrome
693.1	Food Allergy: Dermatitis Food
558.9	Gastroenteritis and colitis other and unspecified
783.43	Growth Failure: Short Stature
275.3	Hyper/Hypophosphatemia
275.42	Hypercalcemia
643	Hyperemesis, gravidarum
273.8	Hypoalbuminemia
275.41	Hypocalcemia
251.2	Hypoglycemia, Unspecified
276.8	Hypokalemia
280.9	iron deficiency anemia
275	iron storage disease
564.1	Irritable bowel syndrome
260	Kwashiorkor
579.9	Malabsorption
263.1	Malnutrition; mild
263.0	Malnutrition; moderate
261	Marasmus, Nutritional
277.9	Metabolism disorder/ inborn errors of metabolism)
199.1	neoplasm, malignant (cancer)
581.9	Nephrotic Syndrome with unspec path lesion kidney
733.90	Osteopenia
262	Protein calorie malnutrition severe (other)
593.9	Renal insufficiency Acute
268.0	Rickets, active
780.39	Seizures NOS
783.22	Underweight
783.21	Weight Loss
779.5	Drug Withdrawal syndrome in a newborn

**State of Connecticut WIC Program-Department of Public Health**  
 MEDICAL DOCUMENTATION FOR WIC FORMULA AND APPROVED WIC FOODS  
**WOMEN**

1. **Patient's First & Last Name:** \_\_\_\_\_  
**Date of Birth (DOB):** \_\_\_/\_\_\_/\_\_\_

*Prescription is subject to WIC approval and provision is based on Program policy and procedure.*

**2. Please check qualifying medical condition(s)/ICD-9 code(s)**

- |  |  |
|--|--|
| <input type="checkbox"/> 693.1 Allergy, Food             | <input type="checkbox"/> 783.2 Maternal Weight Loss During Pregnancy |
| <input type="checkbox"/> 343.9 Cerebral Palsy            | <input type="checkbox"/> 651 Multifetal Gestation                    |
| <input type="checkbox"/> 250.01 Diabetes Mellitus Type I | <input type="checkbox"/> 358.9 Neuromuscular Disorder                |
| <input type="checkbox"/> 271.1 Galactosemia              | <input type="checkbox"/> 270.1 Phenylketonuria (PKU)                 |
| <input type="checkbox"/> 279.3 Immunodeficiency          | <input type="checkbox"/> _____ Other diagnosis with ICD-9 code       |
| <input type="checkbox"/> 646.8 Low Maternal Weight Gain  | Specify _____  |
| <input type="checkbox"/> 271.3 Lactose Intolerance       |  |

3. **Formula requested:** \_\_\_\_\_

Prescribed ounces per day\* (unless ad lib): \_\_\_\_\_  Powder  Concentrate  Other \_\_\_\_\_

**\*WIC is a supplemental nutrition program and may not provide the total amount of formula or food prescribed.**

Instructions for preparation: \_\_\_\_\_

Caloric density (e.g. 20cal/oz; 24 cal/oz; 30 cal/oz) \_\_\_\_\_

Length of use:  1 mo  3 mos  6 mos

**Note:** The patient will receive supplemental foods, appropriate to their age and participant category in addition to the formula indicated. Please check any supplemental foods **contraindicated** by the patient's medical diagnosis. If there are only restrictions to amounts of supplemental foods provided due to medical diagnosis, check box and explain in the space provided. Prescription renewal is required periodically, based on medical condition. **No prescription is valid for more than six months.**

**4. WIC Supplemental Foods Available** Check foods that are **contraindicated** based on medical diagnosis

- |   |  |
|---|--|
| <input type="checkbox"/> Breakfast cereal   | <input type="checkbox"/> Vegetables and Fruits                           |
| <input type="checkbox"/> Eggs   | <input type="checkbox"/> Whole wheat bread or other allowed whole grains |
| <input type="checkbox"/> Juice  |  |
| <input type="checkbox"/> Legumes or peanut butter                                 |  |
| <input type="checkbox"/> Milk; Specify: _____ or Milk substitutes; Specify: _____ |  |

All food contraindicated

Restriction(s) in amounts?

Explain: \_\_\_\_\_

Length of use:  1 mo  3 mos  6 mos

**5. Milk substitute(s) requested:** Tofu and cheese above the WIC maximum substitution amounts requires a qualifying condition.

Tofu  Cheese Amount per day: \_\_\_\_\_

Length of use:  1 mo  3 mos  6 mos

**6. HEALTH CARE PROVIDER SIGNATURE:**

(MD, APRN or PA)

**Date:** \_\_\_\_\_

Printed Name (Health Care Provider): \_\_\_\_\_

Medical Office/Clinic/Hospital: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Fax: \_\_\_\_\_

## Instructions for Physicians or Physician Assistants or Nurse Practitioners

(Only Healthcare Providers licensed to write a prescription in Connecticut can complete this form)

- Item #1:** Write patient's complete name and date of birth (DOB).
- Item #2:** From the list of most common nutrition related ICD-9 medical diagnoses determine and document one or more of the patient's serious qualifying medical condition(s) for which WIC prescriptions may be written. Other medical diagnosis that may require special/exempt infant formulas must have an ICD-9 code and will be considered on a case by case basis.
- Item #3:** Indicate the special/exempt formula requested instructions for preparation and intended length of use. It is WIC's policy to re-evaluate the participant's continued need for the formula on a periodic basis. No prescription is valid for more than six months.  
**For cost containment purposes,** physical forms routinely provided by WIC are powder or concentrate forms. Ready-to-Feed (RTF) formula or medical foods may be authorized when the product is only available in ready-to-feed, when WIC nutrition staff determines and documents that there is an unsanitary or restricted water supply or poor refrigeration, or the participant may have difficulty in correctly diluting the concentrated liquid or powdered formula.
- Item #4** The patient will receive supplemental foods from the WIC Program, appropriate to their participant category in addition to the formula indicated. Please check any supplemental foods **contraindicated** by the patient's medical diagnosis. If there are only restrictions to amounts of supplemental foods provided due to medical diagnosis, check box and explain in the space provided. Prescription renewal is required periodically, based on medical condition.
- Item #5** Provision of calcium-set (fortified) tofu in amounts **over 4 pounds** (for all women) or provision of cheese in amounts **over 1 pound** (for pregnant, partially breastfeeding or formula feeding women) or **amounts over 2 pounds** (for fully breastfeeding women) requires a qualifying condition such as lactose intolerance or other medical diagnosis. Medical documentation is **not needed** for cheese substitutions of 1 pound or less. If either of these foods are needed, indicate the amount prescribed per day and the intended length of use.
- Item #6** A Health Care Provider's **original signature** is required. Print or stamp your name, medical office, phone number and address. By signing this form, you are verifying you have seen and evaluated the patient's nutrition and feeding problem(s) and symptoms determining, he/she has a serious medical condition. Give the completed form to the parent/guardian to take to their local WIC program or fax to the clinic serving the patient.

