WIC and Nutrition Manual

Clinical Nutrition and Breastfeeding Support

Kentucky Public Health

Prevent. Promote. Protect.

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GUIDELINES FOR WOMEN, INFANTS, AND CHILDREN (WIC) CERTIFICATION

The Special Supplemental Nutrition Program for Women, Infants and Children is referred to as the WIC Program. The WIC Program provides, without cost to the recipient, specific nutritious foods and nutrition education to low income and nutritionally at risk pregnant, breastfeeding and postpartum women and to infants and children.

The goals of WIC are:

- to improve the outcome of high risk pregnancies;
- to decrease the incidence of anemia and poor growth patterns;
- to improve the dietary habits of its recipients through healthy foods and nutrition education;
- and to refer for other health services as appropriate.

A Certifying Health Professional shall determine nutritional risk eligibility and certify persons for the Program (see Certifying Health Professional in the General Definitions and Glossary in this section). Other eligibility requirements are in WIC Certification and Management Section. Applicants/participants must have at least one nutritional risk to be eligible. A height/length, weight, hematocrit/hemoglobin, and health, lifestyle and dietary information shall be obtained for all applicants. Refer to Medical Data Requirements for Certification and WIC Certification Criteria. All qualifying risks shall be identified and documented in the medical record. A diagnosis by a medical professional may be self-reported by the applicant/participant/caregiver unless otherwise indicated. A self-reported medical diagnosis may prompt the health professional to ask more probing questions (whether condition is managed by medical professional, how to contact the professional, is condition controlled by diet or medication, what has been prescribed) for determining risk. A referral diagnosis from a medical professional of an allowed nutritional risk shall be assumed to meet the definition.

A Certifying Health Professional must assign a food prescription in compliance with Policies for Prescribing Food Packages and provide nutrition education counseling. Refer to Policies for Prescribing Food Packages, WIC Certification Counseling Guidelines, and WIC Follow-Up Counseling Guidelines.

Any person not eligible at a certification visit must be provided the WIC-54 (Notice of Ineligibility). Refer to WIC Certification and Management Section.

Reference: WIC Consolidated Regulations, January 1, 2007

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MEDICAL DATA REQUIREMENTS

STATUS	HEIGHT & WEIGHT	HEMOGLOBIN (hgb.)/HEMATOCRIT (hct.)+
Pregnant Women	**For certification**: • height and weight taken during this pregnancy • height and weight may be performed at certification or may be referral data* if ≤ 60 days of certification date • pre-pregnancy weight • pre-pregnancy weight may be self-reported or referral data*	**For certification**: • must have hgb./hct. taken during this pregnancy** • hgb./hct. may be performed at certification or may be referral data* if taken during this pregnancy • hgb./hct. must be evaluated by criteria for trimester it was obtained **For follow-up**: • one hgb./hct. may only be performed if low hgb./hct. was documented previously
Breastfeeding & Postpartum Women	**For certification**: • height and weight taken after termination of pregnancy • height and weight may be performed at certification or may be referral data* if ≤ 60 days of certification date • pre-pregnancy weight • pre-pregnancy weight may be self-reported or referral data*	**For certification**: • must have hct./hgb taken after termination of pregnancy** • hgb./hct. may be performed at certification or may be referral data* **For follow-up**: • one hgb./hct. may only be performed if low hgb./hct. was documented previously
Infants	**For certification**: • length/height and weight • length/height and weight may be performed at certification or may be referral data* if ≤ 60 days of certification date • birth weight • birth weight may be self-reported or referral data* • birth weight may be used for initial certification if ≤ 60 days of certification date • must plot length and weight on 0-24 month growth chart (will not plot for measurements less than 40 weeks gestation)	**For certification**: • certified during birth to 9 months' time frame, no hgb./hct. is required at certification • certified during 9 – 12 months' time frame, a hgb./hct. must be performed at certification or referral data* may be used** **For follow-up**: • certified during birth to 8 months must have hgb./hct at age 9 – 12 months and this may be performed in clinic or referral data* may be used
Child	**For certification**: • birth weight is required for child under age 2 • birth weight may be self-reported or referral data* • height and weight • height and weight may be performed at certification or may be referral data* if ≤ 60 days of certification date	**For certification**: • must have hgb./hct. taken between 12 – 24 months of age** • hgb./hct. taken between 9 – 12 months may meet the age 12 months requirement, but cannot meet the requirement for 12 - 24 months of age • must have hct./hgb. annually between age 24 – 60 months** • hgb./hct may be done in clinic or may be referral data* if meets the age requirement **For follow-up**: • hgb./hct done at or before age 12 months, recommend one test at age 15 – 18 months • for documented low hgb./hct., hgb./hct must be done at 6 month intervals until normal level is attained

* Referral data may be from an outside source or services in clinic. If the health professional determines referral data does not reflect current health status, measures may be repeated.

+ Exclusions for obtaining hematocrit/hemoglobin: (1) Due to religious belief. A statement must be documented in the medical record.
(2) Due to a medical condition (e.g., hemophilia, fragile bones) or a serious skin condition. Medical documentation from the physician or APRN must be included in the medical record. If the condition is curable but still exists, a new statement from the physician or APRN is required at each certification. A new statement is not required for a "lifelong" condition (e.g., hemophilia). USDA Policy memo #140-26.

See **WIC PROTOCOL FOR HEMOGLOBIN (hgb.)/HEMATOCRIT (hct.)+ AND USE OF PRONTO MACHINE

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WIC PROTOCOL FOR HEMOGLOBIN (hgb.)/HEMATOCRIT (hct.) AND USE OF NON-INVASIVE DEVICE

Status	Certification Age	Hgb./Hct. Required	Utilize Pronto Machine	Blood Work Requirement	Referral Data
Infant	Birth- < 9 months old	No	N/A	• Blood work not required if certified during period birth to 9 months	N/A
	9 months-12 months (Including 11 month old child certification)	Yes*	No	• See Medical Data Requirements Table.	Referral data from an outside source or other clinic service such as Well Child.
Child	1 Year	Yes*	No	• See Medical Data Requirements Table.	Referral data from an outside source or other clinic service such as Well Child if age requirement is met.
	18 months old	Yes*	No	• See Medical Data Requirements Table.	Referral data from an outside source or other clinic service such as Well Child if age requirement is met.
	2 Years-5 Years	Yes*	Yes**	• See Medical Data Requirements Table.	Referral data from an outside source or other clinic service such as Well Child if age requirement is met.
Women	N/A	Yes* See Medical Data Requirements Table	Yes**	• See Medical Data Requirements Table.	Yes See Medical Data Requirements Table

*Exclusions for obtaining hematocrit/hemoglobin: (1) Due to religious belief. A statement must be documented in the medical record. (2) Due to a medical condition (i.e., hemophilia, fragile bones) or a series skin condition. Medical documentation form a physician or ARNP must be included in the medical record. If the condition is curable but still exists, a new statement from the physician or ARNP is required at each certification. A new statement is no required for a “lifelong” condition (i.e., hemophilia). USDA Policy memo #140-26.

**After two (2) unsuccessful attempts to obtain a reading on the non-invasice device, finger stick is performed. If authorized individual is not present to sign CH-5, then advise authorization is needed and reschedule appointment within 10 days.

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GROWTH CHART REQUIREMENTS

Plotting of the growth chart is required as outlined below. If the system is down at the time of service, measurements must be entered into the system once the system becomes available.
The growth chart must be filed in the participant's medical record.

Status	Age	Growth Chart
Pregnant Woman		• None
Breastfeeding or Postpartum Woman	≥ 20 years old	• None
	< 20 years old	• System will plot height for age, weight for age, and BMI for age on CDC 2-20 year growth chart*.
Child	12 months to ≤ 24 months of age*	• System will plot length for age, weight for age, and weight for length on CDC 0-24 month growth chart*. Retain most current CDC 0-24 month growth chart in the medical record. • Automated Growth Chart will plot age adjusted based on the date of birth and expected delivery date (gestational age) up to age 2.
	2 years to < 5 years of age	• Measure height standing. • System will plot height for age, weight for age, and BMI for age on CDC 2-20 year growth chart. • Retain the most current CDC 2-20 year growth chart in the medical record*.
	24 months to ≤ 36 months of age	• If unable to measure height of child standing, obtain recumbent length (lying). Indicate measurement was recumbent in system. System will plot length for age, weight for age, and weight for length on CDC 0-36 month growth chart. Retain the most current CDC 0-36 month growth chart in the medical record.
Infant	Birth to < 12 months	• System will plot length for age, weight for age, and weight for length on CDC 0-24 month growth chart*. Retain most current CDC 0-24 month growth chart in the medical record. • Automated Growth Chart will plot age adjusted based on the date of birth and expected delivery date (gestational age). Automated Growth chart will not plot for measures less than 40 weeks gestation, age adjusted.

*Note: Based on World Health Organization Standards (WHO)

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ELIGIBILITY CERTIFICATION SCHEDULE

Ages/Status	Eligibility/Certification Schedule	Recertification Schedule
Pregnant Woman	• From certification up to six (6) weeks post-delivery	• Recertify as postpartum or breastfeeding woman
Postpartum Woman	• From certification **to** six (6) months from termination of Pregnancy	• No recertification
Breastfeeding Woman	• Birth of infant to one (1) year of age of child as long as breastfeeding • See Steps in the Breastfeeding Certification Process.	• No recertification as certification period is one year post-delivery as long as breastfeeding the infant one time per day. • If breastfeeding is discontinued and woman is: < six (6) months post-delivery, change to a postpartum woman; ≥ six (6) months post-delivery, terminate from the program. • If terminated due to not keeping recertification appointment and presents within ninety (90) days of termination, the woman may qualify under the regression criteria and any other appropriate risk criteria. **Note:** Infant medical record must be reviewed. Determine if fully breastfed, supplemental or full formula package needs to be issued.
Infants Birth to < 6 months ≥ 6 months old	• To one (1) year of age • For six (6) months	• Recertify at one (1) year of age • Recertify as child after six (6) months
Child 1 year to 5 years	• For six (6) month periods up to five (5) years of age	• Recertify at six (6) month intervals ▪ If terminated due to not keeping recertification appointment and presents within ninety (90) days of termination, use the regression criteria and any other appropriate risk criteria.

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WIC CERTIFICATION ASSESSMENT POLICIES

Situation	Action	Notes
Nutritional Risk Priority	If more than 3 risks, enter 3 with highest priority based on Nutritional Risk Code by Status and Priority. Highest priority for nutritional risk(s) will be assigned by computer.	Data may be obtained during certification period which changes priority. If new risks are found, document in medical record, provide appropriate nutrition education and submit "C" action if it will increase priority.
Pregnant woman has been admitted to the Program and the pregnancy is later questioned.	Obtain supporting medical documentation (e.g. physician statement, positive pregnancy test, etc.).	If pregnancy substantiated, continue certification period. If pregnancy is unsubstantiated, terminate from WIC and complete/provide WIC-54 (written notice and right to fair hearing).
Infant eligible for more than 6 months with: (a) No preventive health care or receiving health care at health department. (b) Preventive care by physician.	(a) Advise of other health care services (e.g., Well Child, EPSDT, immunizations, etc.) Refer to physician, if appropriate. (b) Document receiving health care by a physician.	Document referrals in medical record.

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STEPS IN THE BREASTFEEDING CERTIFICATION PROCESS

Situation	Action
Exclusively Breastfeeding (no formula feeding)	• Certify **woman** as Fully Breastfeeding woman. See WIC Policies for Prescribing Food Packages. • Certify **infant** as Fully Breastfed - no WIC food is to be issued to the infant until the appropriate age. See Recommendations For Food Package Selection.
Breast and Formula Feeding Birth to 6 months post-delivery	• Certify **woman** as Partially Breastfeeding. See WIC Policies for Prescribing Food Packages and provide appropriate woman package based upon amount of formula the infant is receiving. • Certify **infant** as Partially Breastfed and provide partial or full formula package based on name of product and appropriate policies. See Recommendations for Food Package Selection.
Breast and Formula Feeding ≥ 6 months post-delivery	• **Infant receiving partially breastfeeding formula package** ➢ Continue infant certification as Partially Breastfed infant until breastfeeding ends or at 1 year post-delivery. See Recommendations for Food Package Selection. ➢ Continue certification of woman as Partially Breastfeeding and continue food benefits for breastfeeding mother until breastfeeding ends or at 1 year post delivery. See Recommendations for Food Package Selection. • **Infant receiving full formula package** ➢ Continue infant certification as partially breastfed infant until breastfeeding ends or at 1 year post-delivery. See Recommendations for Food Package Selection. ➢ Continue certification of woman as partially breastfeeding until breastfeeding ends or at 1 year post-delivery. **Mother will not receive food benefits at 6 months or more post-delivery. Mother will continue to receive nutrition education.**

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WIC CERTIFICATION CRITERIA

The WIC Certification Criteria for Women, Infants and Children are found in the Clinic Management System (CMS) and on the following WIC Certification Forms. The WIC certification and assessment criteria and nutrition risk assessment policies are consistent with the following:

- USDA, FNS, WIC Nutrition RISK Criteria, WIC Policy Memorandum 2011-5; May 2011.
- USDA, FNS, Value Enhanced Nutrition Assessment (VENA) - WIC Nutrition Assessment Policy, WIC Policy Memorandum 2006-5; March 2006.
- USDA, FNS, Nutrition Risk Criteria, WIC Policy Memorandum 98-9; June 1998.

Nutrition assessment serves as the foundation on which other nutrition services are planned and provided. This includes:

- Food package assignment;
- Referrals;
- Notion education and counseling; and
- Breastfeeding promotion and support.

Value Enhanced Nutrition Education (VENA) begins with the nutrition assessment. Beyond determining WIC eligibility, nutrition assessment is utilized to enhance the interaction between the Certifying Health Professional and WIC participant, link the collected health and diet information to the delivery of participant centered relevant nutrition education, referrals and food package tailoring.

Nutrition assessment and participant centered nutrition education and counseling includes open ended questions to determine what concerns or questions the participant has in regards to her nutrition, child's nutrition, and/or infant's nutrition. Individualized nutrition education counseling is then provided to address the identified questions, concerns and goals.

INSTRUCTIONS FOR COMPLETING WIC CERTIFICATION FORM

1. The WIC Certification WIC- 75 form is completed electronically via the Clinic Management System (CMS), printed and placed in the medical record. If CMS is unavailable, the forms on the following pages are utilized to complete the certification.
2. Ensure patient name and identification number is on the form (may be a label or written on the form).
3. Review health and lifestyle data from the medical record (i.e. height, weight, hemoglobin, etc.). Apply the information to nutrition risk criteria.
4. Interview the applicant/caretaker/proxy for all othe43r criteria on the applicable form incorporating Value Enhanced Nutrition Education Assessment (VENA).
5. Check all boxes in each criterion that apply, and yes or no when applicable (Dietary Concerns).
6. All risks that apply should be indicated on the form.
7. One criterion makes the applicant eligible for risk. One or more shaded areas in Dietary Concerns will qualify the applicant. Although one criterion qualifies the applicant, assessment must be conducted for all eligible risks.
8. Sign and date the form.
9. In the interview, it may be appropriate to gather more information to determine management of a condition. Questions may be asked, such as:
    a. Is the condition managed by a medical professional?
    b. Is the condition controlled by diet or medication?
    c. What was medication prescribed?
    d. How may contact be made with the professional (if further information for care is needed)?

WIC Certification
☐ **Pregnant**
☐ **Postpartum**
☐ **Breastfeeding**

Name:_____
ID Number:_____
or
Place PEF label here

Priority listed at end of line for each criterion. **Priority**

201 Low Hematocrit/Low Hemoglobin (check one of the following values if appropriate P/BF-01 PP-3B

Pregnant	**Postpartum/Breastfeeding**
☐ a Hematocrit ≤ 32.9% or Hemoglobin ≤ 10.9 gm./dL. (1st trimester) 0-13 wks ☐ b Hematocrit ≤ 31.9% or Hemoglobin ≤ 10.4 gm./dL. (2nd trimester)14-26 wks ☐ c Hematocrit ≤ 32.9% or Hemoglobin ≤ 10.9 gm./dL. (3rd trimester) 27-40 wks	☐ d Hematocrit ≤ 35.6% or Hemoglobin ≤ 11.7 gm./dL. (age 12-15) ☐ e Hematocrit ≤ 35.8% or Hemoglobin ≤ 11.9 gm./dL. (age 15-18) ☐ f Hematocrit ≤ 35.6% or Hemoglobin ≤ 11.9 gm./dL. (age >18)

211 ☐ Elevated Blood Lead (≥ 5 μg/dL) within the past 12 months P/BF-01 PP–3B

111 Overweight ☐ a Overweight = PPW BMI ≥ 25.0 P/BF-01 PP-3B
☐ c Current BMI ≥ 25.0 **(BF ≥ 6 months delivery)**

101 Underweight ☐ a Underweight = PPW BMI or Current BMI < 18.5 P/BF-01 PP-3B

131,132,133 Inappropriate Weight Gain Pattern P/BF-01 PP–3B

Low maternal weight gain during 2nd and 3rd trimesters, singleton pregnancy:
☐ Underweight women who gain < 4 lbs./month
131
☐ Normal weight women who gain < 3.2 pounds/month
☐ Overweight women who gain < 2 pounds/month
(P only)
☐ Obese (BMI ≥30) women who gain < 1.6 pounds/month

132
Weight loss during pregnancy: **(Pregnant only)**
☐ any weight loss below pregravid weight during first trimester (0-13 wks.)
☐ ≥ 2 lbs. second or third trimesters (14-40 wk.)

P: Current Pregnancy BF/PP: Last Pregnancy
High maternal weight gain during 2nd and 3rd trimesters, singleton pregnancy:
☐ Underweight women who gain > 5.2 lbs./month - 133f
☐ Normal weight women who gain > 4 pounds/month - 133g
☐ Overweight women who gain > 2.8 pounds/month- 133h
☐ Obese (BMI ≥30) women who gain > 2.4 pounds/month- 133i

371, 372 Substance Use (check all that apply) P/BF-01 PP–3B

Pregnant 3010	**Postpartum 3010**	**Breastfeeding 3010**
☐ Any daily smoking of cigarettes, pipes or cigars 371a ☐ Any alcohol Use 372a ☐ Any illegal drug use 372b	☐ Any daily smoking of cigarettes, pipes or cigars 371c ☐ Routine use of ≥ 2 drinks per day: 1 drink = 1 (12 oz.) can beer **or** 5 oz. wine **or** 1 ½ oz. liquor (1 jigger) 372c ☐ Binge drinking ≥ 5 drinks on the same occasion ≥ 1 day in the past 30 days 372d ☐ Heavy drinking ≥ 5 drinks on the same occasion on ≥ 5 days in the previous 30 days 372e ☐ Any illegal drug use 372b	☐ Any daily smoking of cigarettes, pipes or cigars 371b ☐ Routine use of ≥ 2 drinks per day: 1 drink = 1 (12 oz.) can beer **or** 5 oz. wine **or** 1 ½ oz. liquor (1 jigger) 372c ☐ Binge drinking ≥ 5 drinks on the same occasion ≥ 1 day in the past 30 days 372d ☐ Heavy drinking ≥ 5 drinks on the same occasion on ≥ 5 days in the previous 30 days 372e ☐ Any illegal drug use 372b

904 ☐ Secondhand Smoke Exposure to smoke from tobacco products inside the home P/BF-01 PP–3B

601a BF Infant/BF Woman at Nutritional Risk Breastfeeding infant has a nutritional risk which qualifies woman BF-01

602 Breastfeeding Complications (BF woman only) (check all that apply) BF-01

☐ Severe engorgement ☐ Mastitis (fever or flu-like symptoms with localized breast tenderness)	☐ Failure of milk to come in by 4 days after delivery ☐ Flat or inverted nipples ☐ Tandem nursing (BF two siblings who are **not** twins)	☐ Cracked, bleeding or severely sore nipples ☐ ≥ 40 years old ☐ Recurrent plugged ducts

404.601b ☐ BF Infant/BF Woman with Dietary Concerns Breastfeeding infant qualifies based on dietary concern which qualifies woman BF-04

301, 302, 303 Pregnancy Induced Conditions P/BF-01 PP-3B

☐ Hyperemesis Gravidarum -**P only** 301
☐ Gestational Diabetes - **P only** 302
☐ History of gestational diabetes 303
☐ Preeclampsia or history of 304

311, 312 Delivery of Premature/LBW Infant P/BF-01 PP-3B

P: History for any pregnancy **BF/PP: Last pregnancy**
☐ Prematurity 311
☐ LBW ≤ 5 lb. 8 oz. (wt._____) 312

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321 Fetal or Neonatal Death — P/BF-01 PP-3B

P: History for any pregnancy **BF/PP: Last pregnancy**

☐ Fetal death (death ≥ 20 week gestation) 5013.321a
☐ Neonatal death (death within first 28 days of life) 5013.321b

Pregnant only: 321c

☐ History of 2 or more spontaneous abortions (spontaneous termination of a gestation at < 20 weeks gestation **or** < 500 grams)

331, 332, 333, 334, 335, 336, 337, 338, 339 General Obstetrical Risk — P/BF-01 PP-3B

P: Current Pregnancy BF/PP: Last Pregnancy

☐ Conception ≤ age 17 331
☐ Conception before 18 mo. Postpartum 332
☐ Age < 20 at conception with 3 or more previous pregnancies of ≥ 20 weeks duration 333
☐ Infant with congenital or birth defect 339a
☐ Multiple births 335

Pregnant only

☐ Prenatal care beginning after 13th week 334a
☐ Breastfeeding woman now pregnant 338
☐ Fetal Growth Restriction 336
☐ History of Infant/Child with congenital or birth defect 339c

Pregnant/Breastfeeding/Postpartum

☐ LGA infant ≥ 9 lbs./4000 grams or history of LGA infant 337

Pregnant only 334b

☐ Prenatal care based on the following index:

Weeks gestation	# prenatal visits
14-21	0 or unknown
22-29	1 or less
30-31	2 or less
32-33	3 or less
≥ 34	4 or less

Nutrition/Metabolic Conditions (check all that apply) — P/BF-01 PP-3B

☐ **Lactose Intolerance 355**

Glucose Disorders: ☐ Pre-Diabetes **363 (PP/BF only)**
☐ Diabetes Mellitus **343** ☐ Hypoglycemia **356**

Thyroid Disorders: ☐ Hypothyroidism **344a** ☐ Hyperthyroidism **344b**
☐ Congenital Hyperthyroidism.344a ☐ congenital Hypothyroidism **344b**
☐ Postpartum Thyroiditis.344c

Cancer: **347** ☐ Cancer ☐ Treatment for Cancer

Hypertension: ☐ Chronic **345a** ☐ Prehypertension (130/80-139/89) **345c** ☐ Gestational Hypertension **345b**

Central Nervous System Disorders: **348**
☐ Epilepsy
☐ Cerebral Palsy
☐ Spina Bifida
☐ Myelomeningocele
☐ Neural tube defects
☐ Parkinson's disease
☐ Multiple SCrosis

Renal disease: **346**
☐ Pyelonephritis ☐ Persistent proteinuria
☐ Any renal disease **except** UTI

Genetic/Congenital Disorders: **349** ☐ Short bowel syndrome
☐ Sickle Cell Anemia ☐ Cleft lip/palate ☐ Gastroschisis
☐ Thalassemia Major ☐ Down's syndrome ☐ Omphalocele
☐ Intestinal atresia ☐ Esophageal atresia ☐ Diaphragmatic hernia
☐ Tracheo-esophageal fistula ☐ Hirschsprung's Disease
☐ Muscular Dystrophy

Infectious Diseases (present in last 6 mo.):**352**
☐ Parasitic infections ☐ Hepatitis ☐ HIV/AIDS
☐ Pneumonia ☐ Meningitis ☐ Tuberculosis

☐ **Food allergies** - List:
353

Celiac Disease: **354**
☐ Celiac Sprue ☐ Gluten Enteropathy
☐ Non-tropical Sprue

☐ **Drug/Nutrient Interactions** – Specify: **357**

Recent Major Surgery, Trauma, Burns: **359**
☐ Any occurrence within past two (≤ 2) months severe enough to compromise nutritional status.
☐ Occurrence > 2 months with continued need for nutrition documented by MD/DO/APRN/PA

Other Medical Conditions: **360**
☐ Juvenile Rheumatoid Arthritis (JRA)
☐ Cardiorespiratory diseases ☐ Heart disease ☐ Cystic fibrosis
☐ Lupus erythematosus ☐ Persistent asthma requiring daily medication

Nutrient Deficiency Diseases: **341**
☐ Scurvy
☐ Hypocalcemia
☐ Rickets ☐ Cheilosis ☐ Beri Beri ☐ Pellegra
☐ Xerophthalmia ☐ Vitamin K Deficiency ☐ Osteomalacia
☐ Protein Energy Malnutrition (PEM) ☐ Menkes Disease

GI Disorders: **342** ☐ Crohn's disease ☐ Ulcerative colitis
☐ Liver disease ☐ Inflammatory bowel disease ☐ Pancreatitis
☐ Gallbladder disease ☐ Malabsorption syndromes
☐ Small bowel enterocolitis/syndrome ☐ Stomach/intestinal ulcers
☐ Gastroesophageal reflux (GER) ☐ Peptic ulcers
☐ Post-bariatric surgery ☐ Biliary tract diseases

Inborn Errors of Metabolism: **351**

☐ **Amino Acid Metabolism Disorders:** ▪Phenylketonuria ▪Maple Syrup Urine disease ▪Homocystinuria ▪Tyrosinemia

☐**Carbohydrate Disorders:** Galactosemia ▪Glycogen Storage Disease type I ▪Glycogen Storage Disease type II (Pomp Disease) ▪Glycogen Storage Disease type III ▪Glycogen Storage Disease type IV (Andersen Disease) ▪Glycogen Storage Disease type V ▪Glycogen Storage Disease type VI)

☐**Fatty Acid Oxidation Defects**: ▪Medium-chain acyl-CoA dehydrogenase deficiency ▪ Long-Chain 3-hydroxyacl-CoA-dehydrogenase deficiency ▪Trifunctional protein deficiency type 1 (LCHAD deficiency) ▪Trifunctional protein deficiency type 2 (mitochondrial trifunctional protein deficiency) ▪Carnitine uptae defect (primary carnitine deficiency) ▪Very long-chain acyl-CoA dehydrogenase deficiency

☐**Organic Acid Disorders:** ▪Isovaleric academia ▪3-methylcrotonyl-CoA carboxylase deficiency ▪Glutaric academia type I ▪Glutaric academia type II ▪3-hydroxy-3-methylglutaryl-coenzyme A lyase deficiency ▪Multiple carboxylase deficiency (Biotinidase deficiency, Holocarboxylase synthetasedeficiency) ▪Methylmalonic academia ▪Propionic academia ▪Beta-ketothiolase deficiency

☐**Lysosomal Storage Disease**: ▪Fabry disease(α-galactosidase A deficiency) ▪Gauchers disease (glucocerebrosidase deficiency) ▪Pompe disease (glycogen storage disease Type II or Acid α-glucosidase deficiency)

☐**Mitochondrial disorders**: ▪Leber hereditary optic neurophathy ▪Mitochondrial encephalomyopathy, lactic acidosiss, and stroke-like episodes (MELAS), ▪Mitochondrial neurogastrointestinal encephalopathy disease (MNGIE) ▪Myoclonic epilepsy with ragged-red fibers (MERRF) ▪Neuropathy, ataxia, and retinitis pigmentosa (NARP) ▪Pyruvate carboxylase deficiency

☐**Peroxisomal Disorders:** ▪Zwllweger Syndrome Spectrum ▪Adrenoleukodystrophy (x-ALD)

☐**Urea Cycle Disorders:** ▪Citrullinemia ▪Argininosuccinic aciduria ▪Carbomoyl phosphate synthetase I deficiency

902 Impaired Ability to Prepare Food (check all that apply) P/BF-04 PP-06	361,362 Complications which Impair Nutrition (check all that apply) P/BF-01 PP-3B
Applicant's primary caregiver: ☐ ≤ 17 years of age 902a ☐ Mentally disabled/delayed/mental illness/clinical Depression/Post-Partum Depression 902b ☐ Physically disabled which restricts/limits food preparation abilities6020.902c ☐ Currently using or history of abusing alcohol/other Drugs 902d	☐ Minimal brain function ☐ Head trauma ☐ Brain damage ☐ Depression/ Post-Partum Depression ☐ Pervasive development disorder (PDD) ☐ Difficulty accepting new foods/↓ food selection ☐ Restricted food intake due to color/texture/temperature ☐ Delays/disabilities which restrict ability to chew/swallow/ require tube feeding ☐ Difficulty taking multivitamin/mineral supplement ☐ Autism ☐ Difficulty with changes in mealtime environment

381 Dental Problems P/BF 01/PP-3B

☐ Tooth decay 381a ☐ Periodontal disease 381d ☐ Gingivitis of pregnancy **(Pregnant only)** 381b

☐ Missing more than 7 teeth or ineffectively replaced teeth which impair ability to ingest food 381c

401 Presumed Dietary Risk **Only use this risk when no other risk is present** P/BF-04 PP-06

Women who meet the eligibility requirements of income, category and residency may be presumed to be at nutrition risk based on failure to meet the Dietary Guidelines.

427 Feeding Practices P/BF-04 PP-06

Do you eat such foods as: **(Pregnant only)** 427.5a-j Yes No	Yes	No	
☐ ☐ raw fish or shell fish ☐ ☐ smoked seafood that has not been cooked ☐ ☐ raw or undercooked meat or poultry ☐ ☐ refrigerated paté or meat spreads ☐ ☐ lightly cooked egg products; ie., sauces, homemade eggn ☐ ☐ raw sprouts (alfalfa, clover, radish) ☐ ☐ unpasteurized fruit or vegetable juices ☐ ☐ hot dogs, cold cuts, deli meats that have not been heated ☐ ☐ raw/undercooked eggs such as in cookie dough or cake b ☐ ☐ unpasteurized milk/milk products or soft cheeses such as Camembert, bleu cheese, Stilton, queso blanco, queso fresco or Panela	☐ Yes ☐	☐ No ☐	If pregnant, do you take < 30 mg. iron each day? 427.4a If pregnant or breastfeeding, do you take < 150 µg of iodine each day? 427.4c
	Yes ☐	No ☐	Do you take > 1 dose/day of a multivitamin, single vitamin, mineral supplement, herbal teas/remedies not recommended by MD/DO/APRN/PA? 427.1
	Yes ☐	No ☐	Do you eat ashes, baking soda, burnt matches, carpet fibers, chalk, cigarettes, clay, dirt, dust, laundry starch, cornstarch, large quantities of ice or freezer frost, paint chips or other non-food items? 427.3
	Yes ☐	No ☐	If BF/PP do you take a multivitamin/supplement with 400 mcgs. Folic acid every day? 427.4b

427 Inappropriate Nutrient Intake P/BF- 04 PP-06

427.2a Do you avoid all animal products – meat (beef, pork, chicken, turkey), fish, eggs, milk, cheese, yogurt or other dairy products? ☐ Yes ☐ No

427.2b Is your diet highly restrictive in calories or specific nutrients? ☐ Yes ☐ No

358 Eating Disorders ☐ a Anorexia Nervosa ☐ b Bulimia ☐ c Controls weight by self-starvation, vomiting, drugs, purgative abuse P/BF-1 PP-3B

901 ☐ Recipient of Abuse Battering, physical assault within the past six months. P/BF-04 PP-06

903 Foster Care Determine if during the previous six (6) months: P/BF-04 PP-06

☐ has entered the foster care system 903a ☐ has been moving from one foster home to another 903b

801 ☐ Homelessness Homeless P/BF-04 PP-06

802 ☐ Migrancy Migrant P/BF-04 PP-06

**** What concerns or questions does the participant have in regards to her nutrition?**

_____

_____

_____

Signature:_____ **Date:**_____

WIC 75 Woman, Page 3 of 3
(Rev. 10/15)

WIC Certification
Infant

Name:_____
ID Number:_____
or
Place PEF label here

Priority listed at end of line for each criterion. **Priority**

201g ☐ Low Hematocrit/Low Hemoglobin -Hematocrit ≤ 32.8% or Hemoglobin ≤ 10.9 gm./dL. (9 months or older) 01

211 ☐ Elevated Blood Lead ≥ 5 μg/dL. within past 12 months Only if data is available from another source 01

152 ☐ Low Head Circumference ≤ 2.3rd percentile head circumference for age as plotted on CDC birth to 24 month growth chart (age adjusted) Only if data is available from another source. 01

142 ☐ Prematurity at ≤ 37 weeks gestation **(age adjusted)** 01

141 Low Birth Weight/Very Low Birth Weight **(age adjusted)** 01

☐ Birth weight ≤ 5 lb. 8 oz./2500 grams (LBW) 141a	☐ Birth weight ≤ 3 lb. 5 oz./1500 grams (VLBW) 2050.141b

114 At Risk for Overweight 01

☐ biological mother reports BMI ≥ 30 at conception or during 1st trimester	☐ biological father reports BMI ≥ 30

115 ☐ High Weight for Length ≥97.7th percentile weight/length on CDC Birth to 24 month growth chart 01

103a ☐ At Risk for Underweight >2.3rd to ≤ 5th percentile weight for length on CDC Birth to 24 month growth chart 01
103b ☐ Underweight ≤ 2.3rd percentile weight for length on CDC Birth to 24 month growth chart 01

121a ☐ At Risk for Short Stature >2.3rd to ≤ 5th percentile length for age on CDC Birth to 24 month growth chart 01

121b ☐ Short Stature ≤ 2.3rd percentile length for age on CDC Birth to 24 month growth chart **(age adjusted)** 01

151 Growth Problems ☐a Small for Gestational Age (SGA) **(age adjusted)**
☐ b Large for Gestational Age (LGA) birth weight ≥ 9 lbs/4,000 gm 01

134,135 Inappropriate Weight Gain Pattern 01

☐ Failure to Thrive (FTT) **(age adjusted)** 134	☐ Not back to birth weight by 2 weeks 135	☐ Lost > 10% from birth to 1 month 135

904 ☐ Secondhand Smoke Exposure to smoke from tobacco products inside the home 01

601a ☐ BF Infant/BF Woman at Nutritional Risk Breastfeeding woman has a nutritional risk which qualifies infant 01

602 Breastfeeding Complications (check all that apply) 01

☐ Jaundice	☐ Weak or ineffective suck	Inadequate stooling for age: ☐ ≤ 6 days old with < 2 stools/day ☐ 7-28 days with < 5 stools/day ☐ 29 days or older with <1 every 4 days
☐ < 6 wet diapers per day	☐ Difficulty latching onto breast	

601b ☐ BFInfant/BFWomanwithDietary ConcernsBreastfeeding woman qualifies based on dietary concern which qualifies infant 04

701 ☐ Infant of a WIC Mother/Mother at Risk Mother who had risk and could have qualified during this preg. (up to 6 mo. old) 02

703 Infant of a Mother with Complications which Impair Nutrition ☐Intellectual Disability
☐Alcohol/illegal drug use during last preg. 01

WIC 75 Infant, Page 1 of 4

Nutrition/Metabolic Conditions (check one of the following if appropriate) 01

☐ **Lactose Intolerance 355** ☐ **Hypertension 345**
☐ **Prehypertension** (90th-95th for blood pressure) **345d**

Glucose Disorders: ☐ Diabetes Mellitus **343** ☐Hypoglycemia **356**

Thyroid Disorders:☐ Hypothyroidism **344a**
☐ Hyperthyroidism **344b**
☐Congenital Hyperthyroidism **344a** ☐ congenital Hypothyroidism **344b**

Cancer: **347** ☐ Cancer ☐ Treatment for Cancer

Nutrient Deficiency Diseases: 341 ☐ Scurvy☐ Hypocalcemia
☐ Rickets ☐ Cheilosis ☐ Beri Beri ☐ Pellegra
☐ Xerophthalmia ☐ Vitamin K Deficiency ☐ Osteomalacia
☐ Protein Energy Malnutrition (PEM) ☐ Menkes Disease

Central Nervous System Disorders: **348** ☐ Epilepsy
☐ Cerebral Palsy ☐ Spina Bifida
☐ Myelomeningocele ☐ Neural tube defects
☐ Parkinson's disease ☐ Multiple Sclerosis

GI Disorders: **342** ☐ Crohn's disease ☐ Ulcerative colitis ☐ GER
☐ Liver disease ☐ Inflammatory bowel disease ☐ Pancreatitis
☐ Gallbladder disease ☐ Malabsorption syndromes
☐ Small bowel enterocolitis/syndrome ☐ Stomach/intestinal ulcers
☐ Peptic ulcers ☐ Post-bariatric surgery ☐ Biliary tract diseases

Renal Disease: **346** ☐ Pyelonephritis ☐ Persistent proteinuria
☐ Any renal disease **excep t** UTI

Infectious Diseases (present in last 6 mo.): **352**
☐ Parasitic infections ☐ Hepatitis
☐ Tuberculosis
☐ Pneumonia ☐ Meningitis ☐ HIV/AIDS
☐ Bronchiolitis (3 episodes in last 6 months)

☐ **Food Allergies** – List: **353**

Genetic/Congenital Disorders:**349** ☐ Short bowel syndrome
☐ Sickle Cell Anemia ☐ Cleft lip/palate ☐ Gastroschisis
☐ Thalassemia Major ☐ Down's syndrome ☐ Omphalocele
☐ Intestinal atresia ☐ Esophageal atresia
☐ Diaphragmatic hernia ☐ Tracheo-esophageal fistula
☐ Hirschsprung's Disease ☐ Muscular Dystrophy

Celiac Disease: ☐ Celiac Sprue ☐ Gluten Enteropathy
354 ☐ Non-tropical Sprue

☐ **Drug/Nutrient Interactions** – Specify: **357**

Recent Major Surgery, Trauma, Burns: **359**
☐ Any occurrence within ≤ 2 months severe enough to compromise nutritional status.
☐ Occurrence > 2 months with continued need for nutrition documented by MD/DO/APRN/PA

Other Medical Conditions: **360** ☐ Lupus erythematosus
☐ Cardiorespiratory diseases ☐ Heart disease
☐ Cystic fibrosis ☐ Juvenile Rheumatoid Arthritis (JRA)
☐ Persistent asthma requiring daily medication

☐ **Others** – State Agency approval

Inborn Errors of Metabolism: **351**
☐ **Amino Acid Metabolism Disorders:** ▪Phenylketonuria ▪Maple Syrup Urine disease ▪Homocystinuria ▪Tyrosinemia
☐**Carbohydrate Disorders:** Galactosemia ▪Glycogen Storage Disease type I ▪Glycogen Storage Disease type II (Pomp Disease) ▪Glycogen Storage Disease type III ▪Glycogen Storage Disease type IV (Andersen Disease) ▪Glycogen Storage Disease type V ▪Glycogen Storage Disease type VI)
☐**Fatty Acid Oxidation Defects**: ▪Medium-chain acyl-CoA dehydrogenase deficiency ▪ Long-Chain 3-hydroxyacl-CoA-dehydrogenase deficiency ▪Trifunctional protein deficiency type 1 (LCHAD deficiency) ▪Trifunctional protein deficiency type 2 (mitochondrial trifunctional protein deficiency) ▪Carnitine uptae defect (primary carnitine deficiency) ▪Very long-chain acyl-CoA dehydrogenase deficiency
☐**Organic Acid Disorders:** ▪Isovaleric academia ▪3-methylcrotonyl-CoA carboxylase deficiency ▪Glutaric academia type I ▪Glutaric academia type II ▪3-hydroxy-3-methylglutaryl-coenzyme A lyase deficiency ▪Multiple carboxylase deficiency (Biotinidase deficiency, Holocarboxylase synthetasedeficiency) ▪Methylmalonic academia ▪Propionic academia ▪Beta-ketothiolase deficiency
☐**Lysosomal Storage Disease**: ▪Fabry disease(α-galactosidase A deficiency) ▪Gauchers disease (glucocerebrosidase deficiency) ▪Pompe disease (glycogen storage disease Type II or Acid α-glucosidase deficiency)
☐**Mitochondrial disorders**: ▪Leber hereditary optic neurophathy ▪Mitochondrial encephalomyopathy, lactic acidosiss, and stroke-like episodes (MELAS), ▪Mitochondrial neurogastrointestinal encephalopathy disease (MNGIE) ▪Myoclonic epilepsy with ragged-red fibers (MERRF) ▪Neuropathy, ataxia, and retinitis pigmentosa (NARP) ▪Pyruvate carboxylase deficiency
☐**Peroxisomal Disorders:** ▪Zwllweger Syndrome Spectrum ▪Adrenoleukodystrophy (x-ALD)
☐**Urea Cycle Disorders:** ▪Citrullinemia ▪Argininosuccinic aciduria ▪Carbomoyl phosphate synthetase I deficiency

902 Impaired Ability to Prepare Food 04

Applicant's primary caregiver is (check all that apply):
☐ ≤ 17 years of age 902a
☐ Mentally disabled/delayed/mental illness/clinical Depression/Post-Partum Depression 902b
☐ Currently using /history of abusing alcohol/other drugs 902d
☐ Physically disabled which restricts/limits food preparation Abilities 902c

361,362 Complications which Impair Nutrition (check all that apply) 01

☐ Minimal brain function
☐ Head trauma
☐ Brain damage
☐ Birth Injury
☐ Pervasive development disorder (PDD)
depression 361

☐ Difficulty accepting new foods/↓ food selection
☐ Restricted food intake due to color/texture/temperature
☐ Delays/disabilities which restrict ability to chew/swallow/require tube feeding 362
☐ Difficulty taking multivitamin/mineral supplement
☐ Autism
☐ Difficulty with changes in mealtime environment

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Feeding Practices (will qualify with one or more of the following shaded answers) 04

Yes	No	
☐	☐	Does the baby take formula? If yes, formula name:_____
☐	☐	Iron-fortified formula 411.1a
☐	☐	Low iron formula without iron supplement 411.1a Type of formula: ☐ Concentrate ☐ Ready-to-feed ☐ Powder How is formula mixed? 411.6a ☐ Overdilution ☐ Underdilution ☐ By prescription ☐ Failure to follow specific instructions accomanying prescription
Yes	No	
☐	☐	Is the baby fed less than 16 ounces of formula in 24 hours? 411.4d
☐	☐	Are cereals or other foods added to the baby's bottle? 411.2e
Yes	No	
☐	☐	Does the baby drink milk (fresh, whole, skim, 1%, 2%, low-fat, nonfat, goat, sheep, imitation (Vitamite, Toddler's Best, nondairy creamer), substitute (Alba 77, Slim Fast, rice or soy based beverage, homemade formula), evaporated, sweetened condensed)? 411.1c
Yes	No	
☐	☐	Does the baby drink sweetened drinks or other liquids: fruit juice, tea, kool aid, soda pop, jello water, Gatorade, Hi C, fruit punch, sweetened water (sugar, corn syrup, etc.)?
☐	☐	Does the baby drink more than 6 ounces of juice in a day? 411.3
Yes	No	
☐	☐	Does the baby eat high calorie/low nutrient foods such as desserts, cakes, cookies, candy, fried foods, lunch meat? 411.8c
Yes	No	
☐	☐	Does the baby eat foods like hot dogs, pieces of fruit, nuts, raisins, hard candy, raw carrots? 411.4a
Yes	No	
☐	☐	Is honey, sugar or syrup put in the foods or liquids which are fed to the baby or put on the baby's pacifier? 411.5h

Age Group	Yes	No	Does baby consume: 428
Less than 4 months	☐	☐	Solid food such as cereals, mashed potatoes, eggs, gravy?
7 months old or more	☐	☐	Solid food from a spoon?
	☐	☐	Infant cereal?
	☐	☐	Meats?
	☐	☐	Vegetables?
	☐	☐	Does the baby use fingers when eating? 411.4d
8 months	☐	☐	Fruits? 411.4d
Less than 12 months	☐	☐	Eggs, milk, wheat (not infant cereal), soy, peanuts, fish, shellfish?

Yes	No	
☐	☐	Does the baby eat: • Undercooked or raw tofu? 411.5a
☐	☐	• Deli meats, hot dogs not cooked until steaming hot? 411.5b
☐	☐	• Raw vegetable sprouts (alfalfa, bean, clover, radish)? 411.5c
☐	☐	• Raw or undercooked meat, fish, poultry or eggs? 411.5d
☐	☐	• Unpasteurized milk or milk products? 411.5e
☐	☐	• Soft cheeses such as Camembert, bleu cheese, Stilton, queso blanco, queso fresco or Panela 411.5f
☐	☐	• Unpasteurized fruit or vegetable juices 411.5g
☐	☐	• Honey added to liquids, solid foods, used in cooking, in processed foods, or on pacifier?

