



AUTHORIZATION FOR RELEASE OF INFORMATION TO WIC

I _____ authorize _____
(Print Name) (Doctor, Nurse, Healthcare Provider, Hospital)

to release the following information about me or my child (indicate by checking the following boxes which information about you or your child you want to share with WIC):

- Medical diagnosis
- Recommended formula and feeding instructions
- Other health information as needed

to the Massachusetts WIC Program and the _____ local WIC Program located at (specify address):

for the purpose of assessing the need for special formula.

- I understand that I do not have to give authorization to my healthcare provider to share health information about me and/or my child with WIC but I want to.
- I understand that I can change my mind and cancel this authorization at any time. To do this, I need to write a letter to my healthcare provider and send it or bring it the place where I am now giving this authorization. Once the information has already been given out by my healthcare provider, I understand that it is too late for me cancel the authorization.

Authorized Signature: _____

Relationship to Participant: _____

Date: ____ / ____ / ____

This authorization is valid for 12 months after the above date.

WIC staff are required to follow federal law to protect WIC participant confidentiality and cannot re-disclose WIC applicant or participant information except with written consent or as required by law. WIC is an equal opportunity provider.



Request for Special Formula Massachusetts WIC Nutrition Program

Participant's Name: _____ Date of Birth: _____

HEALTH CARE PROVIDER: PLEASE COMPLETE THIS SECTION

The Massachusetts WIC Program endorses breastfeeding as the optimal way to feed most infants. If infants do receive formula, we support the American Academy of Pediatrics recommendation that all formula fed infants receive iron-fortified formula for the first year. **In accordance with this recommendation, the Massachusetts WIC Program's standard contract formulas are Nestlé Good Start Supreme DHA & ARA and Nestlé Good Start Supreme Soy DHA & ARA.**

- All other non-metabolic formulas (i.e., Enfamil, Similac, Prosobee, Isomil) will be available in powder only. Infants will be reintroduced to Good Start Supreme DHA & ARA or Good Start Supreme Soy DHA & ARA in 1 - 2 months or at 6 months of age, whichever comes first.
- WIC does not provide whole cow's milk for infants.
- Low-iron formula is only available with documentation of chronic hemolytic anemia, hereditary spherocytosis thalassemia, chronic aplastic anemia, sickle cell anemia, hemochromatosis, hemosiderosis and neonatal iron storage disease.

The request for a special formula is subject to WIC approval prior to issuance. A WIC Nutritionist will complete a thorough dietary assessment to verify the need for the requested formula. Significant findings will be communicated to you with the participant's permission. **It is WIC's policy to re-evaluate the participant's continued need for the formula on a periodic basis.**

Has Good Start Supreme DHA & ARA or Good Start Supreme Soy DHA & ARA been tried? Yes No
Medical Diagnosis/Reason for Request: _____

Recommended Formula: _____ Duration: _____ months

Feeding Instructions: _____

Comments: _____

Physician's or Nurse Practitioner's signature: _____ Date: _____

Provider Stamp or Address: _____ Provider Phone Number: _____

WIC Use Only:

Date received _____ ID _____ Site _____

Food Package _____ Category P B N I F C Next appointment _____

Comments _____

Nutritionist's signature _____ Date _____

For more WIC forms or for more information, please call WIC at 1-800-WIC-1007.

You can also download many of WIC's forms for your patients on our website at www.mass.gov/wic.