**For more information or additional copies of this form please visit our website:** [www.ct.gov/dph/wic](http://www.ct.gov/dph/wic), then click on "For Medical Providers" tab in the left navigation bar.

<b>WIC Office Use:</b>
<b>CPA Signature:</b> _____ <b>Date:</b> _____
<b>WIC Staff instructions:</b> Review form for completeness. If there are questions, before approving the prescription, contact the participant's health care provider to resolve. Sign and date form. If formula is not available retail, complete formula request form as outlined in the State Plan/policies and fax to the State WIC Office.

**WIC is an equal opportunity provider.**

**State of Connecticut WIC Program-Department of Public Health**  
 MEDICAL DOCUMENTATION FOR WIC FORMULA AND APPROVED WIC FOODS  
**INFANTS AND CHILDREN**

1. Patient's Name: \_\_\_\_\_ Date of Birth (DOB): \_\_\_\_/\_\_\_\_/\_\_\_\_

2. Parent/Guardian: \_\_\_\_\_

*Prescription is subject to WIC approval and provision is based on Program policy and procedure.*

**3. Please check qualifying medical condition(s)/ICD code(s)**

- |  |  |
|--|--|
| <input type="checkbox"/> 693.1 Allergy, Food<br><input type="checkbox"/> 281.9 Anemia<br><input type="checkbox"/> 279.4 Autoimmune Disorder<br><input type="checkbox"/> 770.7 Chronic Respiratory Disease, perinatal<br><input type="checkbox"/> 746.9 Congenital Heart Disease<br><input type="checkbox"/> 748.9 Congenital Anomaly, Respiratory<br><input type="checkbox"/> 751.9 Congenital Anomaly, GI<br><input type="checkbox"/> 749.0 Cleft Palate<br><input type="checkbox"/> 749.1 Cleft Lip<br><input type="checkbox"/> 343.9 Cerebral Palsy<br><input type="checkbox"/> 277.0 Cystic Fibrosis<br><input type="checkbox"/> 783.4 Developmental Delay<br><input type="checkbox"/> 250.01 Diabetes Mellitus Type I | <input type="checkbox"/> 783.4 Failure to Thrive/Inadequate Growth<br><input type="checkbox"/> 271.1 Galactosemia<br><input type="checkbox"/> 530.81 Gastroesophageal Reflux<br><input type="checkbox"/> 279.3 Immunodeficiency<br><input type="checkbox"/> 271.3 Lactose Intolerance<br><input type="checkbox"/> 579.9 Malabsorption<br><input type="checkbox"/> 358.9 Neuromuscular Disorder<br><input type="checkbox"/> 779.5 Neonatal Abstinence Syndrome<br><input type="checkbox"/> 765.1 Prematurity<br><input type="checkbox"/> 270.1 Phenylketonuria (PKU)<br><input type="checkbox"/> _____ Other diagnosis with ICD-9 code<br>Specify _____ |
|--|--|

*Patient must have a diagnosis and not symptoms.*

4. Formula requested: \_\_\_\_\_

Prescribed ounces per day\* (unless ad lib): \_\_\_\_\_  Powder  Concentrate  Other \_\_\_\_\_

**\*WIC is a supplemental nutrition program and may not provide the total amount of formula or food prescribed.**

Instructions for preparation: \_\_\_\_\_

Caloric density (e.g. 20cal/oz; 24 cal/oz; 30 cal/oz) \_\_\_\_\_ Length of use:  1 mo  2 mos  3 mos  4 mos  5 mos  6 mos

**5. WIC Supplemental Foods Available** Check foods that are **contraindicated** based on medical diagnosis

**Note:** The patient will receive supplemental foods, appropriate to their age and participant category in addition to the formula indicated. Please check any supplemental foods **contraindicated** by the patient's medical diagnosis. If there are only restrictions to amounts of supplemental foods provided due to medical diagnosis, check box and explain in the space provided. Prescription renewal is required periodically, based on age and medical condition. **No prescription is valid for more than six months.**

INFANTS: (6-11 months of age)	CHILDREN: (12 months of age or older)
CONTRAINDICATED FOODS <input type="checkbox"/> Infant cereal <input type="checkbox"/> Infant food vegetables/ fruits  <input type="checkbox"/> All foods contraindicated  <input type="checkbox"/> Restrictions in amounts- Explain: _____	CONTRAINDICATED FOODS <input type="checkbox"/> Milk or milk substitutes Specify type: _____ <input type="checkbox"/> Breakfast cereal <input type="checkbox"/> Whole wheat bread or other allowed whole grains <input type="checkbox"/> Vegetables and fruits <input type="checkbox"/> Juice <input type="checkbox"/> Peanut butter <input type="checkbox"/> Eggs <input type="checkbox"/> Legumes  <input type="checkbox"/> All foods contraindicated <input type="checkbox"/> Restrictions in amounts- Explain: _____

Length of use:  1 mo  3 mos  6 mos

**6. Milk substitutes:** For children with qualifying conditions, soy-based beverage (soymilk), calcium-set tofu or cheese can be substituted for milk.

Soy-based beverage (soymilk)  Tofu  Cheese

Prescribed amount per day (unless ad lib): \_\_\_\_\_  Restriction(s), explain \_\_\_\_\_

Length of use:  1 mo  3 mos  6 mos

**7. HEALTH CARE PROVIDER SIGNATURE:**

**Date:** \_\_\_\_\_

(MD, APRN or PA)

Printed Name (Health Care Provider): \_\_\_\_\_

Medical Office/Clinic/Hospital: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Fax: \_\_\_\_\_

## Instructions for Physicians or Physician Assistants or Nurse Practitioners

(Only Healthcare Providers licensed to write a prescription in Connecticut can complete this form)

