

MEDICAL DOCUMENTATION FORM
REVISIONS
and
POLICY 765: MEDICAL
DOCUMENTATION UPDATES

LEARNING OBJECTIVES

1. Compare the previous and current versions of the medical documentation form.
2. Explain the requirements of the health care provider in section C of the MDF.
3. Identify the new elements the WIC Nutritionist must review and approve before assigning and tailoring a participant's special food package.
4. Restate the requirements outlined in policy 765 for approving a formula with a verbal order.

- This request is subject to WIC approval and provision based on program policy and procedure.
- Please fax or return the completed form to your local WIC clinic.
- Patient must be under the medical supervision of the provider signing this form.

Local WIC Clinic:
Phone #:
Fax #:
Contact Name:

A. Patient information

Patient's name (Last, First, MI):	DOB:
Patient/Caregiver's name (Last, First, MI):	Phone #:
<input type="checkbox"/> Provide WIC Dietitian consult <input type="checkbox"/> Patient on tube feeding (provide name of formula, enteral company in section C)	

B. Medical formula - Check all that are acceptable

- ▶ Medical diagnosis or qualifying condition:
- ▶ Length of issuance: ☐ 3 months ☐ 6 months ☐ until 12 months of age ☐ other: _____ (not to exceed 12 months)
- ▶ Prescribed amount: ☐ _____ per day OR ☐ maximum allowable

INFANTS/CHILDREN	CHILDREN
Prematurity: <input type="checkbox"/> EnfaCare <input type="checkbox"/> Neosure Extensively Hydrolyzed: <input type="checkbox"/> Nutramigen <input type="checkbox"/> Pregestimil <input type="checkbox"/> Extensive HA <input type="checkbox"/> Alimentum <input type="checkbox"/> Allow store brand Alimentum Added rice starch: <input type="checkbox"/> Enfamil AR <input type="checkbox"/> Allow store brand Enfamil AR Amino Acid: <input type="checkbox"/> Elecare Infant <input type="checkbox"/> PurAmino <input type="checkbox"/> Neocate Infant <input type="checkbox"/> Neocate Syneo <input type="checkbox"/> Alfamino <input type="checkbox"/> Neocate Nutra Renal: <input type="checkbox"/> Similac PM 60/40 MCT: <input type="checkbox"/> EnfaPort	Contract infant: <input type="checkbox"/> Advance <input type="checkbox"/> Soy <input type="checkbox"/> Sensitive <input type="checkbox"/> Total Comfort Milk-based, lactose free: <input type="checkbox"/> PediaSure <input type="checkbox"/> Nutren Jr. <input type="checkbox"/> Boost Kid Essentials 1.0 <input type="checkbox"/> Boost Kid Essentials 1.5 Extensively Hydrolyzed: <input type="checkbox"/> PediaSure Peptide <input type="checkbox"/> Peptamen Jr. 1.0 <input type="checkbox"/> Peptamen Jr. 1.5 Amino Acid: <input type="checkbox"/> Elecare Jr <input type="checkbox"/> Alfamino Jr. <input type="checkbox"/> Neocate Jr. <input type="checkbox"/> Neocate Splash Other specialty products: <input type="checkbox"/> Ketocal 3:1 <input type="checkbox"/> Ketocal 4:1 <input type="checkbox"/> Duocal <input type="checkbox"/> Monogen <input type="checkbox"/> Portagen <input type="checkbox"/> Liguigen <input type="checkbox"/> Compleat Pediatric <input type="checkbox"/> Ensure Clear
ADULTS ONLY <input type="checkbox"/> Ensure <input type="checkbox"/> Ensure Plus <input type="checkbox"/> Boost Plus <input type="checkbox"/> Boost High Protein <input type="checkbox"/> Glucerna <input type="checkbox"/> Suplena CarbSteady	

C. WIC Supplemental foods

All WIC foods will be provided unless indicated below: OR ☐ request WIC Nutritionist to determine foods

Infants 7-12 months Omit: <input type="checkbox"/> Infant cereal <input type="checkbox"/> Infant jarred fruits/vegetables	Children older than 12 months and adults: Omit: <input type="checkbox"/> Milk <input type="checkbox"/> Cheese <input type="checkbox"/> Eggs <input type="checkbox"/> Peanut butter <input type="checkbox"/> Other _____ Include: <input type="checkbox"/> Infant cereal in place of breakfast cereal <input type="checkbox"/> Jarred pureed infant fruits/vegs in place of fresh produce <input type="checkbox"/> Whole milk in place of lower fat for adults and children older than 23 months with qualifying medical diagnosis (must be receiving formula - no exceptions). Additional Instructions:
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D. Health care provider information

Signature of health care provider:	Date:
Provider's name (please print):	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> ND <input type="checkbox"/> CNM
Medical office/clinic:	Clinical RD name:
Phone #:	Fax #:
Email:	

WIC USE ONLY	Date form received:	Exp. Date:	RDN review (signature & review date):	<input type="checkbox"/> FW order	WIC ID:
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- This request is subject to WIC approval per policy and procedure.
- Please fax or return the completed form to your local WIC clinic.
- Patient must be under the medical supervision of the provider signing this form.
- Medicaid is the primary payor for medical formulas. WIC can provide this until OHP issuance is established.