Yes	No	
☐	☐	Is the baby breastfed?
☐	☐	Taking <400 IU per day vitamin D (Exclusively breastfed infant or infant taking <32 oz of formula per day) 411.11a
Yes	No	
☐	☐	Is the baby fed only breastmilk? If no, continue to next box.
☐	☐	If under 2 months old, does the baby eat less than 8 times in 24 hours? 411.7a
☐	☐	If 2 months old or older, does the baby eat less than 6 times in 24 hours? 411.7b
☐	☐	Fed on a schedule rather than on demand?
Yes	No	
☐	☐	Is a bottle of water given in place of a bottle of formula or breastmilk or do you restrict the amount of foods? 411.4c
Yes	No	
		Do you or the baby's caretaker:
☐	☐	• Hold fresh breastmilk in refrigerator for > 72 hours? 411.9i
☐	☐	• Add fresh breastmilk to already frozen breastmilk in a storage container? 411.9j
☐	☐	• Feed previously frozen breastmilk thawed in refrigerator for more than 24 hours? 411.9k
☐	☐	• Save breastmilk from a used bottle for another feeding? 411.9l
☐	☐	• Thaw breastmilk in the microwave? 411.9
		• Express breast milk from a pump that has not been cleaned per manufacturer's instructions? 411.9
Yes	No	
		Does the baby take a bottle:
☐	☐	• Propped in the mouth? 411.2a
☐	☐	• At nap or sleeps with bottle in mouth? 411.2b
☐	☐	• With fruit juice? 411.2c
☐	☐	• Without restriction? 411.2d
☐	☐	• From a bottle that has not been properly cleaned? 411.9
Yes	No	
☐	☐	Does the baby drink more than a cup (8 ounces) of water in 24 hours?
Yes	No	
☐	☐	If 6 months or older with a family history of food allergies, does the baby drink city water, take a fluoride supplement or drink fluoridated water? 428
Yes	No	
		Do you or the baby's caretaker:
☐	☐	Have a safe water supply (documented)? 411.9a
☐	☐	Have a stove for sterilizing bottles and water? 411.9b
☐	☐	Have a refrigerator or freezer for storage of breastmilk or formula? 411.9c
☐	☐	Have limited knowledge on preparation, handling or storage of formula or breastmilk? 7012.411.9d
☐	☐	Feed the baby formula held at room temperature > 2 hours? 411.9e
☐	☐	Feed the baby formula left in refrigerator >48 hours? 411.9f
☐	☐	Use leftover formula from an earlier feeding? 411.9g
☐	☐	Give the baby vitamin, multi-vitamin or mineral supplements, herbal teas/remedies not recommended by MD/DO/APRN/PA? 411.10
☐	☐	Wash hands with soap and water after using the bathroom, changing diapers, and before meals or before preparing formula or bottles of breastmilk? 411.9h
☐	☐	Require the baby to eat a certain type and/or amount of food or ignore infant hunger cues? 411.4b
☐	☐	Routinely fed a vegan diet, macrobiotic diet or diet very low in calories/essential nutrients? 411.8
Yes	No	
☐	☐	Is the baby getting Well Child check-ups? If yes, list Doctor or facility:

WIC 75 Infant, page 3 of 4

381a	Dental Problem	☐ Baby Bottle Tooth Decay	01
382	Other Health Risk	☐ Fetal Alcohol Syndrome (FAS)	01
901	☐ Recipient of Abuse	Abuse (emotional or physical) and/or neglect within the past six months	04
903	Foster Care	Determine if during the previous six (6) months: ☐ a has entered the foster care system ☐ b has been moving from one foster home to another	04
801	☐ Homelessness	Homeless	04
802	☐ Migrancy	Migrant	04

****What concerns or questions does the parent/caretaker have in regards to the infant's nutrition/feeding the infant?**

_____

_____

_____

Signature:_____ **Date**_____

WIC 75 Infant, page 4 of 4 (Rev. 10/15)

WIC Certification
Child Age 1-5

Name:_____
ID Number:_____
or
Place PEF label here

Priority listed at end of line for each criterion. **Priority**

201 Low Hematocrit/Low Hemoglobin (check one of the following values if appropriate) 3A

Age 1 to 2 1010.201g	Age 2 to 5 1010.201h
☐ Hematocrit ≤ 32.8% or Hemoglobin ≤ 10.9 gm./dL.	☐ Hematocrit ≤ 32.9% or Hemoglobin ≤ 11.0 gm./dL.

211 ☐ Elevated Blood Lead (≥ 5 μg/dL) within the past 12 month (only if data is available from another source) 3A

152 ☐ Low Head Circumference ≤ 2.3rd percentile head circumference for age as plotted on CDC birth to 24 month growth chart **(up to age 2, age adjusted),** (Only if data is available from another source). 3A

142 ☐ Prematurity Birth at ≤ 37 weeks or less gestation **(up to age 2, age adjusted)** 3A

141 Low Birth Weight/Very Low Birth Weight **(age adjusted)** 3A

☐Birth weight ≤ 5 lb. 8 oz./2500 grams(LBW)**(up to age 2) 141a**	☐ Birth weight ≤ 3 lb. 5 oz./1500 grams (VLBW) **(up to age 2) 141b**

114 At Risk for Overweight 3A

☐ biological mother reports BMI ≥ 30 (if mother is pregnant or had baby within the past 6 montths, use her PPW BMI)	☐ biological father reports BMI ≥ 30

113,114,115 Obese/Overweight/High Weight for Length 3A

☐ Obese **(Age 2-5)**: ≥ 95th percentile BMI as plotted on CDC 2-20 year growth chart (standing height measurement) 113
☐ Overweight **(Age 2-5)** : > 85th percentile or < 95th percentile BMI as plotted on CDC 2-20 year growth chart (standing height measurement) 114
☐ High Weight for Length **(up to age 2, age adjusted)** : ≥97.7th percentile weight/length on CDC Birth to 24 month growth chart 115

103 At Risk for Underweight 3A

☐ >2.3rd to ≤ 5th percentile weight/length on CDC Birth to 24 month growth chart **(up to age 2, age adjusted)**	☐ >5th to ≤ 10th percentile BMI for age as ploted on CDC 2-20 year growth chart **(age 2 to 5)**

103 Underweight 3A

☐ ≤ 2.3rd percentile weight for length on CDC Birth to 24 month growth chart **(up to age 2, age adjusted)**	☐ ≤ 5th percentile BMI for age as ploted on CDC 2-20 year growth chart **(age 2 to 5)**

121 At Risk for Short Stature 3A

☐>2.3rd to ≤ 5th percentile length for age on CDC Birth to 24 month growth chart **(up to age 2, age adjusted)**	☐>5th to ≤ 10th percentile height/stature for age as ploted on CDC 2-20 year growth chart **(age 2 to 5)**

121 Short Stature 3A

☐≤ 2.3rd percentile length for age on CDC Birth to 24 month growth chart **(up to age 2, age adjusted)**	☐≤ 5th percentile height/stature for age as ploted on CDC 2-20 year growth chart **(age 2 to 5)**

151 ☐ Growth Problems Small for Gestational Age (SGA up to age 2) **(age adjusted)** 3A

134 ☐ Inappropriate Weight Gain Pattern Failure to Thrive (FTT) **(age adjusted)** 3A
904 ☐ Secondhand Smoke Exposure to smoke from tobacco products inside the home 3A

WIC 75 Child, Page 1 of 3

Nutrition/Metabolic Conditions (check one of the following if appropriate) 3A

☐ **Lactose Intolerance 355** ☐ **Hypertension 345**
☐ **Prehypertension** (90th-95th for blood pressure) **345d**

Glucose Disorders: ☐ Diabetes Mellitus **343**
☐ Hypoglycemia **356**

Thyroid Disorders: ☐ Hypothyroidism **344a**
☐ Hyperthyroidism **344b**
☐Congenital Hyperthyroidism **344a**
☐ congenital Hypothyroidism **344b**

Cancer: **347** ☐ Cancer ☐ Treatment for Cancer

Nutrient Deficiency Diseases: **341** ☐ Scurvy☐ Hypocalcemia
☐ Rickets ☐ Cheilosis ☐ Beri Beri ☐ Pellegra
☐ Xerophthalmia ☐ Vitamin K Deficiency
☐ Osteomalacia
☐ Protein Energy Malnutrition (PEM)
☐ Menkes Disease

Central Nervous System Disorders: **348** ☐ Epilepsy
☐ Cerebral Palsy ☐ Spina Bifida
☐ Myelomeningocele ☐ Neural tube defects
☐ Parkinson's disease ☐ Multiple Sclerosis

GI Disorders: **342** ☐ Crohn's disease ☐ Ulcerative colitis
☐ Liver disease ☐ Inflammatory bowel disease
☐ Pancreatitis
☐ Gallbladder disease ☐ Malabsorption syndromes
☐ Small bowel enterocolitis/syndrome ☐ Stomach/intestinal ulcers
☐ Gastroesophageal reflux (GER) ☐ Peptic ulcers
☐ Post-bariatric surgery ☐ Biliary tract diseases

Renal Disease: **346** ☐ Pyelonephritis
☐ Persistent proteinuria
☐ Any renal disease **except** UTI

Genetic/Congenital Disorders: **349**
☐ Short bowel syndrome
☐ Sickle Cell Anemia ☐ Cleft lip/palate
☐ Gastroschisis
☐ Thalassemia Major ☐ Down's syndrome
☐ Omphalocele
☐ Intestinal atresia ☐ Esophageal atresia
☐ Diaphragmatic hernia
☐ Tracheo-esophageal fistula ☐ Hirschsprung's Disease
☐ Muscular Dystrophy

Infectious Diseases (present in last 6 mo.): **352**
☐ Parasitic infections ☐ Hepatitis
☐ HIV/AIDS
☐ Pneumonia ☐ Meningitis
☐ Tuberculosis
☐ Bronchiolitis (3 episodes in last 6 months) up to age 2

☐ **Food Allergies -** List: **353**

Celiac Disease: ☐ Celiac Sprue ☐ Gluten Enteropathy
354 ☐ Non-tropical Sprue

☐ **Drug/Nutrient Interactions** – Specify:
357

Other Medical Conditions: 360 ☐ Heart disease ☐ Cystic fibrosis
☐ Cardiorespiratory diseases ☐ Juvenile Rheumatoid Arthritis (JRA)
☐ Lupus erythematosus ☐ Persistent asthma requiring daily medication

☐ **Others** – State Agency approval:

Recent Major Surgery, Trauma, Burns: **359**
☐ Any occurrence within ≤ 2 months severe enough to compromise nutritional status.
☐ Occurrence > 2 months with continued need for nutrition documented by MD/APRN/PA

Inborn Errors of Metabolism: **351**
☐ **Amino Acid Metabolism Disorders:** ▪Phenylketonuria ▪Maple Syrup Urine disease ▪Homocystinuria ▪Tyrosinemia
☐**Carbohydrate Disorders:** Galactosemia ▪Glycogen Storage Disease type I ▪Glycogen Storage Disease type II (Pomp Disease) ▪Glycogen Storage Disease type III ▪Glycogen Storage Disease type IV (Andersen Disease) ▪Glycogen Storage Disease type V ▪Glycogen Storage Disease type VI)
☐**Fatty Acid Oxidation Defects**: ▪Medium-chain acyl-CoA dehydrogenase deficiency ▪ Long-Chain 3-hydroxyacl-CoA-dehydrogenase deficiency ▪Trifunctional protein deficiency type 1 (LCHAD deficiency) ▪Trifunctional protein deficiency type 2 (mitochondrial trifunctional protein deficiency) ▪Carnitine uptae defect (primary carnitine deficiency) ▪Very long-chain acyl-CoA dehydrogenase deficiency
☐**Organic Acid Disorders:** ▪Isovaleric academia ▪3-methylcrotonyl-CoA carboxylase deficiency ▪Glutaric academia type I ▪Glutaric academia type II ▪3-hydroxy-3-methylglutaryl-coenzyme A lyase deficiency ▪Multiple carboxylase deficiency (Biotinidase deficiency, Holocarboxylase synthetasedeficiency) ▪Methylmalonic academia ▪Propionic academia ▪Beta-ketothiolase deficiency
☐**Lysosomal Storage Disease**: ▪Fabry disease(α-galactosidase A deficiency) ▪Gauchers disease (glucocerebrosidase deficiency) ▪Pompe disease (glycogen storage disease Type II or Acid α-glucosidase deficiency)
☐**Mitochondrial disorders**: ▪Leber hereditary optic neurophathy ▪Mitochondrial encephalomyopathy, lactic acidosiss, and stroke-like episodes (MELAS), ▪Mitochondrial neurogastrointestinal encephalopathy disease (MNGIE) ▪Myoclonic epilepsy with ragged-red fibers (MERRF) ▪Neuropathy, ataxia, and retinitis pigmentosa (NARP) ▪Pyruvate carboxylase deficiency
☐**Peroxisomal Disorders:** ▪Zwllweger Syndrome Spectrum ▪Adrenoleukodystrophy (x-ALD)
☐**Urea Cycle Disorders:** ▪Citrullinemia ▪Argininosuccinic aciduria ▪Carbomoyl phosphate synthetase I deficiency

902 Impaired Ability to Prepare Food age 1-2 5A/age 2-5 5B	Complications which Impair Nutrition (check all that apply) 3A	
Applicant's primary caregiver is (check all that apply) : ☐ ≤ 17 years of age 6020.902a ☐ Mentally disabled/delayed/mental illness/clinical Depression/Post-Partum Depression 6020.902b ☐Currently using/history of abusing alcohol/other drugs d ☐ Physically disabled which restricts/limits food preparation Abilities 6020.902c	☐ Minimal brain function ☐ Head trauma ☐ Brain damage ☐ Birth Injury ☐Depression361 ☐ Pervasive development disorder (PDD)	☐ Difficulty accepting new foods/↓ food selection ☐ Restricted food intake due to color/texture/temperature ☐ Delays/disabilities which restrict ability to chew/swallow/ require tube feeding 362 ☐ Difficulty taking multivitamin/mineral supplement ☐ Autism ☐ Difficulty with changes in mealtime environment

6040 Dental Problems 3A

☐ Baby Bottle Tooth Decay 381a ☐ Tooth decay 381a ☐ Periodontal disease 381d

☐ Missing more than 7 teeth or ineffectively replaced teeth which impair ability to ingest food 381c

382 Other Health Risk ☐ Fetal Alcohol Syndrome (FAS) 3A

401 Presumed Dietary Risk **Only use this risk when no other risk is present for age 2 and older** age 2-5 5B

Children age 2 and older who meet the eligibility requirements of income, category and residency may be presumed at nutrition risk based on failure to meet the Dietary Guidelines

7012 Feeding Practices (will qualify with one or more of the following shaded answers) age 1-2 5A age 2-5 5B

Yes	No	
☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐ ☐	Does your child eat or drink: • Raw fish or shellfish 425.5a • Raw or undercooked meat or poultry 425.5b • Raw or lightly cooked or undercooked egg products such as: sauces, homemade eggnog, cookie dough, cake batter 425.5c • Raw sprouts (alfalfa, clover, radish) 425.5d • Unpasteurized fruit or vegetable juices 425.5e • Hot dogs, cold cuts, deli meats that have not been heated until steaming hot 425.5f • Unpasteurized milk or milk products, soft cheeses such as feta, Camembert, bleu cheese, Stilton, queso blanco, queso fresco or Panela 425.5g
Yes ☐	No ☐	If under 2 years old - drinks fresh milk, goat, sheep milk 425.1a or skim, 1%, 2%, lowfat, when overweight or obesity is not a concern? 425.1c
Yes ☐	No ☐	Does your child drink more than 24 ounces of milk in a day? 428b
Yes ☐	No ☐	Does your child carry a training cup or bottle and drink from this all day long? 425.3g
Yes ☐	No ☐	Does the child drink city water, take a fluoride supplement or drink fluoridated water?7012.425.8a
Yes ☐	No ☐	Does the child eat foods like hot dogs, pieces of fruit, nuts, raisins, hard candy, raw carrots? 7012.425.4g
Yes ☐	No ☐	Does your child drink imitation milk (Vitamite, Toddler's Best, nondairy creamer), substitute milk (Alba 77, Slim Fast), evaporated or sweetened condensed milk as the primary milk? 425.1b
Yes ☐	No ☐	Does the child eat clay, dirt, laundry starch, cornstarch, paint chips, ashes, baking soda or large quantities of ice or other non-food item? 425.9
		Does your child carry a training cup or bottle and drink from this all day long? 425.3g

Yes	No	
☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	Does the child take a bottle: • Propped in the mouth? 425.3a • At nap or sleeps with bottle in mouth? 425.3b • With sweetened drinks (tea, soda pop, Gatorade, Hi C, fruit punch, kool aid) or fruit juice, diluted cereal? 425.3c • Beyond 14 months of age? 425.3d • Without restriction or as a pacifier? 425.3e
Yes ☐	No ☐	Does your child use a pacifier that has been dipped in sugar, honey or syrup? 425.3f
Yes ☐	No ☐	Does your child eat high calorie/low nutrient foods such as desserts, cakes, cookies, candy, fried foods, lunch meat? 425.6b
Yes ☐ ☐ ☐ ☐ ☐	No ☐ ☐ ☐ ☐ ☐	Is the child('s): • Made to eat a certain type and/or amount of food? 425.4f • Request for appropriate foods when hungry ignored? 425.4e • Consumption of nutritious meals limited each day? 425.4d • Not allowed to feed themself? 425.4a • Food primarily pureed or liquid when able to tolerate texture? 425.4c
Yes ☐	No ☐	Does the child take > 1 dose each day of a children's single vitamin, multivitamin, mineral supplement, and/or herbal teas/remedies not prescribed by MD/DO/APRN/PA? 425.6a
Yes ☐	No ☐	Does your child take a multivitamin or Vitamin D supplement? 425.8c

7015 Inappropriate Nutrient Intake age 1-2 5A age 2-5 5B

425.6c Does the child avoid all animal products - meat (beef, pork, chicken, turkey), fish, eggs, milk, cheese, yogurt/dairy products? ☐ Yes ☐ No

425.6d Is the diet highly restricted in calories or specific nutrients? ☐ Yes ☐ No

901 ☐ Recipient of Abuse Abuse (emotional and/or physical) or neglect within past six months age 1-2 5A age 2-5 5B

903 Foster Care Determine if during the previous six (6) months: age 1-2 5A age 2-5 5B

☐ has entered the foster care system ☐ has been moving from one foster home to another

801 ☐ Homelessness Homeless age 1-2 5A age 2-5 5B

802 ☐ Migrancy Migrant age 1-2 5A age 2-5 5B

501 ☐ Regression Priority III Certify to maintain health status based on last certification Priority III condition. **Can only be used every other certification** 03

501 ☐ Regression Priority V Certify to maintain dietary status based on last certification Priority V condition. age 1-2 5A age 2-5 5B **Can only be used every other certification.**

What concerns or questions does the parent/caretaker have in regards to the child's nutrition, eating habits, growth?

_____

_____

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Signature:_____ **Date**_____

NUTRITION RISK CODE BY STATUS AND PRIORITY

Nutrition Risk Criteria	Code	Pregnant Priority	Breastfeeding Priority	Postpartum Priority	Infant Priority	Child Priority
Low Hct./Hgb.	201	01	01	3B	01	3A
Elevated Blood Lead	211	01	01	3B	01	3A
Low Head Circumference	152				01	3A*
Prematurity	142				01	3A*
Low Birth Weight/Very Low Birth Weight	141				01	3A*
At Risk for Overweight	114				01	3A
Overweight/Obesity/High Wt for Length	111, 113-115	01	01	3B		3A
At Risk for Underweight	103				01	3A
Underweight	101 & 103	01	01	3B	01	3A
At Risk for Short Stature	121				01	3A
Short Stature	121				01	3A
Growth Problems	151 &153				01	3A♦
Inappropriate Weight Gain Pattern	131,132,133,134 & 135	01	01	3B	01	3A
Substance Use	371 0& 372	01	01	3B		
Secondhand Smoke	904	01	01	3B	01	3A
BF Infant/BF Woman at Nutritional Risk	601	01	01		01	
BF Complications	602	01	01		01	
BF Infant/BF Woman with Feeding Practices	601	01	04		04	
Infant of WIC Mother/Mother at Risk	701				02	
Infant of a Mother with Complications which Impair Nutrition	703				01	
Pregnancy Induced Conditions	301,302,303 & 304	01	01	3B		
Delivery of Premature/ LBW Infant	311 & 312	01	01	3B		
Fetal or Neonatal Death	321	01	01	3B		
General Obstetrical Risk	331-337, & 339	01	01	3B		
Nutrition/Metabolic Conditions	341-357, 359, 360, 363	01	01	3B	01	3A
Impaired Ability to Prepare Food	902	04	04	06	04	5A** 5B***
Complications which Impair Nutrition	361 & 362	01	01	3B	01	3A
Dental Problems	381	01	01	3B	01	3A
Other Health Risk	382				01	3A
Presumed Dietary Risk✪	401	04	04	06		5B***
Feeding Practices	411, 425, & 427	04	04	06	04	5A** 5B***
Inappropriate Nutrient Intake	425 & 427	04	04	06		5A** 5B***
Eating Disorders	358	01	01	3B		
Recipient of Abuse	901	04	04	06	04	5A** 5B***
Foster Care	903	04	04	06	04	5A** 5B***
Homelessness	801	04	04	06	04	5A** 5B***
Migrancy	802	04	04	06	04	5A** 5B***
Regression Priority III	501					3A
Regression Priority V	501					5A** 5B***
Transfer	502	01	01	3B	01	3A

* up to age 2 ** 5A up to age 2 ***5B age 2 to 5 ♦up to age 2 for Small for Gestational Age

✪ only use if no other risk is present

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WIC CERTIFICATION NUTRITION EDUCATION COUNSELING GUIDELINES

WIC certification nutrition education counseling is required to be provided according to the following guidelines which are based upon the assessment of the client's medical information in regard to nutrition risk criteria.

WIC certification counseling must be offered to each participant/caregiver at the time of their initial certification visit and at each subsequent certification visit. Individual nutrition education counseling method (one on one counseling) should be used to provide the WIC certification counseling.

WIC CERTIFICATION NUTRITION EDUCATION COUNSELING PROCEDURES

At the certification visit, after assessing for all nutrition risks criteria, provide nutrition education counseling as follows:

A. Provide nutrition education counseling:
   1. WIC Certification Nutrition Education Counseling Protocol (Refer to Table 1 in this section);
   2. WIC Certification Counseling for Specific Nutritional Risk Protocol (Refer to Table 2 in this section);
   3. Participant/family goal(s);
   4. Participant /family nutrition related interest(s); and
   5. If counseling has been provided and documented through another service (e.g. Well Child, Prenatal) it does not have to be repeated for WIC if the content of the WIC Certification Nutrition Education Counseling Protocols has been addressed.

B. Establish goals (plan of care) for follow-up visit as outlined in the AR, Medical Records Management Section.
   These goals should:
   1. Be related to the participant's identified nutritional risk(s) and the participant/family's nutrition related interest(s); and
   2. Be actionable with a measurable timeframe for completion (for example, "By next visit, Mom will be routinely offering child iron rich WIC cereal 5 days a week in order to improve Hemoglobin status").

C. Make referrals for other programs or services (when appropriate).

D. Document as appropriate, on the client's service record (CH-3A)/WIC Certification Form (WIC-75) and in accordance to standards outlined in the AR, Medical Records Management Section. Documentation must include:
   1. Goal(s) established at certification visit;
   2. Referrals for other programs or services (when appropriate); and
   3. "Nutrition education provided per protocol" or the acronym "NEPP" when information is provided to the participant as outlined in the WIC Certification Counseling Protocols in Table 1 and 2 in this section.
   4. The acronym NEPP (Nutrition Education Per Protocol) may not be documented when the counseling is not provided per protocol. If the protocol is not followed, then documentation must be made of the counseling that is provided and any supporting handouts provided.
   5. Additional nutrition education information or pamphlets that are provided that are and not listed in the WIC Certification Counseling Protocols in Table 1 and 2 in this section.

E. Code service on the Patient Encounter Form (PEF)
   1. A Certified Health Professional or Lactation Specialist should code as follows.
      a) **W9401 WIC Nutrition Ed/Counseling (7.5 minutes)** when following WIC Certification Counseling Protocols in Table 1 and 2 in this section.
      b) 2699- is used for nutrition counseling and V241- is used when coding breastfeeding services.
      c) If additional information is provided above and beyond WIC Certification Counseling Protocols in Table 1 and 2, this additional content must be documented in the medical record and is coded on the PEF as W9402 (15 minutes), W9403 (22.5 minutes), or W9404 (30 minutes) as appropriate.

Table 1 provides the WIC Certification Nutrition Education Counseling Protocol including topics to be discussed by status and reference materials. Referral guidance for specific nutritional risk is also provided.

Table 1: WIC Certification Nutrition Education Counseling Protocol ***(In addition to this counseling, all WIC participants must be provided counseling on Specific Nutritional Risk -see Table 2)***	
Provider: Certifying Health Professional	
Topic/Reference Material Number/Status** **See Page 41 For Listing of Reference Materials by Number**	**WIC Certification General Nutrition Counseling Protocol by Status**
Discuss WIC Program eligibility and benefits	• Discuss certification eligibility period and recertification schedule. • Discuss importance and benefits (nutrition education, breastfeeding support, referrals, and healthy foods) for continued participation in the progam.
Counsel on basic diet and the importance of regular physical activity. Reference materials (Status*): #1, #4, #10, #20, #24 - #34, (P) #1, #10, #20, #27 - #34, (PP) #1, #10, #20, #23, #25 - #34, (BF) #2, #3, #7 - 10, #20, #22, #27 - #34, (C) #6	**Determine what concerns or questions the participant has in regards to her nutrition, child's nutrition, and/or infant's nutrition? Provide counseling to address questions/concerns/dietary habits.** **For women and children:** • Review Choose My Plate Dietary Guideline Tip Sheet or My Pyramid for Kids and Activity Pyramid. • Review dietary concern(s) and appropriate action. • Encourage an average of 30 minutes for women and 60 minutes for children of physical activity each day. • Limit screen time to no more than 2 hours/day. • Remove the television from the child's bedroom. • Encourage healthy foods (e.g. low-fat and reduced fat food choices including 1% or less milk, (**women/children > 2**), 5 Fruits and Vegetables per day & Avoid Sugar Sweetened Drinks) • Refer to health care provider/Lead Program for lead screening and assessment. **For infants:** • Discuss Kentucky Infant Feeding Guide appropriate for age and development. • Encourage caregiver(s) to promote physical activity and motor skill development in their infant (rolling over, standing, movement, play). • Review dietary concern(s) and appropriate action. • Refer to health care provider/Lead Program for lead screening and assessment.
Encourage to breastfeed unless contraindicated for health/lifestyle reasons. **See Breastfeeding Counseling and Contraindications in this section.** Reference materials (Status*): #17 & #35 (P) #16, #23, #35 (BF)	**For pregnant women**: • Discuss the advantages of breastfeeding. • Discuss the benefits of Kangaroo Care. **For breastfeeding women:** • Encourage continuation and support of breastfeeding. • Discuss the benefits of Kangaroo Care.
Discuss the effects of drug and other harmful substance use (tobacco, alcohol, drugs). Reference materials (Status*): #5 (P, PP, BF, C, I) #25 (P, BF)	• Discuss how tobacco and/or alcohol can affect the woman, fetus, infant, and child. This should include information about smoking cessation if appropriate and the effects of secondhand smoke. • Discuss recommendations to not use tobacco products. Refer to 1-800-QUIT NOW (1-800-784-8669) if client smokes. • Discuss recommendations to not take any medications, over-the-counter or otherwise, unless specifically ordered by a physician. • Discuss recommendations to not use drugs (marijuana, cocaine, etc.). • Discuss recommendations to not drink alcohol.
Discuss Safe Sleep Environment for Infants Reference materials (Status*): #41 (I)	**For infants:** • Discuss American Academy of Pediatrics (AAP) Safe Sleep Policy. **(See Safe Sleep Environment for Infants in this section)**
For participants being recertified for the WIC Program	• Review and discuss previously set goals. • For participants who completed online nutrition education lesson, review and discuss the lesson completion certificate, participant goal set during the lesson, and links visited.
Discuss specific nutritional risk for which participant qualifies.	• See Table 2: WIC Certification Counseling for Specific Nutritional Risk Protocol

*Status Code: P= any Pregnant Status, BF= any Breastfeeding Woman Status, PP= Postpartum Status, C= Child Status, I= any Infant Status

****See REFERENCE MATERIALS FOR CERTIFICATION AND FOLLOW-UP COUNSELING GUIDELINES in this section for listing of Reference Materials by number**

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Table 2 provides the WIC Certification Nutrition Education Counseling For Specific Nutritional Risk Protocol including topics to be discussed by status, reference materials and referral guidance.

Table 2: WIC Certification Counseling for Specific Nutritional Risk Protocol ***(In addition to this counseling, all WIC participants must be provided WIC Certification Nutrition Education Counseling – see Table 1)***		
Provider: Certifying Health Professional		
Risk/Status*/ Reference Materials**	**Counseling/Education**	**Referral Guidance**
Low Hematocrit/Low Hemoglobin Status: P, PP, BF, C, I Reference materials: #11	• Define low hematocrit/low hemoglobin. • Discuss iron-rich foods.	**Refer for Medical Evaluation:** **◆All status** **Hematocrit ≤ 27%** **Hemoglobin ≤ 9 gm./dL.**
Elevated Blood Lead Status: P, PP, BF, C, I Reference materials: #18	• Discuss importance of adequate calories, calcium, iron, vitamin C and low-fat foods (for children after age 2) which decrease the absorption of lead. • Discuss the importance of regular meals and snacks. • Discuss CDC recommendations regarding mothers lead levels and breastfeeding (**Breastfeeding Woman**). See Blood Lead Levels & Breastfeeding.	**Refer for Medical Evaluation. ◆See Lead Guidelines in Core Clinical Services Guide (CCSG).** **Refer for MNT.**
Low Head Circumference Status: I, C (up to age 2) Reference materials: #6 (I) #7 (C)	• Discuss the impact of prematurity to growth and development, if age adjusted. • Discuss the importance of nutrition on growth and development	**Refer for Medical Evaluation.**
Prematurity Status: I, C (up to age 2) Reference materials: #6 (I) #7 (C)	• Discuss the impact of prematurity to growth and development. • Discuss the importance of good nutrition for proper growth and development.	
Low Birth Weight/Very Low Birth Weight Status: I, C (up to age 2) Reference materials: #6 (I) #2, #3, #7, #9, #10 (C)	• Discuss the impact of birth weight to growth and development. • Discuss the importance of good nutrition for proper growth and development.	**Refer for MNT.**
At Risk for Overweight Status: I, C Reference materials: #6 (I) #2, #3, #7 - #10, #15, #19, #20 #22, #31, #33 (C)	• Discuss the importance of prevention of overweight. • Discuss the importance of physical activity. • Reduce sedentary activity such as computer games and watching television. • Discuss appropriate quantity of food. • Discuss healthy foods (e.g. low-fat and reduced fat food choices). **(children >age 2)** • Discuss the importance of good nutrition for proper growth and development. (**infants**)	
Overweight, Obese, High Weight for Length Status: P, PP, BF, C, I Reference materials: #4, #12, #20, #30-34 (P) #20, #30-34 (PP & BF) #6 (I) #2, #3, #7, #9, #10, #15, #19, #20, #22 (C)	• Review growth chart. **(children)** • Discuss the importance of physical activity. • Reduce sedentary activity such as computer games and watching television. • Discuss appropriate quantity of food. • Discuss healthy foods (e.g. low-fat and reduced fat food choices). **(women/children >age 2)**	**Refer for MNT.**
At Risk for Underweight Status: I, C Reference materials: #6 (I) #2, #3, #7-10 (C)	• Review growth chart. • Discuss importance of frequent feeding. • Discuss healthy foods in relation to growth and development.	

*Status Code: P= any Pregnant Status, BF= any Breastfeeding Woman Status, PP= Postpartum Status, C= Child Status, I= any Infant Status

****See REFERENCE MATERIALS FOR CERTIFICATION AND FOLLOW-UP COUNSELING GUIDELINES in this section for listing of Reference Materials by number**

Table 2: WIC Certification Counseling for Specific Nutritional Risk Protocol (Continued) *(In addition to this counseling, all WIC participants must be provided WIC Certification Nutrition Education Counseling – see Table 1)*		
Provider: Certifying Health Professional		
Risk/Status*/ Reference Materials**	**Counseling/Education**	**Referral Guidance**
Underweight Status: P, PP, BF, I, C Reference materials: #4, #12, #24 (P) #1, #30-34 (P, PP, BF) #23(BF) #2, #3, #7-10, #30 – #33 (C) #6 (I)	• Review growth chart. **(infants and children)** • Discuss importance of frequent feeding. • Discuss healthy foods in relation to growth, development and appropriate weight gain.	**Refer for MNT**.
At Risk for Short Stature Status: I, C Reference materials: #3, #7-10 (C) #6 (I)	• Discuss growth for age and stature/size of parents. • Discuss healthy foods in relation to growth and development.	
Short Stature Status: I, C Reference materials: #2, #3, #7-10 (C) #6 (I)	• Discuss growth for age and stature/size of parents. • Discuss healthy foods in relation to growth and development.	
Growth Problems Status: I, C Reference materials: #2, #3, #7-10 (C) #6 (I)	• Discuss growth for age and stature/size of parents. • Discuss healthy foods in relation to growth and development.	
Inappropriate Weight Gain Pattern Status: P, PP, BF, I, C Reference materials: #4, #12 (P) #1 (PP, BF) #6 (I) #7, #8, #9 (C)	**Pregnant woman** • Discuss the importance of appropriate weight on the developing fetus. **Postpartum or breastfeeding woman** • Discuss the importance of an adequate diet to promote lactation and/or attaining standard weight. **Infant** • Discuss the importance of frequent feeding in relation to weight gain. **Children** • Discuss healthy foods in relation to growth and development.	**Refer for MNT.**
Substance Use Status: P, PP, BF Reference materials: #5 (P, PP, BF) #24 (P) #23 (BF)	• Discuss the importance of discontinuing the identified substance use (tobacco, alcohol, drugs) (S-A-D).	**Refer to counseling and/or treatment as appropriate.**
Secondhand Smoke Status: P, PP, BF, I, C Reference materials: #1, #5 (P, PP, BF) #2, #3, #5 (C) #5, #6 (I)	• Discuss the importance of consuming foods high in vitamin C • Discuss the importance of fruits and vegetables in the diet	
BF Infant/BF Woman at Nutritional Risk Status: I, BF Reference materials: #6 (I) #1, #16, #23 (BF)	**Breastfed infant** • Discuss adequate diet for lactation and health. **Breastfeeding mother** • Discuss the impact of mother's health on growth and development of infant.	
Breastfeeding Complications Status: BF, I Reference materials: #6 (I) #16, #23 (BF)	• Discuss the impact of an adequate diet. • Discuss the importance of frequent feeding. • Discuss specific condition/problem.	**Refer to IBCLC/Lactation Specialist/Nutritionist/Dietitian** **Refer for Medical Evaluation:** **◆Mastitis or Severe nipple pain**

*Status Code: P= any Pregnant Status, BF= any Breastfeeding Woman Status, PP= Postpartum Status, C= Child Status, I= any Infant Status**See REFERENCE MATERIALS FOR CERTIFICATION AND FOLLOW-UP COUNSELING GUIDELINES in this section for listing of Reference Materials by number

Table 2: WIC Certification Counseling for Specific Nutritional Risk Protocol (Continued) *(In addition to this counseling, all WIC participants must be provided WIC Certification Nutrition Education Counseling – see Table 1)*		
Provider: Certifying Health Professional		
Risk/Status*/ Reference Materials**	**Counseling/Education**	**Referral Guidance**
Infant of a WIC Mother/ Mother at Risk Status: I Reference materials: #6 (I)	• Discuss the impact of mother's nutritional risk during pregnancy to infant's health. • Discuss an adequate diet for the infant. • Discuss specific condition/problem.	
Infant of a Mother with Complications that Impair Nutrition Status: I Reference materials: #6 (I)	• Discuss an adequate diet at an appropriate level of comprehension for the client.	
Pregnancy Induced Conditions Status: P, PP, BF Reference materials: #1, #4, #24 (P) #1, #29-34, #23 (PP/BF)	• Discuss specific condition/problem. • Discuss the additional demand on nutrient stores.	**Refer for MNT:** ◆**Gestational Diabetes**
Delivery of Premature/ Low Birth Weight Infant Status: P, PP, BF Reference materials: #4 (P) #1 (BF, PP)	**Pregnant** • Discuss the problems identified and the effect on current health. • Stress the importance of appropriate weight gain. **Breastfeeding/Postpartum** • Discuss the problems identified and the effect on current health.	
Fetal or Neonatal Death Status: P, PP, BF Reference materials: #4 (P) #1 (BF, PP)	• Discuss the problems identified and the effect on current health.	
General Obstetrical Risk Status: P, PP, BF Reference materials: #1 (BF, PP)	**Pregnant** • Discuss the importance of appropriate weight gain for the developing fetus. • Discuss the additional demand on nutrient stores. **Breastfeeding/Postpartum** • Discuss the additional demand on nutrient stores.	
Nutrition/Metabolic Conditions Status: P, PP, BF, I, C Reference materials: #6 (I) #1, #29-34 (P, PP, BF, C) #7, #8 (C)	**Pregnant/Breastfeeding/Postpartum** • Discuss the relationship of the specific condition/problem to nutritional status and its potential impact on woman's current status. **Infant/Child** • Discuss the relationship of the specific condition/problem to nutritional status and its importance to growth and development.	**Refer for MNT all <u>except</u>:** ◆**Lactose Intolerance** ◆**Short Term Antibiotic Use – Drug Nutrient Interaction** ◆**Asthma – persistent asthma that requires daily medication** ◆**Food allergies – per patient request and/or professional discretion**

*Status Code: P= any Pregnant Status, BF= any Breastfeeding Woman Status, PP= Postpartum Status, C= Child Status, I= any Infant Status

****See REFERENCE MATERIALS FOR CERTIFICATION AND FOLLOW-UP COUNSELING GUIDELINES in this section for listing of Reference Materials by number**

Table 2: WIC Certification Counseling for Specific Nutritional Risk Protocol (Continued) *(In addition to this counseling, all WIC participants must be provided WIC Certification Nutrition Education Counseling – see Table 1)*		
Provider: Certifying Health Professional		
Risk/Status*/ Reference Materials**	**Counseling/Education**	**Referral Guidance**
Impaired Ability to Prepare Food Status: P, PP, BF, I, C Reference materials: #1, #26 (P, PP, BF) #2 - #3, #26 (C) #6 (I)	• Discuss an adequate diet at an appropriate level of comprehension for the client. • Discuss the specific condition/problem.	**Refer to Social Programs.**
Complications which Impair Nutrition Status: P, PP, BF, I, C Reference materials: #1 (P, PP, BF) #2 - #3 (C) #6 (I)	**Pregnant/Breastfeeding/Postpartum** • Discuss an adequate diet at an appropriate level of comprehension for the client. • Discuss the relationship of the specific condition/ problem to nutritional status and its potential impact on woman's current status. **Infant/Child** • Discuss an adequate diet at an appropriate level of comprehension for the client. • Discuss the relationship of the specific condition/ problem to nutritional status and its importance to growth and development.	**Refer for MNT:** **◆Delays/disabilities that impair chewing/swallowing/require tube feeding.**
Dental Problems Status: P, PP, BF, I, C Reference materials: #6-8, #21,	**Pregnant/Breastfeeding/Postpartum/Child/Infant** • Discuss the importance of proper dental care. • Drink/provide only water between meals. • Limit sugary foods/drinks. Limit juice intake to 100% juice & no more than 4-6 ounces per day. • Brush teeth twice daily. • Talk to dentist/doctor regarding fluoride. • Follow up with your dentist as appropriate for dental problems. **Infant/Child** • Breastfeeding is recommended for the 1st year of life and beyond as mutually desired. • Avoid having infant/child sleep with bottle. • Wipe the gums of young infants with a soft washcloth or soft toothbrush, even prior to tooth eruption.	
Other Health Risk Status: I, C Reference materials: Professional Judgment	• Discuss adequate diet.	
Presumed Dietary Risk Status: P, PP, BF, C (age 2 and older) Reference materials: #1, #30-34 (P, PP, BF, C) #24 (P) #23 (BF) #7-10 (C)	• Counsel on adequate diet.	
Feeding Practices Status: P, PP, BF, I, C Reference materials: #6 (I) #1, #4, #30-34, #24, #26 (P) #1, #30-34, #26 (PP, BF) #23 (BF) #1, #7, #8, #30-34, #26 (C)	• Counsel on specific problem (s)	
Inappropriate Nutrient Intake Status: P, PP, BF, C Reference materials: Professional Judgment	• Discuss the importance of calcium and protein sources. • Counsel on adequate diet.	**Refer for MNT.**

*Status Code: P= any Pregnant Status, BF= any Breastfeeding Woman Status, PP= Postpartum Status, C= Child Status, I= any Infant Status

****See REFERENCE MATERIALS FOR CERTIFICATION AND FOLLOW-UP COUNSELING GUIDELINES in this section for listing of Reference Materials by number**

Table 2: WIC Certification Counseling for Specific Nutritional Risk Protocol (Continued) *(In addition to this counseling, all WIC participants must be provided WIC Certification Nutrition Education Counseling – see Table 1)*		
Provider: Certifying Health Professional		
Risk/Status*/ Reference Materials**	**Counseling/Education**	**Referral Guidance**
Eating Disorders Status: P, PP, BF Reference materials: Professional judgment	• Discuss the relationship of the specific condition/ problem to nutritional status and its potential impact on woman's current status. • Counsel on adequate diet.	**Refer for MNT.** **Refer for Medical Evaluation.**
Recipient of Abuse Status: P, PP, BF, I, C Reference materials: #6 (I) #1, #30-34(P, PP, BF, C) #7-10 (C)	• Counsel on adequate diet. • Counsel based on readiness.	**Refer to Social Programs.**
Foster Care Status: P, PP, BF, I, C Reference materials: Professional Judgment	• Counsel on adequate diet. **Children** • Discuss specific problem/condition such as chronic health problems, birth defects, short stature and inadequate nutrition.	**Refer to Social Programs.**
Homelessness Status: P, PP, BF, I, C Reference materials: #1, #41 (P, PP, BF) #2 - #3, #7 - #10, #26 (C) #6 (I)	• Counsel on adequate diet with emphasis on homelessness/migrancy as appropriate.	**Refer to Social Programs.**
Migrancy Status: P, PP, BF, I, C Reference materials: #6 (I) #1 (P, PP, BF) #2 - #3, #7 - #10 (C)	• Counsel on adequate diet with emphasis on homelessness/migrancy as appropriate.	**Refer to Social Programs.**
Regression Priority III Status: C Reference materials: #2, #3, #8-10	• Discuss the importance of a good diet in preventing the previous risk from recurring.	
Regression Priority V Status: C Reference materials: #2, #3, #7-10	• Encourage continuance of a good diet as appropriate for child's age.	
Transfer Status: P, PP, BF, I, C Reference materials: Not applicable	• Provide nutrition education for condition/problem, if known.	

*Status Code: P= any Pregnant Status, BF= any Breastfeeding Woman Status, PP= Postpartum Status, C= Child Status, I= any Infant Status

****See REFERENCE MATERIALS FOR CERTIFICATION AND FOLLOW-UP COUNSELING GUIDELINES in this section for listing of Reference Materials by number**

Rev. 10/14

BREASTFEEDING COUNSELING AND CONTRAINDICATIONS

Breastfeeding is the ideal method of feeding and nurturing an infant. The American Academy of Pediatrics (AAP) recognizes breastfeeding as primary in optimal growth and development and important in achieving and maintaining optimal health in the infant and child. Increasing the incidence and duration of breastfeeding is a national health goal reflected in Healthy People 2020 and as a performance indicator for the MCH Block Grant. The following guidelines from AAP support breastfeeding and should be promoted through WIC:

1. Human milk is the preferred feeding for all infants, including premature and sick newborns, with rare exceptions.
2. Breastfeeding should begin as soon as possible after birth, usually with the first hour.
3. Newborns should be nursed whenever they show signs of hunger, such as increased alertness or activity, mouthing or rooting.
4. No supplements (water, glucose water, formula, etc.) should be given to breastfeeding newborns unless a medical indication exists.
5. When discharged <48 hours after delivery, all breastfeeding mothers and their newborns should be seen by a pediatrician or other knowledgeable health care practitioner when the newborn is 2 to 4 days of age.
6. Exclusive breastfeeding is ideal nutrition and sufficient to support optimal growth and development for approximately the first six (6) months after birth. It is recommended that breastfeeding continue for at least 12 months, thereafter for as long as mutually desired.
7. In the first six (6) months, water, juice and other foods are generally unnecessary for the breastfed infants.
8. Should hospitalization of the breastfeeding mother or infant be necessary, every effort should be made to maintain breastfeeding, preferably directly or by pumping the breasts and feeding expressed breastmilk, if necessary.

Refrences:

American Academy of Pediatrics, "Breastfeeding and the Use of Human Milk", **Pediatrics,** Originally published online February 27, 2012. The complete policy statement can be viewed on the AAP web site: www.aap.org.