- Item #1:** Write patient's complete name and date of birth (DOB).      **Item #2:** Write patient's parent/guardian name.
- Item #3:** From the list of most common nutrition related ICD medical diagnoses determine and document one or more of the patient's serious qualifying medical condition(s) for which WIC prescriptions may be written. Other medical diagnosis that may require special/exempt infant formulas and approved WIC foods must have an ICD code and will be considered on a case by case basis. **Non-specific symptoms such as intolerance, fussiness, gas, spitting up, constipation and colic are not considered qualifying conditions.**
- Item #4:** The Connecticut WIC Program endorses breastfeeding as the optimal method to feed infants. If infants do consume infant formula, WIC supports the American Academy of Pediatrics recommendation that all formula fed infants receive iron-fortified formula for the first year. Connecticut WIC has a sole source contract with Mead Johnson® to provide standard iron-fortified milk- and soy-based formulas **Enfamil PREMIUM Infant®** and **Enfamil Prosobee®**, for healthy infants from birth to twelve months of age whose mothers choose not to breastfeed or who partially breastfeed. Effective October 1, 2013, **Enfamil Gentlease** is approved in Connecticut as a standard contract formula not requiring a prescription. However, like all other cow's milk based formulas, this product should not be provided to anyone with a known or suspected milk allergy. Also, like other products containing lactose, this product is contraindicated when a totally lactose free diet is indicated. **We will no longer provide milk- or soy-based standard infant formulas that are not part of our contract.** Special/exempt infant formulas such as: protein hydrolysate (hypoallergenic), hypercaloric, elemental and metabolic infant formulas with an appropriate nutrition related ICD code will continue to be provided. Note: WIC is a supplemental program and may not provide the total amount of formula or food prescribed. If an infant or child needs additional amounts of formula, contact Medicaid to see if the additional amounts can be covered based on medical diagnosis.  
**For infants:** Indicate the special/exempt formula, physical form, instructions for preparation, and intended length of use. Powder or concentrate are the physical forms routinely provided by WIC. Ready-to-Feed (RTF) formula or medical foods may be authorized when WIC nutrition staff determines and documents that there is an unsanitary or restricted water supply or poor refrigeration, the person caring for the infant may have difficulty in correctly diluting the concentrated liquid or powdered formula or the product is only available in ready-to-feed.  
**For children 12 months and older:** Indicate the special/exempt formula, instructions for preparation and intended length of use. It is WIC's policy to re-evaluate the participant's continued need for the formula on a periodic basis.
- If a supplemental (vs. complete) soy formula is prescribed for children ages 12-24 months, any approved WIC toddler soy formula can be issued as the State no longer has a rebate for that type of product.
- Item #5** The patient will receive supplemental foods from the WIC Program, appropriate to their age and participant category in addition to the formula indicated. For infants 6 months of age or older and children, please check the supplemental foods that are contraindicated by the patient's medical diagnosis. If there are only restrictions to amounts of supplemental foods provided due to a medical diagnosis, check and explain in the space provided. For children over 2 years of age with inadequate growth or other specific medical diagnosis, whole milk can be provided on an individual basis. Please specify % milk fat in section indicated.
- Item #6** **For children 12 months of age or older with qualifying conditions** such as milk allergy, severe lactose maldigestion or vegan diet, soy-based beverage (soymilk), calcium-set (calcium fortified) tofu or cheese can be substituted for milk. If a milk substitute is required, check one or more appropriate food item(s), indicate the amount prescribed per day and check the length of use. If there are only restrictions to amounts of supplemental foods provided due to a medical diagnosis, check and explain in the space provided. Provision of cheese in amounts **over 1 pound** requires a qualifying condition such as lactose intolerance or other medical diagnosis. Cheese can be substituted up to the maximum allowance of fluid milk. Medical documentation is not needed for cheese substitutions of 1 pound or less.
- Item #7** A Health Care Provider's **original signature** is required. Print or stamp your name, medical office, phone number and address. By signing this form, you are verifying you have seen and evaluated the patient's nutrition and feeding problem(s) and symptoms determining, he/she has a serious medical condition. Give the completed form to the parent/guardian to take to their local WIC program or fax to the clinic serving the patient.

**For more information or additional copies of this form please visit our website: [www.ct.gov/dph/wic](http://www.ct.gov/dph/wic), then click on "For Medical Providers" tab in the left navigation bar.**

**WIC Office Use:**

**CPA Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**WIC Staff instructions:** Review form for completeness. If there are questions, before approving the prescription, contact the participant's health care provider to resolve. Sign and date form. If formula is not available retail, complete formula request form as outlined in the State Plan/policies and fax to the State WIC Office.

**USDA is an equal opportunity provider and employer**



## Guidelines for Clinicians Regarding WIC Special Formula Ordering

1. The earlier a mother and infant can be referred to the WIC Program, the better. This is especially true when dealing with women, infants or children requiring special formulas. WIC eligibility is based on income and nutritional need.
2. Effective October 1, 2011, the Connecticut WIC Program has a sole-source rebate contract with Mead Johnson for the standard infant formulas: **Enfamil PREMIUM Infant** and **Enfamil ProSobee**. For infants, **Enfamil PREMIUM Infant** and **Enfamil ProSobee** (powdered or liquid concentrate) do not require a prescription. However, if an infant needs **Enfamil Prosoabee**, it may be better complete a **WIC Medical Documentation Form** to clarify the rationale for issuing a soy product.

Effective October 1, 2013, **Enfamil Gentlease** is approved as a Connecticut WIC standard contract formula not requiring a prescription. However, like all other cow's milk based formulas, this product should not be provided to anyone with a known or suspected milk allergy. Also, like other products containing lactose, this product is contraindicated when a totally lactose free diet is indicated. The Connecticut WIC Program no longer provides **non-contract** standard milk and soy based infant formulas. Issuance of medical formulas that are approved for use in the Connecticut WIC Program require a WIC Medical Documentation Form with an ICD code diagnosis, based on indications for usage, medical rationale and age appropriateness. The maximum amount of reconstituted oz. of infant formula at standard dilution that can be given to an infant depends on the age of the infant: 806 oz for 0-3m, 884 oz for 4-5m, and 624 oz for 6-11m.

3. Medically indicated enteral nutritional products for women or children also require a completed WIC Medical Documentation Form. The maximum amount of formula prescribed to a woman or child is 910 reconstituted oz per month (based on the product's standard dilution).
4. A Medical Doctor (MD), Advanced Practice Registered Nurse (APRN), or a Physician's Assistant (PA) who is authorized to write prescriptions can prescribe or request WIC special formulas. The medical documentation should include the patient's name, date of birth, medical rationale for the formula, the caloric density (e.g.; 24 cal/oz, 27 cal/oz), packaging (ready to feed, powder, etc.), length of issuance, and total volume per day (unless ad lib). It is useful to indicate any special instructions (e.g., if anything is to be added to the formula, special mixing instructions, etc.). The health care provider's signature should include his/her credentials (MD, APRN, or PA).
5. Some WIC Special Formulas can be obtained at retail grocery stores and pharmacies by the participants. Others may have to be ordered through the State (refer to the Connecticut WIC Program "Special Formula Approval List"). Special orders are shipped directly to the local WIC program.
6. Generally, allow ten days to two weeks from the time an individual applies to the WIC program until special order formulas are received by your patient or WIC participant. Shorter time frames can be accommodated, but aren't guaranteed. For this reason, it is advisable to have the infant/child's parent or guardian bring the **WIC certification form and WIC Medical Documentation Form** to the local WIC office at preferably two weeks (minimum one week) before hospital discharge when possible. The clinician should call the local WIC Program Nutritionist to inform her/him of how soon the client will be discharged. The health care provider can fax a prescription or WIC Medical Documentation Form to the local agency to facilitate the process. The local WIC Program Nutritionist will contact the State agency to place the order.

**SECTION: Food Delivery****SUBJECT: Ordering Special Formula****ITEM: Issuance of Special Formula Checks and Ordering through the State agency****POLICY****Local agency issuance of WIC Checks for Special Formulas**

Local agencies should issue WIC checks for special formulas directly to participants, unless it is required to be ordered through the State agency.