Local WIC Clinic:
Phone #:
Fax #:
Contact Name:

A. Patient information

Patient's name (Last, First, MI):	DOB:	OHP#
Parent/Caregiver's name (Last, First, MI):	Phone #:	
<input type="checkbox"/> Provide WIC Dietitian consult <input checked="" type="checkbox"/> Patient on tube feeding (provide name of formula, enteral company in section C)		

B. Medical formula - Check all that are acceptable

- ▶ Medical diagnosis or qualifying condition:
- ▶ Length of issuance: ☐ 3 months ☐ 6 months ☐ until 12 months of age ☐ other: _____ (not to exceed 12 months)
- ▶ Prescribed amount: ☐ _____ per day OR ☐ maximum allowable

INFANTS/CHILDREN	CHILDREN
Prematurity: <input type="checkbox"/> EnfaCare <input type="checkbox"/> Neosure Extensively Hydrolyzed: <input type="checkbox"/> Nutramigen <input type="checkbox"/> Pregestimil <input type="checkbox"/> Extensive HA <input type="checkbox"/> Alimentum <input type="checkbox"/> Allow store brand Alimentum Added rice starch: <input type="checkbox"/> Enfamil AR <input type="checkbox"/> Allow store brand Enfamil AR	Similac infant: <input type="checkbox"/> Advance <input type="checkbox"/> Soy <input type="checkbox"/> Sensitive <input type="checkbox"/> Total Comfort Milk-based, lactose free: <input type="checkbox"/> PediaSure <input type="checkbox"/> Nutren Jr. <input type="checkbox"/> Boost Kid Essentials 1.0 <input type="checkbox"/> Boost Kid Essentials 1.5 Extensively Hydrolyzed: <input type="checkbox"/> PediaSure Peptide <input type="checkbox"/> Peptamen Jr. 1.0 <input type="checkbox"/> Peptamen Jr. 1.5 ADULTS ONLY <input type="checkbox"/> Ensure <input type="checkbox"/> Ensure Plus <input type="checkbox"/> Boost Plus <input type="checkbox"/> Boost High Protein
<input type="checkbox"/> OTHER (ONLY formulas listed on page 2 can be issued):	

C. WIC Supplemental foods

☐ Check here to request WIC Nutritionist determine supplemental foods.

Infants 7-12 months Omit: <input type="checkbox"/> Infant cereal <input type="checkbox"/> Infant jarred fruits/vegetables	Children older than 12 months and adults: Omit: <input type="checkbox"/> Milk <input type="checkbox"/> Cheese <input type="checkbox"/> Eggs <input type="checkbox"/> Peanut butter <input type="checkbox"/> Other _____ Include: <input type="checkbox"/> Infant cereal in place of breakfast cereal <input type="checkbox"/> Jarred infant fruit and vegetable in place of cash produce benefit <input type="checkbox"/> Plant-based alternatives (beans, nut, seed butters) for eggs <input type="checkbox"/> Plant-based milk alternative Changes to milk-fat: <input type="checkbox"/> Low/nonfat milk and yogurt for children 12-23 months <input type="checkbox"/> Whole milk and yogurt for adults and children older than 23 months receiving formula from WIC or Medicaid (no exceptions) Additional Instructions:
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D. Health care provider information

Signature of health care provider:	Date:
Provider's name (please print):	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> ND <input type="checkbox"/> CNM
Medical office/clinic:	Clinical RD name:
Phone #:	Fax #:
Email:	

WIC USE ONLY	Date form received:	Exp. Date:	RDN review (signature & review date):	<input type="checkbox"/> FW order	WIC ID:
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INSTRUCTIONS

- Added a line to clarify that OHP is the primary payer of medical formulas: *“Medicaid is the primary payer for medical formulas. WIC can provide this until OHP issuance is established.”*



Women, Infants and Children (WIC) Medical Documentation Form

- This request is subject to WIC approval per policy and procedure.
- Please fax or return the completed form to your local WIC clinic.
- Patient must be under the medical supervision of the provider signing this form.
- Medicaid is the primary payer for medical formulas. WIC can provide this until OHP issuance is established.

