



**Massachusetts WIC Program
Request for Special Formula and Foods Form (RSFF)**

Instructions for completion

1. Write patient's complete name and date of birth. Indicate patient's breastfeeding status, as applicable.
2. To request special/metabolic formula or to request standard infant formula for a child older than 12 months, indicate the special formula requested, instructions for preparation for the formula 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. Prescription renewal is required at each certification (generally annually) but may be requested more frequently based on medical condition.
3. Indicate form of formula requested. Indicate if a private label version of a hypoallergenic formula is allowable. WIC routinely provides powder or concentrate forms. Ready-to-Use (RTU) formula may be authorized when the product is only available in RTU, when WIC nutrition staff determines that there is an unsanitary or restricted water supply or poor refrigeration, when there is an ingredient in one form of a formula that is a known allergen for the participant, when the RTU form of the formula is better suited to the health condition of a participant (e.g., dysphagia), or when the participant may have difficulty in correctly preparing the concentrated liquid or powdered formula. Personal preference is not an allowable condition for RTU formula issuance.
4. Document one or more qualifying medical condition(s) or ICD code(s) which warrant the request for special formula. Health care providers must document a diagnosis, not symptoms.
5. WIC participants who carry MassHealth insurance will receive special and metabolic formulas through MassHealth upon prior authorization. For these participants, note whether the Prior Authorization process has been initiated and specify the patient's DME, if known.
6. WIC participants receiving special formula and foods are able to receive a full complement of WIC supplemental foods appropriate to their participant category. Check any supplemental foods not allowed by the patient's medical diagnosis. For women and children with milk protein allergy/intolerance or for those who follow a strict vegan diet, calcium-set (fortified) tofu or soy beverage can be substituted for fluid milk. Soy products can be issued at the discretion of the WIC Nutritionist; consultation with the medical provider may be appropriate but the RSFF form is not required.
7. Ensure that a Physician's, Physician Assistant's, Nurse Practitioner's, or Certified Nurse Midwife's signature is provided. By signing this form, the clinician verifies that the patient has been evaluated to have a medical condition warranting the use of a special formula and foods. Print or stamp the clinician's name, medical office, phone number and address. Give the completed form to the parent/guardian or fax the form to their local WIC program.

Please be advised:

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.

WIC does not provide whole cow's milk for infants. Whole milk is **ONLY** provided to women and children, over the age of 2, who have a documented medical condition that warrants the use of a high-calorie special formula or supplement. WIC can provide reduced-fat milk to children 12-23 months for whom overweight or obesity is a concern. A RSFF is not required but consultation with a medical provider may be appropriate.

**For more information or additional copies of this form, please visit our website at
<http://www.mass.gov/wic> or contact us at 1-800-WIC-1007.**

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