Look at the manufacturer's product information to see what size and type the formula is available in. Call the State agency if you are unsure of formula type, size, or amount to order.

Confer with the payee/alternate/caretaker and identify at least one WIC authorized pharmacy/grocer which is conveniently located.

The nutritionist or other CPA will call the pharmacy/grocer to ask if they stock the formula. Obtain the price and call the State agency if you are unsure if the maximum price allowed will be exceeded. Select an appropriate formula when assigning a tailored food package for the participant.

For formulas that cannot be purchased through the retail vendor system or exceed price limits of WIC checks, that must be ordered directly through the State agency. See below for Direct Ordering procedures through the State agency.

**Ordering through the State agency**

Refer to the WIC Approved Special Formula listing (WIC 400-10) for products that are required to be ordered through the State agency.

A Competent Professional Authority (CPA) must complete every line item of the *Special Formula Request form*. This form shall be submitted to the State agency electronically.

If the formula is needed urgently, obtain instructions from a State WIC Nutritionist about coordinating the participant's needs until the order arrives. **Please allow up to 2 weeks for shipments of special formula to arrive.**

If verbal order documentation was given to the State agency to expedite an order, promptly forward a completed request form. Refer to Food Delivery Policy 400-10 for details on verbal orders.

If you have not received an order within one week of the request, call the State agency.

## **Receipt of Special Formula**

Upon receipt of the formula, verify that the delivery is accurate by inspecting for evidence of damage and case quantity. All discrepancies must be reported to the State agency immediately.

Confirm receipt of formula by faxing the packing slip to the State agency.

**Note:** Regular stock rotation is the local agency responsibility as is the removal of outdated product.



# CONNECTICUT WIC PROGRAM



## SPECIAL FORMULA REQUEST FORM (PLEASE WRITE LEGIBLY)

**To:** State WIC Office

**From:** \_\_\_\_\_

1. **Date Submitted:** \_\_\_\_\_

2. **Agency:** \_\_\_\_\_

3. **Participant Name:** \_\_\_\_\_

4. **Family ID:** \_\_\_\_\_

5. **Full Formula Name:** \_\_\_\_\_

6. **Manufacturer:** \_\_\_\_\_

7. **Formula Type: (circle choice)**      **RTF**      **POWDER**

**OTHER: (specify caloric density, flavorings)** \_\_\_\_\_

8. **Product Number:** \_\_\_\_\_

9. **Formula Packaging:** \_\_\_\_\_  
(Can size/Cans per case, etc.) – [See State Plan Section 2: Appendix LL-A]

10. **Amount Needed:** \_\_\_\_\_ **Cases**

11. **How many months supply? (Circle choice)**    **1 MONTH**    **2 MONTHS**    **3 MONTHS**

12. **Date Needed:** \_\_\_\_\_

**Additional Information:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My signature verifies that:

- The WIC prescription is currently valid and on file at the local agency.
- I have reviewed and signed the WIC prescription form as required in the Connecticut WIC State Plan Section 2, Food Delivery
- Any necessary follow-up with the health care provider, including medical rationale and indications for usage, has been documented in the participant's record.

**CPA Signature & Title:** \_\_\_\_\_

**SECTION: Food Delivery**

**SUBJECT: Special Formula Reconciliation**

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**POLICY**

Each month, the special formula reconciliation form must be forwarded to the State WIC office along with the signed original WIC voucher.

Document the quantity of special formula received. As the formula is issued, fill in the family number, recipient name and number; check number, date and amount of formula issued. A running balance should be kept of formula on hand.

## FORMULA INVENTORY RECONCILIATION FORM

Local Agency: \_\_\_\_\_

Payee Name & Family #	Payee Initials	Check #'s	Date Issued	Formula Name & PO #	Quantity *You must fill in all three rows
<b>Example:</b> Carol Jones 011111	CJ  Received Cans/Cases: 5 cases	22222222 22222223	10/1/2010	Neocate Jr, 32222	Beginning Balance: 10 cases
					Amount Given: 5 cases
					Ending Balance: 5 cases
	Received Cans/Cases:				Beginning Balance:
					Amount Given:
					Ending Balance:
	Received Cans/Cases:				Beginning Balance:
					Amount Given:
					Ending Balance:
	Received Cans/Cases:				Beginning Balance:
					Amount Given:
					Ending Balance:
	Received Cans/Cases:				Beginning Balance:
					Amount Given:
					Ending Balance:
	Received Cans/Cases:				Beginning Balance:
					Amount Given:
					Ending Balance:
	Received Cans/Cases:				Beginning Balance:
					Amount Given:
					Ending Balance:

\* SEND ORIGINAL CHECKS & ORIGINAL FORMULA RECONCILIATION LIST BACK TO THE STATE WIC OFFICE

**SECTION: Food Delivery****SUBJECT: New Special Formula Product Approval**

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**POLICY**

New products will be considered for approval for addition to the approved formula list on an annual basis in an effort to more effectively utilize staffing resources and research and inventory new formulas and medical foods. Only formulas/medical foods that are approved by USDA shall be considered for authorization for use in the Connecticut WIC program.

New product approval can encompass reformulations of previously approved products. The State agency also reserves the right to add formulas to its approved lists at any time during the year if the product will meet a previously unmet need in the clinical field.

If products are added in between the annual cycle, local agencies and vendors will be informed in a timely manner via the local agency memorandum process and/or vendor bulletins.

**SECTION: Food Delivery****SUBJECT: WIC Formula Return Policy**

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**POLICY**

It should not be the practice of the WIC local agency to act in the role of a WIC vendor and issue contract standard formulas above the supplemental amounts listed on WIC checks, to WIC participants on a routine basis, for several reasons:

- Jeopardizes WIC's role to promote and support breastfeeding
- Requires more oversight and management to ensure safety of stock formula
- Liability stemming from unsafe formula
- May result in participants being issued excess program benefits

If cans of formula are provided to participants directly from the WIC local agency, it should be properly documented in the participant's file.

Formula purchased with WIC checks must not be returned to any retail store, as WIC vendors have agreed to the following policy:

"Never provide refunds or permit exchanges for authorized WIC foods obtained with WIC checks, except for exchanges of an identical authorized WIC food item when the original authorized WIC food item is defective, spoiled, or has exceeded its "sell by," "best if used by" or other date limiting the sale or use of the food item. An identical authorized WIC food item means the exact brand and size as the original authorized WIC food item obtained and returned by the participant."

Local agencies should understand that reissuance of formula *returned by participants* is the responsibility of the **local agency**, since the State agency cannot guarantee that it was not tampered with or that it was stored properly.

The following scenarios address several common situations regarding returned formulas.