Contraindications to breastfeeding for health or lifestyle reasons can be divided into baby-related and mother-related causes. The medical management of the baby and/or mother should be under the care of the physician. Baby-related contraindications are mainly related to inborn errors of metabolism (e.g., galactosemia, PKU, maple syrup urine disease). Babies with phenylketonuria (PKU) have been breastfed with close monitoring but this will be under the supervision of the doctor. Nursing may also be difficult in the infant with severe neurological problems with may cause poor sucking reflex and difficulty in swallowing. These problems may be overcome with assistance. Women should not breastfeed when they have HIV/AIDS, been taking some treatments for cancer, human T-cell leukemia virus type 1 (HTLV-1), or take illegal drugs.

Refrences:

American Academy of Pediatrics, "Breastfeeding and Use of Human Milk." **Pediatrics.** Originally published online February 27, 2012. The complete policy statement can be viewed on the APP website: www.aap.org.

BLOOD LEAD LEVELS AND BREASTFEEDING

Lead can be passed to the infant through breast milk. Some mothers exposed to lead may be encouraged to continue breastfeeding if their blood lead levels (BLLs) are within an acceptable range. The benefits of breastfeeding outweigh the potential health consequences.

Key Recommendations for Initiation of Breastfeeding:

1. Mothers with BLLs <40 µg/dL should breastfeed.
2. Mothers with confirmed BLLs >40 µg/dL should begin breastfeeding when their blood lead levels drop below 40 µg/dL. Until then, they should pump and discard their breast milk.

Key Recommendations for Continuation of Breastfeeding:

1. Breastfeeding should continue for all infants with BLLs below 5 µg/dL.
2. Infants born to mothers with BLL >5 µg/dL and <40 µg/dL can continue to breastfeed unless there are indications that the breast milk is contributing to elevating BLLs.

Refrences:

Advisory Committee on Childhood Lead Poisoning Prevention. Low level lead exposure harms children: a renewed call for primary prevention. Atlanta, GA: US Department of Health and Human Services, CDC, Advisory Committee on Childhood Lead Poisoning Prevention; 2012.

National Center for Environmental Health. Guidelines for the identification and management of lead exposure in pregnant and lactating women. Atlanta, Ga.: Centers for Disease Control and Prevention, National Center for Environmental Health, U.S. Dept. of Health and Human Services, 2010.

Rev. 10/15

SAFE SLEEP ENVIRONMENTS FOR INFANTS

The Kentucky Department of Public Health supports the American Academy of Pediatrics Policy on Safe Sleep to reduce the incidence of Sudden Unexplained Infant Death (SUID) and Sudden Infant Death Syndrome (SIDS). The AAP Safe Sleep Policy includes:

- Placing baby on their back for every sleep time;
- Placing baby on a firm sleep surface. Sitting devices such as car seats, strollers, swings, infant carriers and infant slings are not recommended for routine sleep;
- Placing baby in the same room where the parents sleep but **not** on the same bed (room sharing without bed sharing);
- Keeping soft objects, loose bedding, or any objects that could increase risk of entrapment, suffocation, or strangulation out of the crib. These objects include pillows, blankets and bumper pads;
- Not using wedges and positioners;
- Breastfeeding as much and for as long as the mother can;
- Offering a pacifier at nap time and bedtime. With breastfeeding infants, delay pacifier introduction until breastfeeding is firmly established, usually 3-4 weeks;
- Not letting the baby get too hot. In general, infants should be dressed appropriately for the environment, with no more than 1 layer more than an adult would wear to be comfortable in that environment;
- Scheduling and going to all well-child visits;
- Keeping baby away from smokers and places where people smoke;
- Not using home cardiorespiratory monitors or to help reduce the risk of SIDS; and
- Not using products that claim to reduce the risk of SIDS.

The AAP recommends supervised, awake tummy time daily to facilitate development and minimize the occurrence of positional plagiocephaly (flat heads).

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NUTRITIONAL RISK CRITERIA CODES FOR REFERRAL

Medical Nutrition Therapy referral:	
NRCC Code	Risk Criteria Name
211	Elevated Blood Lead
141	Low Birth Weight
111, 113, 114	Overweight
101, 103	Underweight
131	Inappropriate Weight Gain Pattern
302	Pregnancy Induced Conditions: Gestational Diabetes
341,342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 356, 357, 358, 359, 360, 363	Nutrition/Metabolic Conditions: all **except:** Lactose Intolerance, Short Term Antibiotic Use – Drug Nutrient Interaction, Asthma – Persistent asthma requiring daily medication, & Food allergies – per patient request and/or professional discretion
362	Complications/Potential Complications which Impair Nutrition/ Delays/disabilities that impair chewing/swallowing/require tube Feeding
402, 425, 427	Inappropriate Nutrient Intake
358	Eating Disorders

Medical Evaluation referral:	
NRCC Code	Risk Criteria Name
201	Low Hematocrit/Low Hemoglobin: Hematocrit ≤ 27% Hemoglobin ≤ 9 grams/dL.
211	Elevated Blood Lead
152	Low Head Circumference
602	Breastfeeding Complications: Mastitis and/or Severe nipple pain
358	Eating Disorders

Lactation Specialist (Nurse or Dietitian with credentials of IBCLC, CLC, or CLS), Nutritionist or Dietitian referral:	
NRCC Code	Risk Criteria Name
602	Breastfeeding Complications

Treatment/Counseling Services referral:	
NRCC Code	Risk Criteria Name
361	Depression
371	Substance Use

Social Programs referral:	
NRCC Fed Code	Risk Criteria Name
902	Impaired Ability to Prepare Food
901	Recipient of Abuse
903	Foster Care
801	Homelessness
802	Migrancy

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WIC FOLLOW-UP NUTRITION EDUCATION GUIDELINES

WIC follow-up nutrition education is required to be provided according to the following guidelines.

WIC follow-up counseling must be offered to each participant/caregiver by providing quarterly nutrition education contacts during the certification period.

A. The first nutrition education contact is provided with the certification visit.
B. The second nutrition education contact, or follow-up contact, is being provided approximately three (3) months from the certification date.
C. For infants and breastfeeding women whose certification period is longer than 6 months, nutrition education shall be offered approximately every three (3) months.
D. Nutrition education contacts should be scheduled with food benefit issuance and, when possible, with other services.

Nutrition Education Contact Schedule

STATUS	**1st Nutrition Education Contact**	**2nd Nutrition Education Contact**	**3rd & 4th Nutrition Education Contact**
	Provide at certification visit	Provide at follow-up visit, approximately 3 months after certification visit	Provide at follow-up visit, approximately 3 months after previous nutrition education contact visit
Pregnant Woman	✓	✓	**Not required**. May provide if recommended by health professional.
Breastfeeding Woman	✓	✓	✓
Postpartum Woman	✓	✓	N/A
Infant	✓	✓	✓
Children	✓	✓	N/A

The following methods may be used to provide WIC follow-up nutrition education:

- **Individual Follow-Up Nutrition Education Counseling (One on One)** – Refer to Individual WIC Follow-Up Nutrition Education in this section.
- **Online Follow-Up Nutrition Education –** Refer to Online Follow-Up Nutrition Education in this section.
- **Group Follow-Up Nutrition Education Sessions –** Refer to Group WIC Follow-Up Nutrition Education in this section.
- **Kiosk Follow-Up Nutrition Education –** Contact the Nutrition Services Branch for guidance and approval prior to offering Follow-Up Kiosk Nutrition Education.

Participants with a current nutrition education plan for self-directed education (Online Follow-Up Nutrition Education or Kiosk Follow-Up Nutrition Education) are considered as having been offered one nutrition education contact. Documentation of refusal or no-show for individual or group nutrition education session demonstrates that nutrition education was offered.

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INDIVIDUAL FOLLOW-UP NUTRITION EDUCATION COUNSELING PROTOCOLS

A. Discuss topics based upon:
   1. Status and nutritional risk (Refer to Individual Follow-Up Nutrition Education Counseling Protocols in this section);
   2. Individual/family goal(s); and
   3. Individual/family nutrition interest(s).
B. Assess progress toward goal(s) established at the certification visit/previous nutrition education visit.
   1. Acknowledge progress as well as challenges for participant in meeting goals. Provide participant with appropriate nutrition education to assist in working towards goal.
   2. Goal(s) may be revised or changed to meet the participant's needs.
   3. If previous goal(s) has been met, acknowledge achievement and work with participant to set a new goal.
C. Make referrals for other programs or services (when appropriate). See Nutritional Risk Criteria Codes for Referral.
D. Documentation must be on the client's service record (CH-3A) and in accordance to standards outlined in the AR, Medical Records Management Section.
E. Documentation must include:
   1. Participant's progress toward goal(s) established at certification visit/prior nutrition education visit;
   2. Referrals for other programs or services (when appropriate);
   3. "Follow up nutrition education was provided per protocol" or the acronym "FNEPP" when information is provided to the participant as outlined in the Individual Follow-Up Nutrition Education Counseling Protocols;
   4. The acronym FNEPP (Follow Up Nutrition Education Per Protocol) may not be documented when the counseling is not provided per protocol. If the protocol is not followed, then documentation must be made of the counseling that is provided and any supporting handouts provided; and
   5. Any additional nutrition education information or pamphlets that are provided that and not listed in the Individual Follow-Up Nutrition Education Counseling Protocols.
F. Code service on the Patient Encounter Form (PEF)
   1. Certified Health Professional or Lactation Specialist should code as follows.
      a) Code **W9401 WIC Nutrition Ed/Counseling (7.5 minutes)** when following Individual Follow-Up Nutrition Education Counseling Protocols in this section.
      b) 2699- is used for follow-up nutrition counseling and V241- is used for breastfeeding counseling.
      c) If additional information is provided above and beyond Individual Follow-Up Nutrition Education Counseling Protocol, this additional content must be documented in the medical record and may be coded on the PEF as W9402 (15 minutes), W9403 (22.5 minutes), or W9404 (30 minutes) as appropriate.
   2. Trained WIC Paraprofessional should code as follows.
      a) Code **WP401 (7.5 minutes) WIC Low Risk Follow-up Contact** when following Individual Follow-Up Nutrition Education Counseling Protocols for trained paraprofessionals in this section.

INDIVIDUAL FOLLOW-UP NUTRITION EDUCATION COUNSELING PROTOCOLS

The following tables contain the Individual Follow-Up Nutrition Education Counseling Protocols by risk and category along with personnel authorized to provide the content.

PROVIDER: CERTIFYING HEALTH PROFESSIONAL	
Topic /Status*/ Reference Materials** **See Page 41 For Listing of Reference Materials by Number**	**Counseling/Education**
Post-Partum Women, Breastfeeding Women, and Children who will be categorically ineligible during this certification period, must receive WIC exit counseling. Status: PP, BF, C Reference materials: #38	**WIC Exit Counseling** The WIC exit counseling should reinforce important health messages previously discussed, with emphasis on: **Postpartum/Breastfeeding Women** • Recommendation to breastfeed infants for the first year of life and beyond. • Review American Academy of Pediatriatrics safe sleep environment for infants. • Folic acid and the prevention of birth defects. **All Applicable Status** • Choose My Plate Dietary Guidelines to make healthy food choices. • Avoiding sugar sweetened drinks. • Recommendation of an average of 30 minutes for women and 60 minutes for children of physical activity each day. • Health risks associated with alcohol, tobacco and drug use. • Following the recommended schedule for immunizations. • For children, limit screen time to no more than 2 hours/day and remove the television from the child's bedroom. • **Follow specific counseling for status and risk as follows in this table.**
Low Hematocrit/Low Hemoglobin Status: P, PP, BF, I, C Reference materials: #11	• Discuss Iron and Vitamin C sources in the diet. • Discuss the importance of Iron and role of iron in red blood cells. • Discuss the absorption of iron sources and role of vitamin C in Iron absorption.
Elevated Blood Lead Status: P, PP, BF, I, C Reference materials: #18	• Discuss importance of adequate intake of calories, calcium, iron, vitamin C and low-fat foods (after the age of 2) which decreases the absorption of lead. • Discuss the importance of regular meals and snacks.
Low Head Circumference Status: I, C (up to age 2) Reference materials: #6 (I) #7 (C)	• Discuss age appropriate feeding for the infant.
Prematurity Status: I, C (up to age 2) Reference materials: #6 (I) #7 (C)	• Discuss age appropriate feeding for infant development or up to age 2 children. • Review growth chart and weight goals.
Low Birth Weight /Very Low Birth Weight Status: I, C (up to age 2) Reference materials: #6 (I) #2, #3, #7, #9, #10 (C)	• Discuss age appropriate feeding for infant's or child's development. • Review growth chart and weight goals.
At Risk for Overweight Status: I, C Reference materials: #6 (I) #2, #3, #7-10, #15, #19, #20, #22 #30, #31, #33 (C)	• Discuss the importance of prevention of overweight. • Discuss age appropriate feeding for infant's or child's development. • Discuss the importance of regular physical activity. • Review dietary concern(s) and appropriate action.

***Status:** P= any Pregnant Status; BF= any Breastfeeding Status; PP= Postpartum Status; C= Child Status; I= any Infant Status
****Reference Materials:** for a list of materials by number, see REFERENCE MATERIALS FOR CERTIFICATION AND FOLLOW-UP COUNSELING GUIDELINES in this section

INDIVIDUAL FOLLOW-UP NUTRITION EDUCATION COUNSELING PROTOCOLS (continued)

PROVIDER: CERTIFYING HEALTH PROFESSIONAL	
Topic /Status*/ Reference Materials**	**Counseling/Education**
Overweight, Obese, High Weight for Length Status: P, PP, BF, C, I Reference materials: #4, #12, #20, #30-34 (P) #20, #30-34 (PP & BF) #6 (I) #2, #3, #7, #9, #10, #15, #19, #20, #22, (C)	**Infant/Child** • Review growth chart and weight goals. • Discuss age appropriate feeding for child's development. • Discuss the importance of regular physical activity. **Pregnant/Postpartum/Breastfeeding Women** • Review weight goals. • Discuss possible reasons for weight status. • Review Choose My Plate Dietary Guideline Tip Sheet or My Pyramid to encourage appropriate weight status. Discuss the importance of regular physical activity.
At Risk for Underweight Status: I, C Reference materials: #6 (I) #2, #3, #7-10 (C)	**Infant/Child** • Review growth chart and weight goals. • Discuss age appropriate feeding for infant's or child's development.
Underweight Status: P, PP, BF, I, C Reference materials: #4, #12, #24 (P) #1, #30- #34 (P, PP, BF) #23 (BF) #2, #3, #7-10, #30 - #33 (C) #6 (I)	**Infant/Child** • Review growth chart and weight goals. • Discuss age appropriate feeding for infant's or child's development. **Pregnant/Breastfeeding/Postpartum Women** • Review weight goals. • Discuss possible reasons for weight status. • Review Choose My Plate Dietary Guideline Tip Sheet or My Pyramid to encourage appropriate weight status.
At Risk for Short Stature Status: I, C Reference materials: Professional Judgment	• Review growth chart and height goals. • Discuss age appropriate feeding for infant's or child's development. • Discuss importance of protein for growth.
Short Stature Status: I, C Reference materials: Professional Judgment	• Review growth chart and height goals. • Discuss age appropriate feeding for infant's or child's development. • Discuss importance of protein for growth.
Growth Problems Status: I, C Reference materials: Professional Judgment	• Discuss age appropriate feeding for infant's or child's development. • Review growth chart and weight goals. • Discuss importance of protein for growth.
Inappropriate Weight Gain Pattern Status: P, PP, BF, I, C Reference materials: Professional Judgment	**Infant/Child** • Discuss age appropriate feeding for infant's or child's development. • Review growth chart and weight goals. **Pregnant/Breastfeeding/Postpartum Women** • Review weight goals. • Discuss possible reasons for weight status. • Review Choose My Plate Dietary Guideline Tip Sheet or My Pyramid to encourage appropriate weight status.
Substance Use Status: P, PP, BF Reference materials: #5 (P, PP, BF) #24 (P) #23 (BF)	• Discuss the importance of discontinuing the identified substance use (tobacco, alcohol, drugs) (SAD). • Discuss how the identified use can affect the mother and her fetus, or her infant or other household members.
Secondhand Smoke Status: P, PP, BF, I, C Reference materials: #1, #5 (P, PP, BF) #2, #3, #5 (C) #5, #6 (I)	• Discuss the importance of continuing a healthy diet.

Status:** P= any Pregnant Status; BF= any Breastfeeding Status; PP= Postpartum Status; C= Child Status; I= any Infant Status*Reference Materials:** for a list of materials by number, see REFERENCE MATERIALS FOR CERTIFICATION AND FOLLOW-UP COUNSELING GUIDELINES in this section

INDIVIDUAL FOLLOW-UP NUTRITION EDUCATION COUNSELING PROTOCOLS
(Continued)

PROVIDER: CERTIFYING HEALTH PROFESSIONAL	
Topic /Status*/ Reference Materials**	**Counseling/Education**
Breastfeeding Infant/BF Woman at Nutritional Risk Status: I, BF Reference materials: #6 (I) #1, #16, #23 (BF)	• Discuss an adequate diet for the infant. • Discuss using WIC foods to promote optimal health. • Discuss recommended number of servings from My Pyramid and the importance of WIC foods.
Breastfeeding Complications Status: I, BF Reference materials: #6 (I) #16, #23 (BF)	• Reinforce the importance of an adequate diet. • Reinforce the importance of frequent feeding. • Discuss specific condition/problem.
Breastfeeding Infant/BF Woman with Feeding Practices Status: I, BF Reference materials: #6 (I) #1, #16, #23 (BF)	• Discuss an adequate diet for the infant. • Discuss using WIC foods to promote optimal health. • Discuss recommended number of servings from My Pyramid and the importance of WIC foods.
Infant of a WIC Mother/ Mother at Risk Status: I Reference materials: #6 (I)	• Discuss an adequate diet for the infant.
Infant of a Mother with Complications that Impair Nutrition Status: I Reference materials: #6	• Discuss an adequate diet at an appropriate level of comprehension for the client.
Impaired Ability to Prepare Food Status: P, PP, BF, I, C Reference materials: Professional judgment	• Discuss the importance of an adequate diet. • Discuss specific condition/problem.
Pregnancy Induced Conditions Status: P, PP, BF Reference materials: #1, #4, #24 (P) #1, #29-34, #23 (PP/BF)	• Encourage appropriate weight gain. • Discuss increased nutrient needs. • Reinforce an adequate diet. • Discuss specific condition/problem. • Discuss adequate diet at an appropriate level of comprehension for the client
Delivery of Premature/ Low Birth Weight Infant Status: P, PP, BF Reference materials: #4 (P) #1 (BF, PP)	**Pregnant** • Discuss the problems identified and the effect on current health. • Stress the importance of appropriate weight gain. **Breastfeeding/Postpartum** • Discuss the problems identified and the effect on current health.
Fetal or Neonatal Death Status: P, PP, BF Reference materials: Professional Judgment	• Reinforce the importance of an adequate diet for health.
General Obstetrical Risk Status: P, PP, BF Reference materials: Professional Judgment	• Discuss specific condition/problem. • Discuss the importance of an adequate diet.
Nutrition/Metabolic Conditions Status: P, PP, BF, I, C Reference materials: #6 (I) #1, #29-34 (P, PP, BF, C) #7, #8 (C)	• Discuss specific condition/problem. • Discuss the importance of an adequate diet.

***Status:** P= any Pregnant Status; BF= any Breastfeeding Status; PP= Postpartum Status; C= Child Status; I= any Infant Status
****Reference Materials:** for a list of materials by number, see REFERENCE MATERIALS FOR CERTIFICATION AND FOLLOW-UP COUNSELING GUIDELINES in this section

INDIVIDUAL FOLLOW-UP NUTRITION EDUCATION COUNSELING PROTOCOLS
(Continued)

PROVIDER: CERTIFYING HEALTH PROFESSIONAL	
Topic /Status*/ Reference Materials**	**Counseling/Education**
Impaired Ability to Prepare Food Status: P, PP, BF, I, C Reference materials: Professional judgment	• Discuss the importance of an adequate diet. • Discuss specific condition/problem.
Complications which Impair Nutrition Status: P, PP, BF, I, C Reference materials: Professional judgment	• Discuss specific condition/problem. • Discuss the importance of an adequate diet. • Discuss an adequate diet at an appropriate level of comprehension for the client.
Dental Problems Status: P, PP, BF, I, C Reference materials: #6-8, #21	• Discuss specific condition/problem. • Discuss the importance of an adequate diet.
Other Health Risk Status: I, C Reference materials: Professional judgment	• Discuss the importance of a good diet.
Presumed Dietary Risk Status: P, PP, BF, C (age 2 and older). Reference materials: #1, #30-34 (P, PP, BF, C) #24 (P) #23 (BF) #7-10 (C)	• Discuss the importance of a good diet.
Feeding Practices Status: P, PP, BF, I, C Reference materials: #6 , #26(I) #1, #4, #30-34, #24, #26 (P) #1, #30-34, #26 (PP, BF) #23 (BF) #1, #7, #8, #9, #30-34, #26 (C)	• Discuss specific problem and relationship to health, growth or development.
Inappropriate Nutrient Intake Status: P, PP, BF, C Reference materials: Professional judgment	• Discuss the importance of an adequate diet.
Eating Disorders Status: P, PP, BF Reference materials: Professional judgment	• Discuss specific condition/problem. • Discuss the importance of an adequate diet.
Recipient of Abuse Status: P, PP, BF, I, C Reference materials: #6 (I) #1, #30-34(P, PP, BF, C) #7-10 (C)	• Discuss the importance of an adequate diet.
Foster Care Status: P, PP, BF, I, C Reference materials: Professional judgment	• Discuss the importance of an adequate diet. • **Children** – Discuss specific condition/problem such as chronic health problems, birth defects, short stature and inadequate nutrition.
Homelessness or Migrancy Status: P, PP, BF, I, C Reference materials: #6 (I) #1 (P, PP, BF) #2 - #3, #7 - #10 (C)	• Discuss the importance of an adequate diet with emphasis on homelessness or migrancy.

INDIVIDUAL FOLLOW-UP NUTRITION EDUCATION COUNSELING PROTOCOLS
(Continued)

PROVIDER: CERTIFYING HEALTH PROFESSIONAL	
Topic /Status*/ Reference Materials**	**Counseling/Education**
Regression Priority III Status: C Reference materials: #2, #3, #8-10	• Discuss the importance of an adequate diet.
Regression Priority V Status: C Reference materials: #2, #3, #7-10	• Discuss the importance of an adequate diet.
Transfer Status: P, PP, BF, I, C Reference materials: Professional judgment	• Provide nutrition education, as appropriate.

INDIVIDUAL FOLLOW-UP NUTRITION EDUCATION COUNSELING PROTOCOLS

PROVIDER: LACTATION SPECIALIST	
Topic /Status*/ Reference Materials** **See Page 41 For Listing of Reference Materials by Number**	**Counseling/Education**
Breastfeeding Infant/BF Woman at Nutritional Risk Status: I, BF Reference materials: #6 (I) #1, #16, #23 (BF)	• Discuss an adequate diet for the infant. • Discuss using WIC foods to promote optimal health. • Discuss recommended number of servings from My Pyramid and the importance of WIC foods.
Breastfeeding Complications Status: I, BF Reference materials: #6 (I) #16, #23 (BF)	• Reinforce the importance of an adequate diet. • Reinforce the importance of frequent feeding. • Discuss specific condition/problem.
Breastfeeding Infant/BF Woman with Feeding Practices Status: I, BF Reference materials: #6 (I) #1, #16, #23 (BF)	• Discuss an adequate diet for the infant. • Discuss using WIC foods to promote optimal health. • Discuss recommended number of servings from My Pyramid and the importance of WIC foods.

INDIVIDUAL FOLLOW-UP NUTRITION EDUCATION COUNSELING PROTOCOLS

PROVIDER: TRAINED WIC PARAPROFESSIONAL***	
Topic /Status	**Counseling/Education (Reference Materials**)**
Feeding Practices Status: Child (age 2 and older)	Discuss the following topic as appropriate: • Food Safety (#26) • Beans (#37) • Calcium (#13) • Vitamin A/Vitamin C (#14) • Iron for Strong Blood Cells (#11) • Healthy Eating for Preschoolers Choose My Plate Tip Sheet (#9) • Add More Vegetables & Focus on Fruits Choose My Plate Tip Sheets (#33)
Presumed Dietary Risk Status: Child (age 2 and older)	
Regression Priority III Status: Child (age 2 and older)	
Regression Priority V Status: Child (age 2 and older)	

****Reference Materials:** for a list of materials by number, see REFERENCE MATERIALS FOR CERTIFICATION AND FOLLOW-UP COUNSELING GUIDELINES in this section

***Refer to Training Requirements for the WIC Paraprofessional in this section for more information

ONLINE FOLLOW-UP NUTRITION EDUCATION COUNSELING

Follow-up nutrition education for low risk children may be offered through online nutrition education via wichealth.org.

A. The following are not eligible for on-line nutrition education:
   a. Infants, pregnant women, postpartum women, and breastfeeding women; and
   b. High risk children who require a referral for Medical Nutrition Therapy or Medical Evaluation. See Nutritional Risk Criteria Codes For Referrals.
B. At the certification appointment, the Certifying Health Professional (CHP) will determine if the child is eligible for on-line nutrition education and in conjunction with the caretaker determine if it is the best option for the family.
   a. The caretaker of the eligible participants are to be provided a choice regarding the method of follow-up nutrition education.
C. The CHP in conjunction with the caretaker will determine if there is access to the internet for online nutrition education. Access to the internet could include use of smart phone with data plan, computer in home or computer in another location such as library or friend/relative's home.
D. The CHP or designated staff will explain the process for completing the online nutrition education.
E. The CHP may recommend specific topics based on the participant's category, interest and/or risks. However, the participant's family/caretakers may choose which lesson topic best meets their family's needs.
F. The CHP may recommend the caretaker review Health eKitchen component which is a resource for menu development or locating recipes. However, Health eKitchen does not count as a nutrition education contact.
G. Households with two (2) or more children will be required to complete a minimum of one (1) lesson.
H. Each completed online lesson must be documented in the participant's medical record. Place the wichealth.org certificate of completion in the medical record for each participant for whom a lesson is completed.
I. Participants/caretakers who complete online nutrition education are not required to be physically present for food benefit issuance. If the participant/caretaker is not physically present:
   a. Upload eWIC (EBT) benefits to the participant's account after verification of completion of the online nutrition lesson.
   b. The reason for mailing the food instruments or uploading the EBT benefits , the month(s) of issuance and the date the food instruments were mailed or benefits were uploaded must be documented in the patient's medical record.
      a. Proof of identity is coded as "other," code 50.
      b. The Household WIC Shopping List will be mailed. To protect privacy, the WIC Benefit List should not be mailed.
J. Participants/caretakers who do not complete the online nutrition lesson must be offered an individual or group nutrition education contact and must return to clinic for food benefit issuance.
K. At the subsequent certification appointment, the CHP will review the lesson completion certificate, participant goals, and links reviewed and will follow-up with the participant regarding the lesson and goals.
L. Caretakers who indicate an interest in online nutrition education, but later choose not to participate in online option, shall be offered individual or group nutrition education.
M. Participants with a current plan to do online nutrition education as their nutrition education contact are considered as having been offered one nutrition education contact.

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WIC GROUP FOLLOW-UP NUTRITION EDUCATION

Group sessions are allowed for the follow-up contact based on the professional judgment of the Certifying Health Professional at the client's certification visit. The participant's status and assigned nutrition risk codes determine who can provide the session for the participant.

Staff who may provide group nutrition education:

1. Certifying Health Professional (See Administrative Reference, Training Guidelines and Program Descriptions and General Definitions and Glossary in this section);
2. Lactation Specialist (See Administrative Reference, Training Guidelines and Program Descriptions and General Definitions and Glossary in this section); and
3. Trained WIC Paraprofessional may provide group nutrition education for children age 2 and older with the following risk codes: Feeding Practices (425), Presumed Dietary Risk (401), & Regression Priority III & V (501).

PROCEDURES FOR PROVIDING GROUP FOLLOW-UP NUTRITION EDUCATION BY CERTIFYING HEALTH PROFESSIONAL AND LACTATION SPECIALISTS

A. At Certification

1. Based on participant's nutrition assessment during the certification visit, the Certifying Health Professional will determine if follow-up group nutrition education is appropriate and document this in the medical record.

2. An appointment will be scheduled to provide follow-up nutrition education by group in conjunction with food benefit issuance. The appointment should be scheduled approximately three (3) months from the certification date.

B. At the group follow-up nutrition education visit:

1. Following registration, the participant, guardian or proxy will be directed to the appropriate group session.

2. Food benefit issuance and return appointments are prepared as the group session is being completed. A group session takes about 15-30 minutes.

3. The Certifying Health Professional/Lactation Specialist who provided the group nutrition education will code the WIC Group Nutrition Class (W9431) with either V241- or 2699- service on the Patient Encounter Form (PEF).

C. Documentation

In accordance with the standards outlined in the AR, Medical Records Management Section, the following information will be entered on the client's service record (CH-3A) to document the follow-up nutrition education by group.

1. Group Follow-Up Nutrition Education Label produced by system:
   a) Place label in chronological order on the client's service record (CH-3A) to document the follow-up nutrition education by group
   b) The person who provided the group session will enter on the label the name of the group session provided, then sign and date the label
2. If the system does not produce a label document the following:
   a) Date;
   b) Nutrition Education provided by Group;
   c) Name of the WIC group session provided; and
   d) Provider Signature and title
3. Provide Referrals for other programs or services (when appropriate). See Nutritional Risk Criteria Codes for Referral.
4. Any additional content information or pamphlets given that are not a part of the group session lesson plan must be documented on the client's service record (CH-3A).

APPROVED WIC GROUP FOLLOW-UP NUTRITION EDUCATION TOPICS FOR CERTIFYING HEALTH PROFESSIONALS AND LACTATION SPECIALISTS

Approved Group Nutrition Education Topics for Certifying Health Professionals and Lactation Specialists are listed below. Contact the Nutrition Services Branch or see http://chfs.ky.gov/dph/mch/ns/ for copy of approved lesson plans.

- 1% or Less Dairy
- 5-2-1-0
- Baby Behavior based on California WIC Curriculum
- Family Meals
- Farmers' Market
- FIT WIC
- Food Safety During Pregnancy/Food Safety for the Family
- Healthy Snacks
- How Smoking, Alcohol and Drugs Impact Pregnancy
- Infant Feeding/Breastfeeding
- MyPlate
- Picky Eaters- Building Healthy Eating Habits
- Preventing Preterm Birth
- Weight Gain during Pregnancy
- Whole Grains

PROCEDURES FOR PROVIDING GROUP FOLLOW-UP NUTRITION EDUCATION BY TRAINED WIC PARAPROFESSIONAL

Trained WIC paraprofessional may provide group nutrition education for children age 2 and older with the following risk codes: Feeding Practices (425), Presumed Dietary Risk (401), & Regression Priority III & V (501). See table below**.**

1. Participants who may receive group follow-up nutrition education from a trained Paraprofessional.

STATUS	ASSIGNED NUTRITION RISK CRITERIA
Child (age 2 and older)	• Feeding Practices (425) • Presumed Dietary Risk (401) • Regression Priority III (501) • Regression Priority V (501)

2. Participants who may not receive follow-up by group session provided by a trained Paraprofessional:
   1. Participant not specified in above table;
   2. Participant determined by the Certifying Health Professional to need individual counseling; or
   3. Participants who have a question or request to see a Certifying Health Professional.
3. At Certification:
   1. If the Certifying Health Professional determines it is appropriate for child, age 2 or older, to attend follow-up group nutrition education provided by a trained WIC paraprofessional, this must be documented in the medical record. See above table.
   2. An appointment will be scheduled to provide follow-up nutrition education by group in conjunction with food benefit issuance. The appointment should be scheduled approximately three (3) months from the certification date.
4. At the group follow-up nutrition education visit:
   1. Following registration, the participant, guardian or proxy will be directed to the appropriate group session.
   2. Food benefit issuance and return appointments are prepared as the group session is being completed. A group session takes about 15-30 minutes.
   3. If the participant, guardian or proxy has questions following completion of a group session, participant must be referred to a Certifying Health Professional.
   4. The trained WIC paraprofessional who provided the group nutrition education will code the WIC Group low risk nutrition-paraprofessional (W9435) 2699- service on the Patient Encounter Form (PEF).
   5. Documentation in accordance with standards (see page 33).
      a) Group Follow-Up Nutrition Education Label produced by system:
         i. Place label in chronological order on the client's service record (CH-3A).
         ii. The person who provided the group session will enter on the label the name of the group session provided, then sign and date the label.
      b) If the system does not produce a label document the following:
         i. Date;
         ii. Nutrition Education provided by Group;
         iii. Name of the WIC group session provided; and
         iv. Provider Signature and title.
      c) Referrals for other programs or services (when appropriate). See Nutritional Risk Criteria Codes for Referral.
      d) Any additional content information or pamphlets given that are not a part of the group session lesson plan must be documented on the client's service record (CH-3A).

APPROVED WIC FOLLOW-UP GROUP NUTRITION EDUCATION TOPICS FOR TRAINED WIC PARAPROFESSIONALS

Approved Group Nutrition Education Topics for trained WIC Paraprofessionals are listed below. Contact the Nutrition Services Branch or see http://chfs.ky.gov/dph/mch/ns/ for copy of approved lesson plans.

- Born to Read
- Calcium
- Dried Beans
- Feeding Your Child (Art of Parenting)
- Fiber
- Food Safety for Children
- Fruits and Vegetables
- Iron
- Kids in the Kitchen
- Live Outside the Box: Limiting Screen Time
- Vitamins A & C

TRAINING REQUIREMENTS FOR THE WIC PARAPROFESSIONAL

Before paraprofessionals will be trained by the Nutrition Services Branch, the local agency must assure that a Registered Dietitian (RD, LD) with at least one year of WIC experience is on staff to provide the observation component of the training and supervision once training has been completed. Once trained, WIC paraprofessionals may provide specific and limited nutrition information to WIC participants as detailed in Individual WIC Follow-Up Nutrition Education and Group WIC Follow-Up Nutrition Education sections.

A. Staff of a local agency are not Certifying Health Professionals or Lactation Specialists (i.e., support services staff or clinical assistants) may be trained as a paraprofessional, if they meet the following basic criteria:
    1. Are an employee of the agency;
    2. Have a high school diploma, GED or higher education;
    3. Have a minimum of one year experience with a Maternal and Child Health Program;
    4. Have knowledge of local halth department system, community resources and ability to refer; and
    5. Can communicate with clients on appropriate educational, economic and cultural level.

B. Initial paraprofessional training includes:
    1. Instructional component provided by the Nutrition Services Branch; **and**
    2. Initial observational component provided by the local agency Registered Dietitian.

C. Once the instructional and observation components of training have been completed, the local agency Registered Dietitian will complete and submit the "WIC Paraprofessional Candidate Submission Form" (see form in this section) to allow the Paraprofessional to code on the Patient Encounter Form (PEF).

D. At the completion of the instructional component of the training, the paraprofessional must demonstrate competency in following areas:
    1. Basic Understanding of the WIC Program;
    2. Communication skills;
    3. Referral skills;
    4. Documentation skills; and
    5. Through knowledge of the paraprofessional nutrition education topics completed during the initial training.

E. After successful completion of the instructional component, the paraprofessional must successfully complete the observation component in the clinic under the direction of the local agency Registered Dietitian. During the observation component the paraprofessional must:
    1. Observe a Certifying Health Professional providing nutrition education (individual/group contact) to clients;
    2. Be observed by the local agency Registered Dietitian conducting at least three (3) nutrition education services (individual/group).
        a) If paraprofessional will be providing individual counseling, they must be observed conducting at least three individual contacts.
        b) If paraprofessional will be providing group sessions, they must be observed conducting at least three (3) group session contacts.

F. The local agency Registered Dietitian must provide ongoing supervision by:
    1. Conducting yearly chart reviews of paraprofessional nutrition education documentation;
    2. Observing the paraprofessional providing nutrition education services (individual/group) and coding on the Patient Encounter Form (PEF) at least once a year;
    3. Acting as a resource and mentor;
    4. Ensuring the trained paraprofessional receives at least four (4) hours of continuing education per year (these hours may be attained by attending webinars, local nutrition in-service training, and other nutrition conferences and/or workshops and reading approved by Registered Dietitian); and
    5. Ensuring continuing education hours are documented and maintained at the local level.
    6. Submit one form for each newly trained paraprofessional.
    7. The local agency Registered Dietitian will be notified by the Nutrition Services Branch of the starting date the paraprofessional may begin providing and coding the paraprofessional nutrition education service (individual/group) for WIC.

WIC PARAPROFESSIONAL CANDIDATE SUBMISSION FORM

Complete the form for approval for a trained WIC Paraprofessional to provide and code WIC paraprofessional nutrition education. Upon state agency approval, WIC Paraprofessional services may be provided and coded.

Agency: _____ **Date:** _____

Paraprofessional Candidate Name: _____

Employee Number of Paraprofessional Candidate: _____

1. Paraprofessional 101 Course completion date: _____

   Name of Nutrition Services Branch trainer: _____

2. Paraprofessional Observational component completion date: _____

   Name of Registered Dietitian (RD) observer: _____

Request for Coding Services:

3. Employee needs the ability to code the following WIC paraprofessional nutrition education services on the Patient Encounter Form (PEF): (check all that apply)

   ____ WP401 WIC Low Risk Follow-up Contact (7.5)

   ____ WP402 WIC Low Risk Follow-up Contact (15)

   ____ W9435 WIC Group low risk nutrition-paraprofessional

4. Employee needs the ability to code these services at the following site(s):

   _____

5. Local agency's RD responsible for ongoing supervision and ongoing training for Paraprofessional:

   _____

6. **Person submitting this form:** _____

   Mailing address: _____

   Email address: _____

   Phone #: _____

7. **Indicate Nutrition Modules Completed.**

✓	**Nutrition Modules Completed****	**Date**
	Module 1: Calcium	
	Module 2: Iron	
	Module 3: Food Safety	
	Module 4: Vitamin A	
	Module 5: Vitamin C	
	Module 6: Dried Beans and Fiber	
	Module 7: Fruits and Vegetables	
	Module 8: Kids in the Kitchen	
	Module 9: Screen Time	
	Other (list):	

** Paraprofessional may only provide counseling on Nutrition Module completed and must follow policies and procedures in the WIC and Nutrition Manual when providing WIC paraprofessional nutrition education.

Please submit completed form to:
Clinical Nutrition Section Supervisor
Nutrition Services Branch
Cabinet for Health and Family Services
275 East Main Street, HS2W-D
Frankfort, Kentucky 40621-0001

STATE AGENCY USE ONLY

☐ Paraprofessional Candidate has completed required training (101 Paraprofessional Module & Observational Component **and** at least one (1) Nutrition module.)
☐ Request sent to Local Health: _____
☐ Employee approved to begin coding service: _____
☐ Local agency notified _____
Authorized by: _____ Date: _____
(NSB staff)

REFERENCE MATERIALS FOR CERTIFICATION AND FOLLOW-UP COUNSELING GUIDELINES

The following materials are available from the Pamphlet Library (Frankfort Habilitation, Phone: 502-227-9529, Fax: 502-227-7191)

For a list of other breastfeeding and nutrition materials, please see Nutrition Program Section.

1. USDA MyPyramid (**E & S**) *4/2005*
2. Kids MyPyramid (simplified) (**E & S**) *4/2005*
3. Kids MyPyramid (advanced) (**E & S**) *4/2005*
4. Prenatal Nutrition Guide – PAM DHS 158, 159, 160 (**E & S**) *9/2011*
5. Smoking-Alcohol-Drugs: How can it affect you and your family? PAM-DHS-262; (**E&S**) *7/2007*
6. Infant Feeding Guide – PAM NUTR 17A, 17B, 17C (**E & S**) *1/2009 & 4/2009*
7. Toddler Feeding Guide Age 1 to 3– PAM-ACH-074 (**E & S**) *4/2012*
8. Child Feeding Guide Age 3 to 5 – PAM-ACH-075 (**E&S**) *4/2012 & 9/2012*
9. Healthy Eating for Preschoolers Choose My Plate Tip sheet (FNS-451 & FNS-451S) (E & S) – USDA 10/2012
10. 5,2,1,0 Healthy Numbers for Kentucky Families Combination Brochure (English)
11. Iron for Strong Red Blood Cells – PAM DHS 075 *11/2006*
12. Weight Gain During Pregnancy – PAM ACH 088 *12/2004*
13. Calcium – PAM DHS 100 (**E & S**) *8/2005*
14. Vitamin A/Vitamin C – PAM MCH 098 (**E & S**) *8/2008*
15. My Plate DG Tip Sheet 24 (Snack tips for parents) (E & S) 3/2013
16. Getting Started with Breastfeeding – PAM-ACH-501 (**E&S**) *7/2007*
17. Breastfeeding: Planning Ahead During Pregnancy – PAM-ACH-060 *7/2007*
18. Lead Prevention Diet – PAM ACH 001 *11/1998*
19. Healthy Tips for Picky Eaters - FNS-455 (E & S) 5/2012
20. Activity Pyramid – PAM ACH 50 (E & S) *12/2005*
21. How to Care for Your Child's Teeth (PAM-ACH260) (**English**) 6/2006
22. Healthy Tips for Active Play FNS-456 (E & S) 5/2012
23. Tips for Breastfeeding Moms (FNS-458 & FNS-458S) (**E & S**) – USDA 02/13.
24. Tips for Pregnant Moms (FNS-457 & FNS-457S) (**E & S**) – USDA 02/2013
25. My Pyramid in Action: Dietary Supplements During Pregnancy and Breastfeeding (**English**) – USDA October 2007
26. Food Safety (PAM-DHS-145) (**E & S**) 08/2009
27. Whole Grains (PAM-ACH-402) (**English**) – 4/2009
28. Tofu (PAM-ACH-403) (**English**) – 4/2009
29. Tips to Increase Fruits and Veggies (PAM-ACH-152) (**English**) – 4/2009
30. Choose My Plate DG Tip Sheet No.1 & 7 (Choose My Plate & Build a Healthy Meal) (**English**)- USDA 6/2011
31. My Plate DG Tip Sheet 12 & 13 (Be A Healthy Role Model & Cut Back on Sweet Treats) (**English**)- USDA 6/2011
32. My Plate DG Tip Sheet 9 & 10 (Smart Shopping & Liven Up Your Meals) (**English**)- USDA 6/2011
33. My Plate DG Tip Sheet 2 & 3 (Add More Vegetables & Focus on Fruits) (**English**)- USDA 6/2011
34. My Plate DG Tip Sheet 6 & 8 (Protein Foods & Healthy Eating for Vegetarians) (**English**)- USDA 6/2011
35. Kangaroo Care (Pam-NUTR- 060) (**E & S**) 09/2011
36. Beans (PAM-DPH-103) (**E & S**) 02/2012
37. Safe Sleep for Your Baby (NIH Pub. No. 12-5759) (**E & S**) - 06/2013.
38. Healthy Choices for You and Your Family (E & S) 07/2015

E & S = English and Spanish

LOCALLY DEVELOPED NUTRITION EDUCATION MATERIALS

Locally developed nutrition and breastfeeding education materials must be submitted to the State WIC Office for review and approval. Any materials developed for WIC Program outreach or nutrition education with the WIC logo, Kentucy Shape The Future Breastfeeding logo or the Kentucky Eat More Fruits and Veggies logo must be submitted to the State WIC Office for review and approval.

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BREASTFEEDING PROMOTION AND NUTRITION EDUCATION ACTIVITIES

A. Breastfeeding Promotion

Agencies/sites shall establish standards for breastfeeding promotion and support which include, at a minimum, the following:

1. A policy that creates a positive clinic environment which endorses breastfeeding as the preferred method of infant feeding;
2. A designated staff person who provides WIC services shall be named to coordinate breastfeeding promotion and support activities. See AR, Training Guidelines and Program Descriptions, Duties of WIC Breastfeeding Promotion Coordinator.
3. Incorporation of task-appropriate breastfeeding promotion and support training into orientation programs for new staff involved in direct contact with WIC participants; and
4. A plan to ensure that women have access to breastfeeding promotion and support activities during prenatal and postpartum periods.

B. Nutrition Education

1. A designated staff person who provides WIC services shall be named to coordinate nutrition education activities. See AR, Training Guidelines and Program Descriptions, Duties of WIC Nutrition Education Coordinator.
2. A nutrition education plan must be submitted to the State Agency on an annual basis. The State Agency will provide the format for the plan to local agencies.
3. Nutrition education <u>and</u> breastfeeding promotion activities be evaluated on an annual basis. Evaluation of activities may include an assessment of participants' views concerning the effectiveness of the nutrition education and breastfeeding they received. These assessments should be conducted prior to developing the agency's WIC Nutrition Plan for the following year.
4. The following activities may be followed in obtaining participants' views concerning the effectiveness of the nutrition education they have received:
   a) A questionnaire may be developed.
   b) The questionnaire may be administered in an anonymous manner. Whatever method of assessment is utilized, participants should be encouraged to express their viewpoint without reservation or sense of intimidation.
   c) A copy of the questionnaire, a description of how it will be done (such as: anonymously, orally if participants have limited reading and writing skills), and a summary of the report shall be maintained in the agency for three (3) Federal fiscal years.

