## Milk Substitutes for Children Request for WIC Medical Documentation

Please complete this form **ONLY** if the child has a health condition requiring the use of tofu, cheese or soy beverage. **Please sign and return this form to the WIC agency upon completion.** 

| Participant Name/DOB:  |          |                               |       |
|--|----------|-------------------------------|-------|
| Parent/Guardian Name:  |          |                               |       |
| WIC Agency Contact Information and Office Hours:   |          |                               |       |
|  |          |                               |       |
| Tofu, Cheese and Soy Beverage  Please mark which of the following foods are allowed for this participant. The WIC staff will then work with the participant to provide amounts within the federal guidelines.  |          |                               |       |
| Client reported health condition (requiring tofu, cheese, or soy beverage):  |          |                               |       |
| Supplemental Foods Tofu Cheese Soy Beverage  | Allowed  | Length of time medically requ | uired |
| Recommended by (WIC Staff Signature/Title/Date):   |          |                               |       |
| Authorization/Autorización:  |          |                               |       |
| I authorize the persons or agencies named above to exchange any information contained in the clinical record of this participant / Yo autorizo a las personas o agencias anteriormente mencionadas para intercambiar cualquier información contenida en el registro clínico de este participante.    |          |                               |       |
| Signature of participant or parent/c   | aretaker | Signature of witness          | Date  |
| <b>Signature &amp; Printed Name of Prescribing Authority</b> (MD/DO/PA/ARNP): This form may have been completed by a WIC health professional. Please sign below if you agree with the recommendations. If you disagree with the recommendations, please make the appropriate changes before signing. |          |                               |       |
| Date:  |          | Telephone Number:             |       |