**WIC Special Formula ordered through the State agency.**

Situation: Your agency has ordered 10 cases Elecare Vanilla for a participant. The participant does not return to the program or there is a change in the formula that is required. *(In this scenario, the formula has never been issued to a participant.)*

**Guidance**

WIC local agency staff can fill an order for an existing participant that does need the formula. However, a valid Special Formula Request Form must be on file at the State agency to appropriately track the product. **Please note on the Special Formula Request Form that your agency has the product in stock and the State doesn't need to re-order the product.**

If there are no other participants in the local agency that require the product, inform the State agency of the overstock to allow the product to be efficiently transferred to another local agency or to obtain a refund from the manufacturer.

- Complete the Unneeded Formula Form. The form must have all fields completed to be processed.
- Wait for State agency confirmation before taking action.

### **WIC Special/Exempt Infant Formula Purchased from an Authorized WIC vendor:**

Situation: A participant redeemed a formula check at a WIC vendor for 3 cans of Pregestimil 16 oz powder. The participant returns 3 of cans to the local agency because of a change in formula prescription.

#### **Guidance:**

Only sealed, undamaged, unexpired cans are to be accepted.

Keep in stock. If another participant has a valid script for Pregestimil 16 oz powder, you can use this stock to supply one (1) emergency can. **Do not redeem any checks** for the stock formula that you have on hand with what was returned by a participant. Appropriately document what was provided to the participant.

### **Standard Contract Formula Purchased from WIC Vendors**

Local agencies may ONLY accept returned cans if they are sealed, undamaged, and unexpired. Keep returned cans in stock. If a participant is regularly issued the type of returned formula and there is an additional need, you can supply them with *one or two* "emergency cans".

Do not redeem any checks for the stock formula that you have on hand with what was returned by a participant. Document in the participant file how much and what was provided by the local agency.

### **What if a participant loses her WIC formula checks?**

Do not provide the stock formula that you have on hand as a replacement for WIC formula checks that a participant loses. You can supply them with *one or two* "emergency cans" if the situation warrants this action. Document in the participant file how much and what was provided by the local agency.

#### **Donated Formula:**

Local agency shall NOT accept donated formula. In addition, local agencies should never accept returns of opened, damaged or expired cans.

**Reminder:** Regular stock rotation is the local agencies responsibility as is the removal of outdated product.

\*\* Expired or damaged infant formula products must be discarded in such a way as to prevent human consumption.

**SECTION: Food Delivery****SUBJECT: Formula Quality Complaint Procedure and Required Documentation****POLICY**

All reports from local WIC agencies regarding formula quality/safety concerns from participants will be referred to the Connecticut Department of Public Health (DPH), Women, Infants and Children (WIC) Nutrition Unit. In the absence of any Nutrition Unit staff, all reports will be referred to one of the WIC supervising staff.

The DPH WIC Program staff will not contact the participant directly, but rather work through the local WIC agency to obtain any information needed. At the local agency level, a nutritionist will handle formula quality/safety concerns. In the absence of a nutritionist, the WIC Coordinator would handle the concerns.

**The participant's health and safety is the priority. In the case of potential or adverse health consequences to the participant that is perceived to be due to consuming the formula in question, the local agency will immediately be advised to instruct the participant/caregiver to promptly contact his/her health care provider.** In this case, the additional information needed by DPH WIC Program staff can be obtained from the local WIC agency's contact person after this has occurred.

If a participant should call the DPH WIC Program directly with a formula quality/safety concern, the DPH WIC Program will receive the information from the participant and advise the participant to contact his/her health care provider if any potential health issues are involved and/or if a substitute formula will need to be provided. The participant will then be referred to the local WIC office for further follow-up on the issue.

The DPH WIC Program and the local WIC Office should keep a written/electronic record of contacts made and information received/relayed. Use the Formula Quality/Safety Checklist to ensure all information is obtained.

***Local Agency Part of Process/Procedures***

1. Appropriate local agency staff should obtain the following information from the participant: *Use the Formula Quality/Safety Checklist* to ensure all information is obtained.

**Participant contact information**

- ✓ participant's and caregiver's (if applicable) name, address, telephone number, and the WIC Family ID number
- ✓ age of participant
- ✓ medical rationale for formula, if applicable
- ✓ when the participant started consuming the formula and length of time the formula was consumed
- ✓ whether the participant is currently still consuming the same formula
- ✓ reported/perceived health symptoms attributed to consumption of the formula in question, if any (for example; diarrhea, fever, vomiting, stomach pain, blood in the stools, rash, hives, trouble breathing)

- ✓ onset and duration of potential symptoms
- ✓ whether the health care provider was contacted or seen as a result of the reported/perceived symptoms
- ✓ health care provider's name
- ✓ relevant health/WIC background of participant, particularly information that would put the participant at higher risk for potential health consequences of an adverse reaction to the formula, such as prematurity, compromised immune status, chronic medical conditions, pregnancy, etc.

Product information

- ✓ formula name
- ✓ packaging; ready-to-feed, powder, or concentrate, and can size
- ✓ batch or lot number
- ✓ expiration date
- ✓ where the product was purchased from and when the product was purchased
- ✓ how much formula the participant still has, including opened/unopened formula containers and formula in feeding bottles, if any
- ✓ how the product was prepared/stored by the participant/caregiver, if relevant to the situation (See 400-10 "Formula Storage Guidelines")
- ✓ product appearance
- ✓ any signs of compromised packaging integrity (dented container, holes in product, swollen cans)
- ✓ formula appearance (foreign objects/flecks/residue, unusual color or smell, curdling or separation of soluble parts of formula from the liquid portion)

2. Once it is determined that there is a possibility that the formula is compromised in quality or safety, the local WIC agency should advise the participant/caregiver to return the formula to the local WIC agency as soon as possible. The local WIC agency may want to pick up the formula from the participant's home to expedite the process, if needed.

***State Agency Part of Process/Procedure***

1. State agency promptly informs the WIC Director of the formula quality/safety complaint. The WIC Director will contact the Section Chief, who will inform the Branch Chief.
2. Once approval has been obtained from the Branch Chief, State agency staff will contact the following people/agencies:

Person	Agency	Position	Telephone number
Tim Spillane	Dept of Consumer Protection-State Office	Supervisor of the Food and Standards Division of Consumer Protection	<b>Main number</b> (860) 713-6160 Direct ext 6167
Tracy Weeks	Department of Public Health Food Protection Program	Supervising Environmental Sanitarian	<b>Main number</b> Ext. 7297 Direct ext 7398

When contacting these agencies, provide the following information:

- The name of the local WIC agency that reported the issue.
- Describe the situation. Apply WIC Confidentiality rules. Do not give out the participant's name or ID unless instructed otherwise by the Branch Chief.
- All written communication will be made between branches/agencies through the chain of command. Do not fill out any written reports even if requested by these agencies to do so.