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STATUS CHANGES THAT REQUIRE RECERTIFICATION

From Status	Eligibility/Certification Schedule	To Status	Recertification Schedule
Pregnant Woman or Pregnant with Multiples	• Duration of pregnancy up to six weeks post-delivery (computed based on EDC)	**Postpartum**	• Recertify as postpartum
Pregnant Woman or Pregnant with Multiples	• Duration of pregnancy up to six weeks post-delivery (computed based on EDC)	**Any Breastfeeding Status:** • **Partially Breastfeeding** • **Partially Breastfeeding Multiples** • **Fully Breastfeeding** • **Fully Breastfeeding Multiples**	• Recertify to appropriate Breastfeeding status.
Postpartum Women	• From certification **to** six (6) months from termination of Pregnancy (computed from the actual date of delivery)	• **Pregnant** • **Pregnant with Multiples**	• Recertify to appropriate Pregnant status.
Any Breastfeeding Status: • **Partially Breastfeeding** • **Partially Breastfeeding Multiples** • **Fully Breastfeeding** • **Fully Breastfeeding Multiples**	• Birth of infant up to one (1) year of age of child as long as Breastfeeding continues (computed from the actual date of delivery)**	• **Pregnant or Pregnant with Multiples**	• Recertify to appropriate Pregnant status.
Infants Birth to < 6 months ≥ 6 months old	• To one (1) year of age • For six (6) months	• **Child** • **Child**	• Recertify at one (1) year of age. • Recertify as child after six (6) months.
Child 1 year to 5 years	• For six (6) month periods up to five (5) years of age.	**N/A**	• Recertify at six (6) month intervals.

STATUS CHANGES THAT DO NOT REQUIRE RECERTIFICATION**

If the status of a breastfeeding women changes <u>during the breastfeeding certification period</u> the change should be processed by editing the certification record that corresponds to the certification period.

If the status of an infant changes <u>during the infant certification period</u> the change should be processed by editing the certification record that corresponds to the certification period.

Change Status From:	To:
Any breastfeeding status: • Partially Breastfeeding • Partially Breastfeeding Multiples • Fully Breastfeeding • Fully Breastfeeding Multiples	• Postpartum (stops BF before 6 months postpartum, change status to postpartum must meet postpartum risk criteria). • NOTE: If more than 6 months postpartum and stops breastfeeding-Terminate.
• Partially Breastfeeding • Partially Breastfeeding Multiples • Fully Breastfeeding • Fully Breastfeeding Multiples	• Any other breastfeeding status: (Partially Breastfeeding, Partially Breastfeeding Multiples, Fully Breastfeeding, Fully Breastfeeding Multiples)
• Infant Fully Breastfed • Infant Partially Breastfed • Infant Fully Formula Fed	• Any other infant status: (Infant Fully Breastfed, Infant Partially Breastfed, Infant Fully Formula Fed)

**With the status change, it may be necessary to add risk codes.

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WIC POLICIES FOR PRESCRIBING FOOD PACKAGES

A. The food package must be appropriate for the category/status and age of the participant and cannot exceed the maximum allowed for the category/status and age. The maximum package must be provided for all participants. If a tailored food package is provided, the reason must be documented.

B. The Certifying Health Professional (physician, dietitian, nurse, nutritionist) is responsible for selecting the appropriate food package in accordance with the Policies for Prescribing Food Packages, Food Package Tables and Requirements for Issuing Infant Formula, Exempt Infant Formula and WIC Nutritionals.
   1. This includes the following situations:
      a) New participant enrolled on the Program;
      b) Change in the food package per client or medical personnel request;
      c) Receipt Verification of Transfer (VOC) – out-of-state.

C. Food package selection and food package changes **must** be done by the health professional based upon the person's nutritional needs, risk, access to refrigeration, cooking and storage facilities and sanitary water supply. Foods shall be issued in the appropriate form and quantities to meet the individualized needs of the person.

D. Participants must be instructed to purchase only the items listed on the food instrument which are appropriate or desired.

E. Food packages are assigned based upon the following descriptions. See the following:
   1. fully breastfed infant;
   2. partially breastfed infant;
   3. fully formula fed infant;
   4. child (age 1 to 2; child age 2 to 5);
   5. pregnant;
   6. pregnant with multiple fetuses;
   7. postpartum;
   8. partially breastfeeding woman (infant receiving partially breastfeeding package);
   9. partially breastfeeding woman (infant receiving a full formula package);
   10. partially breastfeeding woman feeding multiples
   11. fully breastfeeding woman;
   12. fully breastfeeding woman feeding multiple infants;

F. Issuance of formulas other than the contract brand requires a Certificate for Medical Necessity (WIC – 200, WIC – 300, WIC – 400) or a prescription. (See Requirements for Issuing Formula, Exempt Infant Formula and WIC Nutritionals in this section).
   1. Physicians (MD or DO), Physician Assistants (PA's) and Advanced Practice Registered Nurse (APRN's) are the accepted authorities to provide the information in the medical documentation form based upon individual needs and medical conditions.
   2. The Kentucky WIC Program will not be bound to provide products in the medical documentation form that are contraindicated, not allowed by Federal Regulation or not authorized by the Program.
   3. The medical documentation form must be received prior to the issuance of the food package. This may be written, provided through a telephone order or facsimile (fax), etc.
   4. All medical documentation forms must contain: name of formula (if requested), length of time, diagnosis, designation of other foods to provide (Food Package III) and the signature of the prescriptive authority (physician, PA or APRN).
   5. A telephone order must also document date of telephone call and signature of person taking the order. The prescriptive authority must send a copy of the medical documentation form for inclusion in the medical record or sign and return the Physician/APRN Verbal Orders (HHS-117). See Medical Documentation for Exception for WIC Program Foods Forms in this section. The period of time indicated on a medical documentation form shall not exceed 12 months or one (1) year for an infant and 6 months for a woman or child.
   6. A medical documentation form remains in effect until expiration even when a participant's category changes from infant to child. However, need for the formula should be reviewed with the physician, physician assistant or APRN and parent/caretaker due to the difference between an infant and child's package. If the medical documentation form has expired, a new one must be obtained before continuing the formula.

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G. Infant Food Package

1. **Requirements for issuing each infant formula (milk, soy, milk-based lactose reduced, milk-based lactose free), must be followed. All participants receiving formula must receive contract brand (infant formula) unless contraindicated or a comparable product is not available. See Requirements for Issuing Infant Formula, Exempt Infant Formula and WIC Nutritionals and the policy for issuance below**.
2. Noncontract rates for an agency should be 5% (five percent) or less.
3. Whole, low-fat, fat free/skim or goat's milk cannot be issued to infants.
4. Cereal must not be issued to an infant until six (6) months of age. The computer will then automatically add three (3) – 8 ounce boxes of cereal to the package.
5. Infant fruits and vegetables will be provided at six (6) months of age. The amount varies based upon the category/status of the infant.
6. When issuing an infant formula, exempt infant formula or WIC Nutritional it will be necessary to select the appropriate package by the name of the formula/WIC Nutritional and the specific size.

H. Issuance of Contract Brand Standard Formula

1. The infant formula rebate contract is with Gerber.
2. **Transition Guidelines**
   - **a) All caregivers must be counseled to try each formula for 72 hours exclusively.**
   - b) Counseling must also include information about changing the infant from the current formula to the contract brand formula. The counseling guidelines for formula transition are as follows: (handout available from Pamphlet Library – **What do I do if My Baby's Formula is Changed**)
     - **First Day:** Offer infant ¾ of current formula mixed with ¼ of the challenge (new) formula (ie. 3 ounces current formula plus one ounce of challenge formula).
     - **Second Day:** Offer infant ½ current formula and ½ challenge formula.
     - **Third Day:** Offer infant ¼ current formula and ¾ challenge formula.
     - **Fourth Day:** Offer infant challenge formula exclusively.
   - c) **Challenge formula must be tried for 72 hours or 3 days exclusively following the transition phase. Some exceptions are severe reactions such as rash, projectile vomiting, a medically fragile infant or professional judgment.**
   - d) Problems encountered with formula must be documented, before issuing a noncontract brand formula.

I. **Challenge Protocol**

1. All infants who are not medically fragile must be provided **Good Start Gentle/Good Start Gentle Stage 1**. This is the contract brand primary milk based standard formula and must be the first formula tried. (See the definition of medically fragile in Issuance of Noncontract Standard Formula).
2. The contract brand standard formulas that are appropriate to provide to infants during the first year of life are:
   - a. Good Start Gentle/Good Start Gentle Stage 1 (primary formula) (orange can)
   - b. Good Start Soothe/Good Start Soothe Stage 1 (purple can)
   - c. Good Start Soy/ Good Start Soy Stage 1 (blue can)
   - d. Gerber Graduates Gentle (recommended for age 9 months and older)
   - e. Gerber Graduates Soy (recommended for age 9 months and older)
   - f. Gerber Graduates Soothe (recommended for age 9 months and older) (once available statewide)
3. Infants who come to clinic on one of the contract brand formulas (Good Start Soy, Good Start Soothe, Gerber Graduates Gentle or Gerber Graduates Soy) and are not medically fragile, must have tried and encountered problems with Good Start Gentle unless contraindicated. (See First Trial.) The patient then may try any one of the remaining contract brand products. (See Second Trial.)
   - a. **First Trial:** Good Start Gentle/Good Start Gentle Stage 1 (orange can)
   - b. **Second Trial**: Any one of the remaining contract brand products:
     1. Good Start Soothe/Good Start Soothe Stage 1 (purple can)
     2. Good Start Soy/ Good Start Soy Stage 1 (blue can)
     3. Gerber Graduates Gentle (recommended for age 9 months and older)
     4. Gerber Graduates Soy (recommended for age 9 months and older)

5. Gerber Graduates Soothe (recommended for age 9 months and older) (once available statewide)

4. If parent/caretaker expresses concern regarding infant's ability to tolerate a formula, recommend the parent/caretaker redeem benefits for only one or two cans, to determine if the formula product is well tolerated.
5. Infants who come to clinic on noncontract formula and are not medically fragile must be provided a Gerber Good Start or Gerber Graduates product using the following challenge guidelines:
   a. If requesting noncontract brand milk based formula (Similac Advance Stage 1, Enfamil Infant, etc.), the patient must have tried the contract brand iron-fortified formulas below, unless contraindicated and encountered problems:
      First Trial: Good Start Gentle/Good Start Gentle Stage 1 (orange can)
      Second Trial: Good Start Soothe/Good Start Soothe Stage 1 (purple can)
   b. If requesting noncontract soy based formula (Enfamil ProSobee or Similac Soy Isomil, etc.), the patient must have tried the contract brand soy based formulas below, unless contraindicated, and encountered problems:
      First Trial: Good Start Soy/ Good Start Soy Stage 1 (blue can)
      Second Trial: Good Start Soothe/Good Start Soothe Stage 1 (purple can) (if no milk allergies exist)
   c. If requesting milk based lactose free or lactose reduced formula (Enfamil Gentlease, Similac Sensitive for fussiness & gas, etc.), the patient must have tried the contract brand formulas below, unless contraindicated, and encountered problems:
      First Trial: Good Start Soothe/Good Start Soothe Stage 1 (purple can)
      Second Trial: Good Start Soy/ Good Start Soy Stage 1 (blue can)
      Note: Similac Sensitive for Fussiness and Gas and Similac Total Comforts is 19 Kcal/ounce and is not authorized for WIC issuance.
   d. If requesting a formula for management of reflux or gastroesophageal reflux (GER) or gastrophageal reflux disease (GERD), no contract formulas are comparable and the WIC approved noncontract product (Enfamil AR) may be provided with a valid WIC – 200.
      Note: Similac for Spit Up is 19 Kcal/ounce and is not authorized for WIC issuance.
   e. If requesting noncontract milk based products for 9 to12 months of age (Similac Go and Grow- Milk Based, Enfagrow Toddler Transitions), the patient must have tried the contract brand formulas below, unless contraindicated, and encountered problems:
      First Trial: Gerber Graduates Gentle
      Second Trial: Gerber Graduates Soy or Gerber Graduates Soothe (once available statewide)
      Note: Similac Go and Grow -Milk Based is 19 Kcal/ounce and is not authorized for WIC issuance.
   f. If requesting noncontract soy based products for 9 to 12 months of age (Enfagrow Toddler Soy Transitions), the patient must have tried the contract brand formulas below, unless contraindicated, and encountered problems:
      First Trial: Gerber Graduates Soy
      Second Trial: Gerber Graduates Gentle or Gerber Graduates Soothe (once available statewide) (if no milk allergies exist)
   g. If requesting noncontract milk based, hydrolyzed protein with probiotics formula (Enfamil Reguline), the participant must try the contract formulas below, unless contraindicated, and encountered problems:
      First Trial: Good Start Soothe/Good Start Soothe Stage 1 (purple can)
      Second Trial: Good Start Gentle/Good Start Gentle Stage 1 (orange can)
      Note: Enfamil Reguline is not authorized for WIC issuance.

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Note: Bottle Nipples for Gerber Formulas

a) The rate of nipple flow is important in how formula is handled by the infant.
b) Gerber recommends a smaller nipple with a slower flow rate for their formulas. It is advised to use a slow flow or tri flow (variable) nipple.
c) The following chart provides a list of some examples of baby bottle nipples available at the retail level. This information may be useful in your counseling the caregiver. The Kentucky WIC Program **is not endorsing** any specific brand of baby bottle nipple.

EvenFlo	Comf Slow Flow Custom Flo 3-6 Months Classic	Gerber Nuk	Orthodontic Medium Flow Size 1 0 month + Ortho Fast Flow 6 months size 2	
Gerber	3 hole design Nuk Orthodontic Nipples Medium Flow Gerber Medium Flow	Avent	0 Months+ Newborn 3 Months + Variable Flow Slow Flow	Medium Flow 3 Months Fast Flow 6 Months

J. **Issuance of Noncontract Infant Formula**

1. Establish local agency policies and procedures for the review of requests for noncontract standard formula; in accordance with the below procedures.
2. If the infant is medically fragile (e.g., LBW, premature, infants released after long hospitalization, heart problems, etc.), WIC will **not** require this infant to try contract brand formula(s).
3. If the infant is **not** medically fragile, there must be supporting documentation concerning the contract formulas tried and the problems encountered. The challenge guidelines must be followed before approving the use of noncontract formula.
4. **It is required that the client be provided only 3 months of noncontract formula**. The challenge guidelines are not required for the medically fragile infant. At the end of 3 months, it is recommended that the challenge guidelines in Issuance of Contract Brand Standard Formula be repeated. Professional judgment may be used in repeating the challenge guidelines.
5. The following information must be on the medical documentation form prior to issuing noncontract standard formula:
   a) Formulas tried and problems encountered;
   b) The diagnosis/diagnoses;
   c) Specific name of the formula requested;
   d) Prescribed period of time; and
   e) Signature of MD, DO, PA or APRN.
6. WIC issuance shall not exceed 12 months or one (1) year. After issuance of 3 months of noncontract formula, the patient's status and continued need for the formula should be assessed. This should be done during a routine nutrition education visit and documented in the medical record.

K. **Issuance of Ready-to-Feed Formulas**

1. Ready-to-feed formula can be provided when the health professional determines and documents:
   a) Restricted or unsanitary water supply;
   b) Poor or no refrigeration;
   c) Caretaker is unable to properly prepare formula;
   d) Formula is only manufactured/available in the ready-to-feed form; or
   e) Homelessness
2. If one of the above previous conditions does not exist, contact the State WIC Office.
3. If the health professional determines and documents the family is obtaining drinkable water, provide powder or concentrate formula.

L. **Issuance of Low Iron Formulas**
   1. All low iron formulas have been discontinued by the formula companies based upon the American Academy of Pediatrics guidelines.

M. **Issuance of Exempt Infant Formulas**
   1. Exempt infant formulas (non-standard formulas) can be provided when the health professional has a medical documentation form or valid prescription.

N. **Issuance of Exempt Infant Formulas and WIC Nutritionals**
   1. Issuance of these formulas requires a medical documentation form and prior approval by the designated local agency personnel who have been trained by the State WIC Office, **OR** by the State WIC Office.
   2. The formula must be designed for internal digestion (oral <u>or</u> tube feeding).

O. **Food Package III – Infants, Children/Women with Special Dietary Needs**:
   1. Infants, children and women may receive formula under Food Package III if a medical documentation form or valid prescription is received which indicates that the participant has a medical condition which precludes or restricts the use of conventional foods and necessitates the use of a formula.
   2. The formula prescribed in Food Package III may not be authorized in the following instances.
      a) For infants whose only condition is diagnosed formula intolerance, food allergy to sucrose, or any other nonspecific intolerance.
      b) For Women or children who have a food intolerance to milk protein or lactose that can be successfully managed with the use of a standard food package.
      c) For any participant solely for the purpose of enhancing nutrient intake or weight loss management.
   3. Participants receiving Food Package III must have a Certificate of Medical Necessity or prescription (medical documentation form or valid prescription) which contains the following:
      a) Diagnosis;
      b) Name of formula requested;
      c) Prescribed period of time the formula will be needed. (WIC issuance shall not exceed six (6) months for women and children and 12 months or one (1) year for infants);
      d) Other foods requested;
      e) Special instructions; and
      f) Signature of MD, DO, PA or APRN.
   4. Formulas allowed under Food Package III for infants: All exempt formulas and WIC Nutritionals approved by local or state agency.
   5. Formulas allowed under Food Package III for women and children: All contract, noncontract, exempt infant, exempt formulas and WIC Nutritionals.
   6. Foods allowed under Food Package III for infants may include any or all of the selected foods below:
      a) infant cereal; and
      b) infant fruits and vegetables.
   7. Foods allowed under Food Package III for women and children may include formula and any or all of the selected foods below:
      a) Milk;
      b) Cheese, tofu or soymilk (as a substitute for milk);
      c) Cereal;
      d) Juice;
      e) Eggs ;
      f) Beans or peanut butter (beans and peanut butter for women who are: pregnant, partially breastfeeding, pregnant with multiple fetuses, fully breastfeeding and fully breastfeeding multiples;
      g) Whole grain/whole wheat bread or whole wheat/corn tortillas or brown rice;
      h) Fresh fruits and vegetables; and/or
      i) Canned fish (fully breastfeeding woman)

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FOOD PACKAGE DESCRIPTIONS

A. Fully Breastfed Infant

1. Fully breastfeeding or exclusive breastfeeding is recommended by the American Academy of Pediatrics for at least the first six (6) months of life.
2. Fully breastfed infants will not receive any formula from WIC but will receive foods at 6 months of age.
3. The maximum amount of foods received at six (6) months of age includes:
   a) *Iron fortified infant cereal – 24 ounces total (3 – 8 ounce boxes);*
   b) Infant fruits and vegetable food – 256 ounces total (approximately two – 4 ounce jars/day); and
   c) Infant meats – 77.5 ounces total (approximately one – 2.5 ounce jar/day).

B. Fully Breastfeeding Woman/Pregnant with Multiple Fetuses/Partially Breastfeeding Multiple Infants, Pregnant Women Fully or Partially Breastfeeding

1. The maximum amount of food provided includes:
   a) Milk – 24 quarts
      i. Low-fat (1%) or less (1/2% or nonfat/skim) is the standard issuance.
      ii. Whole Milk is <u>not</u> authorized for this package.
      iii. Reduced fat (2%) milk requires a Certifying Health Professional assessment for issuance. See **Nutrition Assessment for Milk Issuance Protocol.**
      iv. Cheese or tofu may be substituted for milk per **Milk Substitute Nutrition Assessment & Issuance Protocol** in this section.
      v. Soy Milk may be substituted for milk on a quart for quart basis per **Milk Substitute Nutrition Assessment & Issuance Protocol** in this section.
   b) Cheese – 1 pound;
   c) Juice – 144 ounces;
   d) Cereal – 36 ounces;
   e) Eggs – 2 dozen;
   f) Whole wheat/whole grain bread or other whole grains – 1 pound;
   g) Fish – 30 ounces;
   h) Fresh fruits and vegetables - $11.00;
   i) Legumes/beans – 1 pound dry or 64 ounces canned beans; and
   j) Peanut butter – 18 ounces.

C. Fully Breastfeeding Multiple Fetuses

1. The maximum amount of food provided includes:
   a) Milk – 36 quarts
      I. Low-fat (1%) or less (1/2% or nonfat/skim) is the standard issuance.
      II. Whole Milk is <u>not</u> authorized for this package.
      III. Reduced fat (2%) milk requires a Certifying Health Professional assessment for issuance. See **Nutrition Assessment for Milk Issuance Protocol.**
      IV. Cheese or tofu may be substituted for milk per **Milk Substitute Nutrition Assessment & Issuance Protocol** in this section.
      V. Soy Milk may be substituted for milk on a quart for quart basis per **Milk Substitute Nutrition Assessment & Issuance Protocol** in this section.
   b) Cheese – 1 pound plus 8 ounces;
   c) Juice – 216 ounces;
   d) Cereal – 54 ounces;
   e) Eggs – 3 dozen;
   f) Whole wheat/whole grain bread or other whole grains – 24 oz. (system will issue 32 oz./16 oz. every other month as products are only authorized in 16 oz. size containers);
   g) Fish – 45 ounces;
   h) Fresh fruits and vegetables - $16.50;
   i) Legumes/beans – 1 pound dry or 64 ounces canned beans; and
   j) Peanut butter – 36 ounces.

D. Partially Breastfed Infant Formula Package

1. The appropriate breastfeeding **supplemental** package issued shall be based upon the specific formula needed by the infant. If noncontract formula is requested, the challenge guidelines must be followed unless contraindicated.
   a) The infant may receive one (1) can of formula the first month **but this should not be routine practice**.
   b) The infant will receive approximately one-half the formula provided by a full formula package for months two (2) through eleven (11).
      I. Certifying Health Professionals should individually tailor the amount of infant formula based on the assessed needs of the breastfeeding infant. Provide the minimal amount of formula that meets the infant's nutritional needs.
      II. Provide counseling to breastfeed/pump to establish/maintain an adequate breast milk supply.
      III. Counseling should include recommendation to only purchase as much formula as needed.
2. The infant will receive the following foods at six (6) months of age:
   a) Iron fortified infant cereal – 24 ounces total (3 – 8 ounce boxes); and
   b) Infant fruits and vegetable food – 128 ounces total (approximately 1 – 4 ounce jar/day).

E. Full Formula Infant Package

1. Contract formula will be provided to all non-medically fragile infants. Other formulas may be provided based upon information provided in the medical documentation form.
   a) For the partially breastfed infant receiving the full formula package:
      I. Certifying Health Professionals should individually tailor the amount of infant formula based on the assessed needs of the breastfeeding infant. Provide the minimal amount of formula that meets the infant's nutritional needs.
      II. Provide counseling to breastfeed/pump to establish/maintain an adequate breast milk supply.
      III. Counseling should include recommendation to only purchase as much formula as needed.
      IV. For infants needing less than half of the formula provided per month, infant should be assigned a Partially Breastfeeding Infant Formula Package.
2. The infant will receive the following foods at six (6) months of age:
   a) Iron fortified infant cereal – 24 ounces total (3 – 8 ounce boxes); and
   b) Infant fruits and vegetable – 128 ounces total (approximately one – 4 ounce jar/day).

F. Full Formula Tube Fed Infant/Child

1. This package can only be provided based upon instructions on the medical documentation form.
2. The maximum amount of formula provided is 913 ounces of ready to feed formula. No other foods will be provided.

G. Pregnant Woman/Partially Breastfeeding (infant receives partial breastfeeding package, woman receives food package up to one year postpartum if infant continues on partial breastfeeding formula package)

1. The maximum amount of food provided includes:
   a) Milk – 22 quarts
      I. Low-fat (1%) or less (1/2% or nonfat/skim) is the standard issuance.
      II. Whole Milk is <u>not</u> authorized for this package.
      III. Reduced fat (2%) milk requires a Certifying Health Professional assessment for issuance. See **Nutrition Assessment for Milk Issuance Protocol.**
      IV. Cheese or tofu may be substituted for milk per **Milk Substitute Nutrition Assessment & Issuance Protocol** in this section.
      V. Soy Milk may be substituted for milk on a quart for quart basis per **Milk Substitute Nutrition Assessment & Issuance Protocol** in this section.
   b) Juice – 144 ounces;
   c) Cereal – 36 ounces;
   d) Eggs – 1 dozen;
   e) Whole wheat/whole grain bread or other whole grains – 1 pound;

f) Fresh fruits and vegetables - $11.00;
g) Legumes/beans – 1 pound dry or 64 ounces canned beans; and
h) Peanut butter – 18 ounces.

H. Pregnant Supplemental Food Package for the Breastfeeding Woman

1. Determine if the woman who has the status of pregnant has delivered, is within the six weeks postpartum period and is breastfeeding without formula supplementation from WIC and wants the additional foods for the exclusively breastfeeding woman.
2. The Pregnant Supplemental Food Package, FB1X, should be issued by replicating the first valid dates of the pregnant package, which have already been issued, on a handwritten food instrument. If two (2) months of the pregnant package have been provided, issue two (2) months of FB1X food instruments, if at least one (1) day remains on the valid dates of the first month on the pregnant package food instruments. If the valid dates have expired on the first month of the pregnant package, then issue only one (1) month of the FB1X package.
3. Handwrite the FB1X food package, as follows, on one (1) handwritten food instrument:
   1 – gallon 1%, ½% or skim milk;
   1 – half gallon 1%, ½% or skim milk;
   1 - quart 1%, ½% or skim milk;
   1 dozen eggs; and
   30 ounces canned fish.
   (See Milk & Milk Substitutions Nutrition Assessment Protocols as appropriate)
4. Document the issuance of the FB1X package in the participant's chart.
5. If the pregnant status participant redeems the FB1X food instrument and later decides to formula feed, contact the State WIC Office for guidance.
6. The need for the enhanced breastfeeding package must be assessed prior to each issuance of food instruments to determine the appropriate food package for her status.

I. Postpartum/Partially Breastfeeding Woman (infant receiving full formula package, woman receives a food package until baby is 6 months old)

A. The maximum amount of food provided includes:
   a) Milk – 16 quarts
      I. Low-fat (1%) or less (1/2% or nonfat/skim) is the standard issuance.
      II. Whole Milk is <u>not</u> authorized for this package.
      III. Reduced fat (2%) milk requires a Certifying Health Professional assessment for issuance. See **Nutrition Assessment for Milk Issuance Protocol.**
      IV. Cheese or tofu may be substituted for milk per **Milk Substitute Nutrition Assessment & Issuance Protocol** in this section.
      V. Soy Milk may be substituted for milk on a quart for quart basis per **Milk Substitute Nutrition Assessment & Issuance Protocol** in this section.
   b) Juice – 96 ounces;
   b) Cereal – 36 ounces;
   c) Eggs – 1 dozen;
   d) Fresh fruits and vegetables - $11.00; and
   e) Legumes/beans – 1 pound dry or 64 ounces canned beans **or** Peanut butter – 18 ounces.

2. If the partially breastfeeding woman is still providing breastmilk to her 6 month old infant (infant receiving a full formula package) at least one time per day, she continues on the program as a breastfeeding woman but, does not receive a food package. The infant continues on the program and receives the fully formula fed food package.

Child Food Package

1. The maximum amount of food provided includes:
   a) Milk – 16 quarts
      a) Children age 2 and older
         i. Low-fat (1%) or less (1/2% or nonfat/skim) is the standard issuance.
         ii. Whole Milk is not authorized for this package.
         iii. Reduced fat (2%) milk requires a Certifying Health Professional assessment for issuance. See **Nutrition Assessment for Milk Issuance Protocol.**
         iv. Cheese or tofu may be substituted for milk per **Milk Substitute Nutrition Assessment & Issuance Protocol** in this section.
         v. Soy Milk may be substituted for milk on a quart for quart basis per **Milk Substitute Nutrition Assessment & Issuance Protocol** in this section.
      b) Children age 12 through 23 months.
         i. Whole milk is the standard issuance.
         ii. Reduced fat (2%) milk requires a Certifying Health Professional assessment for issuance. See **Nutrition Assessment for Milk Issuance Protocol.**
         iii. **Low-fat (1%) or less (1/2% or nonfat/skim) may only be issued per medical documentation (WIC-300).**
         iv. Cheese or tofu may be substituted for milk per **Milk Substitute Nutrition Assessment & Issuance Protocol** in this section.
         v. Soy Milk may be substituted for milk on a quart for quart basis per **Milk Substitute Nutrition Assessment & Issuance Protocol** in this section.
   b) Juice – 128 ounces;
   c) Cereal – 36 ounces;
   d) Eggs – 1 dozen;
   e) Whole wheat/whole grain bread or other whole grains – 2 pounds;
   f) Fresh fruits and vegetables - $8.00; and
   g) Legumes/beans – 1 pound dry or 64 ounces canned beans **or** Peanut butter – 18 ounces (peanut butter will not be provided on age 12 through 23 months due to choking hazard).

J. **Receipt of VOC (Verification of Certification)**

1. In State VOC

a) The food package assignment information is transferred during the automated VOC process. The health professional must assess the food package assignment and determine if it is still appropriate for the client's status, age and nutritional risks. See WIC Policies for Prescribing Food Packages, Infant Food Packages.

2. Out of State VOC

a) If the food package information is not provided by the issuing agency, the Certifying Health Professional must assign a food package or contact the issuing agency for the appropriate package for the client's status, age and nutritional risks.
b) If the VOC is from out-of-state and a formula needing a prescription is required, make all efforts to obtain a copy of the prescription. Only contract brand formula can be provided without a prescription.

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FOOD PACKAGE ASSESSMENT/SELECTION/COUNSELING
Milk and Milk Substitutions

Food packages should be selected in order to meet the individualized needs of the participant. Some special circumstances that may warrant additional assessment and counseling include the following:

A. Milk Issuance Protocol For Woman and Children ≥ 2 years of age

1. Low-fat (1%) and less (1/2%, skim/nonfat) milk is the standard issuance for women and children ≥ 2 years of age.
2. **Requests for whole milk**
   a. Women and children ≥ 2 years of age issued a Food Package III (infant formula, exempt infant formula or WIC Nutritional) for special dietary/medical condition, may receive whole milk with medical documentation (WIC-300 or WIC-400).
   b. Women and children issued a standard food package may <u>not</u> receive whole milk even with medical documentation requesting whole milk. If cheese is an appropriate food for the participant, the participant may be offered a food package with cheese substituted for a portion of the milk.
   c. Document the reason for issuing whole milk.
3. **Request for reduced fat milk (2%) milk for women and children ≥ 2 years of age**
   a. Reduced fat (2%) milk <u>cannot</u> be issued for participant preference. The participant must be counseled:
      i. On calcium sources in the diet as well as options for utilizing low-fat milk in recipes to facilitate consumption of low-fat milk. Refer to Choose 1% or Less Dairy brochure which is available for order from the pamphlet library.
      ii. On transitioning from higher fat content milk to lower fat content milk. The following is the transition guidance:
         1. Mix ¾ of whole/reduced fat milk and ¼ of low fat milk (3 oz. whole/reduced fat 2% milk and 1 oz. low-fat 1% milk) for a few days to a week.
         2. Then, mix ½ of whole/reduced fat milk and ½ of low fat milk (2 oz. whole/reduced fat 2% milk and 2 oz. low-fat milk) for a few days to a week.
         3. Then, mix ¼ of whole/reduced fat milk and ¾ of low fat milk (1 oz. whole/reduced fat 2% milk and 3 oz. low-fat 1% milk) for a few days to a week.
         4. Then, drink 1% milk.
   b. Women and children ≥ 2 years of age issued a Food Package III (infant formula, exempt infant formula or WIC Nutritional) for special dietary/medical condition, may receive reduced fat (2%) milk with medical documentation (WIC-300 or WIC-400).
   c. Reduced fat (2%) milk may be issued under the following conditions:
      i. Medical documentation WIC-300 or WIC-400; **or**
      ii. Certifying Health Professional assesses and documents one of the following conditions are present (Certifying Health Professional may consult with participant's health care provider as needed to assist with assessment for need for reduced fat (2%) milk):
         a. Underweight;
         b. Maternal weight loss during pregnancy;
         c. Weight loss;
   d. Document reason for issuance of reduced fat (2%) milk.

B. Milk Issuance Protocol For children 12 through 23 months of age

1. Whole milk is the standard milk for issuance to 1 year-old children (12 through 23 months).
2. Request for Reduced Fat Milks.
   a. Request for reduced fat 2% milk.
   1. Reduced fat (2%) milk may be issued under the following conditions:
      i. Medical documentation WIC-300; **or**
      ii. Certifying Health Professional assesses and document one of the following conditions are present (Certifying Health Professional may consult with participant's health care provider as needed to assist with assessment for need for reduced fat (2%) milk):
         a) High Weight for Length
         b) At risk for overweight
   2. **For children issued a Food Package III for infant formula, exempt infant formula or WIC Nutritional, fat-reduced milks (2 %, 1%, 1/2 %, skim) may be issued to 1 year old (12 through 23 months) only when determined appropriate by the health care provider per medical documentation (WIC-300).**
   3. Nutrition counseling must be provided on the importance of fat for development and growth for toddlers and how to incorporate healthy oils into the diet as appropriate.
      i. The American Academy of Pediatrics (AAP) recommends approximately 30% of calories from the diet of toddlers come from fat. Due to the rapid growth and development requiring increased calories for children under 2 years of age, the AAP generally does not recommend the use of low fat and nonfat milk for this age group.
      ii. Whole milk is a primary source of saturated fat in young children's diet. Healthy fats (unsaturated and monounsaturated) used in moderation can provide needed fat and calories for children who are consuming reduced fat milks. Healthy vegetable oils include Monounsaturated: canola, olive, peanut oil and polyunsaturated: corn, cottonseed, safflower, sesame, soybean oil.
   4. Reason for issuance of reduced fat (2%) milk must be documented in the medical record.

   b. Request for Low-fat (1%) or less (1/2% or skim/nonfat milk)

1. Low-fat (1%) or less (½% or skim/nonfat) milk may be issued to children (12 through 23 months) on the standard child food package or food package III **<u>only</u>** per medical documentation (WIC-300).
2. Nutrition counseling must be provided on the importance of fat for development and growth for toddlers and how to incorporate healthy oils into the diet as appropriate.
   i. The American Academy of Pediatrics (AAP) recommends approximately 30% of calories from the diet of toddlers come from fat. Due to the rapid growth and development requiring increased calories for children under 2 years of age, the AAP generally does not recommend the use of low fat and nonfat milk for this age group.
   ii. Whole milk is a primary source of saturated fat in young children's diet. Healthy fats (unsaturated and monounsaturated) used in moderation can provide needed fat and calories for children who are consuming reduced fat milks. Healthy vegetable oils include Monounsaturated: canola, olive, peanut oil and polyunsaturated: corn, cottonseed, safflower, sesame, soybean oil.
3. Reason for issuance of low fat or less milk must be documented in the medical record.

C. Milk Substitution Nutrition Assessment & Issuance Protocol For Women and Children

1. **Requests for cheese**
   a. Cheese may be issued upon participant request or when lactose intolerance is suspected or diagnosed. The medical documentation form is not required for issuance of cheese.
   b. Cheese may be substituted for milk at the rate of 1 pound of cheese per three (3) quarts of milk.
      i. For children, pregnant, partially breastfeeding and post-partum women, no more than 1 pound of cheese may be substituted for milk and no more than 4 quarts of milk may be substituted for a combination of cheese or tofu.
      ii. For fully breastfeeding women, no more than 2 pounds of cheese may be substituted for milk and no more than 6 quarts of milk may be substituted for a combination of cheese or tofu.
2. **Requests for Lactose Free Milk**
   a. May be issued when lactose intolerance is suspected or diagnosed. Lactose intolerance may be self-reported by the applicant or participant or caregiver and does not require a medical documentation form.
   b. The reason for issuance must be documented in the medical record.
   c. Lactose free and lactose reduced milk is packaged in half gallon containers.
   d. Whole lactose free milk is required for children age 1 to 2. For children age 2 and older and women, low-fat lactose free milk (1%, ½% or skim/nonfat) is required.
3. **Requests for Soy Milk & Tofu**
   a. The medical documentation form is not required for issuance of soy milk or tofu; however, the Certifying Health Professional must assess need for soy milk or tofu prior to issuance and provide counseling on the importance of milk in the diet. Certifying health professional may consult with health care provider as need to assist with assessment.
   b. Provide counseling on the value of milk in the diet. The following are counseling topics:
      i. Children's diets may be nutritionally inadequate when milk is replaced with other foods. Milk is particularly important in the development of bone mass for children.
      ii. Milk provides important nutrients for health, growth and development. Milk contains protein for muscles, calcium and vitamin D for strong teeth and bones as well as other vitamins and minerals.
      iii. Milk is a source of Vitamin A. Vitamin A is important for vision, strong immune system, and cancer prevention.
      iv. If milk is replaced by milk alternatives that are not vitamin D fortified, vitamin D intakes may be inadequate. Thus, replacements for milk are to be approached with caution even if they are rich in calcium.
      v. Certifying health professional should refer to Milk and Milk Alternatives Health Professional Reference for nutritional comparison of products to assist with counseling. This resource can be requested from the State WIC Office and is located on the Nutrition Services Branch Website.
   c. Soy milk and tofu may be issued up to the maximum allowance for milk when the following conditions apply:
      i. Lactose intolerance is suspected or diagnosed that cannot be managed with lactose-free or lactose-reduced fortified dairy products.
      ii. Milk protein allergy
      iii. Vegan diet
      iv. Religious/Cultural preference
   d. Soy milk may be substituted for milk on a quart by quart basis up to the maximum allowance of milk.
   e. Tofu may be substituted for milk at the rate of 1 pound of tofu per 1 quart of milk.
   f. A combination of cheese and tofu can be substituted for milk.
      i. For Children, Pregnant, Partially Breastfeeding and Post-partum Women, no more than 4 quarts of milk may be substituted for a combination of cheese or tofu.
      ii. For Fully Breastfeeding Women, no more than 2 pounds of cheese may be substituted for milk and no more than 6 quarts of milk may be substituted for a combination of cheese or tofu.
   g. The reason for issuance must be documented in the medical record.
3. **Requests for other milks such as evaporated, condensed, almond, rice, or goat milk.**
   a) No other milk substitutions are authorized for issuance.

FOOD PACKAGE ASSESSMENT/SELECTION/COUNSELING
Women and Children with Special Dietary Needs

A. **Requests for pureed fruits and vegetables (infant fruits and vegetables) in lieu of fresh/frozen fruits and vegetables**
   1. Women and children issued a standard food package may not receive commercial jarred infant food fruits and vegetables.
   2. Women and children issued a Food Package III (infant formula, exempt infant formula or WIC Nutritional) for special dietary/medical condition, may receive commercial jarred infant food fruits and vegetables in lieu of fresh/frozen fruits and vegetables with medical documentation (WIC-300 or WIC-400).
      a. Children may receive 128 ounces of commercial jarred infant food fruits and vegetables.
      b. Women may receive 160 ounces of commercial jarred infant food fruits and vegetables.
   3. Reason for issuance must be documented in the medical record.

B. **Requests for infant cereals**
   1. Women and children issued a standard food package may not receive infant cereal in lieu "adult" breakfast cereal.
   2. Women and children issued a Food Package III (infant formula, exempt infant formula or WIC Nutritional) for special dietary/medical condition, may receive 32 dry ounces of infant cereal in lieu of 36 ounces of "adult" breakfast cereal with medical documentation (WIC-300 or WIC-400).

C. **Request for Kosher Foods:**
   1. Participants requesting Kosher Food Package may be issued a Kosher Food Package for their status and age that allows the least expensive brand Kosher Milk and Cheese. The following are appropriate food packages:
      a. Pregnant or Partially Breastfeeding with Kosher designated milk & cheese - P2K
      b. Post-partum or Partially Breastfeeding Women (infant on full formula) with Kosher designated milk & cheese – PPK
      c. Fully Breastfeeding, Pregnant with Multiples or Partially Breastfeeding Multiples or Pregnant Partially Breastfeeding with Kosher designated milk &. cheese – FBFK
      d. Child Package with Kosher designated milk & cheese – CBK
   2. Information regarding Kosher Designations
      a. One of the highest designations is OU (Orthodox Union) or a circle with a U inside. This indicates the product is kosher but not necessarily kosher for Passover. If the product was not made on equipment used for dairy or meat products, the product is designated or called "Pareve" or "Parve". Items that are kosher for Passover will sometimes have a "p" added to the supervision symbol.
      b. The OU-D designates or K-D that the product is a kosher dairy product or contains a dairy derivative or dairy product but it is not necessarily kosher for Passover.
      c. Another kosher designation is OK or a circle with a K inside.
      d. The K symbol by itself is not a reliable designation of a food being kosher as it is not copyright protected. A "K" within a tablet is a recognized symbol. There are many local kosher supervision symbols. When in doubt, consult a rabbi.
   3. Some products on the WIC Food List (WIC-40) that have the OU designation include:
      a. Cereal – General Mills selections, Post selections, Quaker selections, Malt O Meal – Crispy Rice
      b. Milk – Meijer, Lactaid
      c. Brown Rice – Uncle Ben's Fast & Natural Whole Grain Instant Brown Rice
   4. Some products on the WIC Food List (WIC-40) that have the K designation include:
      a. Cereal – B and G Foods selections; Kellogg's selections
      b. Milk – Kroger, Trauth,
      c. Tofu – NaSoya (all on list; only tofu available on WIC),
      d. Whole Wheat/Whole Grain Breads – Wonder 100% Whole Wheat
      e. Brown Rice – Mahatma, Minute Instant Brown Rice, Success Boil in Bag Brown Rice
   5. Additional products on the WIC Food List (WIC-40) with a Kosher Label designation
      a. Cheese- Hoalam Cheddar Cheese (8 oz.) & Haolam Mozzarella & Cheddar Cheese (8 oz.)
      b. Milk- Fresh & Healthy 1% Milk

D. **Gluten enteropathy** or **celiac disease** or **celiac sprue** requiring gluten-free foods:
1. The participant must be referred for Medical Nutrition Therapy.
2. Gluten is a protein found in wheat, barley, rye, oats and triticale grains. The gluten-free diet is followed for life to avoid symptoms of chronic diarrhea, weight loss, cramps and anemia.
3. Guidance from the primary medical provider should include instructions to avoid wheat products.
4. Appropriate infant cereals would include rice cereal and should be discussed in counseling.
5. Gluten-free also includes avoidance of the following ingredients:

Ingredients that may contain Gluten			
barley	fu	matza	spelt
bran	Gliadin	matzo	triticale
bulgur (cracked wheat)	gluten	matzah	udon
couscous	gluten peptides	mir	wheat
dairy substitutes	glutenin	modified food starch	wheat berry
dextrin	graham flour	orzo	wheat germ
dingle	hydrolyzed proteins	panko	wheat grass
durum	kamut	rye	wheat gluten
einkorn	kumut	seasonings	wheat nut
emmer	malt	seitan	wheat starch
farina	malt flavoring	semolina	
faro	malt vinegar	soy sauce	

E. **Decrease fat and caloric content** per instructions on WIC-300 or WIC-400:
1. Provide the appropriate food package for the age and category/status.
2. Counsel the caregiver/parent/participant on purchasing low-fat or skim milk and reduced fat or fat free cheese.
3. Encourage the purchase of beans instead of peanut butter.

F. **Homeless packages:**
1. Participants needing formula shall receive ready to feed formula. A medical documentation form will be needed for noncontract, exempt infant formula and WIC Nutritionals (See Requirements for Issuing Infant Formula, Exempt Infant Formula and WIC Nutritionals in this section).
   - The 32 ounce size may be issued in situations where the individual has access to refrigeration and dish washing facilities.
   - If the participant does not have access to refrigeration and dish washing facilities, the formula product should be issued in individual ready to feed servings.
2. Participants needing regular foods shall receive the appropriate food package based upon age and category/status.

3. These participants shall be provide the Kentucky WIC Approved Food List Displaced Participant Insert and counseled concerning the differences in the food packages:
   - baked beans instead of dry beans or other canned beans;
   - 100% single strength juice;
   - 18 oz. peanut butter will replace 1 dozen eggs,
   - 9.6 oz. containers of dry milk will replace fluid milk, and
   - For participants issued soy milk, quart size Shelf Stable Soy Milk – Pacific Ultra Soy Original.