Local WIC Clinic:

Phone #:

Fax #:

Contact Name:

SECTION A

- Added patient's "OHP#" for improved coordination with health care providers regarding coverage of medical formulas for shared clients.
- Clarified second line: "Parent/Caregiver's name (Last, First, MI):"

A. Patient information

Patient's name (Last, First, MI):

DOB:

OHP#

Parent/Caregiver's name (Last, First, MI):

Phone #:

☐ Provide WIC Dietitian consult ☐ Patient on tube feeding (provide name of formula, enteral company in section C)

SECTION B

B. Medical formula - Check all that are acceptable

① ► Medical diagnosis or qualifying condition:

② ► Length of issuance: ☐ 3 months ☐ 6 months ☐ until 12 months of age ☐ other: _____ (not to exceed 12 months)

③ ► Prescribed amount: ☐ _____ per day **OR** ☐ maximum allowable

INFANTS/CHILDREN		CHILDREN	
Prematurity:	<input type="checkbox"/> EnfaCare <input type="checkbox"/> Neosure	Similac infant:	<input type="checkbox"/> Advance <input type="checkbox"/> Soy <input type="checkbox"/> Sensitive <input type="checkbox"/> Total Comfort
Extensively Hydrolyzed:	<input type="checkbox"/> Nutramigen <input type="checkbox"/> Pregestimil	Milk-based, lactose free:	<input type="checkbox"/> PediaSure <input type="checkbox"/> Nutren Jr. <input type="checkbox"/> Boost Kid Essentials 1.0 <input type="checkbox"/> Boost Kid Essentials 1.5
	<input type="checkbox"/> Extensive HA <input type="checkbox"/> Alimentum <input type="checkbox"/> Allow store brand Alimentum	Extensively Hydrolyzed:	<input type="checkbox"/> PediaSure Peptide <input type="checkbox"/> Peptamen Jr. 1.0 <input type="checkbox"/> Peptamen Jr. 1.5
Added rice starch:	<input type="checkbox"/> Enfamil AR	ADULTS ONLY	
	<input type="checkbox"/> Allow store brand Enfamil AR	<input type="checkbox"/> Ensure <input type="checkbox"/> Ensure Plus <input type="checkbox"/> Boost Plus <input type="checkbox"/> Boost High Protein	
<input type="checkbox"/> OTHER (<u>ONLY</u> formulas listed on page 2 can be issued): _____			

SECTION B

- Removed formulas that are seldomly issued in TWIST using statewide issuance data
 - No change has been made to the formulas available on our APL/in TWIST*
- *Page 2: Updated “Neocate Jr” to “Neocate Jr Syneo” due to manufacture changes

Elecare Jr, Neocate Jr Syneo, Alfamino Jr, Neocate Splash	30kcal/oz. 100% free amino acid. Severe protein/multiple food allergy. Splash is lactose, whey, soy and milk protein free. Severe malabsorption, food allergies, multiple protein intolerance, GI impairment (EOE, short bowel syndrome and/or GERD)
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SECTION B

- Added line for health care provider to write in a formula not listed in section B: “*OTHER (ONLY formulas listed on page 2 can be issued): _____*”

INFANTS/CHILDREN		CHILDREN	
Prematurity:	<input type="checkbox"/> EnfaCare <input type="checkbox"/> Neosure	Similac infant:	<input type="checkbox"/> Advance <input type="checkbox"/> Soy <input type="checkbox"/> Sensitive <input type="checkbox"/> Total Comfort
Extensively Hydrolyzed:	<input type="checkbox"/> Nutramigen <input type="checkbox"/> Pregestimil <input type="checkbox"/> Extensive HA <input type="checkbox"/> Alimentum <input type="checkbox"/> <i>Allow store brand Alimentum</i>	Milk-based, lactose free:	<input type="checkbox"/> PediaSure <input type="checkbox"/> Nutren Jr. <input type="checkbox"/> Boost Kid Essentials 1.0 <input type="checkbox"/> Boost Kid Essentials 1.5
		Extensively Hydrolyzed:	<input type="checkbox"/> PediaSure Peptide <input type="checkbox"/> Peptamen Jr. 1.0 <input type="checkbox"/> Peptamen Jr. 1.5
Added rice starch:	<input type="checkbox"/> Enfamil AR <input type="checkbox"/> <i>Allow store brand Enfamil AR</i>	ADULTS ONLY	
		<input type="checkbox"/> Ensure <input type="checkbox"/> Ensure Plus <input type="checkbox"/> Boost Plus <input type="checkbox"/> Boost High Protein	
<input type="checkbox"/> OTHER (<u>ONLY</u> formulas listed on page 2 can be issued): _____			

SECTION C

- Revised to align with final food package changes, including HCP authorization of certain supplemental foods
- Clear option for HCP to defer to the WIC Nutritionist to determine supplemental foods
- Included “Medicaid” as medical formula provider: *“Whole milk and yogurt for adults and children older than 23 months receiving formula from WIC or Medicaid (no exceptions)”*

SECTION C

C. WIC Supplemental foods

☐ Check here to request WIC Nutritionist determine supplemental foods.