3. If it is determined that the formula will be tested by either the Consumer Protection Agency or the Food Protection Program:
  - Contact the local WIC agency and instruct them to explain the appropriate "*Consent to Release Participant Information*" form to the participant/parent or legal caretaker and ask him/her to sign it when the formula is returned to the local agency. See WIC 400-16 "*Connecticut WIC Program Consent to Release Participant Information*" form(s)
  - The local WIC agency and the agency testing the formula will need to coordinate arrangements for pick-up of the product at the local WIC office.
  - Advise the local agency to make a list of the product(s) and item(s) received from the participant/caregiver and have this signed by the agency that picks up the formula, with the date and time noted.
  - Instruct the local WIC agency to verify to the State agency by phone that the formula was picked up by the Consumer Protection Agency or the Food Protection Program.
  - The formula will be tested either at the DPH state lab in Hartford and/or the Connecticut agricultural experiment station in New Haven. Consumer Protection and/or Food Protection will determine which lab(s) will test the formula.
4. At the discretion of the State WIC Director or designated staff, the Northeast Regional Office (NERO) of USDA may be informed of the situation.
5. State agency staff will contact the Consumer Protection Agency and/or the Food Protection Program to obtain the test results and for guidance on their interpretation of the results. If preliminary or final test/investigative results indicate that more in-depth follow-up is required by either the Consumer Protection Agency or the Food Protection Program and contact with the participant is necessary, the State WIC Office will provide the agency testing the formula with the participant's contact information. This should only be done after permission has been obtained from the Section Chief and Branch Chief.
6. The State agency will inform the local WIC agency of the Consumer Protection Agency and/or the Food Protection Program's results/recommendations and relay that the participant's contact information has been provided to the agency that tested the formula.
7. If a recall is announced or other notification to local agencies is indicated:
  - The State agency, upon approval of the State WIC Director, will send a memo to the local WIC agencies to inform them of the issue.
  - If participants/caregivers will need to be contacted, a list of food packages (if applicable) containing the formula in question should be given to the MIS staff as soon as possible so that a SWIS food package participant report can be generated.
  - If the information is of an urgent nature, the memo can be faxed to the local agencies, along with any SWIS food package participant report, if indicated.
8. All documentation of the incident will be filed in the designated "Record of Contaminated Formula" notebook. The notebook will be secured as a confidential record

# Local Agency Formula Quality/Safety Checklist Connecticut WIC Program

Date: \_\_\_\_\_

Local agency staff taking complaint: \_\_\_\_\_

State agency staff contacted: \_\_\_\_\_

Participant contact information:

Participant's and caregiver's (if applicable) name: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Cell phone: \_\_\_\_\_

WIC Family ID #: \_\_\_\_\_

Participant age: \_\_\_\_\_

Medical rationale for formula, if applicable: \_\_\_\_\_

When did the participant start consuming the formula and how long was it consumed?  
\_\_\_\_\_

Is he/she currently still consuming the same formula?  Yes  No

What are the reported/perceived health symptoms attributed to consumption of the formula in question?

- |  |                                |                                   |  |
|--|--------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Diarrhea        | <input type="checkbox"/> Fever | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Stomach pain      |
| <input type="checkbox"/> Blood in stools | <input type="checkbox"/> Rash  | <input type="checkbox"/> Hives    | <input type="checkbox"/> Trouble breathing |
| <input type="checkbox"/> Other _____     |                                |                                   |  |

When did the symptoms begin and for how long? \_\_\_\_\_

Have you contacted or seen your doctor/health care provider because of the perceived symptoms?  Yes  No

Health care provider's name \_\_\_\_\_

Any relevant health/WIC background of participant, (particularly information that would put the participant at higher risk for potential health consequences of an adverse reaction to the formula), such as:

- |   |  |
|---|--|
| <input type="checkbox"/> Prematurity                            | <input type="checkbox"/> Compromised immune status |
| <input type="checkbox"/> Chronic medical conditions, list _____ |  |
| <input type="checkbox"/> Pregnancy                              | <input type="checkbox"/> Other                     |

# Local Agency Formula Quality/Safety Checklist Connecticut WIC Program

Please obtain the following information about the product consumed:

Formula name: \_\_\_\_\_

Packaging:  Ready-to-feed  Powder  Concentrate Can size \_\_\_\_\_

- Batch or lot number \_\_\_\_\_ Expiration date \_\_\_\_\_
- Where was the product purchased? \_\_\_\_\_
- When was the product purchased? \_\_\_\_\_
- How much of the product is left? (Including opened/unopened formula containers and formula in feeding bottles) \_\_\_\_\_
- How was the product prepared/stored by the participant/caregiver?  
\_\_\_\_\_

If relevant to the situation, refer to "WIC 400-10 *Formula Storage Guidelines*"

- Product appearance \_\_\_\_\_
  - Any signs of compromised packaging integrity (dented container, holes in product, swollen cans)  Yes  No
  - Formula appearance
    - Foreign objects/flecks/residue  Unusual color or smell
    - Curdling or separation of soluble parts of formula from the liquid portion)

## Obtain the participant's signature on the three (3) Consent to Release Participant Information forms.

1. Explain the three (3) Consent to Release Participant Information forms to the participant or guardian, and then ask him/her to sign each form:
  - Consumer Protection Agency Consent form
  - Food Protection Program Consent form
  - Food and Drug Administration consent form
2. If the participant is unable to come to the office promptly, obtain verbal consent and document on the forms. When the participant arrives at the office have them sign the form(s). (See WIC 400-16 "*Connecticut WIC Program Consent to Release Participant Information*" form(s))

## **Local Agency Formula Quality/Safety Checklist Connecticut WIC Program**

### **Obtaining Participant Consent and Coordinating Formula Pick-up with the State Lab or Agricultural Experiment Station:**

If it is determined that the formula will be tested by either the Consumer Protection Agency, Food Protection Program or the Food and Drug Administration:

- Arrange with the participant to have the formula dropped off at the local WIC office or picked up by the local WIC agency. This should be done at the earliest possible convenience of both parties.
- The local agency and the agency testing the formula will need to coordinate arrangements for pick-up of the product at the local WIC office.
- Make a list of the product(s) and item(s) received from the participant/caregiver and have this signed by the agency that picks up the formula, with the date and time noted.
- Notify the State agency by phone when the formula was picked up by the Consumer Protection Agency or the Food Protection Program.
- The formula will be tested either at the DPH state lab in Hartford and/or the Connecticut agricultural experiment station in New Haven. Consumer Protection and/or Food Protection will determine which lab(s) will test the formula.



**Connecticut WIC Program  
Consent to Release Participant Information to the  
United States Food and Drug Administration (FDA)**

**Program WIC de Connecticut  
Cosentimiento para la Cesión de Información Sobre Participantes de  
WIC al Departamento de Drogas y Alimentos de los Estados Unidos  
(United States Food and Drug Administration (FDA))**

Yo \_\_\_\_\_ como  
participante/madre/padre o guardián legal de un participante del Program WIC,  
doy mi consentimiento al Program WIC para proporcionar información sobre mi  
nombre, número de teléfono, y dirección al **Departamento de  
Administración de Drogas y Alimentos de los Estados Unidos** (United  
States Food and Drug Administration) para facilitar los resultados de cualquier  
test/prueba de fórmula infantil.