G. **Unsanitary water supply**

a) For families who do not have access to safe water:
   - Infants should be provided ready to feed formula until the situation changes.
   - Frozen juice should not be an option for the family. (100% single strength juice should be provided)

FOOD PACKAGE ASSESSMENT/SELECTION/COUNSELING
Infants with Special Dietary Needs

A. Infant Dietary Needs

1. **Kosher** formula requested due to religious or cultural beliefs:
   a. Good Start Formula Soy/Good Start Soy Stage 1 meets the guidelines for kosher with the OU designation or circle with U inside symbol listed on the label.
   b. If another formula is requested by the primary medical provider, the infant must try the Good Start Gentle Formula Gentle unless contraindicated.
   c. One of the highest designations is OU (Orthodox Union) or a circle with a U inside. This indicates the product is kosher but not necessarily kosher for Passover. If the product was not made on equipment used for dairy or meat products, the product is designated or called “Pareve” or “Parve”. Items that are kosher for Passover will sometimes have a “p” added to the supervision symbol.
2. **Vegetarian or vegan** formula required due to family lifestyle or cultural preference:
   a. Good Start Formula Soy/Good Start Soy Stage 1 meets the guidelines for vegan or vegetarian since it is prepared from soybeans.
   b. If another formula is requested by the primary medical provider, the infant must try the Good Start Gentle Formula Gentle unless contraindicated.
3. **Gluten enteropathy** or **celiac disease** or **celiac sprue** requiring gluten-free foods:
   a. The participant must be referred for Medical Nutrition Therapy.
   b. Gluten is a protein found in wheat, barley, rye, oats and triticale grains. The gluten-free diet is followed for life to avoid symptoms of chronic diarrhea, weight loss, cramps and anemia.
   c. Guidance from the primary medical provider should include instructions to avoid wheat products.
   d. Appropriate infant cereals would include rice cereal and should be discussed in counseling.
   e. Gluten-free also includes avoidance of the ingredients listed under Woman and Children with gluten enteropathy or celiac disease or celiac sprue (nontropical sprue)

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POLICY STATEMENT CONCERNING
THE DILUTION OF STANDARD FORMULA

If a prescription is for a dilution other than standard mixing instructions on the can (i.e. 20 Kcal per ounce product mixed to 22 Kcal, 24 Kcal), the specific mixing instructions must be provided on the prescription by the prescribing authority (MD, DO, PA or APRN).

POLICY STATEMENT CONCERNING
19 Kcal INFANT FORMULAS

The 19 kcal/ounce products do not meet the caloric requirement to qualify for use in the WIC Program.

1. 19 kcal/ounce products do not meet the Federal WIC regulatory minimum requirements.
2. The following products have a standard dilution of 19 Kcal and do not qualify for WIC issuance:
    a) All sizes and forms of Similac Sensitive, Similac Total Comforts, Similac for Spit Up, Similac Go and Grow -Milk Based.
    b) Similac Advance Stage 1 and Similac Soy Isomil in the following sizes and forms
        i. 1.45 pound powder
        ii. 2 & 8 ounce ready to feed

RETURN AND REISSUANCE OF FORMULA

A. In a limited number of cases, a parent/caretaker may have redeemed all or part of an infant's food benefits for one month and the physician changes the infant to a different formula. This could also occur for an infant, child or woman receiving exempt infant formula or WIC Nutritionals on Food Package III.

1. The unused formula **must** be returned to the Local Agency. The unused formula **cannot** be returned to a vendor for exchange for another formula. **Opened containers of formula may not be returned. Verify containers are unopened before reissuance.**
2. If the parent/caretaker or participant **returns only unused formula**:
   a) Document in the medical record the return of the original formula and reason for issuance of replacement food instruments.
   b) Issuance of formula must follow the WIC Policies for Prescribing Food Packages.
   c) Choose the appropriate food package code for the replacement formula.
   d) Refer to CMS User Manual for instructions on formula replacement.
   e) The system will automatically calculate the appropriate quantity of formula to be issued and adjust benefits on EBT account.
3. If the parent/caretaker or participant **returns unused formula and has unused food benefits** for the month:
   a) Document in the medical record the return of the original formula, amount of the unused food benefits and reason for replacement.
   b) Issuance of formula must follow the WIC Policies for Prescribing Food Packages.
   c) Choose the appropriate name of the replacement formula.
   d) Refer to CMS User Manual for instructions on formula replacement.
   e) The system will automatically calculate the appropriate quantity of formula to be issued.
   f) If a formula change is made for a formula product the participant has not previously tried, recommend to redeem benefits for only one can or the smallest unit of sale, to determine if the formula product is well tolerated.

B. Accountability of the returned formula must be maintained by the Local Agency. This includes documentation of the 1) distribution to WIC participants with extenuating circumstances, 2) distribution to another WIC agency, and 3) donation to a charitable organization such as an emergency food pantry or disposal due to the expiration of dates. Complete the Formula Inventory Log, sample provided in Food Delivery/Data Section, Forms and Food Instruments.

1. All returned formula must be kept secure and should be stored in one location.
2. Use of returned WIC formula is restricted.
   a) Formula returned to the clinic can only be provided to WIC participants with extenuating circumstances, given to another WIC agency that needs the formula for a participant, donated to a charitable organization (food bank, etc.), or disposed of due to being past the expiration date. The inventory must document the specific disposition of each can of formula.
3. When formula in inventory is provided to a WIC participant, the quantity and type of formula must be documented in the participant's medical record.
   a) Formula in the inventory may only be issued to a WIC participant by a certifying health professional.
   b) The certifying health professional should review the medical record to determine the formula currently prescribed to the participant and assess other relevant medical/dietary concerns prior to issuance of formula from inventory.
   c) Assessment and counseling should be provided to participant regarding proper mixing, and amount fed, frequency of feedings, or other concerns regarding formula feeding, preparation or storage of formula.
   d) If appropriate, referral should be made to a food bank.
   e) Prior to issuance of formula from inventory, ensure formula has not expired and product is in good condition (i.e. no dents, unopened, etc.)
4. If returned formula is not commonly used by the agency, place a message on the Portal News for other agencies to review.
5. Include the following information in the message about the product:
   a) Name;
   b) Can/bottle size;
   c) Quantity available;
   d) Expiration date; and
   e) Contact name and telephone number.

C. Refer to Food Delivery/Data Section for additional information.

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MEDICAL DOCUMENTATION FOR EXCEPTION FOR WIC PROGRAM FOODS FORMS

The following pages provide the Medical Documentation for Exception for WIC Program Foods form for the woman, infant or child and are to be used to receive information regarding the specific food package the doctor or nurse practitioner is requesting due to exceptions from the standard WIC food package.

The WIC - 200 is to be used for the infant, WIC - 300 for the child and the WIC - 400 for the woman. We suggest that these are provided to your medical community to assist you in providing the appropriate food package for WIC participants.

The local agency will print the forms as needed to share with the medical community.

Rev. 04/09

WIC Clinic:
Clinic Fax number:
Attention:

Kentucky WIC Program
Infant (< 1 year old)
Certificate for Medical Necessity for Formula and WIC Food Exceptions

The WIC Program provides Good Start Gentle Formulas to all non-medically fragile infants.
Noncontract standard formula request: Complete sections A, B and D
Exception to WIC foods requests: Complete Sections A, C and D.
Exempt formula or WIC Nutritionals: Complete sections A, B, C and D.

Kentucky Guidelines for issuance of infant formula:	Client must try:
Requests for milk based formula	Good Start Gentle or Soothe
Requests for soy based formula	Good Start Soy and Soothe (if no milk allergies)
Requests for lactose free/reduced formula	Good Start Soothe and Soy
Requests for infant/toddler formulas	Good Start Graduates Gentle or Soy
Requests for 19 Kcal formulas will not be authorized. Must try Good Start product based on above guidelines.	

A. Patient Information (please print)

Patient's name:	DOB:

Parent/Caregiver's Name:

Medical diagnosis/qualifying condition (ICD-10 code):

(Justifies the medical need for formula/food)

Medical documentation valid for: ☐ **1 mo.** ☐ **2 mos.** ☐ **3 mos.** ☐ **4 mos.** ☐**5 mos.** ☐**6 mos.** ☐**7 mos.** ☐ **8 mos.** ☐**9 mos.** ☐**10 mos.** ☐**11 mos.** ☐ **12 mos.**

B. Medical Formula/Food (please print)

Name of formula or WIC Nutritionals requested:

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

Special instruction/comments:

Provide information regarding Formulas tried & length of time tried:	Problems encountered:

C. WIC Supplemental Foods for Infants < 1 year old

Supplemental foods: Please mark the appropriate boxes below to indicate any foods that would be contraindicated and/or require special instructions. **If no boxes are marked, the infant will receive the WIC foods.**

WIC Supplemental Foods(provided at 6 months of age)	Restrictions/Special Instructions
☐ **Infant cereal**	
☐ **Infant fruits**	
☐ **Infant vegetables**	
☐ **Infant meats** (fully breastfeeding infants only)	

☐ **No supplemental foods:** omit all supplemental foods and provide exempt infant or medical formula/food only.

D. Health care provider information

Signature of health care provider: **Provider's name** (please print)**:** ☐ **MD** ☐ **DO** ☐ **PA** ☐ **NP**

Medical office/clinic:

Phone number:	Fax number:	Date:

Adapted from Oregon Medical Documentation Form. **USDA is an equal opportunity provider and employer.** **WIC – 200**

See back for most commonly provided exempt infant formulas/WIC Nutritionals. Rev. 10/14

This certification for medical necessity is necessary for providing the following products from the WIC Program for medically fragile infants.

The most commonly used products are listed below:

Hypoallergenic formulas:

- **Nutramigen**
- **Pregestimil**
- **Similac Expert Care Alimentum**

Impaired kidney function/hypocalcemia

- **Similac PM 60/40**

Premature formulas

- **Enfamil EnfaCare**
- **Enfamil Premature with Iron 20**
- **Enfamil Premature with Iron 24**
- **Good Start Premature 24**
- **Similac Expert CareNeoSure**
- **Similac Special Care 24 with Iron**
- **Similac Special Care 30 with Iron**

Reflux formulas

- **Enfamil AR**

Severe cow's milk allergy/multiple food protein allergy

- **Neocate Infant**
- **Neocate Infant DHA & ARA**
- **Elecare for Infants**
- **PurAmino**

For additional products available from WIC please view the website at:
http://chfs.ky.gov/dph/ach/ns/Nutrition+Education+Materials.htm

Use the above link and click on "WIC Formula Resource Guide" from the list of materials.

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Kentucky Public Health
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WIC Clinic:
Clinic Fax number:
Attention:

Children age 1 to 5
Certificate for Medical Necessity for Formula and WIC Food Exceptions

Exception to WIC foods requests: Complete Sections A, C and D
Exempt formula or WIC Nutritionals: Complete A, B, C and D

This form should be used to provide guidance in regard to failure to thrive, lactose intolerance, gluten free diets, foods to avoid due to allergies, developmental delays or inability to tolerate solid foods, medical conditions that impair ingestion, digestion or absorption of nutrients, etc. These foods may not be issued solely for the purpose of enhancing nutrient intake or managing body weight.

A. Patient Information (please print)	
Patient's name (Last, First, MI)**:**	**DOB:**
Parent/Caregiver's Name (Last, First, MI)**:**	
Medical diagnosis/qualifying condition (ICD-10 Code): (Justifies the medical need for formula/food)	
Medical documentation valid for: ☐ 1 mo. ☐ 2 mos. ☐ 3 mos. ☐ 4 mos. ☐ 5 mos. ☐ 6 mos. (not to exceed 6 months)	
B. Medical formula/medical food and WIC supplemental foods (please print)	
Name of medical formula/medical food requested:	
Prescribed amount: _____ **per day OR ☐ maximum allowable**	
Special instruction/comments:	

C. Supplemental Foods		
Supplemental foods will be provided in addition to the formula, if no boxes are checked below.		
☐ Omit all supplemental foods and provide formula only.		
☐ Provide only the following checked foods.		
☐ Whole Milk	**☐ Reduced Fat (2%) Milk**	**Special Instructions:**
☐ Low-fat (1%) Milk	**☐ Nonfat Milk (Skim)**	
☐ Soy Milk	**☐ Cheese**	
☐ Tofu	**☐ Eggs**	
☐ Cereal	**☐ Peanut butter**	
☐ Juice	**☐ Beans**	
☐ Fresh/frozen fruits and vegetables	**☐ Whole grain bread/tortillas or brown rice**	
☐ Infant jarred fruits and vegetables	**☐ Infant Cereal**	

D. Health care provider information		
Signature of health care provider:	**Provider's name** (please print)**: ☐ MD ☐ DO ☐ PA ☐ NP**	
Medical office/clinic:		
Phone number:	**Fax number:**	**Date:**

Adapted from Oregon Medical Documentation Form. **USDA is an equal opportunity provider and employer.** **WIC – 300**

Whole milk is the standard issuance for children 12-23 months of age.
Low-fat (1%) milk/nonfat is the standard issuance for children 2-5 years of age.
For the 2-5 year old, whole milk may only be authorized if a child requires a formula/WIC Nutritional.
Infant jarred fruits and vegetables and infant cereal may only be authorized if a child requires a formula/WIC Nutritional.

See back for most commonly provided formulas and WIC Nutritionals. Rev. 10/14

This certification for medical necessity is necessary for providing the following products from the WIC Program. The most commonly used products are listed below:

Hypoallergenic formulas:

- **Nutramigen**
- **Nutramigen Toddler**
- **Portagen**
- **Pregestimil**
- **Similac Expert Care Alimentum**

Impaired kidney function/hypocalcemia

- **Similac PM 60/40**

Pediatric Drinks for higher calories/FTT

- **Boost Kid Essentials Immunity Protection**
- **Boost Kid Essentials 1.5 CAL**
- **Boost Kid Essentials 1.5 CAL with Fiber**
- **Boost Plus**
- **Bright Beginnings Soy Pediatric Drink**
- **Nutren Junior**
- **Nutren Junior with Fiber**
- **Nutren Junio with Prebiotics**
- **PediaSure**
- **PediaSure with Fiber**
- **PediaSure 1.5 Cal**
- **PediaSure 1.5 Cal with Fiber**
- **Pediasure Peptide 1.0 Cal**
- **Peptamen Junior**
- **Peptamen Junior with Fiber**
- **Peptamen Junior with Prebio**
- **Peptamen Junior 1.5 with Prebio**
- **Vivonex Pediatric**

Premature formulas for developmental delays

- **Enfamil EnfaCare**
- **Enfamil Premature with Iron 20**
- **Enfamil Premature with Iron 24**
- **Good Start Premature 24**
- **Similac Expert Care NeoSure**
- **Similac Special Care with Iron 24**

Severe cow's milk allergy/multiple food protein allergy

- **Neocate Junior**
- **Neocate Junior with Prebiotics**
- **Elecare for Infants**
- **Elecare Jr.**
- **PurAmino**

For additional products available from WIC please view the website at:
http://chfs.ky.gov/dph/ach/ns/Nutrition+Education+Materials.htm

Use the above link and click on "WIC Formula Resource Guide" from the list of materials.

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WIC Clinic:
Clinic Fax number:
Attention:

Pregnant, Breastfeeding and Postpartum Women
Certificate for Medical Necessity for Formula and WIC Food Exceptions

Exception to WIC foods requests: Complete Sections A, C and D
Exempt formula or WIC Nutritionals: Complete A, B, C and D

This form should be used to provide guidance in regard to failure to thrive, lactose intolerance, gluten free diets, foods to avoid due to allergies, developmental delays or inability to tolerate solid foods, medical conditions that impair ingestion, digestion or absorption of nutrients, etc. These foods may not be issued solely for the purpose of enhancing nutrient intake or managing body weight.

A. Patient Information (please print)	
Patient's name (Last, First, MI)**:**	**DOB:**
Medical diagnosis/qualifying condition (ICD-10 Code): (Justifies the medical need for formula/food)	
Medical documentation valid for: ☐ 1 mo. ☐ 2 mos. ☐ 3 mos. ☐ 4 mos. ☐ 5 mos. ☐ 6 mos.(not to exceed 6 months)	
B. Medical formula/medical food (please print)	
Name of medical formula/medical food requested:	
Prescribed amount: _____ per day OR ☐ maximum allowable	
Special instruction/comments:	
C. Supplemental foods	
Supplemental foods appropriate will be provided in addition to the formula if no boxes are checked below.	
☐ Omit all supplemental foods and provide formula only.	
☐ Omit Formula/Medical Food.	
☐ Provide only the following checked foods.	

☐ Whole Milk	**☐ Reduced Fat (2%) Milk**	**Special Instructions:**
☐ Low-fat (1%) Milk	**☐ Nonfat Milk (Skim)**	
☐ Soy Milk	**☐ Cheese**	
☐ Tofu	**☐ Eggs**	
☐ Cereal	**☐ Peanut butter**	
☐ Juice	**☐ Beans**	
☐ Fresh/frozen fruits and vegetables	**☐ Whole grain bread/tortillas <u>or</u> brown rice**	
☐ Infant jarred fruits and vegetables	**☐ Infant Cereal**	
☐ Canned fish (fully breastfeeding women only)		

D. Health care provider information		
Signature of health care provider:		
Provider's name (please print)**:** **☐ MD ☐ DO ☐PA ☐ NP**		
Medical office/clinic:		
Phone number:	**Fax number:**	**Date:**

Adapted from Oregon Medical Documentation Form. **USDA is an equal opportunity provider and employer.** **WIC – 400**

Low-fat (1%) milk/nonfat is the standard issuance for women.
Whole milk may <u>only</u> be authorized if a woman requires a formula/WIC Nutritional.
Infant jarred fruits and vegetables and infant cereal may <u>only</u> be authorized if a woman requires a formula/WIC Nutritional.

See back for most commonly provided formulas and WIC Nutritionals. Rev. 10/14

This certification for medical necessity is necessary for providing the following products from the WIC Program. The most commonly used products are listed below:

GI Malabsorption/chronically impaired GI function

- **Tolerex**
- **Vital HN**
- **Vivonex Plus**
- **Vivonex T.E.N.**

Glucose Control

- **Boost Glucose Control**

Higher calories/Higher nutrients

- **Boost**
- **Boost High Protein**
- **Boost Plus**
- **Ensure**
- **Ensure High Protein**
- **Ensure Plus**

Impaired GI function

- **Peptamen**

Isotonic/altered taste

- **Osmolite 1 Cal**

Impaired kidney function/hypocalcemia

- **Similac PM 60/40**

For additional products available from WIC please view the website at:
http://chfs.ky.gov/dph/ach/ns/Nutrition+Education+Materials.htm

Use the above link and click on "WIC Formula Resource Guide" from the list of materials.

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REQUIREMENTS FOR ISSUING INFANT FORMULA, EXEMPT INFANT FORMULA AND WIC NUTRITIONALS

1. Review all WIC Policies For Prescribing Food Packages for policies on issuing formula, required information for Kentucky Food Request or out-of-state physician order or prescription from out-of-state is provided on the preceding pages.
2. Ready-to-feed formula may only be provided due to: restricted or unsanitary water supply, no refrigeration, the caretaker being unable to properly prepare formula, it is the only form in which the formula is manufactured or homelessness.
3. Review Issuance of Infant Formula in WIC Policies For Prescribing Food Packages.
4. **If a Kentucky Certificate for Medical Necessity or out-of-state physician's order/prescription is received for products not on the chart below, the formula may be approved by the State WIC Office**. Review the Resource Guide for WIC Formulas at http://chfs.ky.gov/dph/mch/ns/ and contact the State WIC Office at 502-564-3827, option 2.

FORMULA	DIAGNOSIS REQUIRED	Kentucky Certificate for Medical Necessity Required	PRIOR APPROVAL
INFANT FORMULA - CONTRACT BRAND-GERBER **Good Start Gentle/Good Start Gentle Stage 1** (primary milk based formula) Good Start Soy/ Good Start Soy Stage 1 Good Start Soothe/Good Start Soothe Stage 1 Gerber Graduates Gentle* Gerber Graduates Soy*	No	No	No
INFANT FORMULA - NONCONTRACT Enfamil AR Enfamil Gentlease Enfamil Infant Enfamil ProSobee Similac Advance Stage 1 Similac Soy Isomil Enfamil Enfagrow Transitions* Enfamil Enfagrow Soy Transitions*	Yes – Diagnosis Documentation must include contract formulas tried and problems encountered. See WIC Policies for Prescribing Food Packages for Issuance of Noncontract Standard Formula For Toddler formulas, documentation must contain other formulas tried and problems encountered. See WIC Policies for Prescribing Food Packages	Yes Required Information: 1-Name of formula requested 2-Prescribed period of time 3-Diagnosis (ICD-10)	Follow State WIC Office and Agency Policies
EXEMPT INFANT FORMULAS and WIC NUTRITIONALS Nutramigen Nutramigen with Enflora LGG Nutramigen Toddler with Enflora LGG Portagen **(for women and children only)** Pregestimil Pregestimil 24 Similac Expert Care Alimentum PurAmino	Yes – Diagnosis	Yes Required Information: 1-Name of formula requested 2-Prescribed period of time 3-Diagnosis 4-Additional foods	Follow State WIC Office and Agency Policies

* Recommended at 9 months of age or older

REQUIREMENTS FOR ISSUING INFANT FORMULA, EXEMPT INFANT FORMULA AND WIC NUTRITIONALS (continued)

WIC NUTRITIONALS/FORMULA		DIAGNOSIS REQUIRED	Kentucky Certificate for Medical Necessity Required	PRIOR APPROVAL
EXEMPT FORMULA AND WIC NUTRITIONALS – LOCAL APPROVAL		Yes – Diagnosis	Yes Required Information: 1-Name of formula requested 2-Prescribed period of time 3-Diagnosis 4-Additional Foods	Yes. Agency Personnel designated by and trained be the State WIC Office to approve special formulas. Local agencies that receive approval from the State Agency must complete the WIC STATE AGENCY FORMULA/WIC NUTRITIONALS APPROVAL FORM (see page 109) for State WIC Office approval.
Boost Boost Breeze Boost Glucose Control Boost High Protein Boost Kid Essentials (formerly Boost Essentials Immunity Protection) Boost Kid Essentials 1.0 CAL Boost Kid Essentials 1.5 CAL Boost Kid Essentials 1.5 CAL with Fiber Boost Plus Bright Beginnings Soy Pediatric Drink EleCare for Infants Elecare Jr Enfamil EnfaCare Enfamil Enfaport Enfamil Premature with Iron 20 Enfamil Premature with Iron 24 Ensure Ensure Plus Ensure High Protein Good Start Premature 24 Good Start Premature 24 High Protein	Neocate Infant DHA & ARA Neocate Junior Neocate Junior w/Prebiotics Nutren Junior Nutren Junior with Fiber Osmolite 1 Cal PediaSure PediaSure with Fiber PediaSure Enteral PediaSure 1.5 Cal Pediasure 1.5 Cal with Fiber Pediasure Peptide 1.0 cal Peptamen Peptamen Junior Peptamen Junior with Fiber Peptamen Junior with Prebio Peptamen Junior 1.5 w/Prebio Sim. Expert Care NeoSure Similac PM 60/40 Similac Special Care 24 with iron Tolerex Vital HN Vivonex Pediatric Vivonex Plus Vivonex T.E.N. Vivonex RTF			
EXEMPT INFANT FORMULAS AND WIC NUTRITIONALS – STATE APPROVAL Any formulas not found in the above tables or formula used outside the intended use (e.g., PediaSure for a 9 month old infant)		Yes – Diagnosis See each formula type for additional requirements.	Yes Required Information: 1-Name of formula requested 2-Prescribed period of time 3-Diagnosis 4-Additional foods	Yes. Complete the WIC STATE AGENCY FORMULA/WIC NUTRITIONALS APPROVAL FORM (see pages76-77) for State WIC Office approval.
FOOD PACKAGE III For infants, formulas may include: Exempt Infant Formula Exempt Infant Formulas and WIC Nutritionals (Local Approval) Exempt Infant Formulas and WIC Nutritionals (State Agency Approval) For women/children when a formula &/or other foods are needed. Formulas may include the following: Infant Formula - Contract Infant Formula - Noncontract Exempt Infant Formula Exempt Infant Formulas and WIC Nutritionals (Local Approval) Exempt Infant Formulas and Medical food		Yes – Diagnosis See each formula type for additional requirements.	Yes Required Information: 1-Name of formula requested 2-Prescribed period of time 3-Diagnosis 4-Additional foods	Follow the approval process for each specific type of formula.

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INSTRUCTIONS FOR COMPLETING AND SUBMITTING WIC STATE AGENCY FORMULA/MEDICAL FOOD APPROVAL

1. On the first line: fill-in the Agency/Site name either with a label or legible handwritten information.
2. Second line: add the participant's name (first and last) and date of birth.
3. Third line: enter the name of the formula.
4. Fourth line: fill-in the date of the medical documentation form.
5. Fifth line: add the name of the health professional, title of the health professional and telephone number.
6. Sixth line: complete the date of the verbal approval and the name of the State Agency personnel who provided the approval. Contact the Nutrition Services Branch at 502-564-3827, option 2 for Clinical Nutrition Section.
7. Send the original of the form (maintain a copy in the patient's medical record) with a copy of the medical documentation form to:

   Cabinet for Health and Family Services
   275 East Main Street, HS2W-D
   Frankfort, KY 40621-0001
   OR fax to: 502-564-8389

8. When the original is received, please file the original and shred the copy.

WIC STATE AGENCY
FORMULA/WIC NUTRITIONAL APPROVAL

Agency/Site _____

Participant Name _____ _____
(FIRST AND LAST NAME) (DATE OF BIRTH)

Formula/Medical Food Requested_____

Date of Medical Documentation Form _____

Health Professional Initiating Request:

_____
(NAME) (TITLE) (PHONE) (DATE)

Verbal approval granted _____ in phone conversation with _____
(DATE) (NUTRITION SERVICES BRANCH PERSONNEL)

Nutrition Services Branch may be contacted at 502-564-3827, select option 2 for Clinical Nutrition Section.

Nutrition Services Branch Fax number: 502-564-8389

ATTACH A COPY OF THE MEDICAL DOCOUMENTATION FORM AND PLACE THE ORIGINAL IN THE MEDICAL RECORD

(DO *NOT* COMPLETE BELOW THIS LINE.)

STATE AGENCY REVIEW

_____ **IS NOT APPROVED.** **(REASON)** _____

_____ **IS APPROVED.**

THIS APPROVAL IS EFFECTIVE UNTIL _____ **.**

A NEW REQUEST MUST BE SUBMITTED TO THE STATE AGENCY UPON EXPIRATION OF CURRENT MEDICAL DOCUMENTATION FORM.

_____
(NAME) (TITLE) (DATE)

Rev. 10/14

Fully Breastfeeding Infant Food Package

Fully BF	Foods	Amount of food Birth – 5 months	Amount of food 6 through 11 months	FI #1	FI #2
BF1 (Maximum)	Infant cereal	NA	24 oz.	2 – 8 oz. cont.	1 – 8 oz. cont.
	Infant Fruits & Vegetables	NA	256 oz.	32 – 4 oz. cont.	32 – 4 oz. cont.
	Infant Meats	NA	77.5 oz.	16 – 2.5 oz. cont.	15 – 2.5 oz. cont.

Infant Food Only Infant Package
(Family purchases formula or obtains formula from another source)

Infant	Foods	Amount of food Birth – 5 months	Amount of food 6 through 11 months	FI #1	FI #2
F1	Infant cereal	NA	24 oz.	2 – 8 oz. cont.	1 – 8 oz. cont.
	Infant Fruits & Vegetables	NA	128 oz.	16 – 4 oz. cont.	16 – 4 oz. cont.

Partially Breastfeeding Infant Food Packages
Contract Infant Formula- Gerber Infant Formulas
Maximum Allowed Issuance

Partially BF	Amount of food Birth – 1 month*	FI #1	Amount of food 2 – 3 months	FI #1	FI #2	Amount of food 4 – 5 months	FI #1	FI #2	Amount of food 6 – 11 months	FI #1	FI #2	FI #3
Good Start Gentle/Good Start Gentle Stage 1 12.7 oz. – NP1	104 fl. oz. recons. powder	1 can	435 oz. recons. powder	3 cans	2 cans	522 fl. oz. recons. Powder	3 cans	3 cans	384 fl. oz. recons. powder	2 cans	2 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Good Start Soothe/ Good Start Soothe Stage 1 12.4 oz. – NP8		1 can		3 cans	2 cans		3 cans	3 cans		2 cans	2 cans	
Good Start Soy/Good Start Soy Stage 1 12.9 oz. – NP4		1 can		2 cans	2 cans		3 cans	2 cans		2 cans	2 cans	
Gerber Graduates Gentle 22 oz. – NP5	104 fl. oz. recons. powder	NA	435 oz. recons. powder	NA	NA	522 fl. oz. recons. Powder	NA	NA	9 – 11 months 384 fl. oz. recons. Powder	1 can	1 can	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Gerber Graduates Soy- 24 oz. – NP7		NA		NA	NA		NA	NA		1 can	1 can	

* One (1) can of formula is available but shall not be routinely provided

Partially Breastfeeding Infant Food Packages (Continued)

Abbott and Mead Johnson – Noncontract Infant Formulas

Maximum Allowed Issuance

Partially BF	Amount of food	FI #1	Amount of food	FI #1	FI #2	Amount of food	FI #1	FI #2	Amount of food	FI #1	FI #2	FI #3
	Birth – 1 month*		2 – 3 mo.			4 – 5 mo.			6 – 11 mo.			
Enfamil AR – 12.9 oz. – MP1	104 fl. oz. recons. powder	1 can	435 fl. oz. recons. powder	2 cans	2 cans	522 fl. oz. recons. powder	3 cans	2 cans	384 fl. oz. recons. powder	2 cans	2 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Enfamil Gentlease – 12 oz. – MP2 (product size changing to 12.4 oz- see M70)		1 can		3 cans	2 cans		3 cans	3 cans		2 cans	2 cans	
Enfamil Gentlease – 12.4 oz. – M70		1 can		3 cans	2 cans		3 cans	3 cans		2 cans	2 cans	
Enfamil Premium Infant 12.5 oz. – MP4	104 fl. oz. recons. powder	1 can	435 fl. oz. recons. powder	2 cans	2 cans■	522 fl. oz. recons. powder	3 cans	2 cans	384 fl. oz. recons. Powder	2 cans	2 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Enfamil ProSobee – 12.9 oz. – MP5		1 can		2 cans	2 cans		3 cans	2 cans		2 cans	2 cans	
Similac Advance Stage 1 – 12.4 oz. – AP1		1 can		2 cans	2 cans		3 cans	2 cans		2 cans	2 cans	
Similac Soy Isomil – 12.4 oz. – AP2		1 can		2 cans	2 cans		3 cans	2 cans		2 cans	2 cans	
Similac Go & Grow Soy-Based 22 oz/1.38 lb– AP8		NA		NA	NA		NA	NA	9-11 months 384 fl. oz. recons. powder	1 can	1 can	

■ formula will be rounded up during the 2-3 month issuance period and will affect FI#2 (e.g., 1st month = 4 total cans, 2nd month = 5 total cans, 3rd month = 5 total cans) to provide maximum monthly allowance.

♥ formula will be rounded up during the 4-5 month issuance period and will affect FI #2 (e.g., 4th month = 5 cans, 5th month = 6 cans) to provide maximum monthly allowance

*One (1) can of formula is available but shall not be routinely provided.

Partially Breastfeeding Infant Food Packages (Continued)

Exempt Infant Formula - Food Package III - Local Agency Approval

Maximum Allowed Issuance

Partially BF	Amt. of food Birth – 1 month*	FI #1	Amount of food 2–3 mos.♥	FI #1	FI #2	Amount of food 4 – 5 months	FI #1	FI #2	Amount of food 6–11 mos.	FI #1	FI #2	FI #3
Enfamil Nutramigen Enflora LGG – 12.6 oz. MP9	104 fl. oz. recons. powder	1 can	435 fl. oz. recons. powder	3 cans	2 cans	522 fl. oz. recons. powder	3 cans	3 cans	384 fl. oz. recons. powder	2 cans	2 cans■	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Enfamil Pregestimil – 16 oz. – M10		1 can		2 cans	1 can or 2 cans♥		2 cans	2 cans		2 cans	1 cans	
Similac Expert Care Alimentum– 16 oz. – AP9		1 can		2 cans	1 can or 2 cans♥		2 cans	2 cans		2 cans	1 cans	
EleCare for Infants – 14.1 oz. – A10	104 fl. oz. recons. powder	1 can	435 oz. recons. powder	2 cans	2 cans	522 fl. oz. recons. powder	3 cans	2 cans	384 fl. oz. recons. Powder	2 cans	2 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Enfamil EnfaCare – 12.8 oz. – M11		1 can		3 cans	2 cans		3 cans	3 cans		2 cans	2 cans	
Neocate Infant - 14 oz. – SP1 *(product being discontinued Oct 2011-see SP2)*		1 can		3 cans	2 cans		4 cans	2 cans		2 cans	2 cans	
Neocate Infant with DHA & ARA – 14 oz. – SP2		1 can		3 cans	2 cans		4 cans	2 cans		2 cans	2 cans	
Nutramigen AA/PurAmino (14.1 oz.)– M13		1 can		2 cans	4 can		3 cans	2 can		2 cans	1 can♥	
Similac Expert Care NeoSure– 13.1 oz. – A11		1 can		2 cans	2 cans		3 cans	3 cans		2 cans	2 cans	
Similac PM 60/40 – 14.1 oz. – A12		1 can		2 cans	2 cans		3 cans	2 cans		2 cans	1 can or 2 cans▲	
Similac Special Care 24 w/ Iron– 2 oz. RTF– U16	104 fl. oz RTF	48 bottles	384 fl. oz. RTF	192 bottles	NA	448 fl. oz. RTF	192 bottles	NA	(For LBW infants up to 3600 g. or ~8 lb. weight)	NA	NA	NA
Similac Special Care 30 w/ Iron– 2 oz. RTF– U15		48 bottles		192 bottles	NA		192 bottles	NA	(For LBW infants up to 3600 g. or ~8 lb. weight)	NA	NA	

■ formula will be rounded up during the 1 – 3 month issuance and will affect FI#2 (e.g., 6th month = 4 cans, 7th month = 5 cans, 8th month = 4 cans) to provide max. monthly allowance

♥ formula will be rounded up during the 1 – 3 month issuance and will affect FI#2 (e.g., 1st month = 3 cans; 2nd month = 4 cans; 3rd month = 4 cans) to provide max. monthly allowance

* One (1) can of formula is available but shall not be routinely provided

▲ formula will be rounded up in the 6-11 mo. Issuance on FI#2 (e.g., 6th month = 3 cans, 7th month = 4 cans, 8th month = 4 cans; repeat for 9th - 11 months) to provide max. monthly allowance

Partially Breastfeeding Infant Food Packages (Continued)

Exempt Infant Formula - Food Package III – Requires State Agency Approval

Maximum Allowed Issuance

Partially BF	Amt. of food Birth – 1 month*	FI #1	Amt of food 2 – 3 mo.	FI #1	FI #2	Amt. of food 4 – 5 mo.	FI #1	FI #2	Amount of food 6 – 11 mo.	FI #1	FI #2	FI #3
Enfamil Human Milk Fortifier Acidified Liquid -500 ml carton-(5 ml vials) – M69	104 fl. oz. recons. Powder	1 cart. (2 cal.)	435 oz. recons. Powder/ 364 oz. recons. Conc	2 cart. (2 cal.)	1 cart. (2 cal.)	522 fl. oz. recons. Powder/ 442 oz. recons. Conc	2 cart. (2 cal.)	1 cart. (2 cal.)	384 fl. oz. recons. Powder/ 312 oz. recons. Conc	1 cart. (2 cal.)	1 cart. (2 cal.)	
ProViMin 5.3 oz. (148 g.) – A14		4 cans		9 cans	9 cans♣		12 cans	10 cans		8 cans	8 cans■	
Calcilo XD 13.2 oz. – A15		1 can		2 cans	2 cans♦		3 cans	2 cans		2 cans	2 cans	
Cyclinex – 1 (14.1 oz.) – A16		1 can		2 cans	2 cans		3 cans	2 cans		2 cans	1 can♥	
Glutarex-1 (14.1 oz.) – A17		1 can		2 cans	2 cans		3 cans	2 cans		2 cans	2 cans	
Hominex-1 (14.1 oz.) – A18		1 can		2 cans	2 cans♦		3 cans	2 cans		2 cans	2 cans	
I-Valex-1 (14.1 oz.) – A19		1 can		2 cans	2 cans		3 cans	2 cans		2 cans	2 cans	
Ketonex-1 (14.1 oz.) – A20		1 can		2 cans	2 cans		3 cans	2 cans		2 cans	2 cans	
Phenex-1 (14.1 oz.)- A21		1 can		2 cans	2 cans		3 cans	2 cans		2 cans	2 cans	
Propimex-1 (14.1 oz.) – A22		1 can		2 cans	2 cans		3 cans	2 cans		2 cans	2 cans	
Tyrex-1 (14.1 oz.) – A23		1 can		2 cans	2 cans		3 cans	2 cans		2 cans	2 cans	
MSUD Analog (400 g.) – SP3		1 can		2 cans	2 cans♦		3 cans	2 cans♫		2 cans	2 cans	
Periflex Infant (400 g.) – U2		1 can		3 cans	2 cans		3 cans	3 cans		2 cans	2 cans	3 – 8 oz. boxes cereal
XLeu Analog (400 grams) – SP5		1 can		2 cans	2 cans♦		3 cans	2 cans♫		2 cans	2 cans	32 -4 oz. Cont. F&V
XLys, XTrp Analog (400 g.) – SP6		1 can		2 cans	2 cans♦		3 cans	2 cans♫		2 cans	2 cans	
XMet Analog (400 g.)- SP7		1 can		2 cans	2 cans♦		3 cans	2 cans♫		2 cans	2 cans	
XMTVI Analog (400 g.) – SP8		1 can		2 cans	2 cans♦		3 cans	2 cans♫		2 cans	2 cans	
XPhe, XTyr Analog (400 g.)– SP9		1 can		2 cans	2 cans♦		3 cans	2 cans♫		2 cans	2 cans	
BCAD 1 (16 oz.) (454 g.) – M14		1 can		2 cans	2 cans		2 cans	1 can		3 cans	2 cans	
GA (16 oz.) (454 g.) – M15		1 can		2 cans	2 cans		2 cans	1 can		3 cans	2 cans	
HCY 1 (16 oz.) (454 g.) – M16		1 can		2 cans	2 cans		2 cans	1 can		3 cans	2 cans	
LMD (16 oz.) (454 g.) – M17		1 can		2 cans	2 cans		2 cans	1 can		3 cans	2 cans	
OA 1 (16 oz.) (454 g.) – M18		1 can		2 cans	2 cans		2 cans	1 can		3 cans	2 cans	
PFD 1 (16 oz.) (454 g.) – M19		1 can		2 cans	2 cans		2 cans	1 can		3 cans	2 cans	
Phenyl Free 1 (16 oz.) – M20		1 can		2 cans	2 cans		2 cans	1 can		3 cans	2 cans	
TYROS 1 (16 oz.) (454 g.) M21		1 can		2 cans	2 cans		2 cans	1 can		3 cans	2 cans	
WND 1 (16 oz.) (454 g.) – M22		1 can		2 cans	2 cans		2 cans	1 can		3 cans	2 cans	
3232A (16 oz.) (454 g.) – M23		1 can		2 cans	2 cans		2 cans	1 can		3 cans	2 cans	

* one (1) can of formula is available but shall not be routinely provided
♣ formula will be rounded up in 2-3 month issuance and affects FI#2 (e.g., 2nd month = 18 cans, 3rd month = 19 cans) for maximum monthly allowance
■ formula will be rounded up in 6-11 mo. issuance and affects FI#2 (e.g., 6th month = 16 cans, 7th month = 17 cans, 8th month = 16 cans; repeat for 9-11 months) for max. monthly allowance
♦ formula will be rounded up during the 2-3 month issuance and will affect FI#2 (e.g., 2nd month = 4 cans, 3rd month = 5 cans) for max. monthly allowance
♥ formula will be rounded up in 6-11 mo. issuance and affects FI#2 (e.g., 6th month = 3 cans, 7th month = 4 cans; 8th month = 3 cans; repeat for 9-11 months) for max. monthly allowance
♫ formula will be rounded up in the 4 -5 month issuance and will affect FI#2 (e.g., 4th month = 5 can., 5th month = 6 cans) for max. monthly allowance
► formula will be rounded up in the 4-5 month issuance and will affect FI#2 (e.g., 4th month = 6 cans, 5th month = 7 cans) for max. monthly allowance
● formula will be rounded up in the 6-11 month issuance and will affect FI#2 (e.g., 6th month = 4 cans, 7th month = 5 cans, 8th month = 4 cans; repeat for 9-11 months) for max. monthly allowance

Full Formula Infant Food Packages

Contract Infant Formula- Gerber Infant Formulas

Concentrate/Powder/Ready-to-Feed

Maximum Allowed Issuance

Fully Formula Fed	Amount of food Birth – 3 mos.	FI #1	FI #2	Amount of food 4 – 5 months	FI #1	FI #2	Amount of food 6 – 11 mos.	FI #1	FI #2	FI #3
Good Start Gentle/Good Start Gentle Stage 1 12.1 oz tetrabrick. – N19	806 fl. oz. concentrate	17 bricks	17 bricks	884 fl. oz. concentrate	20 bricks	17 bricks	624 fl. oz. concentrate	13 bricks	13 bricks	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Good Start Soy/Good Start Soy Stage 1 12.1 oz. – N20		17 bricks	17 bricks		20 bricks	17 bricks		13 bricks	13 bricks	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Good Start Gentle/Good Start Gentle Stage 1 12.7 oz. – NF3	870 fl. oz. recons. Powder	5 cans	4 cans	960 fl. oz. recons. Powder	5 cans	5 cans	696 fl. oz. recons. powder	5 cans	2 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Good Start Soothe/ Good Start Soothe Stage 1 12.4 oz. – NF11		5 cans	4 cans		5 cans	5 cans		5 cans	2 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Good Start Soy/Good Start Soy Stage 1 12.9 oz. NF6		6 cans	3 cans		6 cans	4 cans		4 cans	3 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Gerber Graduates Gentle - 22 oz. – NF7		NA	NA		NA	NA		2 cans	2 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Gerber GraduatesSoy 24 oz. – NF9		NA	NA		NA	NA		2 cans	2 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Good Start Gentle/Good Start Gentle Stage 1 4 pack 33.8 oz. – N21	832 fl. oz. RTF	12 packs	12 packs	913 fl. oz. RTF	15 packs	12 packs	643 fl. oz. RTF	12 packs	7 packs	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Good Start Soy/Good Start Soy Stage 1 4 pack 33.8 oz. – N22		12 packs	12 packs		15 packs	12 packs		12 packs	7 packs	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V

Reference: Authority to exceed the maximum amount of liquid infant formula, WIC Policy Memorandum #2001-6, June, 2011.

Full Formula Infant Food Packages (Continued)

NonContract Infant Formula- Abbott Infant Formulas

Concentrate/Powder/Ready-to-Feed

Maximum Allowed Issuance

Fully Formula Fed	Amount of food Birth – 3 mos.	FI #1	FI #2	Amount of food 4 – 5 months	FI #1	FI #2	Amount of food 6 – 11 mos.	FI #1	FI #2	FI #3
Similac Advance Stage 1 – 13 oz. A24	806 fl. oz. concentrate	16 cans	15 cans	884 fl. oz. concentrate	18 cans	16 cans	624 fl. oz. concentrate	12 cans	12 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Similac Soy Isomil – 13 oz. – A25		16 cans	15 cans		18 cans	16 cans		12 cans	12 cans	
Similac Advance Stage 1– 12.4 oz. A65	870 fl. oz. recons. Powder	6 cans	3 cans	960 fl. oz. recons. powder	6 cans	4 cans	696 fl. oz. recons. Powder	4 cans	3 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Similac Soy Isomil – 12.4 oz. – A28		6 cans	3 cans		6 cans	4 cans		4 cans	3 cans	
Similac Go & Grow Soy-Based – 22 oz./1.38 lb – A34		NA	NA		NA	NA		2 cans	2 cans	
Similac Advance Stage 1– 32 oz. –A35	832 fl. oz. RTF	14 cans	12 cans	913 fl. oz. RTF	16 cans	12 cans	643 fl. oz RTF	12 cans	8 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Similac Soy Isomil – 32 oz. – A38		14 cans	12 cans		16 cans	12 cans		12 cans	8 cans	

Full Formula Infant Food Packages (Continued)

NonContract Infant Formula- Mead Johnson Infant Formulas

Concentrate/Powder/Ready-to-Feed

Maximum Allowed Issuance

Fully Formula Fed	Amt. of food Birth – 3 mo.	FI #1	FI #2	Amt. of food 4 – 5 mos.	FI #1	FI #2	Amt. of food 6 – 11 mos.	FI #1	FI #2	FI #3
Enfamil Premium Infant – 13 oz. – M25	806 fl. oz. concentrate	16 cans	15 cans	884 fl. oz. concentrate	18 cans	16 cans	624 fl. oz. Concentrate	12 cans	12 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont.
Enfamil ProSobee – 13 oz. – M26		16 cans	15 cans		18 cans	16 cans		12 cans	12 cans	
Enfamil AR – 12.9 oz. – M27	870 fl. oz. recons. powder	5 cans	4 cans	960 fl. oz. recons. powder	5 cans	5 cans	696 fl. oz. recons. powder	4 cans	3 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Enfamil Gentlease – 12 oz. – M28 (product size changing to 12.4 oz- see M71)		5 cans	5 cans		6 cans	5 cans		4 cans	4 cans	
Enfamil Gentlease – 12.4 oz. – M71		5 cans	4 cans		5 cans	5 cans		4 cans	4 cans	
Enfamil Premium Infant – 12.5 oz. – M30		5 cans	4 cans		6 cans	4 cans		4 cans	3 cans	
Enfamil ProSobee– 12.9 oz. – M31		5 cans	4 cans		5 cans	5 cans		4 cans	3 cans	
Enfamil Enfagrow Toddler Transitions (Milk Based) - 21 oz. – M32		n/a	n/a		n/a	n/a		3	2*	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Enfamil Enfagrow Toddler Transitions Soy - 21 oz. – M33		n/a	n/a		n/a	n/a		3	2*	
Enfamil AR – 32 oz. – M34	832 fl. oz. RTF	14 cans	12 cans	913 fl. oz. RTF	16 cans	12 cans	643 fl. oz. RTF	12 cans	8 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Enfamil AR – 2 oz. bottles – M35		240 btls.	176 btls.		240 btls.	208 btls.		192 btls.	128 btls.	
Enfamil Premium Infant – 32 oz. – M39		14 cans	12 cans		16 cans	12 cans		12 cans	8 cans	
Enfamil Premium Infant – 2 oz. – M40		240 btls.	176 btls.		240 btls.	208 btls.		192 btls.	128 btls.	
Enfamil ProSobee – 32 oz. – M41		14 cans	12 cans		16 cans	12 cans		12 cans	8 cans	
Enfamil ProSobee – 2 oz. bottles – M43		240 btls.	176 btls.		240 btls.	208 btls.		192 btls.	128 btls.	

