

DCH-1325, WOMEN, INFANTS, AND CHILDREN (WIC) FORMULA/FOOD REQUEST INSTRUCTIONS

Michigan Department of Health and Human Services (MDHHS)
(Revised 3-26)

DCH-1326, WIC Special Formula/Food Request must be completed by a health care provider licensed to write prescriptions under state law, then submitted to the local WIC clinic as an original written document using a secure method (i.e., facsimile or encrypted email). Only when necessary, a telephone order to a Competent Professional Authority (CPA) containing all medical documentation requirements may be used, with the expectation that the WIC Special Formula/Food Request will be provided to the WIC clinic within two weeks.

- ALL applicable sections must be completed, including client name, date of birth, and parent/guardian name. WIC may contact your office for more information to process the request.
- **Medical Data (Optional):** Completion is recommended to optimize continuity of care. Enter most current weight, length/height, head circumference, hemoglobin or hematocrit if available, and dates measured.
- **Section 1:** A qualifying condition must be selected. When “specify” is indicated, write comments in the space provided. Conditions such as rash, non-specific intolerance, underweight, fussiness, colic, vomiting, gas, and constipation will NOT be considered indications for a special formula. WIC will not provide formula solely to enhance nutrient intake or manage body weight without an underlying qualifying condition.
- **Section 2:** Enter the name of the prescribed formula from the full list of Authorized WIC Formulas,* the amount or ounces needed per day, and the duration of use for the prescribed formula. WIC maximums may not meet the client’s full nutritional needs. Comparable formulas may be authorized (as listed on page 2) allowing clients more flexibilities when the specified formula is not available. Note the list of comparable formulas does not include all Authorized WIC Formulas.
- **Section 3 (Optional):** Indicate WIC food restrictions, substitutions, or any instructions/comments. If nothing is selected in this section, WIC will determine appropriate WIC foods starting at 6 months.
- **Section 4:** Must include Health Care Provider Name, Address, Phone, Fax, Signature, and Date.

The Special Formula/Food Request must be completed for the following situations:

1. WIC clients with a qualifying condition requiring a Special Formula.
2. Children \geq 12 months of age with a qualifying condition requiring a Contract Formula.
3. WIC clients \geq 12 months on a formula with a qualifying condition requiring food substitutions for texture modification. Infant fruits and vegetables and/or infant cereal can be issued in place of fruits and vegetables and/or breakfast cereal.
4. WIC clients \geq 12 months of age who receive a formula due to a qualifying condition and need plant-based beverage in place of milk, or whole or 2% milk in place of low fat milk.

*For the full list of WIC-approved formulas go to www.michigan.gov/WIC, Health Care Provider link.

If you have questions about completing the DCH-1326, WIC Special Formula/Food Request call your local WIC clinic.

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