---

Firma del/de la participante/madre/padre/guardián legal de un participante del  
Program WIC

Fecha \_\_\_\_\_

---

Testigo

Fecha



**Connecticut WIC Program  
Consent to Release Participant Information to the  
Connecticut Food Protection Program**

**Program WIC de Connecticut  
Cosentimiento para la Cesión de Información Sobre Participantes de  
WIC al Programa de Protección de Alimentos del Estado de  
Connecticut (State of Connecticut Food Protection Program)**

Yo \_\_\_\_\_ como  
participante/madre/padre o guardián legal de un participante del Program WIC,  
doy mi consentimiento al Program WIC para proporcionar información sobre mi  
nombre, número de teléfono, y dirección al **Programa de Protección de  
Alimentos del Estado de Connecticut** (State of Connecticut Food Protection  
Program para facilitar los resultados de cualquier test/prueba de formula infantil.

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Firma del/de la participante/madre/padre/guardián legal de un participante del  
Program WIC

Fecha \_\_\_\_\_

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Testigo

Fecha

**Connecticut WIC Program  
Consent to Release Participant Information to the  
Connecticut Consumer Protection Agency**

I \_\_\_\_\_ as a participant/parent/ or legal caretaker of a participant of the WIC Program, consent to the release of my name, telephone number, and address by the WIC Program to the **State of Connecticut Consumer Protection Agency** for the purposes of following up on formula testing results.

\_\_\_\_\_  
Signature of participant/parent /legal caretaker of participant      Date

\_\_\_\_\_  
Witness      Date

**Connecticut WIC Program  
Consent to Release Participant Information to the  
Connecticut Consumer Protection Agency**

**Program WIC de Connecticut  
Cosentimiento para la Cesión de Información Sobre Participantes de  
WIC a la Agencia de Protección al Consumidor  
(Agency of Consumer Protection del Estado de Connecticut)**

Yo \_\_\_\_\_ como  
participante/madre/padre o guardián legal de un participante del Program WIC,  
doy mi consentimiento al Program WIC para proporcionar información sobre mi  
nombre, número de teléfono, y dirección a la **Agencia de Protección al  
Consumidor del Estado de Connecticut** (State of Connecticut Consumer  
Protection Agency) para facilitar los resultados de cualquier test/prueba de  
fórmula infantil.

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Firma del/de la participante/madre/padre/guardián legal de un participante del  
Program WIC

Fecha \_\_\_\_\_

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Testigo

Fecha

**SECTION: Food Delivery****SUBJECT: Guidelines for Storing Formula Safely at Local agencies**

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Often, local agencies are required to store formula products at their agencies for a period of time prior to issuance to participant. Please be aware and follow these guidelines to ensure safe storage of these products.

**General Storage Recommendations for UNOPENED products:*****General Guidelines***

- The storage room temperature should be above 32 degrees Fahrenheit and below 85 degrees Fahrenheit. Temperatures outside the recommended limits can affect product quality. An "ideal" temperature range is 65-75 degrees Fahrenheit. Liquid based formulas are more susceptible to alterations in quality from temperature than powdered formula.
- The product should not be used after the expiration date.
- The product should not be stored near heaters, vents, air-conditioners, direct sunlight or areas where temperatures in the immediate area may differ from the room temperature.
- Frequent exposures to the lower and/or higher temperature accepted ranges over time may affect product quality.

***Temperatures Below Freezing***

When enteral products are subjected to low temperatures where freezing of the formula occurs, a number of changes occur during the thawing processes which are undesirable:

- Loss of emulsion stability (fat separates to the product surface).
- Loss of protein stability (protein can appear curdled and/or spoiled).
- Separation of sparingly soluble minerals/nutrients and/or the formation of relatively insoluble nutrient complexes.

These changes generally only affect aesthetic appearance, but the loss of product homogeneity can also affect nutrient deliveries when attempts are made to feed these products after components have separated. In addition, freezing can also damage the product packaging, resulting in loss of packaging integrity. Plastics may become brittle in freezing temperatures.

Any product that was subjected to freezing, even if temporary, should not be used. Any product suspected of having been subjected to freezing temperatures, where freezing and thawing could have occurred, should not be used. Participants should be instructed to return the product to the local WIC office for exchange.

## ***High Temperatures***

High temperature exposure for long periods may cause nutrient degradation, browning and physical change. If a product is exposed to high temperature:

- Check the look of the product's consistency and packaging.
- Do not use if it looks curdled, discolored, or has a different smell.
- If you are not sure what a product should look like or whether it is **safe** to use, contact someone who knows or call the formula company. Be very specific with descriptions of appearance and storage conditions. Do not use the formula until you can get further information.

## ***Product Sterility/High Risk Populations***

Unopened powdered infant formulas are not manufactured as commercially sterile. Liquid concentrate and ready to feed are classified as "commercially sterile". This factor is important to consider in populations that may have severe immune dysfunction or high risk of infections.

**FDA recommends that powdered infant formulas not be used in hospital settings unless unavoidable. While FDA's recommendations did not include discharge-planning issues in high-risk infants, some health care providers may order ready-to-feed or liquid concentrate formula for home use in certain high-risk infants as a precaution. In addition, caregivers of high-risk infants may be given more stringent formula preparation instructions than standard home setting formula preparation procedures. WIC staff should be supportive of these families and work with them to provide a smooth transition home.**

**General Storage Recommendations** for **OPENED** products:

### ***General Guidelines***

Opened, commercial formula for infants should be stored according to the manufacturer's instructions on the product label. \* \*\*If proper control of storage for opened containers is not possible, unused portions of formula for infants should be discarded.

### ***Powder-opened (not reconstituted):***

- Generally, opened infant formula powder can be stored in the original container for up to four weeks. \*\*
- The container should be labeled with the date it was opened.
- The container should be covered and kept in a cool, dry area (not a refrigerator).
- Opened powder stored more than four weeks may become rancid and suffer excessive loss of Vitamin A and C.
- Formula subjected to conditions outside of manufacturers' recommendations should be discarded. \*\*

### **Liquid-opened (*concentrate- not reconstituted, ready to feed*)**

- Opened, commercial liquid formula can be stored in the original container. The container should be covered and can be stored in the refrigerator and used within 24-48 hours<sup>\* \*\*</sup>. Liquid formula held for longer periods of time is at risk for loss of Vitamin C and some B vitamins, and bacterial growth.
- Refrigerator temperature range should be between **35-40 degrees Fahrenheit**.
- Formula removed from the refrigerator and left unrefrigerated for **greater than one hour** should be discarded. <sup>\*\*</sup>

### **Prepared Formula Storage (*from powder or liquid concentrate*):**

- Prepared formula should be kept in the refrigerator and used within 24-48 hrs.<sup>\*</sup>
- Formula remaining in the bottle for more than one hour after initiating feeding should be discarded.<sup>\*\*</sup>
- Formula removed from the refrigerator and left unrefrigerated for **greater than one hour** should be discarded. <sup>\*\*</sup>
- Refrigerator temperature range should be between **35-40 degrees Fahrenheit**.