Infants 7-12
months
Omit:
☐ Infant cereal
☐ Infant jarred
fruits/vegetables

Children older than 12 months and adults: Omit: ☐ Milk ☐ Cheese ☐ Eggs ☐ Peanut butter ☐ Other

Include: ☐ Infant cereal in place of breakfast cereal ☐ Jarred infant fruit and vegetable in place of cash produce benefit

☐ Plant-based alternatives (beans, nut, seed butters) for eggs ☐ Plant-based milk alternative

Changes to milk-fat:

☐ Low/nonfat milk and yogurt for children 12-23 months

☐ Whole milk and yogurt for adults and children older than 23 months receiving formula from WIC or Medicaid (no exceptions)

Additional
Instructions:

SECTION C: HCP REQUIREMENTS

- The healthcare provider is required to determine supplemental foods in section C of the MDF, unless referred to the WIC Nutritionist to tailor the participant's food package based on individual need and preference.
- If the healthcare provider **does not** defer to the WIC Nutritionist to determine supplemental foods, the participant can only receive the supplemental foods that the healthcare provider indicates in section C of the MDF, unless a new MDF or verbal order is received.

SECTION D

- No changes made

EXAMPLE I

C. WIC Supplemental foods

☒ Check here to request WIC Nutritionist determine supplemental foods.

Infants 7-12 months

Omit:

- ☐ Infant cereal
- ☐ Infant jarred fruits/vegetables

Children older than 12 months and adults: Omit: ☐ Milk ☐ Cheese ☐ Eggs ☐ Peanut butter ☐ Other _____

Include: ☐ Infant cereal in place of breakfast cereal ☐ Jarred infant fruit and vegetable in place of cash produce benefit

☒ Plant-based alternatives (beans, nut, seed butters) for eggs ☐ Plant-based milk alternative

Changes to milk-fat:

- ☐ Low/nonfat milk and yogurt for children 12-23 months
- ☐ Whole milk and yogurt for adults and children older than 23 months receiving formula from WIC or Medicaid (no exceptions)

Additional

Instructions:

Honor plant-based alternatives for eggs . If the participant requests plant-based milk alternatives, the WIC Nutritionist can assign that since the HCP also referred to the RD.

EXAMPLE 2

C. WIC Supplemental foods

☐ Check here to request WIC Nutritionist determine supplemental foods.

Infants 7-12
months

Omit:

- ☐ Infant cereal
- ☐ Infant jarred
fruits/vegetables

Children older than 12 months and adults: Omit: ☐ Milk ☐ Cheese ☐ Eggs ☐ Peanut butter ☐ Other _____

Include: ☐ Infant cereal in place of breakfast cereal ☐ Jarred infant fruit and vegetable in place of cash produce benefit

☒ Plant-based alternatives (beans, nut, seed butters) for eggs ☐ Plant-based milk alternative

Changes to milk-fat:

- ☐ Low/nonfat milk and yogurt for children 12-23 months
- ☐ Whole milk and yogurt for adults and children older than 23 months receiving formula from WIC or Medicaid (no exceptions)

Additional

Instructions:

Only plant-based alternatives for eggs can be assigned and issued. Any additional substitutions made in the food package (for example, the plant-based milk alternative) would require HCP authorization.

EXAMPLE 3

C. WIC Supplemental foods

☒ Check here to request WIC Nutritionist determine supplemental foods.

Infants 7-12 months

Omit:

- ☐ Infant cereal
- ☐ Infant jarred fruits/vegetables

Children older than 12 months and adults: Omit: ☐ Milk ☐ Cheese ☐ Eggs ☐ Peanut butter ☐ Other _____

Include: ☐ Infant cereal in place of breakfast cereal ☐ Jarred infant fruit and vegetable in place of cash produce benefit

☐ Plant-based alternatives (beans, nut, seed butters) for eggs ☐ Plant-based milk alternative

Changes to milk-fat:

☐ Low/nonfat milk and yogurt for children 12-23 months

☐ Whole milk and yogurt for adults and children older than 23 months receiving formula from WIC or Medicaid (no exceptions)

Additional

Instructions:

ALL supplemental foods can be determined by WIC Nutritionist and participant.