*formula will be rounded up to provide full nutritional benefit

Full Formula Infant Food Packages (Continued)

Exempt Infant Formula – Food Package III- Local Agency Approval

Concentrate/Powder/Ready-to-Feed

Maximum Allowed Issuance

Fully Formula Fed	Amt. of food Birth – 3 mo.	FI #1	FI #2	Amt. of food 4 – 5 mos.	FI #1	FI #2	Amt. of food 6 – 11 mos.	FI #1	FI #2	FI #3
Enfamil Nutramigen – 13 oz. – M44	806 fl. oz. conc.	16 cans	15 cans	884 fl. oz. conc.	18 cans	16 cans	624 fl. oz. conc.	12 cans	12 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Enfamil Nutramigen Enflora LGG–12.6 oz. M46	870 fl. oz. recons. powder	6 cans	4 cans	960 fl. oz. recons. powder	6 cans	5 cans	696 fl. oz. recons. powder	6 cans	2 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Enfamil Pregestimil – 16 oz. – M47		6 cans	1 cans♥		6 cans	2 cans♦		6 cans	NA	
Similac Expert Care Alimentum– 16 oz. – A43		6 cans	1 cans♫		6 cans	2 cans		6 cans■	NA	
Enfamil Nutramigen - 32 oz. – M48	832 fl. oz. RTF	14 cans	12cans	913 fl. oz. RTF	16 cans	12 cans	643 fl. oz. RTF	12 cans	8 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Enfamil Nutramigen - 6 oz.- M49		72 btls.	66 btls.		96 btls.	53 btls.		72 btls.	34 btls.	
Enfamil Pregestimil 24 -2oz- M72		192 btls.	192 btls..		192 btls.	240 btls.		192 btls.	144 btls.	
Enfamil Pregestimil 20 -2oz- M73		192 btls.	192 btls..		192 btls.	240 btls.		192 btls.	144 btls.	
Enfamil Nutramigen - 2 oz. btls – M50		240 btls.	176 btls.		240 btls.	208 btls.		192 btls.	128 btls.	
Similac Expert Care Alimentum. 32 oz. – A44		14 cans	12cans		16 cans	12 cans		12 cans	8 cans	

Full Formula Infant Food Packages (Continued)

Exempt Infant Formula & WIC Nutritionals – Food Package III- Local Agency Approval

Powder/Ready-to-Feed- MaximumAllowed Issuance

Fully Formula Fed	Amt. of food Birth – 3 mo.	FI #1	FI #2	Amt. of food 4 – 5 mos.	FI #1	FI #2	Amt. of food 6 – 11 mos.	FI #1	FI #2	FI #3
EleCare for infants (14.1 oz.) – A46	870 fl. oz. recons. powder	6 cans	3 cans	960 fl. oz. recons. powder	6 cans	4 cans	696 fl. oz. recons. powder	4 cans	3 cans	3 – 8 oz. boxes cereal 32 -4 oz. Containers infant Fruits &Vegetables
Enfamil EnfaCare (12.8 oz.) – M51		6 cans	4 cans		6 cans	5 cans		6 cans	2 cans	
Neocate Infant DHA and ARA (14 oz.) – SF2		8 cans	2 cans		8 cans	3 cans		4 cans	4 cans	
Nutramigen AA /PurAmino(14.1 oz.) (395 g.) – M57		6 cans	1 can●		6 cans	3 cans		6 cans	1 can	
Similac Expert Care NeoSure (13.1 oz.) A47		6 cans	4 cans		6 cans	5 cans		6 cans	2 cans	
Similac PM 60/40 (14.1 oz.) – A48		6 cans	2 cans♥		6 cans	3 cans		6 cans■	NA	
Enfamil EnfaCare (32 oz. cans) – M52	832 fl. oz. RTF	14 cans	12 cans	913 fl. oz. RTF	16 cans	12 cans	643 fl. oz. RTF	12 cans	8. cans	3 –8 oz. boxes cereal 32 -4 oz. Containers infant Fruits &Vegetables
Enfamil EnfaCare (2 oz. bottles) – M53		240 btls.	176 btls.		240 btls.	208 btls.		192 btls.	128 btls.	
Enfamil with Iron 24 (2 oz. btls) – M54		240 btls.	176 btls.		240 btls.	208 btls.		192 btls.	128 btls.	
Enfamil Premature 20 (2 oz. btls) – M55		240 btls.	176 btls.		240 btls.	208 btls.		192 btls.	128 btls.	
Enfamil Premature 24 - 2 oz. btls – M56		240 btls.	176 btls.		240 btls.	208 btls.		192 btls.	128 btls.	
Good Start Premature 24 high protein - 3 oz. btls N27		144 btls.	96 btls⬩.		144 btls.	144 btls.		144 btls.	48 btls.⬩	
Good Start Premature 24 w/Iron - 3 oz. btls N12		144 btls.	120 btls.		144 btls.	144 btls.		144 btls.	48 btls.	
PediaSure – 8 oz. – A49		56 cans	48 cans		64 cans	48 cans		48 cans	32 cans	
PediaSure with Fiber – 8 oz. – A50		56 cans	48 cans		64 cans	48 cans		48 cans	32 cans	
Nutren Junior – 8.45 oz. – N13		50 cans	48 cans		58 cans	48 cans		48 cans	27 cans	
Nutren Junior with Fiber – 8.45 oz. – N14		50 cans	48 cans		58 cans	48 cans		48 cans	27 cans	
Peptamen Junior – 8.45 oz. – N15	832 fl. oz. RTF	50 cans	48 cans	913 fl. oz. RTF	58 cans	48 cans	643 fl. oz. RTF	48 cans	27 cans	3 – 8 oz. boxes cereal 32 -4 oz. Containers infant Fruits &Vegetables
Peptamen Junior with Fiber – 8.45 oz. – N16		50 cans	48 cans		58 cans	48 cans		48 cans	27 cans	
Peptamen Junior with Prebio (8.45 oz. can) N17		50 cans	48 cans		58 cans	48 cans		48 cans	27 cans	
Peptamen Junior 1.5 w/Prebio / Peptamen Junior 1.5 (8.45 oz. can) N18		50 cans	48 cans		58 cans	48 cans		48 cans	27 cans	
Similac Expert Care NeoSure– 32 oz. R3		14 btls.	12 btls.		16 btls.	12 btls.		12 btls.	8 btls.	
Similac Special Care w/Iron 24 - 2 oz. A51		240 btls.	144 btls.		240 btls.	192 btls.		192 btls.	96 btls.	
Similac Special Care 30 w/ Iron– 2 oz. RTF– U14		240 btls.	144 btls.		240 btls.	192 btls.		240 btls.	48 btls.	

♥ formula will be rounded up during Birth-3 months (e.g., 1st month = 8 cans, 2nd month = 9 cans, 3rd month = 8 cans) to provide maximum monthly allowance

■ formula will be rounded up during the 7th and 10th months (e.g., 6th month = 6 cans, 7th month = 7 cans, 8th month = 6 cans; repeat for 9th-11 months) to provide max. monthly allowance

⬩ formula will be rounded up during the 2nd and3rd, 6th & 9th month and will effect FI#2 (e,g,, 2nd & 3rd mo. 144 btls.,, 6th and 9th mo 96 btls.to provide maximum issuance.

Full Formula Infant Food Packages (Continued)

Exempt Infant Formula & WIC Nutritionals – Food Package III - Requires State Agency Approval

Concentrate/Powder Maximum Allowed Issuance

Fully Formula Fed	Amt. of food Birth – 3 mo.	FI #1	FI #2	Amt. of food 4 – 5 mos.	FI #1	FI #2	Amt. of food 6 – 11 mos.	FI #1	FI #2	FI #3
RCF 13 oz. concentrate – A52	806 fl. oz. concentrate	16 – 13 oz. can	15 – 13 oz. cans	884 fl. oz. concentrate	18 – 13 oz. can	16 – 13 oz. cans	624 fl. oz. concentrate	12 – 13 oz. can	12 – 13 oz. cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
ProViMin - 5.3 oz. (148 g.) – A53	870 fl. oz. recons. powder	18 cans	18 cans	960 fl. oz. recons. powder	18 cans	18 cans	696 fl. oz. recons. powder	12 cans	12 cans■	3 – 8 oz. boxes cereal 32 -4 oz. Containers infant Fruits &Vegetables
Calcilo XD -13.2 oz. (370 g.) – A54		6 cans	3 cans		6 cans	4 cans		6 cans	1 cans	
Cyclinex-1 (14.1 oz.) (395 g.) – A55		6 cans	2 cans►		6 cans	3 cans		6 cans♣	NA	
Glutarex-1 (14.1 oz.) (395 g.) – A56		6 cans	3 cans		6 cans	4 cans		6 cans	1 can	
Hominex-1 (14.1 oz.) (395 g.) – A57		6 cans	3 cans		6 cans	4 cans		6 cans	1 can	
Enfaport (8 oz RTF) – U7		56 cans	48 cans		64 cans	48 cans		48 cans	32 cans	
I-Valex-1 (14.1 oz.) (395 g.) – A58		6 cans	3 cans		6 cans	4 cans		6 cans	1 can	
Ketonex-1 (14.1 oz.) (395 g.) – A59		6 cans	3 cans		6 cans	4 cans		6 cans	1 can	
Phenex-1 (14.1 oz.) (395 g.) – A60		6 cans	3 cans		6 cans	4 cans		6 cans	1 can	
Propimex-1 (14.1 oz.) (395 g.) – A61		6 cans	3 cans		6 cans	4 cans		6 cans	1 can	
Tyrex-1 (14.1 oz.) (395 g.) – A62		6 cans	3 cans		6 cans	4 cans		6 cans	1 can	
MSUD Analog (400 gram) - SF4		6 cans	3 cans♥		6 cans	4 cans▲		4 cans	3 cans♫	
Periflex Infant (400 g.) – U3		8 cans	2 cans		8 cans	3 cans		4 cans	4 cans	
Polycal (400 g.) – Sf5		6 cans	5 cans		6 cans	6 cans▼		6 cans	3 cans	
XLeu Analog (400 g.) – SF6		6 cans	3 cans♥		6 cans	4 cans▲		4 cans	3 cans♫	
XLys XTrp Analog (400 g.) – SF7		6 cans	3 cans♥		6 cans	4 cans▲		4 cans	3 cans♫	
XMet Analog (400 g.) – SF8		6 cans	3 cans♥		6 cans	4 cans▲		4 cans	3 cans♫	
XMTVI Analog (400 g.) – S10		6 cans	3 cans♥		6 cans	4 cans▲		4 cans	3 cans♫	
XPhe, XTyr Analog (400 g.) – S11		6 cans	3 cans♥		6 cans	4 cans		4 cans	3 cans♫	
BCAD 1 (16 oz.) (454 g.) – M58		6 cans	1 cans◄		6 cans	2 cans		6 cans	NA	
GA (16 oz.) (454 g.) – M59		6 cans	1 cans◄		6 cans	2 cans		6 cans	NA	
HCY 1 (16oz.) (454 g.) – M60		6 cans	1 cans◄		6 cans	2 cans		6 cans	NA	
LMD (16oz.) (454 g.) – M61		6 cans	1 cans◄		6 cans	2 cans		6 cans	NA	

■ formula will be rounded up during the 6-11 months (e.g., 6th month = 12 cans, 7th month = 13 cans, 8th month = 13 cans; repeat for 9-11 months) to provide maximum monthly allowance
♥ formula will be rounded up during the Birth-3 months (e.g., 1st month = 9 cans, 2nd month = 10 cans, 3rd month = 10 cans) to provide maximum monthly allowance
▲formula will be rounded up during the 4-5 months (e.g., 4th month = 10 cans, 5th month = 11 cans) to provide the maximum monthly allowance
♫ formula will be rounded up during the 6-11 months (e.g., 6th month = 7 cans, 7th month = 8 cans, 8th month = 8 cans; repeat for 9-11 months) to provide maximum monthly allowance
► formula will be rounded up during the Birth-3 months (e.g., 1st month = 8 cans, 2nd month = 9 cans, 3rd month = 8 cans) to provide maximum monthly allowance
● formula will be rounded up in the birth-3 months (e.g., 1st month = 8 cans, 2nd month = 9 cans, 3rd month = 9 cans) to provide maximum monthly allowance
♣ formula will be rounded up during the 6-11 months (e.g., 6th month = 6 cans, 7th month = 7 cans, 8th month = 7 cans; repeat for 9-11 months) to provide maximum monthly allowance
▼ formula will be rounded up during the 4-5 months (e.g., 4th month = 12 cans, 5th month = 13 cans) to provide the maximum monthly allowance
◄ formula will be rounded up during the birth-3 months (e.g., 1st month = 7 cans, 2nd month = 8 cans, 3rd month = 7 cans) to provide maximum monthly allowance

Full Formula Infant Food Packages (Continued)

Exempt Infant Formula & WIC Nutritionals – Food Package III - Requires State Agency Approval

Powder Products

Maximum Allowed Issuance

Fully Formula Fed	Amt. of food Birth – 3 mo.	FI #1	FI #2	Amt. of food 4 – 5 mos.	FI #1	FI #2	Amt. of food 6 – 11 mos.	FI #1	FI #2	FI #3
OA 1 (16oz.) (454 g.) – M62	870 fl. oz. recons. Powder	6 cans	1 cans◄	960 fl. oz. recons. powder	6 cans	2 cans	696 fl. oz. recons. powder	6 cans	NA	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
PFD 1 (16oz.) (454 g.) – M63		6 cans	1 cans◄		6 cans	2 cans		6 cans	NA	
Phenyl Free 1 (16oz.) (454 g.) – M64		6 cans	1 cans◄		6 cans	2 cans		6 cans	NA	
TYROS 1 (16oz.) (454 g.) – M65		6 cans	1 cans◄		6 cans	2 cans		6 cans	NA	
WND 1 (16oz.) (454 g.) – M66		6 cans	1 cans◄		6 cans	2 cans		6 cans	NA	
3232A (16 oz.) (454 g.) – M67		6 cans	1 cans◄		6 cans	2 cans		6 cans	NA	

■ formula will be rounded up during the 6-11 months (e.g., 6th month = 12 cans, 7th month = 13 cans, 8th month = 13 cans; repeat for 9-11 months) to provide maximum monthly allowance
♥ formula will be rounded up during the Birth-3 months (e.g., 1st month = 9 cans, 2nd month = 10 cans, 3rd month = 10 cans) to provide maximum monthly allowance
▲formula will be rounded up during the 4-5 months (e.g., 4th month = 10 cans, 5th month = 11 cans) to provide the maximum monthly allowance
♫ formula will be rounded up during the 6-11 months (e.g., 6th month = 7 cans, 7th month = 8 cans, 8th month = 8 cans; repeat for 9-11 months) to provide maximum monthly allowance
► formula will be rounded up during the Birth-3 months (e.g., 1st month = 8 cans, 2nd month = 9 cans, 3rd month = 8 cans) to provide maximum monthly allowance
● formula will be rounded up in the birth-3 months (e.g., 1st month = 8 cans, 2nd month = 9 cans, 3rd month = 9 cans) to provide maximum monthly allowance
♣ formula will be rounded up during the 6-11 months (e.g., 6th month = 6 cans, 7th month = 7 cans, 8th month = 7 cans; repeat for 9-11 months) to provide maximum monthly allowance
▼ formula will be rounded up during the 4-5 months (e.g., 4th month = 12 cans, 5th month = 13 cans) to provide the maximum monthly allowance
◄ formula will be rounded up during the birth-3 months (e.g., 1st month = 7 cans, 2nd month = 8 cans, 3rd month = 7 cans) to provide maximum monthly allowance

Full Formula Tube Fed Infant Food Packages

Contract and Noncontract

Ready to Feed/Powder

Maximum Allowed Issuance

Fully Tube Fed♥	Amount of food Birth through 3 months	FI #1	FI #2	Amount of food 4 through 11 months	FI #1	FI #2
Good Start Gentle/Good Start Gentle Stage 1 32 oz. -NT1 (product size changing to 33.8 oz- see N23)	832 fl. oz. RTF/870 fl. oz. recons. Powder	16 cans	10 cans	913 fl. oz. RTF/696 fl. oz. recons. powder	16 cans	12 cans
Good Start Soy/Good Start Soy Stage 1 – 32 oz. NT2 (product size changing to 33.8 oz- see N24)		16 cans	10 cans		16 cans	12 cans
Good Start Gentle/Good Start Gentle Stage 1 4 pack 33.8 oz. – N23		12 packs	12 packs		15 packs	12 packs
Good Start Soy/Good Start Soy Stage 1 4 pack 33.8 oz. – N24		12 packs	12 packs		15 packs	12 packs
Enfamil AR – 32 oz. – MT1		16 cans	10 cans		16 cans	12 cans
Enfamil Premium Infant – 32 oz. – MT5		16 cans	10 cans		16 cans	12 cans
Enfamil ProSobee – 32 oz. – MT6		16 cans	10 cans		16 cans	12 cans
Similac PM 60/40 14.1 oz powder – AT5		6 cans	2 cans		6 cans	3 cans
Enfamil 24 – 2 oz. – MT54		240 bottles	144 bottles		240 bottles	192 bottles
EleCare with DHA & ARA -14.1 oz. powder – AT7		6 cans	3 cans		6 cans	4 cans
Similac Advance Stage 1 – 32 oz. ST1		16 cans	10 cans		16 cans	12 cans
Similac Soy Isomil – 32 oz. – ST2		16 cans	10 cans		16 cans	12 cans

Reference: Authority to exceed the maximum amount of liquid infant formula, WIC Policy Memorandum #2001-6, June, 2011

Full Formula Tube Fed Infant Food Packages

Exempt Infant Formula & WIC Nutritionals - Local Agency Approval

Ready to Feed

Maximum Allowed Issuance

Fully Tube Fed♥	Amount of food Birth through 3 months	FI #1	FI #2	Amount of food 4 through 11 months	FI #1	FI #2
Enfamil Nutramigen 32 oz. – MT7	832 fl. oz. RTF	16 cans	10 cans	913 fl. oz. RTF	16 cans	12 cans
Similac Expert Care Alimentum 32 oz. – ST5		16 cans	10 cans		16 cans	12 cans
Enfamil EnfaCare 32 oz. – MT9		16 cans	10 cans		16 cans	12 cans
Similac Expert Care NeoSure 32 oz. – ST6		16 cans	10 cans		16 cans	12 cans

♥ This food package provides the maximum amount of formula and no other foods for the infant.

Rev. 10/14

FOOD PACKAGES FOR CHILDREN age 12 through 23 months*

Food Package♥	Food Instrument 1	Food Instrument 2	Food Instrument 3♣
Child CA (maximum – all milk)	1 – 64 oz. juice 2 – gallons whole milk 36 ounces – cereal 1 dozen eggs 1 – 14 or 16 oz. brown rice OR 16 oz. whole wheat bread OR 16 oz. whole wheat/corn tortilla 1 pound dry beans OR 4 – 15 to 16 oz. cans beans	1 – 64 oz. juice 2 – gallons whole milk 1 – 14 or 16 oz. brown rice OR 16 oz. whole wheat bread OR 16 oz. whole wheat/corn tortilla	$8.00 for fresh fruits and vegetables
Child CB (maximum – milk and cheese)	1 – 64 oz. juice 2 – gallons whole milk 1 pound cheese 36 ounces – cereal 1 dozen eggs 1 – 14 or 16 oz. brown rice OR 16 oz. whole wheat bread OR 16 oz. whole wheat/corn tortilla 1 pound dry beans OR 4 – 15 to 16 oz. cans beans	1 – 64 oz. juice 1 – gallon whole milk 1 – quart whole milk 1 – 14 or 16 oz. brown rice OR 16 oz. whole wheat bread OR 16 oz. whole wheat/corn tortilla	$8.00 for fresh fruits and vegetables
Child CC (maximum – milk and tofu)	1 – 64 oz. juice 1 – gallon whole milk 1 – half gallon whole milk 16 ounces tofu▲ 36 ounces – cereal 1 dozen eggs 1 – 14 or 16 oz. brown rice OR 16 oz. whole wheat bread OR 16 oz. whole wheat/corn tortilla	1 – 64 oz. juice 2 – gallons whole milk 16 ounces tofu▲ 1 – 14 or 16 oz. brown rice OR 16 oz. whole wheat bread OR 16 oz. whole wheat /corn tortilla 1 pound dry beans OR 4 – 15 to 16 oz. cans beans	$8.00 for fresh fruits and vegetables
Child CLF (maximum – lactose free milk)	1 – 64 oz. juice 4 – half gallons whole lactose free 36 ounces – cereal 1 dozen eggs 1 – 14 or 16 oz. brown rice OR 16 oz. whole wheat bread OR 16 oz. whole wheat /corn tortilla 1 pound dry beans OR 4 – 15 to 16 oz. cans beans	1 – 64 oz. juice 4 – half gallons whole lactose free 1 – 14 or 16 oz. brown rice OR 16 oz. whole wheat bread OR 16 oz. whole wheat/corn tortilla	$8.00 for fresh fruits and vegetables
Child CS ▲ Maximum soy milk	1 – 64 oz. juice 4 – half gallons soy milk 36 ounces – cereal 1 dozen eggs 1 – 14 or 16 oz. brown rice OR 16 oz. whole wheat bread OR 16 oz. whole wheat/corn tortilla 1 pound dry beans OR 4 – 15 to 16 oz. cans beans	1 – 64 oz. juice 4 – half gallons soy milk 1 – 14 or 16 oz. brown rice OR 16 oz. whole wheat bread OR 16 oz. whole wheat/corn tortilla	$8.00 for fresh fruits and vegetables
Child CBK (Kosher designated-maximum milk and cheese)	1 – 64 oz. juice 4 – half gallons whole milk (designated Kosher) 1 pound cheese (designated Kosher) 36 ounces – cereal 1 dozen eggs 1 – 14 or 16 oz. brown rice OR 16 oz. whole wheat bread OR 16 oz. whole wheat/corn tortilla 1 pound dry beans OR 4 – 15 to 16 oz. cans beans	1 – 64 oz. juice 2 – half gallons whole milk (designated Kosher) 1 – 14 or 16 oz. brown rice OR 16 oz. whole wheat bread OR 16 oz. whole wheat/corn tortilla	$8.00 for fresh fruits and vegetables

* Children age 1 to 2 will not receive peanut butter unless requested on a Kentucky Certificate of Medical Necessity (WIC-300) due to the increased risk of choking with these food items.

▲Requires a Kentucky Certificate of Medical Necessity (WIC-300).

♥Any of these food packages may be tailored to reduce the milk and the reason must be documented.

♣Counsel the caregiver that if they go over the cash amount, they will be asked to provide the additional cash for the product or they must decrease the amount of the product.

Rev. 10/14

FOOD PACKAGES FOR CHILDREN age 2 through 4

Food Package♥	Food Instrument 1	Food Instrument 2	Food Instrument 3♣
Child CA (maximum – all milk)	1 – 64 oz. juice 2 – gallons 1%, ½% or skim milk 36 ounces – cereal 1 dozen eggs 1 – 14 or 16 oz. brown rice OR 16 oz. whole wheat bread OR 16 oz. whole wheat/corn tortilla	1 – 64 oz. juice 2 – gallons 1%, ½% or skim milk 1 – 14 or 16 oz. brown rice OR 16 oz. whole wheat bread OR 16 oz. whole wheat/corn tortilla 1 pound dry beans OR 4 – 15 to 16 oz. cans beans OR 1 – 18 oz. peanut butter	$8.00 for fresh fruits and vegetables
Child CB (maximum – milk and cheese)	1 – 64 oz. juice 2 – gallons 1%, ½% or skim milk 36 ounces – cereal 1 dozen eggs 1 – 14 or 16 oz. brown rice OR 16 oz. whole wheat bread OR 16 oz. whole wheat/corn tortilla 1 pound dry beans OR 4 – 15 to 16 oz. cans beans OR 1 – 18 oz. peanut butter	1 – 64 oz. juice 1 – gallon 1%, ½% or skim milk 1 – quart 1%, ½% or skim milk 1 – pound cheese 1 – 14 or 16 oz. brown rice OR 16 oz. whole wheat bread OR 16 oz. whole wheat/corn tortilla	$8.00 for fresh fruits and vegetables
Child CC (maximum – milk and tofu)	1 – 64 oz. juice 2 – gallons 1%, ½% or skim milk 1 – half gallon 1%, ½% or skim milk 16 ounces tofu▲ 36 ounces – cereal 1 dozen eggs 1 – 14 or 16 oz. brown rice OR 16 oz. whole wheat bread OR 16 oz. whole wheat/corn tortilla	1 – 64 oz. juice 1 – gallon 1%, ½% or skim milk 16 ounces tofu▲ 1 – 14 or 16 oz. brown rice OR 16 oz. whole wheat bread OR 16 oz. whole wheat/corn tortilla 1 pound dry beans OR 4 – 15 to 16 oz. cans beans OR 1 – 18 oz. peanut butter	$8.00 for fresh fruits and vegetables
Child CAB – *acidophilus/bifidum* CLS- *lactose free* (maximum – lactose free or acidophilus/bifidum milk)	1 – 64 oz. juice 4 – half gallons 1%, ½% or skim/fat free lactose free OR acidophilus/bifidum milk 36 ounces – cereal 1 dozen eggs 1 – 14 or 16 oz. brown rice OR 16 oz. whole wheat bread OR 16 oz. whole wheat/corn tortilla	1 – 64 oz. juice 4 – half gallons 1%, ½% or skim/fat free lactose free OR acidophilus/bifidum milk 1 – 14 or 16 oz. brown rice OR 16 oz. whole wheat bread OR 16 oz. whole wheat/corn tortilla 1 pound dry beans OR 4 – 15 to 16 oz. cans beans OR 1 – 18 oz. peanut butter	$8.00 for fresh fruits and vegetables
Child CS▲ (maximum soy milk)	1 – 64 oz. juice 4 – half gallons soy milk 36 ounces – cereal 1 dozen eggs 1 – 14 or 16 oz. brown rice OR 16 oz. whole wheat bread OR 16 oz. whole wheat/corn tortilla 1 pound dry beans OR 4 – 15 to 16 oz. cans beans OR 1 – 18 oz. peanut butter	1 – 64 oz. juice 4 – half gallons soy milk 1 – 14 or 16 oz. brown rice OR 16 oz. whole wheat bread OR 16 oz. whole wheat/corn tortilla	$8.00 for fresh fruits and vegetables
Child CBK (Kosher designated-maximum milk and cheese)	1 – 64 oz. juice 4 – half gallons 1%, ½% or skim milk (designated Kosher) 36 ounces – cereal 1 dozen eggs 1 – 14 or 16 oz. brown rice OR 16 oz. whole wheat bread OR 16 oz. whole wheat/corn tortilla 1 pound dry beans OR 4 – 15 to 16 oz. cans beans OR 1 – 18 oz. peanut butter	1 – 64 oz. juice 2 – half gallon 1%, ½% or skim milk (designated Kosher) 1 – pound cheese (designated Kosher) 1 – 14 or 16 oz. brown rice OR 16 oz. whole wheat bread OR 16 oz. whole wheat/corn tortilla	$8.00 for fresh fruits and vegetables

▲Requires a Kentucky Certificate of Medical Necessity (WIC-300).
♥Any of these food packages may be tailored to provide less foods and the reason must be documented (web-based system only).
♣Counsel the caregiver that if they go over the cash amount, they will be asked to provide the additional cash for the product or they must decrease the amount of the product.

Rev. 10/14

FOOD PACKAGES FOR PREGNANT AND PARTIALLY BREASTFEEDING WOMEN (infant on supplemental formula package)

Food Package♥	Food Instrument 1	Food Instrument 2	Food Instrument 3♣
Pregnant/Partially Breastfeeding P1 (maximum – all milk)	2 – 48 oz. OR 12 oz. juice 3 – gallons 1%, ½% or skim milk 1 – half gallon 1%, ½% or skim milk 36 ounces – cereal 1 dozen eggs 1 – 14 or 16 oz. brown rice OR 16 oz. whole wheat bread OR 16 oz. whole wheat/corn tortillas 1 pound dry beans OR 4 – 15 to 16 oz. cans beans	1 –48 oz. OR 12 oz. juice 2 – gallons 1%, ½% or skim milk 1 – 18 oz. peanut butter	$11.00 for fresh fruits and vegetables
Pregnant/Partially Breastfeeding P2 (maximum – milk and cheese)	2 – 48 oz. OR 12 oz. juice 2 – gallons 1%, ½% or skim milk 1 – half gallon ½%, 1% or skim milk 1 – quart 1%, ½% or skim milk 1 – pound cheese 36 ounces – cereal 1 dozen eggs 1 pound dry beans OR 4 – 15 to 16 oz. cans beans	1 –48 oz. OR 12 oz. juice 2 – gallons 1%, ½% or skim milk 1 – 14 or 16 oz. brown rice OR 16 oz. whole wheat bread OR 16 oz. whole wheat/corn tortilla 1 – 18 oz. peanut butter	$11.00 for fresh fruits and vegetables
Pregnant/Partially Breastfeeding P3 (maximum – milk and tofu)	2 – 48 oz. OR 12 oz. juice 3 – gallons 1%, ½% or skim milk 16 ounces tofu 36 ounces – cereal 1 dozen eggs 1 – 14 or 16 oz. brown rice OR 16 oz. whole wheat bread OR 16 oz. whole wheat/corn tortilla 1 pound dry beans OR 4 – 15 to 16 oz. cans beans	1 –48 oz. OR 12 oz. juice 2 – gallons 1%, ½% or skim milk 16 ounces tofu 1 – 18 oz. peanut butter	$11.00 for fresh fruits and vegetables
Pregnant/Partially Breastfeeding PAB –*acidophilus/bifidum* PLF- *lactose free* (maximum – lactose free or acidophilus/bifidum milk)	2 – 48 oz. OR 12 oz. juice 7 – half gallons 1%, ½% or skim lactose free OR acidophilus/bifidum milk 36 ounces – cereal 1 dozen eggs 1 pound dry beans OR 4 – 15 to 16 oz. cans beans	1 48 oz. OR 12 oz. juice 4 – half gallons 1%, ½% or skim/fat free lactose free OR acidophilus/bifidum milk 1 – 14 or 16 oz. brown rice OR 16 oz. whole wheat bread OR 16 oz. whole wheat/corn tortilla 1 – 18 oz. peanut butter	$11.00 for fresh fruits and vegetables
Pregnant/Partially Breastfeeding P2S Soy Milk	2 – 48 oz. OR 12 oz. juice 7 – half gallons soy milk 36 ounces – cereal 1 dozen eggs 1 pound dry beans OR 4 – 15 to 16 oz. cans beans	1 – 48 oz. OR 12 oz. juice 4 – half gallons soy milk 1 – 14 or 16 oz. brown rice OR 16 oz. whole wheat bread OR 16 oz. whole wheat/corn tortilla 1 – 18 oz. peanut butter	$11.00 for fresh fruits and vegetables
Pregnant/Partially Breastfeeding P2K (maximum – Kosher designated milk and cheese)	2 – 48 oz. OR 12 oz. juice 5 – half gallon 1%, ½% or skim milk (designated Kosher) 1 – pound cheese (designated Kosher) 36 ounces – cereal 1 dozen eggs 1 pound dry beans OR 4 – 15 to 16 oz. cans beans	1 – 48 oz. OR 12 oz. juice 4– half gallon 1%, ½% or skim milk (designated Kosher) 1 – 14 or 16 oz. brown rice OR 16 oz. whole wheat bread OR 16 oz. whole wheat/corn tortilla 1 – 18 oz. peanut butter	$11.00 for fresh fruits and vegetables

♣Counsel the participant that if they go over the cash amount, they will be asked to provide the additional cash for the product or they must decrease the amount of the product.
♥Any of these food packages may be tailored to provide less foods and the reason must be documented.
▲Requires a Kentucky Certificate of Medical Necessity (WIC-400).

Rev. 10/15

FOOD PACKAGES FOR POSTPARTUM WOMEN AND PARTIALLY BREASTFEEDING WOMEN (infant on full formula package)

Food Package♥	Food Instrument 1	Food Instrument 2	Food Instrument 3♣
Postpartum **PP1** **(maximum – all milk)**	**1 – 48 oz. OR 12 oz. juice** **2 – gallons 1%, ½% or skim milk** **36 ounces – cereal** **1 dozen eggs** **1 pound dry beans OR 4 – 15 to 16 oz. cans beans OR 1 – 18 oz. peanut butter**	**1 – 48 oz. OR 12 oz. juice** **2 – gallons 1%, ½ or skim milk**	**$11.00 for fresh fruits and vegetables**
Postpartum **PP2** **(maximum – milk and cheese)**	**1 – 48 oz. OR 12 oz. juice** **2 – gallons 1%, ½% or skim milk** **1 – quart 1%, ½% or skim milk** **1 – pound cheese** **36 ounces – cereal** **1 dozen eggs** **1 pound dry beans OR 4 – 15 to 16 oz. cans beans OR 1 – 18 oz. peanut butter**	**1 48 oz. OR 12 oz. juice** **1 – gallon 1%, ½% or skim milk**	**$11.00 for fresh fruits and vegetables**
Postpartum **PP3** **(maximum – milk and tofu)**	**1 – 48 oz. OR 12 oz. juice** **2 – gallons 1%, ½% or skim milk** **1 – half gallon 1%, ½% or skim milk** **16 ounces tofu** **36 ounces – cereal** **1 dozen eggs** **1 pound dry beans OR 4 – 15 to 16 oz. cans beans OR 1 – 18 oz. peanut butter**	**1 – 48 oz. OR 12 oz. juice** **1 – gallon 1%, ½ or skim milk** **16 ounces tofu**	**$11.00 for fresh fruits and vegetables**
Postpartum **PAB –** ***acidophilus/bifidum*** **PLF-** ***lactose free*** **(maximum - lactose free or acidophilus/bifidum milk)**	**1 – 48 oz. OR 12 oz. juice** **4 – half gallons 1%, ½% or skim lactose free OR acidophilus/bifidum milk** **36 ounces – cereal** **1 dozen eggs** **1 pound dry beans OR 4 – 15 to 16 oz. cans beans OR 1 – 18 oz. peanut butter**	**1 – 48 oz. OR 12 oz. juice** **4 – half gallons 1%, ½% or skim lactose free OR acidophilus/bifidum milk**	**$11.00 for fresh fruits and vegetables**
Postpartum **PP2S** **Soy milk**	**1 – 48 oz. OR 12 oz. juice** **4 – half gallons soy milk** **36 ounces – cereal** **1 dozen eggs** **1 pound dry beans OR 4 – 15 to 16 oz. cans beans OR 1 – 18 oz. peanut butter**	**1 – 48 oz. OR 12 oz. juice** **4 – half gallons soy milk**	**$11.00 for fresh fruits and vegetables**
Postpartum **PPK** **(maximum – Kosher designated milk and cheese)**	**1 – 48 oz. OR 12 oz. juice** **4 – half gallons 1%, ½% or skim milk (designated Kosher)** **1 – pound cheese (designated Kosher)** **36 ounces – cereal** **1 dozen eggs** **1 pound dry beans OR 4 – 15 to 16 oz. cans beans OR 1 – 18 oz. peanut butter**	**1 – 48 oz. OR 12 oz. juice** **2 – half gallons 1%, ½% or skim milk (designated Kosher)**	**$11.00 for fresh fruits and vegetables**

♣Counsel the participant that if they go over the cash amount, they will be asked to provide the additional cash for the product or they must decrease the amount of the product.
♥Any of these food packages may be tailored to provide less foods and the reason must be documented.
▲Requires a Kentucky Certificate of Medical Necessity (WIC-400).

Rev. 10/15

FOOD PACKAGES FOR FULLY BREASTFEEDING WOMEN ,WOMEN PREGNANT WITH MULTIPLES, PREGNANT & BREASTFEEDING (INFANT RECEIVED PARTIALLY BREASTFEEDING FORMULA AMOUNTS OR LESS), AND PARTIALLY BREASTFEEDING MULTIPLES

Food Package♥	Food Instrument 1	Food Instrument 2	Food Instrument 3♣
FBF 1 **(maximum – milk and cheese)**	2 – 48 oz. OR 12 oz. juice 3 – gallons 1%, ½% or skim milk 1 – pound cheese 36 ounces – cereal 1 dozen eggs 1 – 14 or 16 oz. brown rice OR 16 oz. whole wheat bread OR 16 oz. whole wheat/corn tortilla	1 – 48 oz. OR 12 oz. juice 3 – gallons 1%, ½% or skim milk 1 dozen eggs 1 – 18 oz. peanut butter 30 ounces canned fish 1 pound dry beans OR 4 – 15 to 16 oz. cans beans	**$11.00 for fresh fruits and vegetables**
FBF 2 **(maximum – milk and 2 pounds cheese)**	2 – 48 oz. OR 12 oz. juice 3 – gallons 1%, ½% or skim milk 1 – quart 1%, ½% or skim milk 1 – pound cheese 36 ounces – cereal 1 dozen eggs 30 ounces canned fish	1 – 48 oz. OR 12 oz. juice 2 – gallons 1%, ½% or skim/fat free milk 1 – pound cheese 1 dozen eggs 1 – 18 oz. peanut butter 1 – 14 or 16 oz. brown rice OR 16 oz. whole wheat bread OR 16 oz. whole wheat/corn tortilla 1 pound dry beans OR 4 – 15 to 16 oz. cans beans	**$11.00 for fresh fruits and vegetables**
FBF 3 **(maximum – milk and tofu)**	2 – 48 oz. OR 12 oz. juice 3 – gallons 1%, ½% or skim milk 1 – half gallon 1%, ½% or skim milk 16 ounces tofu 36 ounces – cereal 1 dozen eggs 1 – 14 or 16 oz. brown rice OR 16 oz. whole wheat bread OR 16 oz. whole wheat/corn tortilla 30 ounces canned fish	1 – 48 oz. OR 12 oz. juice 2 – gallons 1%, ½% or skim milk 16 ounces tofu 1 – pound cheese 1 dozen eggs 1 – 18 oz. peanut butter 1 pound dry beans OR 4 – 15 to 16 oz. cans beans	**$11.00 for fresh fruits and vegetables**
FBFA – ***acidophilus/bifidum*** **FBFL-** ***lactose free*** **(maximum - lactose free or acidophilus/bifidum milk)**	2 – 48 oz. OR 12 oz. juice 6 – half gallons 1%, ½% or skim lactose free OR acidophilus/bifidum milk 1 – pound cheese 36 ounces – cereal 1 dozen eggs 1 – 14 or 16 oz. brown rice OR 16 oz. whole wheat bread OR 16 oz. whole wheat/corn tortilla	1 – 48 oz. OR 12 oz. juice 6 – half gallons 1%, ½% or skim lactose free OR acidophilus/bifidum milk 1 dozen eggs 1 – 18 oz. peanut butter 1 pound dry beans OR 4 – 15 to 16 oz. cans beans 30 ounces canned fish	**$11.00 for fresh fruits and vegetables**
FB1X **(pregnant supplemental food package)**	1 – gallon 1%, ½% or skim milk 1 – half gallon 1%, ½% or skim milk 1 - quart 1%, ½% or skim milk 1 dozen eggs 30 ounces canned fish	N/A	N/A
FBFS **Soy milk**	2 – 48 oz. OR 12 oz. juice 6 – half gallons soy milk 1 – pound cheese 36 ounces – cereal 1 dozen eggs 1 – 14 or 16 oz. brown rice OR 16 oz. whole wheat bread OR 16 oz. whole wheat/corn tortilla	1 – 48 oz. OR 12 oz. juice 6 – half gallons soy milk 1 dozen eggs 1 – 18 oz. peanut butter 1 pound dry beans OR 4 – 15 to 16 oz. cans beans 30 ounces canned fish	**$11.00 for fresh fruits and vegetables**
FBFK **(maximum – Kosher designated milk and cheese)**	2 – 48 oz. OR 12 oz. juice 6 – half gallons 1%, ½% or skim milk (designated Kosher) 1 – pound cheese (designated Kosher) 36 ounces – cereal 1 dozen eggs 1 – 14 or 16 oz. brown rice OR 16 oz. whole wheat bread OR 16 oz. whole wheat/corn tortilla	1 – 48 oz. OR 12 oz. juice 6 – half gallons 1%, ½% or skim milk (designated Kosher) 1 dozen eggs 1 – 18 oz. peanut butter 30 ounces canned fish 1 pound dry beans OR 4 – 15 to 16 oz. cans beans	**$11.00 for fresh fruits and vegetables**

♣Counsel the participant that if they go over the cash amount, they will be asked to provide the additional cash for the product or they must decrease the amount of the product.
♥Any of these food packages may be tailored to provide less foods and the reason must be documented.
▲Requires a Kentucky Certificate of Medical Necessity (WIC-400). **Rev. 10/15**