<sup>\*</sup> Most semi-elemental or elemental products should be discarded after 24 hrs. Most health care facilities discard any formula after 24 hrs due to the nature of the setting (high-risk patients). <sup>\*\*</sup> High-risk infants may require stricter guidelines than standard recommendations.

### **Expired, Recalled, or Damaged Products**

#### **Ensuring Proper Disposal**

Expired, recalled, or damaged products must be discarded in such a way as to prevent human consumption. In the event that the product is being returned to the manufacturer as part of a recall/product analysis, the product must be temporarily stored in such a way as to prevent human consumption until the product is returned to the manufacturer. In the interim, a label should be placed directly on the product in a visible location stating that the can(s)/case should not be consumed because it is being recalled/is damaged.

#### **Public Health Threat**

In the event that a product is being recalled or is damaged as a result of an infectious disease or known/suspected bioterrorism, immediately consult with local/state health department officials for guidance on proper disposal of the product.

### **Formula Handling, Preparation and Storage for Parents of WIC Infants**

For specific information for parents of infants, please see the link below regarding infant formula storage and preparation:

[http://www.nal.usda.gov/wicworks/Topics/FG/Chapter4\\_InfantFormulaFeeding.pdf](http://www.nal.usda.gov/wicworks/Topics/FG/Chapter4_InfantFormulaFeeding.pdf)

**SECTION: Food Delivery****SUBJECT: Coordination with Public or Private Insurance for Issuance of Special Formula**

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Federal Regulations: § 246.10(c) 3 and § 246.10(e) 3(vi)

**POLICY****Coordination between WIC and Medicaid (HUSKY) for Issuance of Special Formula**

The Connecticut WIC Program is currently the primary payer for exempt or special formula for WIC participants. However, in Connecticut, the Medicaid (HUSKY) Program does provide total or additional amounts of medically necessary formulas under the following situations for their members:

- The product is not a Connecticut WIC Approved Formula.
- The product is a Connecticut WIC Approved Formula but additional formula is required to meet the participant's needs beyond the amounts that WIC Federal regulations allow. Medical necessity must be based on medical diagnosis and documented by the health care provider in writing to Medicaid (HUSKY).
- The product is Connecticut WIC Approved Formula but it will take more than 2 weeks to obtain. In this case, the initial two-week supply should be provided by Medicaid (HUSKY) until WIC can obtain the supply through the State agency or via a local WIC authorized vendor.
- There may be limited exceptions where the State agency requests that the local agency staff advise the participant to pursue formula coverage through Medicaid (HUSKY) rather than through WIC. (i.e. difficulty in supply, infrequent requests, etc.)

When Medicaid (HUSKY) provides some or all of the formula, the local WIC nutritionist needs to communicate with the health care provider, participant/caregiver and if appropriate the Community Health Network of Connecticut (CHN-CT) Intensive Care Management program staff to ensure appropriate use of WIC and Medicaid (HUSKY) resources.

When any of the above scenarios apply:

- Determine if the participant is on Medicaid (HUSKY). If they are not, promptly refer them for enrollment.
- If the participant is enrolled in Medicaid (HUSKY), tell the participant and the health care provider any additional formula required to meet the participant's needs should be covered by Medicaid (HUSKY) and the health care provider needs to follow the process to request special formula through Medicaid (HUSKY) to get the formula covered.
- Inform the health care provider, the parent/caregiver and if appropriate the CHN-CT Intensive Care Management program staff the maximum amount of formula needed (if known), how much supplemental formula WIC can provide to determine how much that Medicaid (HUSKY) would need to provide. This coordination of care will improve communication and will limit under or oversupply of the product and save State resources.

- If a WIC participant receives no formula checks through the WIC Program inform the participant/caregiver that WIC participation for the nutritional assessment and education can continue, even if the participant is not receiving supplemental formula from the Program. Emphasize the benefits of nutrition education and for infants, if appropriate, clarify that at 6 months there are additional supplemental foods i.e. infant cereal, fruits and vegetables that they can receive through WIC.
- Follow up with the health care provider and/or participant/caregiver to ensure that the formula was requested by the health care provider to Medicaid (HUSKY).
- Contact the State agency Vendor unit for local vendor product ordering/availability issues, nutrition unit for clinical issues)

### **Coordination between WIC and Private Insurance for Issuance of Special Formula**

If the participant has private insurance and some or all formula needs cannot be met through WIC, encourage the parent/caregiver to check with her private insurance carrier to pursue potential approval for exempt formula coverage. Potential coverage for formula coverage will vary among companies.

- Contact the health care provider or request that the participant/caregiver contact their health care provider to submit a prescription or request to their private insurance company for formula coverage.
- Inform the participant and health care provider the maximum amount needed (if known), the amount that WIC will provide and how much that the private insurance company would need to supply to meet the participant's total needs.
- Provide appropriate follow-up to ensure the participant receives maximum amount of formula through WIC if it is not covered by private insurance. If private insurance covers some or all of the formula adjust the amount of WIC formula provided.

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**SECTION: Food Delivery Systems****SUBJECT: Conflict of Interest with Vendors**

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**Federal Regulations:** 7 CFR 246.12 (t)

**POLICY:**

The State agency must ensure that no conflict of interest, as defined by applicable State laws, regulations and policies, exists between the State agency and any WIC authorized vendor or farmer, or between any local agency and any vendor or farmer under its jurisdiction.

All State agency and local agency WIC employees shall read and sign the Connecticut WIC Program Conflict of Interest with Vendors statement, which contains the following.

State and local agency staff shall not:

- Have any relatives that have any financial interest in any store authorized to accept WIC checks.
- Show any favoritism, by oral or written communication, posters, handouts or media presentations, toward any WIC authorized vendor.
- Endorse any WIC authorized vendor, or discourage WIC participants from using a specific WIC authorized vendor.
- Receive any gratuities including cash, food, or coupons from any WIC authorized vendor or vendor applicant.

State and local agency WIC staff must report any threat to or violation of this conflict of interest policy to the WIC State Director.

When a potential conflict of interest exists, State or local agency staff must disclose the information contained in the final section on the Connecticut WIC Program Conflict of Interest with Vendors statement.

The Connecticut WIC Program Conflict of Interest with Vendors statement must be read and signed by all current WIC State employees, current local agency staff, and newly hired staff during the first week of the orientation period. A copy of this statement must be kept in the employee file and another copy must be scanned and sent via email to the State agency at [ctwic@ct.gov](mailto:ctwic@ct.gov) no later than 30 days after its completion.