MDF LETTER TO HCPS

{LOCAL AGENCY HEADING}

DATE: {DATE}

SUBJECT: Revised Oregon WIC Medical Documentation Form

Dear Healthcare Provider,

I am sharing Oregon WIC's revised medical documentation form, which is required to authorize the issuance of WIC medical formulas and special food package accommodations. I have enclosed the updated form for your use. Page 2 has a complete list of specialty formulas that WIC offers.

The revisions made to our medical documentation form align with the new WIC food package that took effect on **July 1, 2025**. Health care providers are **required** to complete section C of the medical documentation form or refer to the WIC Nutritionist by checking the box in section C. If referred, WIC staff will then work with families to tailor their food package to meet dietary needs and individual preferences. As a reminder, the **Oregon Health Plan is the primary payer for formula needed to treat infants and children** who are participating in both OHP and WIC. We have also included a line in section A for the patient's OHP number. This addition will support the coordination of medical formula coverage through OHP.

The completed medical documentation form can be faxed to our WIC clinic at {FAX} or hand delivered by your patient to the WIC office.

If you have additional questions or would like resources for your families who qualify for WIC, please visit our website {LINK} or contact our office at {PHONE}.

ACTIONS REQUESTED:

- **Update** any downloaded or print versions of Oregon WIC medical documentation form
- **Discard** any medical documentation forms dated 2023 or earlier
- **Fully complete** the medical documentation form to reduce back and forth communication between WIC clinics and provider offices
- **Issue only** formulas available from WIC by referencing page 2 of the form

Sincerely,

RESOURCES & REFERENCES

- Training slide deck
- Job Aid: Special Food Package for Adults & Children
- Letter template for health care providers
- Updated MDF will be available on website and Shopify
- [USDA - Final Rule: Revisions in the WIC Food Packages \(2024\)](#)

JOB AID: SPECIAL FOOD PACKAGE FOR ADULTS & CHILDREN

- Who qualifies for a special food package?
- What is needed to issue a special food package?
- What has changed in the special food package?

POLL

- Medical documentation forms are printed in tear-away packs of 100.
- How many packs would you order for your local agency?

POLICY 765: MEDICAL DOCUMENTATION

Effective July 1, 2025

POLICY 765 UPDATE: SECTION 7.0

- Section 7.0: Clarifies that WIC staff must receive either a written medical documentation form (MDF) or a verbal order from a health care provider before issuing a medical formula.

WIC Nutritionist role in assigning supplemental foods

- 7.0 Due to the nature of the health conditions of participants who are issued medical formulas and nutritionals and supplemental foods, close medical supervision is essential for each participant's dietary management. The health care provider is responsible for medical oversight. The WIC dietitian/ nutritionist will conduct a comprehensive health and nutrition assessment to determine the most appropriate food package for the participant, unless the medical documentation form indicates otherwise. It is not allowable to issue benefits for a medical formula prior to entering the medical documentation form. The CPA must obtain either a written MDF or a verbal order from the medical provider before the medical formula can be issued. A written MDF must be received within 2 weeks of obtaining the verbal order.

POLICY 765 UPDATE: SECTION 10.0

- Section 10.0: Identifies that medical documentation may be initiated by telephone and that written MDF within two weeks of accepting a verbal order (medical documentation obtained by telephone).

Medical documentation provided by telephone

10.0 Medical documentation may be initiated by telephone to a CPA who must promptly document the required technical information. This verbal telephone order must be documented in the WIC data system. The collection of the required information for medical documentation purposes by telephone may only be until written confirmation on the required form is received from a health care professional licensed to write medical prescriptions and used only when absolutely necessary on an individual participant basis. The local agency must obtain written documentation within two weeks of accepting the medical documentation by phone.

POLICY 765 UPDATE AND SECTION C OF THE MDF

- If section C is incomplete, it is acceptable to receive a verbal order for supplemental foods. Documentation must be included on the MDF and in the WIC Data System.

POLICY 765 TRAINING REQUIREMENTS

- Policy 765 effective July 1, 2025
- Policy memo to be sent to local agencies in early June for review by all certifying staff - **due December 31, 2025**
- Proof of staff attendance to be submitted with 2025 NSP Evaluation (or sooner) to assigned Nutrition Consultant

QUESTIONS?

THANK YOU!

Questions about:

Medical Documentation Form, healthcare
provider communication

Policy 765: Medical Documentation

Please contact:

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