FOOD PACKAGES FOR FULLY BREASTFEEDING WOMEN WITH MULTIPLE INFANTS BREASTFEEDING

Food Package♥	Food Instrument 1	Food Instrument 2	Food Instrument 3	Food Instrument 4
BFM 1 **(maximum – milk and cheese)**	2 – 48 oz. OR 12 oz. juice■ 3 – gallons 1%, ½% or skim milk 1 – pound cheese 54 ounces – cereal 1 dozen eggs 1 – 14 or 16 oz. brown rice OR 1 – 16 oz. whole wheat bread OR 1-16 oz. whole wheat/corn tortilla♦	1 – 48 oz. OR 12 oz. juice juice■ 3 – gallons 1%, ½% or skim milk 1 – 8 oz. cheese 1 dozen eggs 1 – 18 oz. peanut butter 45 ounces canned fish 1 pound dry beans OR 4 – 15 to 16 oz. cans beans	1 – 48 oz. OR 12 oz. juice■ 3 – gallons 1%, ½% or skim milk 1 dozen eggs 1 pound dry beans OR 4 – 15 to 16 oz. cans beans	$16.50 for fresh fruits and vegetables
BFM 2 **(maximum – milk and 3½ pounds cheese)**	2 – 48 oz. OR 12 oz. juice■ 3 – gallons 1%, ½% or skim milk 1 – half gallon 1%, ½% or skim milk 1 – pound cheese 1 – 8 oz. cheese 54 ounces – cereal 1 dozen eggs 45 ounces canned fish 1 pound dry beans OR 4 – 15 to 16 oz. cans beans	1 – 48 oz. OR 12 oz. juice■ 2 – gallons 1%, ½% or skim milk 1 – pound cheese 1 dozen eggs 1 – 18 oz. peanut butter 1 – 14 or 16 oz. brown rice OR 1 – 16 oz. whole wheat bread OR 1-16 oz. whole wheat/corn tortilla ♦	1 – 48 oz. OR 12 oz. juice■ 2 – gallons 1%, ½% or skim milk 1 – pound cheese 1 dozen eggs 1 pound dry beans OR 4 – 15 to 16 oz. cans beans	$16.50 for fresh fruits and vegetables
BFM 3 **(maximum – milk and tofu)**	2 – 48 oz. OR 12 oz. juice■ 3 – gallons 1%, ½% or skim milk 1 – half gallon 1%, ½% or skim milk 1 – pound cheese 16 ounces tofu 54 ounces – cereal 1 dozen eggs 45 ounces canned fish 1 pound dry beans OR 4 – 15 to 16 oz. cans beans	1 – 48 oz. OR 12 oz. juice■ 3 – gallons 1%, ½% or skim milk 1 – 8 oz. cheese 16 ounces tofu 1 dozen eggs 1 – 14 or 16 oz. brown rice OR 1 – 16 oz. whole wheat bread OR 1-16 oz. whole wheat/corn tortilla ♦	1 – 48 oz. OR 12 oz. juice■ 2 – gallons 1%, ½% or skim milk 1 dozen eggs 1 pound dry beans OR 4 – 15 to 16 oz. cans beans 1 – 18 oz. peanut butter	$16.50 for fresh fruits and vegetables
BFMA – ***acidophilus/bifidum*** **BFML-** ***lactose free*** **(maximum lactose free or acidophilus/bifidum milk and tofu)**	2 – 48 oz. OR 12 oz. juice■ 6 – half gallons 1%, ½% or skim lactose free OR acidophilus/bifidum milk 32 ounces tofu 54 ounces – cereal 2 dozen eggs 45 ounces canned fish 1 pound dry beans OR 4 – 15 to 16 oz. cans beans	1 – 48 oz. OR 12 oz. juice■ 6 – half gallons 1%, ½% or skim free lactose free OR acidophilus/bifidum milk 1 – pound cheese 32 ounces tofu 1 dozen eggs 1 pound dry beans OR 4 – 15 to 16 oz. cans beans 1 – 18 oz. peanut butter	1 – 48 oz. OR 12 oz. juice■ 4 – half gallons 1%, ½% or skim lactose free OR acidophilus/bifidum milk 1 – 8 oz. cheese 1 – 14 or 16 oz. brown rice OR 1 – 16 oz. whole wheat bread OR 1-16 oz. whole wheat/corn tortilla ♦	$16.50 for fresh fruits and vegetables
BFMS **Soy milk**	2 – 48 oz. OR 12 oz. juice■ 6 – half gallons soy milk 32 ounces tofu 54 ounces – cereal 2 dozen eggs 45 ounces canned fish 1 pound dry beans OR 4 – 15 to 16 oz. cans beans	1 – 48 oz. OR 12 oz. juice■ 6 – half gallons soy milk 1 – pound cheese 32 ounces tofu 1 dozen eggs 1 pound dry beans OR 4 – 15 to 16 oz. cans beans 1 – 18 oz. peanut butter	1 – 48 oz. OR 12 oz. juice■ 4 – half gallons soy milk 1 – 8 oz. cheese 1 – 14 or 16 oz. brown rice OR 1 – 16 oz. whole wheat bread OR 1-16 oz. whole wheat/corn tortilla ♦	$16.50 for fresh fruits and vegetables
BFMK **(maximum –Kosher designated milk and cheese)**	2 – 48 oz. OR 12 oz. juice■ 6 – half gallons 1%, ½% or skim milk (designated Kosher) 1 – pound cheese (designated Kosher) 54 ounces – cereal 1 dozen eggs 1 – 14 or 16 oz. brown rice OR 1 – 16 oz. whole wheat bread OR 1-16 oz. whole wheat/corn tortilla♦	1 – 48 oz. OR 12 oz. juice■ 6 – half gallons 1%, ½% or skim milk (designated Kosher) 1 – 8 oz. cheese (designated Kosher) 1 dozen eggs 1 – 18 oz. peanut butter 45 ounces canned fish 1 pound dry beans OR 4 – 15 to 16 oz. cans beans	1 – 48 oz. OR 12 oz. juice 6 – half gallons 1%, ½% or skim milk (designated Kosher) 1 dozen eggs 1 pound dry beans OR 4 – 15 to 16 oz. cans beans	$16.50 for fresh fruits and vegetables

♣Counsel the participant that if they go over the cash amount, they will be asked to provide the additional cash for the product or they must decrease the amount of the product.
♥Any of these food packages may be tailored to provide less foods and the reason must be documented.
■For even month issuance, juice will be increased to 5 total containers with the additional container on the second food instrument to provide the maximum amount of juice.
♦ Bread will be rounded up during the odd months to (2- 16 oz. bread/whole grains) to provide maximum monthly bread over issuance period. **Rev. 10/15**

HOMELESS FOOD PACKAGES▲

Food Package	Food Instrument 1	Food Instrument 2	Food Instrument 3♣	FI# 4
Child 12-23 mo CH	1 – 64 oz. juice 3 – 9.6 ounce boxes nonfat dry milk 1 quart whole milk 36 ounces – cereal 1 - 16 oz. whole wheat bread OR whole wheat/corn tortilla 4 – 15 to 16 oz. cans baked beans	1 – 64 oz. juice 2 – 9.6 ounce boxes nonfat dry milk 1 - 16 oz. package whole wheat bread OR whole wheat/corn tortilla 4 – 15 to 16 oz. cans baked beans	$8.00 for fresh fruits and vegetables	Not applicable
Child 2-4 yrs CH	1 – 64 oz. juice 3 – 9.6 ounce boxes nonfat dry milk 1 quart 1%, ½, skim milk 36 ounces – cereal 1 - 16 oz. whole wheat bread OR whole wheat /corn tortilla 4 – 15 to 16 oz. cans baked beans OR 1 – 18 oz. peanut butter	1 – 64 oz. juice 2 – 9.6 ounce boxes nonfat dry milk 1 - 16 oz. package whole wheat bread OR whole wheat/corn tortilla 1 – 18 oz. peanut butter	$8.00 for fresh fruits and vegetables	Not applicable
Pregnant and Partially Breastfeeding PH	2 – 48 oz. juice 4 – 9.6 ounce boxes nonfat dry milk 1 quart 1%, ½, skim milk 36 ounces – cereal 1 - 16 oz. whole wheat bread OR whole wheat/corn tortilla 4 – 15 to 16 oz. cans baked beans 1 – 18 oz. peanut butter	1 – 48 oz. juice 3 – 9.6 ounce boxes nonfat dry milk 1 – 18 oz. peanut butter	$11.00 for fresh fruits and vegetables	Not applicable
Postpartum PPH	1 – 48 oz. juice 3 – 9.6 ounce boxes nonfat dry milk 1 quart 1%, ½, skim milk 36 ounces – cereal 4 – 15 to 16 oz. cans baked beans OR 1 – 18 oz. peanut butter	1 – 48 oz. juice 2 – 9.6 ounce boxes nonfat dry milk 1 – 18 oz. peanut butter	$11.00 for fresh fruits and vegetables	Not applicable
Fully Breastfeeding Women and Women Pregnant with Multiples FBH1	2 –48 oz. juice 5 – 9.6 ounce boxes nonfat dry milk 36 ounces – cereal 1 - 16 oz. whole wheat bread OR whole wheat/corn tortilla 30 ounces canned fish 4 – 15 to 16 oz. cans baked beans 1 – 18 oz. peanut butter	1 –48 oz. juice 4 – 9.6 ounce boxes nonfat dry milk 2 – 18 oz. peanut butter	$11.00 for fresh fruits and vegetables	Not applicable
Fully Breastfeeding Multiples BFH1	2 –48 oz. juice 5 – 9.6 ounce boxes nonfat dry milk 54 ounces – cereal 1 – 24 oz. whole wheat bread OR 1 - 16 oz. whole wheat /corn tortilla 45 ounces canned fish 4 – 15 to 16 oz. cans baked beans 2 – 18 oz. peanut butter	1 –48 oz. juice■ 4 – 9.6 ounce boxes nonfat dry milk 4 – 15 to 16 oz. cans baked beans 1 – 18 oz. peanut butter	1 – 46 oz. OR 48 oz. juice 4 – 9.6 ounce boxes nonfat dry milk 1 – 18 oz. peanut butter	$16.50 for fresh fruits and vegetables

▲Lactose free OR acidophilus/bifidum milks will not be available for the homeless.
■For even month issuance, juice will be increased to 5 total containers with the additional container on the second food instrument to provide the maximum amount of juice.
♣Counsel the participant that if they go over the cash amount, they will be asked to provide the additional cash for the product or they must decrease the amount of the product.
* Participants needing soy milk may be issued a food package with quart size shelf stable soy milk substituted for fluid milk on a quart for quart basis.

Rev. 10/15

Woman/Child Food Package III*
Exempt Infant Formulas/WIC Nutritional -Local Agency Approval
Powder
Maximum Allowed Issuance

Foods	Category/Status	Amount of food▲	FI #1	FI #2	FI #3	FI #4
Vivonex Pediatric 1.7 oz. pkt. – NW1	ALL	910 fl. oz. recons.	18 cartons	SEE PAGE 101-102 FOR SUPPLEMENTAL FOODS		
Vital HN - 2.79 oz. pkt. – AW1			16cartons			
Vivonex Plus 2.8 oz. pkt. – NW2			14 cartons			
Tolerex 2.82 oz. pkt. – NW3			14 cartons			
Vivonex T.E.N. - 2.84 oz. pkt. – NW4			14 cartons			
Enfamil EnfaCare - 12.8 oz. MW1			10 cans♣			
Enfaport (8 oz RTF) – U13			96 cans			
Similac Expert Care NeoSure - 13.1 oz. –AW2			10 cans			
Similac Expert Care NeoSure - 13.1 oz. *with infant cereal*–AW2i			10 cans			
Ensure - 14 oz. powder – AT6			16 cans			
Neocate– 14 oz. – SW2			10 cans♣			
Neocate DHA & ARA 14 oz. – SW3			10 cans♣			
Neocate Junior or Neocate Junior with Prebiotics – 14 oz. – SW4			14 cans♥			
EleCare Jr (Vanilla or Unflavored) - 14.1 oz. powder – AW3			14 cans			
EleCare with DHA & ARA- 14.1 oz. pwd. - AW4			14 cans			
Similac PM 60/40 - 14.1 oz. pwd. AW5			8 cans■			

* Issuance of these packages requires a WIC-300 or WIC-400. ▲Food amounts may be decreased or not provided based upon information on WIC-300 or WIC-400 (web-based system only).

♣ formula will be rounded up during the 2nd month (e.g., 1st month = 5 cans, 2nd month = 6 cans, 3rd month = 5 cans) to provide maximum monthly allowance

♥ formula will be rounded up during the 2nd month and 3rd month (e.g., 1 month = 7 cans, 2nd month = 8 cans, 3rd month = 8 cans) to provide maximum monthly allowance

■ formula will be rounded up during the 2nd month (e.g., 1st month = 4 cans, 2nd month = 5 cans, 3rd month = 4 cans) to provide maximum monthly allowance

✦juice will be rounded up during the even month to 5 total cans to provide maximum monthly juice over issuance period

Rev. 01/12

Woman/Child Food Package III*
Contract & Noncontract - Local Agency Approval
Powder
Maximum Allowed Issuance

Foods	Category/Status	Amount of food▲	FI #1	FI #2	FI #3	FI #4
Good Start Gentle/Good Start Gentle Stage 1 – 12 oz. – Z1	All	910 fl. oz. recons.	10 cans	SEE PAGE 101-102 FOR SUPPLEMENTAL FOODS		
Good Start Soothe/ Good Start Soothe – 12.4 oz. – N31			10 cans			
Good Start Soy/Good Start Soy Stage 1 – 12.9 oz. – Z4			10 cans			
Gerber Graduates Gentle – 22 oz. – Z5			5 cans			
Gerber Graduates Soy – 24 oz. – Z7			5 cans			
Similac Advance Stage 112.4 oz. – Z9			10 cans			
Similac Soy Isomil 12.4 oz. – Z10			10 cans			
Similac Go & Grow Soy-Based – 22 oz./1.38 lb. – Z16			5 cans			
Similac Go & Grow Soy-Based –/1.38 lb. with Soy Milk – Z16S			5 cans			
Enfamil AR – 12. 9 oz. – Z17			9 cans			
Enfamil Gentlease – 12 oz. – Z18 (product size changing to 12.4 oz- see Z30)			10 cans			
Enfamil Gentlease – 12.4 oz. – Z30			10 cans			
Enfamil Premium Infant – 12.5 oz. – Z20			10 cans			
Enfamil ProSobee – 12.9 oz. – Z21			9 cans			
Enfamil Nutramigen Enflora LGG – 12.6 oz. – Z25			10 cans			
Enfamil Portagen – 16 oz. – M68			8 cans			
Enfamil Pregestimil – 16 oz. – Z26			8 cans			
Similac Expert Care Alimentum– 16 oz. – Z27			7 cans			
Similac Expert Care Alimentum – 32 oz RTF –AT9			28 cans			

*** Issuance of these packages requires a WIC-300 or WIC-400.** **▲Food amounts may be decreased or not provided based upon information on WIC-300 or WIC-400.**

Rev. 07/12

Woman/Child Food Package III*

Exempt Infant Formulas/WIC Nutritional- Ready to Feed- Local Agency Approval

Maximum Allowed Issuance

Foods	Category /Status	Amt. of food▲	FI #1	FI #2	FI #3	FI #4
Boost – 8 oz. RTF – NW5	All	910 fl. oz. recons.	96 cans/btls	SEE PAGE 101-102 FOR SUPPLEMENTAL FOODS		
Boost Glucose Control–8 oz. tetra brik NW6			108 tetra brik			
Boost High Protein – 8 oz. RTF – NW7			96 cans/btls			
Boost Kid Essentials Immunity Protection – 8.25 oz. tetra brik – NW8			108 boxes			
Boost Kid Ess. 1.0 - 8 oz. tetra brik – NW9			108 boxes			
Boost Kid Ess. 1.5 - 8 oz. tetra brik – C10			108 boxes			
Boost Kid Ess. 1.5 - 8 oz. tetra brik with infant cereal – C10i			108 boxes			
Boost Kid Ess. 1.5 - 8 oz. tetra brik with whole milk for child 2 years and older– C10W			108 boxes			
Boost Kid Ess. 1.5 - 8 oz. tetra brik with whole milk for child 2 years and older & infant cereal– C10C			108 boxes			
Boost Kid Essentials 1.5 with Fiber – 8 oz. tetra brik – C11			108 boxes			
Boost Plus – 8 oz. RTF C12			96 cans/btls			
Bright Beginnings Soy Pediatric Drink – 8 oz. RTF – U1			96 cans			
Ensure – 8 oz. RTF – AW6			96 cans/btls			
Ensure High Calcium/Ensure Bone Health – 8 oz. RTF-AW8			96 cans/btls			
Ensure High Protein – 8 oz. RTF-AW9			96 cans/btls			
Ensure Plus – 8 oz. RTF – R10			96 cans/btls			
Good Start Prem. w/Iron 24 - 3 oz.-C14			288 btls			
Nutramigen AA/PurAmino U11			9 cans			
Osmolite 1.0 – 8 oz. RTF – R11			96 cans/btls			
PediaSure – 8 oz. RTF – R12			108 btls			
PediaSure w/Fiber - 8 oz. RTF – R13			108 btls			
PediaSure– 8 oz. RTF w/ whole milk for 2 years and older – R12w			108 btls			
PediaSure w/Fiber -8 oz. RTF w/ whole milk for 2 years and older– R13w			108 btls			
PediaSure – 8 oz. RTF with Soy Milk– RS12			108 btls			
Pediasure 1.5 Cal- 8 oz. RTF –R47			96 cans/btls			
Pediasure 1.5 Cal w/ Fiber- 8 oz. RTF –R48			96 cans/btls			
Pediasure 1.5 Cal- 8 oz. RTF w/whole milk for 2 years and older – R47w			96 cans/btls			
Pediasure 1.5 Cal w/ Fiber- 8 oz. RTF w/whole milk for 2 years and older –R48w			96 cans/btls			
Vital Junior /Pediasure Peptide 1.0 Cal – 8 oz. RTF -R14			96 cans			
Pediasure Peptide 1.5 Cal – 8 oz. RTF- R50			96 cans/btls			
Nutren Junior – 8.45 oz. RTF C15			96 cans/btls			
Nutren Junior w/Fiber 8.45 oz. – C16			96 cans/btls			
Peptamen – 8.45 oz. RTF – C17			96 cans/btls			
Peptamen Junior - 8.45 oz. RTF– C18			96 cans/btls			
Peptamen Jr w/Fiber–8.45 oz. RTF- C19			96 cans/btls			
Peptamen Jr w/Prebio (8.45 oz.)- C20			96 cans/btls			
Peptamen Jr 1.5 / Peptamen Junior 1.5 w/ Prebio 8.45 oz.– C21			96 cans/btls			
Similac Advance Stage 1– 32 oz. – A70			28 cans/btls			
Ensure Plus – 32 oz. RTF – R15			24 cans			

* Issuance of these packages requires a WIC-300 or WIC-400.

▲Food amounts may be decreased or not provided based upon information on WIC-300 or WIC-400

Woman/Child Food Package III*

Exempt Infant Formulas/WIC Nutritional- Powder- Requires State Agency Approval

Maximum Allowed Issuance

Foods	Category/Status	Amt. of food▲	FI #1	FI #2	FI #3	FI #4
GA Gel (0.7 oz.) (20 g.) – VW1	All	910 fl. oz. recons.	340 pkt.	SEE PAGE 101-102 FOR SUPPLEMENTAL FOODS		
Glutarade Junior (14.1 oz) – U17			12 cans■			
HCU Gel (0.7 oz.) (20 g.) – VW2			340 pkt.			
MMA/PA Gel (0.7 oz.) (20 g.) – VW3			340 pkt.			
MSUD Gel (0.7 oz.) (20 g.) – VW4			340 pkt.			
Phlexy-10 Drink Mix (0.7 oz.) (20 g.) –SW5			240 pkt.			
TYR Gel (0.7 oz.) (20 g.) – VW5			340 pkt.			
HCU Express Powder (0.9 oz.) – VW6			480 pkt.			
MMA/PA Express Powder 0.9 oz. – VW7			480 pkt.			
MSUD Express Powder 0.9 oz. – VW8			480 pkt.			
TYR Express Powder (09 oz.) – VW9			480 pkt.			
Pepdite Junior (1.8 oz.) (51 g.) – SW6			240 pkt.			
ProViMin (5.3 oz.) (148 g.) – R16			36 cans			
Protifar (8 oz.) (224 g.) – SW7			36 cans			
KetoCal 4 :1 (11 oz.) (300 g.) – SW8			16 cans			
KetoCal 4 :1 (8 oz RTF) – SW10			108 container			
KetoCal 3 :1 (11 oz.) (300 g.) – SW9			12 cans			
Cyclinex-2 (14.1 oz.) (395 g.) – R17			10 cans			
Glutarex-2 (14.1 oz.) (395 g.) – R18			10 cans			
Hominex-2 (14.1 oz.) (395 g.) – R19			10 cans			
I-Valex-2 (14.1 oz.) (395 g.) – R20			10 cans			
Ketonex-2 (14.1 oz.) (395 g.) – R21			10 cans			
Phenex-2 (14.1 oz.) (395 g.) – R22			10 cans			
ProPhree (14.1 oz.) (395 g.) – R23			10 cans			
Propimex-2 (14.1 oz.) (395 g.) – R24			10 cans			
Renastart (400 g) – V19			13 cans			
Renastart (10 x 100 g sachets) –V18			6 boxes			
Tyrex-2 (14.1 oz.) (395 g.) – R25			10 cans			
Lipistart (400 g.) – V10			12 cans			
Monogen (400 g.) – H10			16 cans			
Super Soluble Duocal (400 g.) – H11			8 cans			
ACERFLEX (16 oz.) (454 g.) – H12			14 cans			
BCAD-2 (16 oz.) (454 g.) – MW4			12 cans			
Complex Amino Acid Blend MSD 16 oz. – PW1			14 cans			
Complex Essential MSD (16 oz.) – PW2			14 cans			
PhenylAde 60 (16 oz.) – U4			8 cans			
GA (16 oz.) – MW5			12 cans			
HCY 2 (16 oz.) – MW6			12 cans			
MSUD Maxamaid (16 oz.) – H13			18 cans			
MSUD Maxamum (16 oz.) – H14			18 cans			
OA 2 (16 oz.) – MW7			12 cans			
PFD 2 (16 oz.) – MW8			12 cans			
Periflex Advance (16 oz.) – H15			10 cans			
Periflex Junior (16 oz.) – H16			11 cans			
PhenylAde Amino Acid Blend 16 oz. – PW3			16 cans			
PhenylAde Drink Mix (16 oz.) – PW4			16 cans			
Phenyl-Free 2 (16 oz.) – MW9			12 cans			

Woman/Child Food Package III*

Exempt Infant Formulas/WIC Nutritional- Powder- Requires State Agency Approval

Maximum Allowed Issuance

Foods	Category/Status	Amt. of food▲	FI #1	FI #2	FI #3	FI #4
Phenyl-Free 2 HP (16 oz.) – J10			12 cans	SEE PAGE 101-102 FOR SUPPLEMENTAL FOODS		
TYROS 2 (16 oz.) – J11			12 cans			
WND 2 (16 oz.) – J12			18 cans			
XLeu Maxamaid (16 oz.) – H17			18 cans			
XLeu Maxamum (16 oz.) – H18			18 cans			
XLys, XTrp Maxamaid (16 oz.) – H19			18 cans			
XLys, XTrp Maxamum (16 oz.) – H20			18 cans			
XPhe Maxamaid (16 oz.) – H25			18 cans			
XPhe Maxamum (16 oz.) H26			18 cans			
XPhe XTyr Maxamaid (16 oz.) – H27			18 cans			
Milupa HOM 2 (500 g.) – H29			18 cans			
Milupa MSUD 2 (500 g.) – H30			18 cans			
Milupa OS 2 (500 g.) – H31			18 cans			
Milupa PKU 2 (500 g.) – H32			18 cans			
Milupa PKU 2 Tomato (45 g.) – H33			120 pkt.			
Milupa PKU 3 (500 g.) – H34			18 cans			
Milupa TYR 2 (500 g.) – H35			18 cans			
Milupa UCD 2 (500 g.) – H36			18 cans			
Renastart (10 x 100 g) – V18			6 boxes			

▪To provide maximum issuance, medical food rounded up 1st and 2nd mo (12 can, 12 can, 8 can issued during 3 mo period.

Woman/Child Food Package III*

Exempt Infant Formulas/WIC Nutritional- Ready to Feed - Requires State Agency Approval

Maximum Allowed Issuance

Foods	Category/ Status	Amt. of food▲	FI #1	FI #2	FI #3	FI #4
PKU Cooler 10 (2.9 fl. oz.) – V11	All	910 fl. oz.	300 pch.	SEE PAGE 101-102 FOR SUPPLEMENTAL FOODS		
HCU Cooler (4.3 fl. oz.) – V12			180 pch.			
MSUD Cooler (4.3 oz.) – V13			180 pch.			
PKU Cooler 15 (4.3 oz.) – V14			180 pch.			
TYR Cooler (4.3 oz.) – V16			180 pch.			
PKU Cooler 20 (5.8 oz.) - V17			156 pch.			
EO 28 Splash (8 oz.) – H38			108 cans			
Glucerna 1.0 (8 oz.) – R26			96 cans			
Glucerna 1.2 (8 oz.) – R27			96 cans			
Glucerna 1.5 (8 oz.) – R28			96 cans			
Glucerna Shake (8 oz.) – R29			96 cans			
Glucerna Select (8oz.)- R30			96 cans			
IMPACT (8.45 oz. can) – C22			96 cans			
Jevity 1 CAL (8 oz.) – R31			96 cans			
Jevity 1.2 CAL (8 oz.) – R32			96 cans			
Jevity 1.5 CAL (8 oz.) – R33			96 cans			
Nepro with Carb Steady (8 oz.) – R34			96 cans			
Optimental (8 oz.) – R35			96 cans			
Osmolite 1.2 (8 oz.) – R37			96 cans			
Osmolite 1.5 (8 oz.) – R38			96 cans			
Oxepa (8 oz.) – R39			96 cans			
PediaSure Enteral Formula – (8 oz.) R40			96 cans			
PediaSure Enteral Formula w/Fiber & FOS (8 oz.) -R41			96 cans			
Promote (8 oz.) – R42			96 cans			
Promote with Fiber (8 oz.) – R43			96 cans			
Pulmocare (8 oz.) – R44			96 cans			
Resource 2.0 (8 oz.) – C23			108 cont.			
Suplena with Carb Steady (8 oz.) – R45			96 cans			
Two Cal HN (8 oz.) – R46			96 cans			
COMPLEAT (8.45 oz. can) – C24			96 cans			
COMPLEAT Pediatric 8.45 oz. – C25			96 cans			
Crucial (8.45 oz. can) – C26			96 cans			
DiabetiSource AC (8.45 oz. can) – C27			96 cans			
FiberSource HN (8.45 oz. can) – C30			96 cans			
IMPACT 1.5 (8.45 oz. can) – C31			96 cans			
IMPACT with Fiber (8.45 oz. can) – C32			96 cans			
IsoSource HN (8.45 oz. can) – C34			96 cans			
IsoSource 1.5 Cal (8.45 oz. can) – C36			96 cans			
Nutren Pulmonary (8.45 oz.) – C37			96 cans			
Nutren 1.0 (8.45 oz. can) – C39			96 cans			
Nutren 1.0 with Fiber (8.45 oz. can) – C40			96 cans			

* Issuance of these packages requires a WIC-300 or WIC-400. ▲Food amounts may be decreased or not provided based upon information on WIC-300 or WIC-400 (web-based system only).

Woman/Child Food Package III*

Exempt Infant Formulas/WIC Nutritional- Ready to Feed - Requires State Agency Approval

Maximum Allowed Issuance

Foods	Category/ Status	Amount of food▲	FI #1	FI #2	FI #3	FI #4
Nutren 1.5 (8.45 oz. can) – C41	All	910 fl. oz. recons.	96 cans	SEE PAGE 101-102 FOR SUPPLEMENTAL FOODS		
Nutren 2.0 (8.45 oz. can) – C42			96 cans			
Nutren Glytrol (8.45 oz. can) – C43			96 cans			
Nutren ProBalance (8.45 oz. can) – C44			96 cans			
Nutren Replete (8.45 oz. can) – C45			96 cans			
Nutren Replete Fiber (8.45 oz. can) – C46			96 cans			
NutriHep (8.45 oz. can) – C47			96 cans			
Peptamen 1.5 (Elemental) (8.45 oz.) – C50			96 cans			
Peptamen OS 1.5 (8.0oz. brik) – C51			96 cans			
Renalcal (8.45 oz. can) – C54			96 cans			
IMPACT Advance Recovery 8.45 oz. tetra brik pak – C55			106 cont.			
Resource Breeze 8 oz. tetra brik pak - C56			108 cont.			
Compleat Pediatric Reduced Calorie- 250 ml tetra pak – C57			120 cont.			

Woman/Child Food Package III- Supplemental Foods

Foods	Category/Status	Total Amount	FI #1	FI #2	FI #3	FI #4
Juice	Child	128 oz.		1 – 64 oz. juice	1 – 64 oz. juice	
	pregnant & part. BF	144 oz.		2 –12 oz. or 48 oz. juice	1 – 12 oz. or 48 oz. juice	
	Postpartum	96 oz.		1 –12 oz. or 48 oz. juice	1 – 12 oz. or 48 oz. juice	
	Fully BF & Preg. w/mult. & Preg & Breastfeeding, PBF mult.	144 oz.		2 –12 oz. or 48 oz. juice	1 – 12 oz. or 48 oz. juice	
	Fully BF multiples	216 oz.		2 –12 oz. or 48 oz. juice	2 – 12 oz. or 48 oz. juice ✦	
Milk	Child	4 gal.		2 gallons	2 gallons	
	pregnant & part. BF	5½ gal.		3 gallons + 1 – half gallon	2 gallons	
	Postpartum	4 gal.		2 gallons	2 gallons	
	Fully BF & Preg. w/mult. & Preg & Breastfeeding, PBF mult.	6 gal.		3 gallons	3 gallons	
	Fully BF multiples	9 gal.		5 gallons	4 gallons	
OR Lactose Free OR Acidophilus/Bifidum Milk	Child	8 half gal.		4 half gallons	4 half gallons	
	pregnant & PBF	11 half gal.		6 half gallons	5 half gallons	
	Postpartum	8 half gal.		4 half gallons	4 half gallons	
	Fully BF & Preg. w/mult. & Preg & Breastfeeding, PBF mult.	12 half gallons		6 half gallons	6 half gallons	
	Fully BF mult.	18 half gal.		9 half gallons	9 half gallons	
Cereal (Infant Cereal or Cereal)	Child	36 oz. or 32 oz. infant cereal		36 oz.		
	Preg. & part. BF					
	Postpartum					
	Fully BF & Preg. w/mult. & Preg & Breastfeeding, PBF mult.					
	Fully BF multiples	54 oz.		54 oz.		
Cheese (substitute for milk) See **Milk Substitute Nutrition Assessment & Issuance Protocol for Women and Children** for more information regarding Cheese substitution	Child	1 pound replaces 3 quarts milk		If 1 pound is provided decrease total milk by 1 gallon and add 1 quart		
	pregnant & part. BF					
	Postpartum					
	Fully BF & Preg. w/mult. & Preg & Breastfeeding, PBF mult.					
	Fully BF multiples	1½ lb. plus		1½ pound plus amount on medical documentation form		
Tofu (substitute for milk) See **Milk Substitute Nutrition Assessment & Issuance Protocol for Women and Children** for more information regarding Tofu substitution	All	1 pound replaces 1 quart milk		1 pound		
Eggs	Child	1 dozen		1 dozen		
	pregnant & part. BF					
	Postpartum					
	Fully BF & Preg. w/mult. & Preg & Breastfeeding, PBF mult.	2 dozen		1 dozen		
	Fully BF multiples	3 dozen		2 dozen	1 dozen	

Woman/Child Food Package III- Supplemental Foods (continued)

Foods	Category/Status	Total Amount	FI #1	FI #2	FI #3	FI #4
Whole Wheat Bread/Whole Grain Bread/Whole Grains	Child	2 pounds		1 – 16 oz.	1 - 16 oz.	
	pregnant & part. BF	1 pound		1 – 16 oz.		
	Fully BF & Preg. w/mult. & Preg & Breastfeeding, PBF mult.					
	Fully BF multiples	1½ pounds		1 – 16 oz♣		
Beans (dry or canned) and/or Peanut Butter	Child	1 pound dry OR 64 oz. canned OR 18 oz. peanut butter		1 pound dry OR 64 oz. canned OR 18 oz. peanut butter		
	Postpartum					
	pregnant & part. BF	1 pound dry OR 64 oz. canned AND 18 oz. peanut butter		1 pound dry OR 64 oz. canned AND 18 oz. peanut butter		
	Fully BF & Preg. w/mult. & Preg & Breastfeeding, PBF mult.					
	Fully BF multiples	1 lb. dry OR 64 oz. canned beans AND 36 oz. peanut butter		1 pound dry OR 64 oz. canned beans	2 - 18 oz. peanut butter	
Fish	Fully BF & Preg. w/mult. & PBF mult.	30 oz.		30 oz.		
	Fully BF multiples	45 oz.		45 oz.		
Fruits and Veggies♥	Child	$8.00				$ 8.00
	pregnant & part. BF	$10.00				$11.00
	Postpartum					
	Fully BF & Preg. w/mult. & Preg & Breastfeeding, PBF mult.	$10.00				$11.00
	Fully BF multiples	$15.00				$16.50

* Issuance of these packages requires a WIC-300 or WIC-400. ▲Food amounts may be decreased or not provided based upon information on WIC-300 or WIC-400.

✦juice will be rounded up during the even month to 5 total cans to provide maximum monthly juice over issuance period

♣ Bread will be rounded up during the odd months to 2- 16 oz. bread to provide maximum monthly bread over issuance period.

♥ Participants may receive commercial jarred infant food fruits and vegetables in lieu of fruits and vegetable with medical documentation (WIC-300 or WIC-400). Children may receive 128 ounces and women may receive 160 ounces of commercial jarred infant food fruits and vegetables in lieu of fruits and vegetables.

Rev. 10/14

Woman/Child Tube Fed -Food Package III (Ready-to-Feed)
Contract and Noncontract
Maximum Allowed Issuance

Fully Tube Fed♥	Amount of food	FI #1	FI #2
Good Start Gentle/Good Start Gentle Stage 1 -- 4 pack 33.8 oz. – N25	910 fl. oz. RTF	13 packs	13 packs
Good Start Soy/Good Start Soy Stage 1 -- 4 pack 33.8 oz. – N26		13 packs	13 packs
Similac Advance Stage 1– 32 oz. – X53		16 cans	12 cans
Similac Soy Isomil – 32 oz. – X54		16 cans	12 cans
Enfamil AR – 32 oz. – X57		16 cans	12 cans
Enfamil Infant – 32 oz. – X59		16 cans	12 cans
Enfamil ProSobee– 32 oz. – X60		16 cans	12 cans

♥ This food package provides the maximum amount of formula and no other foods for the tube fed child.

Child -Tube Fed- Food Package III (Ready-to-Feed)
Exempt Infant Formulas & WIC Nutritiononals- Local Agency Approval
Maxium Allowed Issuance

Fully Tube Fed♥	Amount of food	FI #1	FI #2
Boost High Protein – 8 oz. RTF – NT1	910 fl. oz. RTF	48 cans/btls	48 cans/btls
Boost Kid Essentials Immunity Protection - 8.25 oz. brik box – NNT2		54 boxes	54 boxes
Boost Kid Essentials 1.0 - 8 oz. brik box – NT3		54 boxes	54 boxes
Boost Kid Essentials 1.5 - 8 oz. brik box – NT4		54 boxes	54 boxes
Boost Kid Essentials 1.5 with Fiber – 8 oz. brik box NT5		54 boxes	54 boxes
Nutren Junior - 8.45 oz. RTF – NT6		48 cans	48 cans
Nutren Junior with Fiber - 8.45 oz. RTF – NT7		48 cans	48 cans
PediaSure - 8 oz. RTF – AT1		48 cans/btls.	48 cans/btls.
PediaSure with Fiber - 8 oz. RTF – AT2		48 cans/btls.	48 cans/btls.
Peptamen Jr. – 8.45 oz. can – NT8		58 cans	48 cans
Peptamen Jr. with Prebio – 8.45 oz. can – NT9		58 cans	48 cans
Similac Expert Care Alimentum - 32 oz. – AT3		12 cans	12 cans
Vivonex RTF- 8.45 oz.-T16		48 cans	48 cans

♥ This food package provides the maximum amount of formula and no other foods for the tube fed child.

Child -Tube Fed- Food Package III (Ready-to-Feed)
WIC Nutritionals- State Agency Approval
Maxium Allowed Issuance

Fully Tube Fed♥	Amount of food	FI #1	FI #2
COMPLEAT Pediatric – 8.45 oz. can – T10	910 fl. oz. RTF	48 cans	48 cans
PediaSure Enteral Formula – 8 oz. T11		48 cans	48 cans
PediaSure Enteral Formula w/Fiber & FOS – 8 oz. T12		48 cans	48 cans
Peptamen Junior 1.5/ Peptamen Junior 1.5 w/Prebio– 8.45 oz. can – T15		48 cans	48 cans

♥ This food package provides the maximum amount of formula and no other foods for the tube fed child.

Rev. 01/12

POLICIES ON CREATING A BREASTFEEDING FRIENDLY CLINIC

Adapted from the National WIC Association's Six Steps to Achieve Breastfeeding Goals for WIC Clinics.

The goals of the policy are:

- **To promote and create internal and external environments that support and promote breastfeeding.**
- **To increase breastfeeding initiation and duration among Kentuckians to meet or exceed the Healthy People 2020 goals of 81.8% of infants initiating breastfeeding and 60.6% of infants breastfeeding at six (6) months.**
- **To increase exclusive breastfeeding duration among Kentuckians to meet or exceed the Healthy People 2020 goals of 46.2% of infants exclusively breastfeeding at three (3) months and 25.5% of infants exclusively breastfeeding at six (6) months.**

1. Provide a breastfeeding-friendly environment.

Required:

A. Have a written breastfeeding policy that is routinely communicated to all health department staff that is posted in the clinic for staff and clients to review. All staff must be oriented to this policy upon hiring. See sample Local Health Department Breastfeeding Friendly Policy in this section.

B. Encourage mothers to breastfeed anywhere in the clinic. Designate and provide a private area upon request of the mother for breastfeeding or pumping. Refer to KRS 211.755 which states that a mother may breastfeed her baby or express breast milk in any location, public or private, where the mother is otherwise authorized to be.

C. Provide consistent breastfeeding education, education materials, and hands-on help both prenatally and during the post-partum period.

D. Meet the requirements of The Patient Protection and Affordable Care Act (Health Care Reform) of 2010 which amended the Fair Labor Standards Law to allow reasonable break time for nursing mothers. The law states employers with over 50 employees must allow employees reasonable break time to express milk in a place, other than a bathroom, that is free from intrusion and shielded from view.

E. Promote breastfeeding as the norm for feeding infants by following the below procedures:

1. All formula kept in a storage closet out of view of clients.
2. No formula advertising visible to clients, including pens, pads and other "giveaways".
3. Posters and pictures in the clinic should be of breastfeeding multicultural mothers and not be produced by formula companies.
4. Any formula given by the clinic to formula feeding infants must be placed in bags before distribution.

2. Present exclusive breastfeeding as the norm for mothers and babies.

Required:

A. Recognize and encourage breast milk as the normal and optimal food for infants.

B. Support mothers in setting and reaching their breastfeeding goals.

1. Inform all mothers of the importance of holding their babies in Kangaroo Care (skin-to-skin contact) immediately following birth and to remain in Kangaroo Care for at least the first hour.
2. Advise mothers to ask for help with breastfeeding within the first hours after delivery.

C. Promote the WIC food package incentives for breastfeeding women enrolled in the WIC Program.

D. Encourage breastfeeding at all nutrition contacts beginning with prenatal WIC enrollment.

3. Train staff to be breastfeeding advocates and ensure access to competently trained breastfeeding staff.

Required:

A. Train all staff in the importance of breastfeeding and the clinic's policies and services to promote, protect and support breastfeeding.
   1. Breast milk is the best food for the baby. It has everything a baby needs to grow and develop.
   2. Breastfeeding helps protect baby from getting sick. Breastfed babies have fewer ear infections and stomach problems like diarrhea and vomiting.
   3. Breastfeeding may reduce the breastfeeding mother's risk of breast and uterine cancer.
   4. Breastfeeding burns calories. Weight loss after pregnancy may be easier for the mother if she is breastfeeding.
   5. Breastfeeding employees miss work less often than mothers who formula fed their infants.
   6. Breastfeeding support also leads to lower turnover rates and high employee productivity and loyalty.

B. Train WIC Certifying Health Professionals to provide assessment, referrals and appropriate support of the mother's breastfeeding plans and educational needs throughout the prenatal and postpartum period.

C. Train appropriate health professional staff on assembly, cleaning, and issuance of breast pumps. See guidelines for Providing Breast pumps in this section.

Best Practice:

Encourage and support breastfeeding education and training for health professional staff to pursue advanced credentialing in breastfeeding.

4. Support breastfeeding mothers and babies.

Required:

A. Refer breastfeeding problems to an International Board Certified Lactation Consultant (IBCLC), Certified Lactation Counselor (CLC), Certified Lactation Specialist (CLS) or Breastfeeding Peer Counselor and allow adequate time for assessment, evaluation, and assistance to resolve breastfeeding problems during clinic visit.

B. Address all breastfeeding concerns in a timely manner.

C. For agencies with the Breastfeeding Peer Counselor Program, utilize the Breastfeeding Peer Counselors to support WIC prenatal and breastfeeding women. Refer to Breastfeeding Peer Counselor Scope of Duty in the Breastfeeding Peer Counselor Section of the WIC and Nutrition Manual.

Best Practices:

A. Provide staff access to an International Board Certified Lactation Consultant (IBCLC), Certified Lactation Counselor (CLC), Certified Lactation Specialist (CLS) or equivalent for referrals.

B. Support breastfeeding mothers and respond to breastfeeding questions outside of formal nutrition education sessions.
   1. Maximize utilization of mentored and trained Breastfeeding Peer Counselors with WIC prenatal and breastfeeding women. Refer to Breastfeeding Peer Counselor Scope of Duty in the Breastfeeding Peer Counselor Section of the WIC and Nutrition Manual.
   2. Provide breastfeeding classes and/or one-on-one education for all pregnant and breastfeeding women by competently trained staff.

Rev. 10/13

LOCAL AGENCY
BREASTFEEDING FRIENDLY POLICY
{SAMPLE}

The goals of these policies are:

- **To promote and create internal and external environments that support and promote breastfeeding.**
- **To increase breastfeeding initiation and duration among Kentuckians in order to meet or exceed the Healthy People 2020 goals of 81.8% of infants initiating breastfeeding and 60.6% of infants breastfeeding at six (6) months.**
- **To increase exclusive breastfeeding duration among Kentuckians in order to meet or exceed the Healthy People 2020 goals of 46.2% of infants exclusively breastfeeding at three (3) months and 25.5% of infants exclusively breastfeeding at six (6) months.**

1. **Breastfeeding will be promoted as the normal and optimal feeding method for infants through:**
   - Welcoming mothers to nurse their infants in any location where they are comfortable. If a mother requests a private location to breastfeed or express her milk, take the mother to a private area such as the breastfeeding room (if available) or an empty clinic room. KRS 211.755 states that a mother may breastfeed her baby or express breast milk in any location, public or private, where the mother is otherwise authorized to be.
   - Freeing the clinic area, lobby, stair wells and elevators of posters, ink pens, pads of paper and other promotional items that bear the names or logos of companies that manufacture infant formula.
   - Keeping all formula in a storage closet out of view of clients.
   - Placing any formula being given by the clinic to formula feeding infants in bags before distribution.
   - Excluding the distribution of educational materials that are produced by a company that manufactures infant formula from the clinic. The only exception is to providing information regarding a WIC contract brand formula.
   - Complying with the 2010 Patient Protection and Affordable Care Act's amendment to Section 7 of the Fair Labor Standard Act, through allowing employees who are currently breastfeeding:
     - To utilize their unpaid lunch and break time, as desired to express milk or nurse their infant on or off site; and
     - To nurse their infant or express milk in their personal office, an empty clinic room or any other private, clean location that is not a bathroom and is free from intrusion that the employee and the administration agree upon.
2. **Breastfeeding will be promoted through staff training:**
   - All staff members will be trained on this policy as part of employee orientation.
   - All staff members will be trained on the importance of breastfeeding which include:
     - Breast milk is the best food for the infant. It has everything an infant needs to grow and develop;
     - Breastfeeding helps protect infants from illness. Breastfed infants have fewer ear infections and stomach problems such as diarrhea and vomiting:
     - Breastfeeding may reduce the breastfeeding mother's risk of breast and uterine cancer;
     - Breastfeeding burns calories. Weight loss after pregnancy may be easier for the mother if she is breastfeeding;
     - Breastfeeding employees miss work less often than mothers who formula fed their infants; and
     - Breastfeeding support also leads to lower turnover rates and high employee productivity and loyalty**.**
   - Clinic staff who certify participants for the WIC Program will be trained to provide assessment, referrals and appropriate support of the mother's breastfeeding plans and educational needs throughout the prenatal and postpartum period.
   - Designated health professional staff will be trained on assembly, cleaning, and issuance of breast pumps. See guidelines for Providing Breast Pumps in the WIC and Nutrition Manual, Clinical Nutrition Section.

3. Health professionals will support breastfeeding mothers and infants by:

- Supporting mothers in establishing and reaching their breastfeeding goals through:
  - Informing all mothers of the importance of holding their babies in Kangaroo Care (skin-to-skin contact) immediately following birth and to remain in Kangaroo Care for at least the first hour;
  - Advising mothers to ask for help with breastfeeding within the first hours after delivery;
  - Informing mothers that newborns do not need food or drink other than breast milk unless medically indicated; and
  - Referring mothers to other lactation services such as classes or support groups available in the community as appropriate.
- Encouraging breastfeeding at all nutrition contacts beginning with prenatal enrollment.
- Referring breastfeeding problems to an International Board Certified Lactation Consultant (IBCLC), Certified Lactation Counselor (CLC), Certified Lactation Specialist (CLS) or Breastfeeding Peer Counselor or allow adequate time for assessment, evaluation, and assistance to resolve breastfeeding problems during clinic visit.
- Addressing breastfeeding concerns in a timely manner.
- Utilizing Breastfeeding Peer Counselors to support WIC prenatal and breastfeeding women, if applicable. Refer to Breastfeeding Peer Counselor Scope of Duty in the Breastfeeding Peer Counselor Section of the WIC and Nutrition Manual.

A. Promoting the WIC food package incentives for breastfeeding women enrolled in the WIC Program. This promotion should begin during prenatal visits.

Rev. 10/13

POLICIES AND PROCEDURES FOR PROVIDING BREAST PUMPS

A. Certifying Health Professionals issuing breast pumps and providing breast pump education must have adequate skills and training to provide these services. Contact the State Agency for training requirements.

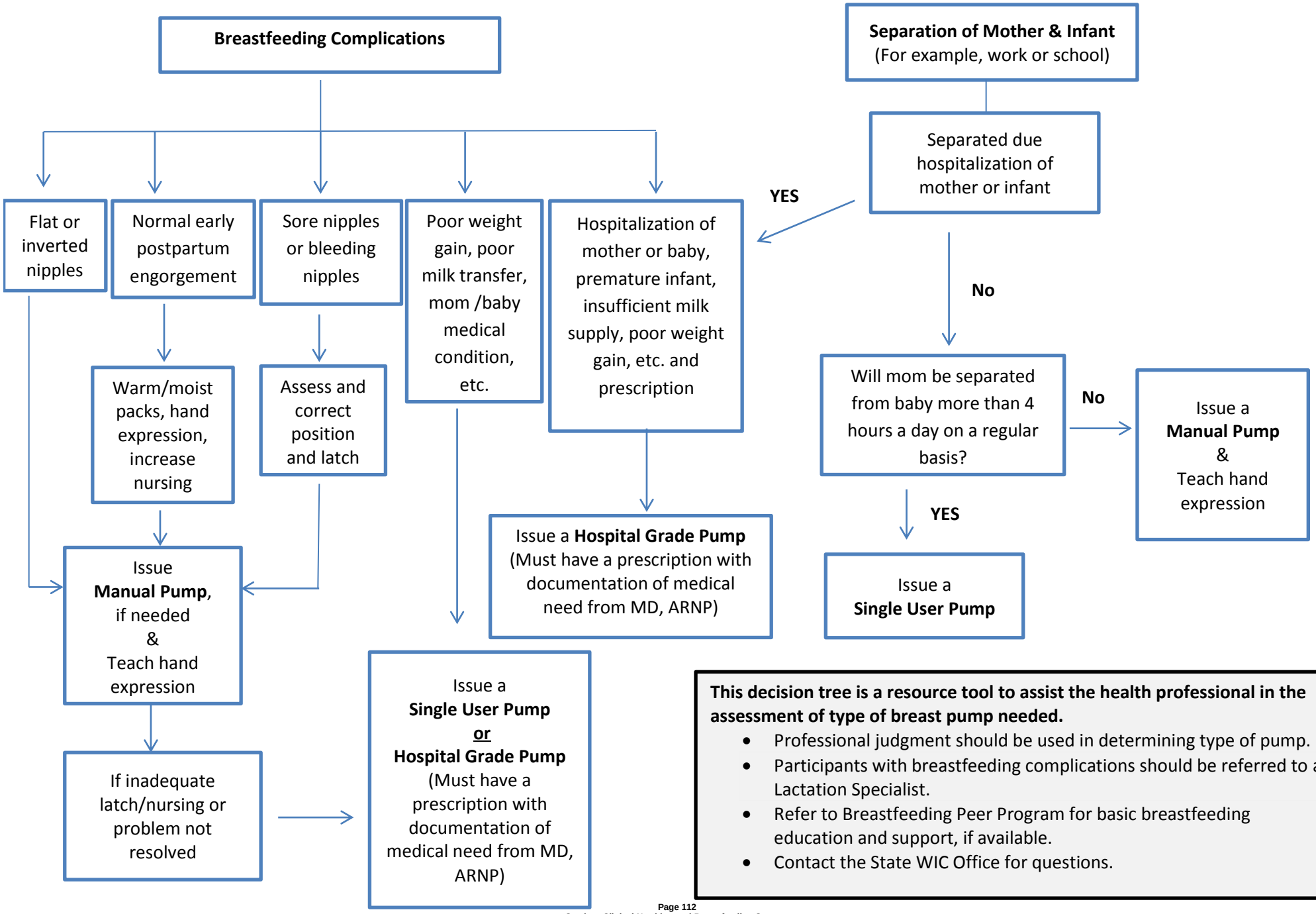
B. Agencies must identify the health professional(s) within each site who can:
   - Evaluate a woman's need for a breast pump;
   - Authorize the provision of a pump;
   - Issue a pump;
   - Teach hand massage and expression to use in conjunction with the pump;
   - Teach women how to use the pump;
   - Provide backup if the designated health professional(s) are not available; and
   - Provide follow-up services.

C. Each request for a pump should be evaluated to determine which type of breast pump or hand expression best meets the breastfeeding mother's needs. WIC breast pumps may not be issued prior to delivery.
   1. **Hand expression** is using your hands to compress the breast and remove milk from the breast. Hand expression is useful if mom is occasionally away from baby for short periods of time or if she has minor engorgement or sore or cracked nipples. Hand expression can be utilized in combination with pumping to increase volume of milk expressed.
   2. **Manual pumps** are useful for providing short-term relief from engorgement or for pumping due to occasional separation or missed feedings. These pumps must not be reused, sterilized or loaned to more than one person.
   3. **Single user electric breast pumps** (e.g. Purely Yours) may be needed for women going back to work or school or for breastfeeding complications that do not require a hospital grade breast pump as assessed by the health professional/Lactation Specialist. These pumps must not be reused, sterilized or loaned to more than one person.
      a. Assess when woman is returning to work or school to determine optimal time to issue pump. It is recommened to issue the pump at least one week prior to return to work or school.
      b. To ensure the breastfeeding woman has the opportunity to build a stored milk supply and to become familiar with the pump, single user pumps may be issued up to two (2) weeks prior to returning to work or school.
   4. **Hospital grade electric breast pumps** (e.g. EnDeare) may be needed for high-risk mothers and babies to establish and maintain lactation during periods of extended separation or other medical problems. A prescription with medical documentation of need is required. Hospital grade collection kits must not be reused, sterilized or loaned to more than one person.
   5. A breast pump may be issued to a woman is not fully breastfeeding. A breast pump many not be denied to a participant for the sole reason of not fully breastfeeding.
   6. **Circumstances when breast pumps may NOT be issued**:
      a. During Pregnancy
      b. Women beyond one year postpartum, even when her child is participating in WIC
      c. Mothers who are currently using marijuana, drugs of abuse or other contraindicated medications
      d. Mothers who have any contraindicated medical condition.
      e. A WIC participant who previously borrowed a hospital grade breast pump and did not return the pump.
   7. **See Breast Pump Decision Tree - Choosing the Right Breast Pump** in this section. This decision tree is a resource tool to assist the health professional in the assessment of type of breast pump needed. Professional judgment should be used in determining type of pump. Contact the State WIC Office for questions.

D. The purchase, distribution and recovery of breast pumps should be managed the same as any other piece of equipment purchased by an agency in order to prevent theft or unauthorized use or distribution.
   1. Manual breast pumps may be purchased with State WIC Office Approval. Local agency must maintain invoices and inventory of all manual breast pumps purchased.

2. Single user and hospital grade electric breast pumps are purchased by the State WIC Office with a statewide contract. Local agencies cannot purchase electric breast pumps. Contact the State WIC Office to request additional electric breast pumps.
3. Alternatiave flange sizes and replacement parts for electric breast pumps may be purchased, as needed. Any purchases of $300 or more must be authorized by the State WIC Office.
4. All breast pumps and collection kits must be stored in a locked area or cabinet.
5. All hospital grade pumps must be permanently marked as “property of the WIC Program” and include local health department name, address, and telephone number.
6. Agency must maintain a perpetual inventory of all breast pumps (manual, single user electric and hospital grade). See the sample breast pump logs included in this section.
7. Perform physical inventory of all breast pumps on a monthly basis.
   a) A person other than the person(s) that issues the breast pumps must do the inventory. This person cannot be a contracted employee or a peer counselor.
   b) Any method that reflects the actual number of breast pumps on hand from the last month plus the additional breast pumps received during the current month minus all breast pumps issued during the current month is acceptable.
   c) The actual number on hand for each type of breast pump, the name and signature of the person that did the physical count and date of verification must be maintained. All breast pumps must be accounted for during the inventory.
   d) Inventory logs must be retained for three (3) full federal fiscal years after the last issuance date.
8. Store new pumps and collection kits in unopened packaging as received by the manufacturer.
9. Identify staff member(s) who are responsible for the cleaning, disinfecting and maintenance of hospital grade breast pump motors based on manufactures recommendations.
10. Establish procedures for retrieving pumps that are lost, stolen, or otherwise not returned. Local agencies must make a reasonable effort to retrieve the hospital grade breast pumps.
    a) All attempts (phone calls, certified letters, etc.) must be documented in the participant’s medical record.
    b) If attempts to retrieve the pump are unsuccessful, the pump is considered to be lost or stolen and this should be documented in the participant’s medical record.
    c) Lost or stolen pumps should be written off the local agency pump inventory.
    d) According to federal regulations, local agencies cannot withhold or deny WIC benefits, VOC documenation or other services from a participant who has not returned a breast pump.
    e) See sample Breast Pump Retrieval letter for breast pump retrieval.
11. In cases where the participant reports the issued breast pump as broken/malfunctioning, provide the participant with the pump issue date and instruct participant to call the breast pump manufacturer help line. Contact the State Office if assistance is needed.

Breast Pump Decision Tree
Choosing the Right Breast Pump



This decision tree is a resource tool to assist the health professional in the assessment of type of breast pump needed.

- Professional judgment should be used in determining type of pump.
- Participants with breastfeeding complications should be referred to a Lactation Specialist.
- Refer to Breastfeeding Peer Program for basic breastfeeding education and support, if available.
- Contact the State WIC Office for questions.

COUNSELING FOR BREAST PUMP ISSUANCE

A. Breastfeeding women must receive accurate information about assembling, using and cleaning breast pumps and collection kits issued by the WIC Program.
   1. Identify and distribute to the participant materials with accurate pictures or drawing of the pump. It is recommended to use the patient instruction sheet from the breast pump manufacturer.
   2. Provide participant with a demonstration or show actual use of the pump.
   3. Ensure participant can assemble and disassemble the pump before leaving.
   4. Provide information to the breastfeeding woman regarding the manufacturer's direction about washing or sterilizing the pump and collection kit.
   5. Ensure the participant receives printed materials about cleaning procedures.
   6. Participant who obtain breast pumps from sources other than the WIC Program (insurance, gift, purchase, etc.), should be referred to the pump manufacturer for questions regarding pump assembly, use, cleaning and troubleshooting.

B. Breastfeeding women must receive accurate information about collecting, storing and warming expressed breast milk to maintain the quality and safety of the milk for later feeding. The mother must be instructed to use thawed milk within 24 hours after thawing.

General Guidelines for Storage of Breast milk:

Location	Temperature	Duration
Room Temperature	**Up to 77°F**	**6-8 hours**
Insulated Cooler Bag	**5-39°F**	**24 hours**
Refrigerator	**39°F**	**5 days**
Freezer compartment of refrigerator	**5°F**	**2 weeks**
Freezer compartment of refrigerator with separate doors	**0°F**	**3-6 months**
Chest of upright deep freeze	**-4°F**	**6-12 months**

Data from Center for Disease Control and Prevention: Proper Handling and Storage of Human Milk. http://www.cdc.gov/breastfeeding/recommendations/handling_breastmilk.htm.

C. After issuance of the pump, a breastfeeding woman should receive follow-up services within 24 to72 hours as outlined in below:

Reason for pump	Follow-Up Schedule
A breast pump is issued for medical reasons	• Make initial follow-up contact within 24 hours • Follow-up by phone weekly as needed • Refer to Lactation Specialist • Ensure baby's weight is checked by a medical provider • Refer to the Breastfeeding Peer Counseling Program for basic education and support (if available).
A breast pump is issued for frequent use due to separation for work or school	• Refer to a Lactation Specialist, if appropriate • Refer to a Peer Counselor for basic education and support (if available) • Make initial contact within 24-72 hours • Provide biweekly follow-up by phone as needed
A manual pump is issued for occasional use	• Refer to a Lactation Specialist, if appropriate • Refer to a Peer Counselor for basic education and support (if available) • Make initial contact within 24-72 hours • Provide biweekly follow-up by phone as needed

POLICIES ON ISSUING MANUAL AND SINGLE USER ELECTRIC BREAST PUMPS

A. Document the issuance of a breast pump and the counseling received in the participant's record. The following is the minimum documentation:
   1. Reason for issuing the pump;
   2. Type of pump provided;
   3. An evaluation of the participant's understanding about using and cleaning the pump;
   4. A summary of the counseling provided; and
   5. Plans for follow-up.

B. Obtain a written agreement prior to issuance of the electric pumps. A copy of this form must be placed in the participant's record. See the sample Kentucky WIC Program Single User Electric Breast Pump Agreement in this section.

C. Obtain Verification of informed consent from all patients receiving breast pumps. A copy of this form must be placed in the participant's record. See the sample Health Department Breast Pump Verification of Informed Consent in this section. Check with your legal counsel regarding verification of informed consent for any necessary agency changes.

D. Follow the table below to ensure that all required forms have been completed for the breast pump issued to the participant. The forms and instructions for completion are found in this section.

TYPE OF BREAST PUMP ISSUED AND REQUIRED FORMS

Type of Pump Issued	VERIFICATION OF INFORMED CONSENT FOR BREAST PUMPS	KENTUCKY WIC PROGRAM BREAST PUMP ASSESSMENT & INFORMATION CHECKLIST FOR MANUAL AND SINGLE USER BREAST PUMPS	KENTUCKY WIC PROGRAM SINGLE USER ELECTRIC BREAST PUMP AGREEMENT	BREAST PUMP INVENTORY LOG SHEET
Manual (Hand Held)	✓	✓		**Use MANUAL BREAST PUMP LOG**
Single User Electric	✓	✓	✓	**Use SINGLE USER BREAST PUMP LOG**

(Rev. 10/15)

INSTRUCTIONS FOR HEALTH DEPARTMENT
BREAST PUMP VERIFICATION OF INFORMED CONSENT
FOR
BREAST PUMPS

This is a sample Verification of Informed Consent to be used when issuing breast pumps. Review with the client and ensure that all of their questions are answered. Contact the Nutrition Services Branch for a Spanish version of the Verification of Informed Consent.

Patient's Signature:	The breastfeeding mother will sign, after reading the form.
Date:	The breastfeeding mother will date the form.
Certifying Health Professional Signature:	The Certifying Health Professional that is providing the information and guidance signs this form.
Date:	The Certifying Health Professional dates this form.

HEALTH DEPARTMENT
BREAST PUMP
VERIFICATION OF INFORMED CONSENT

Breastfeeding is a normal part of the childbearing process and the feeding of an infant. Breastfeeding care includes responsibility for the management of essentially healthy women and infants throughout the period of Breastfeeding.

The Certifying Health Professional/Lactation Specialist providing this management/care through the Health Department's Supplemental Nutrition Program for Women, Infants, and Children (WIC) is a health professional. Sound scientific/medical resources and continued educational updates and training in human lactation/breastfeeding are combined with educational backgrounds in health fields as well as skills and experience in breastfeeding care.

Occasionally, problems arise during breastfeeding. However, the health, nutritional, and economic benefits of breastfeeding far outweigh most problems that may arise. Usually, difficulties are minor in nature and do not require medical care.

If my condition or my baby's should change from normal, medical treatment from my primary obstetrical or pediatric care provider may be required. In the course of breastfeeding, situations which require consultation with the primary care providers include but are not limited to mastitis (breast infections) or infant illness (including failure to thrive). The latter can be due to underlying health problems totally unrelated to feeding method.

I understand that although breastfeeding is a normal process and no problems are anticipated, they can arise. I also understand that these problems are rarely serious. The Certifying Health Professional/Lactation Specialist will utilize skills and experience to help mothers be successful at breastfeeding for however long they choose. In order to provide the best care and appropriate referrals, mothers need to provide the Certifying Health Professional/Lactation Specialist with correct information and notify them of any problems related to breastfeeding. I also understand that following appropriate recommendations provided by the lactation expert will help in achieving success at breastfeeding.

I understand that the Certifying Health Professional/Lactation Specialist is not liable for primary medical care or diagnosis. This is the responsibility of the primary care providers. Any conditions or problems that can affect the well-being of the mother and/or baby will be referred by the Certifying Health Professional/Lactation Specialist; however, I understand that it is the family's responsibility to seek medical care and treatment when applicable and I will seek such care and treatment in these instances.

_____ _____
Patient's Signature Date

_____ _____
Certifying Health Professional/ Date
Lactation Specialist Signature

INSTRUCTIONS FOR COMPLETING
BREAST PUMP ASSESSMENT & INFORMATION CHECKLISTS

This checklist is to be used when a breast pump is being issued or loaned to a client. The checklist is filed in the medical record.

Mother's Name:	Enter the name of the breastfeeding mother.
D.O.B.:	Enter the mother's date of birth.
Household #:	Enter the mother's household number.
Medical Card #:	Enter the mother's medical card number, if applicable.
Address:	Enter the mother's address.
Telephone #'s:	Enter all applicable telephone numbers for the mother.
Insurance Type:	Enter mother's insurance information, if applicable.
Delivery Date of Pump:	Enter the date that the breastfeeding mother received the breast pump.
Baby's Name:	Enter the name of the breastfeeding infant.
D.O.B.:	Enter the infant's date of birth.
Birth Weight:	Enter the infant's weight at birth.
Birth Length:	Enter the infant's length at birth.
Agency/Site:	Enter the agency/site if it is different from the agency where the breastfeeding mother was certified.
Medical Information/ Comments:	Enter any additional medical information or comments applicable to the breastfeeding management and care of the participant.
Date 1st Contact:	Enter the date the first contact was made with the mother.
Week 1 Phone Contact:	Enter the date of the first week phone follow-up contact.
Date(s) follow-up Contact(s):	Enter the dates of any additional follow-up contacts.
Information Checklist:	Complete the information checklist to ensure the breastfeeding mother has received complete and accurate information. Write any additional comments in the checklist as well.

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KENTUCKY WIC PROGRAM
BREAST PUMP ASSESSMENT AND INFORMATION CHECKLIST
FOR MANUAL AND SINGLE USER BREAST PUMPS

Mother's Name: _____ D.O.B.: _____

Household #:_____ Medical Card #: _____

Address: _____

Telephone #s: (Home) _____ (Work) _____(Cell) _____

Insurance Type: _____Delivery Date of Pump: _____

Baby's Name: _____ D.O.B.: _____

Birth Weight: _____ Birth Length: _____

Agency/Site, if originating agency is different from agency where mother is certified:

_____

Medical Information/Comments:

_____

_____

(Please use back of page if needed)

Date 1st Contact: _____ **Week 1 Phone Contact:** _____

Date(s) follow-up contact(s): _____

INFORMATION CHECKLIST	COMMENTS
1. Provided breast pump and kit	
2. Proper use of breast pump	
3. Assembly and disassembly of breast pump	
4. Proper breast pump cleaning	
5. Demonstration of proper assembly and disassembly of pump	
6. Hand expression	
7. Importance of putting baby to breast (if possible)	
8. Frequency of pumping sessions	
9. Location of pumping sessions	
10.Length of pumping sessions	
11.Collection of breast milk	
12.Storage of breast milk	
13.Warming and feeding breast milk	
14.Manufacturer's instruction sheet provided	
15. Instruct participant to complete and mail warrenty registration card	
16. Advise participant to contact pump manufacturer for troubleshooting	
17. Participant understands attempting to sell/selling pump is considered program abuse.	

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KENTUCKY WIC PROGRAM
SINGLE USER ELECTRIC BREAST PUMP AGREEMENT
INSTRUCTIONS

This agreement is to be used when a single user electric breast pump is being issued. The agreement must be completed and reviewed with the participant. This agreement is filed in the medical record and a copy is provided to the participant. Contact the State WIC Office for a copy of the agreement in Spanish.

KENTUCKY WIC PROGRAM
SINGLE USER ELECTRIC BREAST PUMP AGREEMENT
{Agency/Site}

I _____ agree to use the _____
(client name) (name of pump)

Breast Pump serial #: _____ as instructed.

I understand that this pump is for my use only and that neither the pump nor the collection kit can be given or shared with anyone else because of the risk of disease transmission. I agree to contact the WIC Program immediately to report any problems I have while using the pump.

I understand that I am using the pump at my own risk and will hold harmless the _____Local Agency, health department staff, and WIC Program.

I understand that I am to complete and mail the pump warranty card to the pump manufacturer.

I understand that attempting to sell or selling is considered WIC Program abuse, and will be investigated. **I understand I may be asked to reimburse the program for the value of a pump that is sold.**

I have been instructed on how to properly use, assemble and clean the breast pump.

WIC Participant Signature: _____

Telephone #: (Home/Cell) _____

Email address: _____

Local Agency Staff Signature _____

Date _____

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INSTRUCTIONS FOR COMPLETING
MANUAL AND SINGLE USER ELECTRIC BREAST PUMP LOGS

Local agencies must inventory manual (if on hand) and single user electric breast pumps. The following are sample Breast Pump Logs that may be used to track the issuance and inventory of breast pumps that are provided to WIC participants. The logs must be retained for three (3) full federal fiscal years after last issuance.

Serial Number/ WIC Inventory Tag Number:	Enter either the breast pump serial number or the WIC Inventory tag number of the breast pump that is being issued. Serial number should maintained on log or filed in case of a recall or pump malfunction.
Date Issued:	Enter the date of the breast pump issuance.
Person Issued:	Enter the name of the breastfeeding mother that is received the breast pump. Use the PEF label that is provided when the issuance of a single user breast pump is entered into the Patient Services Reporting System (PSRS).
Number in Inventory:	Enter the number of single user breast pumps left in the clinic inventory.
Date of Physical Inventory:	Enter the date the assigned person conducting the physical inventory.
Signature of Person Verifying Inventory:	Enter the signature of the person conducting the physical inventory.
Comments:	Enter any additional comments.

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MANUAL BREAST PUMP LOG

Number of Breast Pumps	Date Issued / Person Issued	Number in Inventory	Date of Physical Inventory	Signature of Person Verifying Inventory	Comments

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SINGLE USER ELECTRIC BREAST PUMP LOG

Number of Breast Pumps	Date Issued / Person Issued (Use PEF Label)	Number in Inventory	Date of Physical Inventory	Signature of Person Verifying Inventory	Comments

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POLICIES ON LOANING/RENTING
HOSPITAL GRADE ELECTRIC BREAST PUMPS

A. For families that are participating in the WIC Program an electric breast pump can be essential in establishing or maintaining an adequate milk supply when there is maternal/infant illness; during mother/infant separations such as hospitalization and for breastfeeding women who have temporary breastfeeding problems.

B. If the infant or mother has a Medical Card and they are separated due to a medical condition the Medicaid Program must be billed FIRST. The pump will be provided by the hospital in this situation and WIC will pick up the cost of the pump (if needed) when discharged. Please contact the Medicaid Managed Care Provider for questions or assistance in Medicaid eligible situations.

C. Hospital grade breast pump rentals can only be utilized when your agency does not have any hospital grade pumps available to loan. Contact the State WIC Office to request additional pumps.
   1. **Each of the hospital grade pump rentals must receive prior approval by the State WIC Office unless an approved DME contract has been bid and approved by the State WIC Office. This applies to only one existing contract.**

D. To authorize the hospital grade loaner or rental through WIC, the following criteria must be met:
   1. The breastfeeding mother must be a WIC participant.
   2. The hospital grade electric breast pump is needed due to medical reasons. This may be due to the mother and baby being separated. For example:
      a) the mother has delivered, been released from the hospital and has to leave the infant in the hospital;
      b) the mother has to be readmitted to the hospital for a surgery or procedure; or
      c) the mother has never left the hospital but the baby has been released and the hospital does not have a pump for the mother to use.
      d) Each of the hospital grade pump rentals must receive prior approval by the State WIC Office unless an approved DME contract has been bid and approved by the State WIC Office. This applies to onley one existing contract.
   3. A prescription must be received prior to issuance of any hospital grade breast pump. The prescription must specify the medical condition, the time period the pump is needed and be signed by a physician, physician assistant, or Advanced Practice Registered Nurse (APRN).
   4. The prescription cannot be for a time period of longer than three (3) months.
   5. Follow the table below to ensure that all required forms have been completed for the breast pump issued to the participant. The forms and instructions for completion are found in this section.

METHOD OF HOSPITAL GRADE BREAST PUMP ISSUED AND REQUIRED FORMS

Method of Pump Issuance	VERIFICATION OF INFORMED CONSENT FOR BREAST PUMPS	KENTUCKY WIC PROGRAM BREAST PUMP ASSESSMENT & INFORMATION CHECKLIST FOR HOSPITAL GRADE PUMPS	KENTUCKY WIC PROGRAM HOSPITAL GRADE LOANER ELECTRIC BREAST PUMP AGREEMENT	BREAST PUMP INVENTORY LOG SHEET	HOSPITAL ELECTRIC BREAST PUMP RENTAL (WIC -100)
Hospital Grade Electric Loaner	✓	✓	✓	**Use HOSPITAL-GRADE LOANER ELECTRIC BREAST PUMP TRACKING LOG**	
Hospital Grade Rental					✓ **Must have state agency approval**

(Rev. 10/15)

PROCEDURES TO LOAN A HOSPITAL GRADE BREAST PUMP

A. Upon receipt of a properly completed prescription, and prior to receiving the pump the breastfeeding woman must receive a demonstration/information on how to:
   1. properly use;
   2. assemble and disassemble;
   3. clean the breast pump; and
   4. proper assembly, disassembly and use of the pump.

B. Counseling must be provided on:
   1. hand expression;
   2. importance of continuing to feed baby at the breast (if it is possible to feed baby at breast);
   3. breast milk pumping frequency;
   4. locations to pump breastmilk;
   5. length of pumping sessions;
   6. collection of breast milk;
   7. storage of breast milk; and
   8. warming and feeding breast milk.

C. Complete Kentucky WIC Program Hospital Electric Breast Pump Agreement (see form in this section, contact Nutrition Services Branch for Spanish version of form).
   1. Review the Agreement with the client and obtain their signature, name, address and applicable telephone numbers.
   2. Emphasize the pump is the property of the local agency and must be returned.
   3. Request another contact's name and the telephone number. This is to be able to contact the client if they move from the address that they have provided.
   4. Document the pump serial number/equipment number/inventory number on the bottom of the agreement and Hospital Grade Breast Pump Control/Tracking Log.
   5. When the pump is returned, document the date returned and the condition of the pump in the medical record and Hospital Grade Breast Pump Control/Tracking Log.

D. Follow-up within 24 hours of issuing the pump to ensure the breastfeeding woman is properly using the pump, to answer questions and to offer support. Refer to Breastfeeding Peer Counselor for basic education and support, if available at your location.

E. Follow-up must be performed to ensure that the pump is returned on time. If the prescription has expired and the pump is still needed, another prescription must be obtained. If the patient presents with a new prescription and the prescription is for more than one month, follow-up monthly with the breastfeeding woman to make sure she is still using the pump and not having any problems.

F. Cleaning and maintenance when a hospital grade pump is returned to the clinic:
   a) Wear protective gloves when handling the pump;
   b) Check for return of all parts;
   c) Visually check the pump for signs of insect and rodent infestation;
   d) Place the entire pump and pump case in a sealed heavy-duty plastic bag for two (2) to three (3) days. This will usually kill any insects that have crawled into the pump motor casing or pump case;
   e) After two (2) to three (3) days, remove pump from bag and spray front and back air vents with compressed air. Tilt pump forward and tap gently on hard surface. If there is an infestation, it will be noticed at this time. Contact the state office for additional guidance if infestation is present;
   f) Test the pump to ensure it is in good working order;
   g) Assess the pump for damage; document the damage and send the pump for repair as needed;
   h) Clean pump motor casing and pump case with disinfectant, as recommended by manufacturer;
   i) Document pump cleaning on Hospital Grade Breast Pump Control/Tracking Log (See form in this section).

KENTUCKY WIC PROGRAM
HOSPITAL-GRADE LOANER ELECTRIC BREAST PUMP AGREEMENT
INSTRUCTIONS

This agreement is to be used when a hospital grade electric loaner breast pump is being issued. The agreement must be completed and reviewed with the participant. This agreement is filed in the medical record and a copy is provided to the participant. Contact the State WIC Office for a copy of the agreement in Spanish.

KENTUCKY WIC PROGRAM
HOSPITAL-GRADE LOANER ELECTRIC BREAST PUMP AGREEMENT
{Agency/Site}

I _____ agree to use the _____
(client name) (name of pump)

Breast Pump #: _____ as instructed.

I will return the pump to the WIC Program in working order and in clean condition when I no longer need to use the pump, my rental period has expired or as requested by the WIC Program.

I understand that this pump is for my use only and that neither the pump nor the collection kit can be given or shared with anyone else because of the risk of disease transmission. I agree to contact the WIC Program immediately to report any problems I have while using the pump.

I understand that I am using the pump at my own risk and will hold harmless the _____Local Agency, health department staff, and WIC Program.

I understand that attempting to sell/selling WIC pumps is considered WIC Program abuse, and will be investigated. **I agree to reimburse the program for the value of a pump that is lost, stolen, damaged or not returned.**

I have been instructed on how to properly use, assemble and clean the breast pump.

Signature: _____

Address: _____

Telephone #: (Home/Cell) _____(Work)_____

Emergency Contact Person: _____

Emergency Contact Telephone #: _____

To be filled out by local agency personnel ONLY.

Name of person returning breast pump; if not the above client:_____

Date Pump Returned: _____

Condition of Pump & Additional Comments: _____

_____

_____

Signature _____ Date _____

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KENTUCKY WIC PROGRAM
BREAST PUMP ASSESSMENT AND INFORMATION CHECKLIST
FOR HOSPITAL GRADE PUMPS

Mother's Name: _____ D.O.B.: _____

Household #:_____ Medical Card #: _____

Address: _____

Telephone #s: (Home) _____ (Work) _____(Cell) _____

Insurance Type: _____Delivery Date of Pump: _____

Baby's Name: _____ D.O.B.: _____

Birth Weight: _____ Birth Length: _____

Agency/Site, if originating agency is different from agency where mother is certified:

_____

Medical Information/Comments:

_____

_____

(Please use back of page if needed)

Date 1st Contact: _____ **Week 1 Phone Contact:** _____

Date(s) follow-up contact(s): _____

INFORMATION CHECKLIST	COMMENTS
1. Provided breast pump and kit	
2. Proper use of breast pump	
3. Assembly and disassembly of breast pump	
4. Proper breast pump	
5. Demonstration of proper assembly and disassembly of pump	
6. Hand expression	
7. Importance of putting baby to breast (if possible)	
8. Frequency of pumping sessions	
9. Location of pumping sessions	
10.Length of pumping sessions	
11.Collection of breast milk	
12.Storage of breast milk	
13.Warming and feeding breast milk	
14.Manufacturer's instruction sheet provided	
15. Advise participant to contact WIC clinic regarding any problems operating pump or troubleshooting	
16. Participant understands attempting to sell/selling pump is considered program abuse.	

INSTRUCTIONS FOR COMPLETING
HOSPITAL GRADE LOANER ELECTRIC BREAST PUMP TRACKING LOG

This Hospital Grade Breast Pump Log is to be used to track the issuance and inventory of hospital grade loaner electric breast pumps issued to WIC participants. The log must be retained for three (3) full federal fiscal years after last issuance.

Serial Number/ Inventory Tag #:	After receiving the hospital grade breast pumps, each local WIC agency will assign each breast pump an inventory number. The certifying health professional issuing the breast pump will enter the inventory number. The serial number must be recorded on the log <u>or</u> maintained in a file in case of a recall or pump malfunction.
Pump in storage (S) Or in use (U):	The certifying health professional will determine the status of the breast pump.
Client Name/Name of Certifying Health Professional/ Lactation Specialist:	Enter the name of the breastfeeding mother and name of certifying health professional/Lactation Specialist who issued the pump. The PEF label can also be affixed to the tracking log.
Date Issued:	Enter the date that the pump was issued to the breastfeeding mother.
Date Due for Return:	Enter the date the loan period expires and the breastfeeding mother should return the breast pump to the clinic.
Actual Date of Return:	Enter the actual date the mother brought back the breast pump to the clinic.
Condition of Pump:	Enter the condition of the pump after received back into the clinic. Enter Good (G), Fair (F) or Poor (P).
Date Pump Cleaned:	Enter the date the breast pump was cleaned and placed back into inventory.
Number on Hand:	Enter the number of breast pumps on hand when the assigned person does the physical inventory to count the number of breast pumps.
Date of Physical Inventory:	Enter the date the assigned person performs the physical inventory.
Signature of Person Performing Physical Inventory:	The person that performs the actual physical count and inventory of the breast pumps will need to sign indicating the number of breast pumps entered in the Number on Hand column is correct. This person is also responsible for determining inaccuracies.

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HOSPITAL GRADE LOANER ELECTRIC BREAST PUMP TRACKING LOG

Serial Number/ WIC Inv Tag #	Pump in Storage (S) or in Use (U)	Client Name & Name of Certifying Health Professional/Lactation Specialist Issuing (PEF label can be used)	Date Issued	Due Date for Return	Actual Date of Return	Condition of Pump: Good (G) Fair (F) Poor (P)	Date Pump Cleaned	Number on Hand	Date of Physical Inventory	Signature of Person Performing Physical Inventory

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SAMPLE BREAST PUMP RETRIEVAL LETTER
REQUEST TO RETURN HOSPITAL GRADE ELECTRIC BREAST PUMP

This is a sample letter that may be used for retrieving pumps that are lost or otherwise not returned. Contact the State Agency for a copy in Spanish.

Use Local Agency Letterhead

Date

Name
Address
City, State, Zip Code

Dear Ms. _____:

The hospital grade electric breast pump we loaned you on _____(date) was due for return on _____(date), but has not been returned to _____WIC Clinic.

It is important that we receive the hospital grade electric breast pump back as soon as possible as we have a limited number of pumps for a large number of WIC participants.

In the Kentucky WIC Program Hospital Grade Loaner Electric Breast Pump Agreement that you signed on _____, (see enclosed copy of Kentucky WIC Program Hospital Grade Loaner Electric Breast Pump Agreement) you agreed to return the breast pump or pay the WIC Program back for the value of the breast pump if it was not returned.

Please return the pump before _____(date).

If for some reason you no longer have the pump, please let us know immediately.

Thank you for your prompt response. If you have any questions, please contact me at _____.

Sincerely,

Name of Contact at WIC Agency

PROCEDURES TO RENT A HOSPITAL GRADE BREAST PUMP

Hospital grade breast pump rentals may be utilized only when your agency currently has no hospital grade pumps available to loan.

A. Contact the State WIC Office for prior approval unless an approved DME contract has been bid and approved by the State WIC Office. This applies to only one existing contract.
B. Initiation of the WIC-100 will be done at the local agency. See Nutrition Services Branch Hospital Electric Breast Pump Rental form (WIC 100) in this section.
C. The health professional signing on line fourteen (14) of the WIC-100 must ensure the breastfeeding woman received pertinent breastfeeding information, if it has not been provided by the hospital or doctor's office.
D. Send completed WIC-100 and prescription with client and instruct client to present these to breast pump rental station or DME. A copy of the completed WIC-100 and prescription must be filed in the medical record.
E. Participant Procedures:
    1. The breastfeeding woman presents the WIC -100 and prescription to the DME.
    2. After the breastfeeding woman presents the WIC-100 and prescription to the DME, the breastfeeding woman must sign the Nutrition Service Branch Hospital Electric Breast Pump Rental form (WIC-100) on line sixteen (16) to indicate she has received a hospital grade breast pump and/or collection kit.
F. The Durable Medical Equipment Company (DME) representative signs the WIC-100 on line eighteen (18) and send the original WIC-100 to the State Agency within 30 days for completion of the rental period with a copy of the prescription and an invoice, containing an invoice number from the DME.
G. Local Agency staff need to follow-up within 24 hours of pump rental to ensure the breastfeeding women is properly using the pump, to answer questions and to offer support.
H. Follow-up must be performed to ensure that the pump is returned on time. If the prescription has expired and the pump is still needed, another prescription must be obtained. If the patient presents with a new prescription, another WIC-100 must be completed. If the prescription is for more than one month, follow-up monthly with the breastfeeding woman to make sure she is still using the pump and not having any problems.
I. If the participant presents the breast pump to your agency, return the breast pump to the originating DME.

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INSTRUCTIONS FOR COMPLETING
NUTRITION SERVICES BRANCH
HOSPITAL ELECTRIC BREAST PUMP RENTAL

These are the instructions for completing a Hospital Electric Breast Pump Rental form (WIC-100). This form is to be used for all rented electric breast pumps. This form should be completed and given to the participant to take to the Durable Medical Equipment Company (DME).

Upon receipt of properly completed prescription, contact the Durable Medical Equipment Company (DME) to determine if the company has a pump available for rental.

Vender Name:	Enter the vendor name for the DME that will be providing the breast pump.
Vender Tax ID:	Enter the tax ID number of the DME renting the breast pump.
Vender Address:	Enter the address of the DME renting the breast pump.
Phone Number:	Enter the phone number of the DME renting the breast pump.
Mothers Name:	Enter the name of the breastfeeding mother.
Mother's Birth Date:	Enter the mother's date of birth.
Address:	Enter the home address of the mother.
Phone Number:	Enter the phone number of the breastfeeding mother.
County/Clinic Location:	Enter the county code for the county in which the client is on WIC.
Issuing Clinic Name And Address:	Enter the name and address of the WIC clinic completing the WIC-100 form.
Infant's Name:	Enter the infant's name.
Infant's Birth Date:	Enter the infant's date of birth.
Diagnosis:	Enter the diagnosis of breastfeeding condition listed on the prescription.
Length of Time On Prescription:	Enter the amount of time on the prescription the physician has requested the breast pump rental. The time period cannot be more than three (3) months per prescription.
Specify Service(s) Or Equipment Requested:	The DME will complete this section with the itemized charges for the hospital grade breast pump as well as the for the collection kit that will be charged to the State Agency.

INSTRUCTIONS FOR COMPLETING
NUTRITION SERVICES BRANCH
HOSPITAL ELECTRIC BREAST PUMP RENTAL
(Continued)

Total:	The DME will total the cost of the breast pump and collection kit and enter the total in this line.
Current Rental Period:	The DME will enter the beginning and ending date of the breast pump rental period. This cannot last longer than three (3) months without a new prescription and WIC-100.
Agency Personnel Initiating Breast Pump Rental Service:	The Certifying Health Professional that has approved the rental of the breast pump will sign this line. Signing this line ensures that the breastfeeding woman has received pertinent breastfeeding information, if it has not been provided by the hospital or physician's office.
Date Approved:	The Certifying Health Professional that has approved the breast pump rental will date the day they approved the rental.
Patient or Responsible Party Receiving Breast Pump:	After the breastfeeding mother has taken the prescription and the WIC-100 to the DME, the breastfeeding woman will sign this line indicating she has received a hospital grade breast pump and/or collection kit.
Date Received:	The breastfeeding mother will date the day she received the breast pump and or collection kit.
Breast Pump Vendor/DME Providing Service:	The DME provider will sign this line indicating they are providing this mother with the breast pump and or collection kit.
Date Provided:	The DME will enter the date they provided the mother with the breast pump and/or collection kit.

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NUTRITION SERVICES BRANCH
HOSPITAL ELECTRIC BREAST PUMP RENTAL

1. Vendor Name: _____ Vendor Tax ID #:_____

2. Vendor Address: _____

_____ Phone Number_____

3. Mother's Name: _____ 4. Mother's Birth Date: _____

5. Address: _____6. Phone number: _____

_____7. County/Clinic Location: _____

8. Issuing Clinic Name and Address:

_____

9. Infant's Name: _____10. Infant's Birth Date: _____

11. Diagnosis: _____ (Attach prescription)

Length of time on Prescription: _____

♦ **Each rental cannot last longer than 3 months without another prescription and new WIC-100.**

12. Specify Service(s) or Equipment Requested: Itemized Charges:

Hospital Grade Electric Breast Pump _____

Breast Pump Kit _____

13. TOTAL _____

Current Rental Period on Invoice Begin Date_____ End Date _____

Invoice for Breast Pump Rental must be submitted within 30 days from completion of rental period or payment is not guaranteed.

14. _____ 15._____
Agency Personnel Initiating Date Approved

Breast Pump Rental Service

16. _____ 17._____
Patient or Responsible Party Receiving Breast Pump (Signature) Date Received

18. _____ 19._____
Breast Pump Vendor/DME Providing Service (Signature) Date Provided

STATE AGENCY USE ONLY
Expenditures Authorized

Amount $ _____

Date: _____

Authorized By: _____

Reviewed By _____

Invoice # _____

DME Please submit ORIGINAL, PRESCRIPTION and INVOICE to:

Beverly Salchli
Cabinet for Health and Family Services
Division of Maternal and Child Health
275 East Main Street, HS2W-D
Frankfort, Kentucky 40621-0001
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WIC-100 (Rev. 10/13)

SPECIFICATIONS OF BREAST PUMPS

The following specifications are utilized for breast pumps.

1) Local agencies may purchase manual breast pumps with State Agency approval. The following specifications must be met.
   a) Specifications for Manual Breast Pumps
      - Must have pressure range between 140 -220 mmHg.
      - Must have suction cycle around 60 times per minute.
      - Must include step-by-step, visually illustrated instructions on the assembly of the collection kit, operation of the pump, cleaning instructions, and safe handling and storage of pumped milk.
      - Must have instructions that are written at a low literacy level in English and Spanish.
      - Must come with a universal collection container.
      - Must have at least a 90 day warranty.
2) The State Agency has contrats for purchasing hospital grade breastpumps, standard collection kits and single user breastpumps. Local Agencies cannot purchase hospital grade breastpumps or single user electric breastpumps.
3) The following specifications are utilized by the State Agency in purchasing breast pumps.
   a) Specifications for Hospital Grade Electric Breast Pumps
      - Must be a hospital grade breast pump, weighing no more than 10 pounds, and designed to be portable.
      - Must be FDA Approved for multiple users.
      - Must have UL listed electric plug that operates on standard household current.
      - Must be capable of pumping both breasts simultaneously.
      - Must have automatic cycling and suction control (does not require use of mother's finger to control suction and cycling).
      - Must cycle a minimum of 48 cycles per minute.
      - Must achieve 220 mm Hg of suction pressure in one second.
      - Suction pressure must not exceed 270 mm Hg.
      - Must have adjustable level of suction.
      - Breast milk must not enter the internal working parts of the pumping mechanism or pump motor under normal use.
      - Pump must be new, not reconditioned, must not contain used parts.
      - Must have minimum three years warranty.
      - Each pump must have written instructions on pump operation and cleaning.
      - Must utilize an ordinary cleaning method that does not require the disassembly of internal working parts of the pump motor.
      - Cost of shipping to be included in the unit price.

   b) Specifications for Collection Kit for Hospital Grade Electric Breast Pumps
      - Must be compatible with the electric pump awarded above.
      - Must be packaged with all parts necessary to accommodate single or double pumping and conversion to a manual breast pump.
      - Must include two universally threaded, 4-ounce collection bottles.
      - When used correctly, must not allow breast milk to back up into the tubing or overflow bottles and return to breast milk reservoir.
      - Pressure must not exceed 270 mm Hg with full bottle.
      - Nipple tunnel must not collapse during pumping which can cause discomfort and/or inhibit the letdown reflex.
      - To accommodate women with large breasts, large size breast flange with nipple tunnel diameter ranging from 30 mm to 30.5 mm must fit existing kit.
      - Must be in sterile pack.
      - Must include step by step, visually illustrated instructions on the assembly of the pump kit, pump operation, and cleaning instructions. Must be written at a low literacy level in English and Spanish.
      - All parts that milk makes contact with must be boilable and dishwasher safe.
      - Cost of shipping must be included in the unit price.

c) Specifications for Single User, Small Electric Breast Pump

- Must be portable electric breast pump weighing no more than 9 pounds.
- Must have UL listed electric plug that operates on standard household current.
- Pump must be new, not reconditioned, no used parts.
- Must accommodate single and double pumping.
- Must achieve 220 mm Hg of suction pressure within two seconds.
- Must have adjustable level of suction.
- Suction pressure must not exceed 250 mm Hg for longer than two seconds.
- Must have automatic cycling and suction control (does not require use of mother's finger to control suction and cycling).
- Must have a minimum of 40-60 cycles per minute.
- Breast milk must not come in contact with the internal working parts of the pump or motor of the pump under normal use.
- Must convert to manual pump.
- Must have a minimum of 1-year warranty on pump motor.
- Must have battery power capability.
- Must include pump kit with all parts necessary to pump single or double, four universal collection bottles.
- Nipple tunnel of breast flange must be made with hard plastic that does not collapse during pumping which can cause discomfort and/or inhibit the letdown reflex.
- Must use universally threaded four ounce standard baby bottles as collection units.
- Must utilize an ordinary cleaning method that does not require the disassembling of internal working parts of the pump or motor.
- Must include step-by-step, visually illustrated instructions on the assembly of the collection kit, operation of the pump, cleaning instructions, and safe handling and storage of pumped milk.
- Must have instructions written at a low literacy level in English and Spanish.
- The motor, pump kit and instructions in English and Spanish must be packaged together and one unit.
- Requires no additional purchases for normal electrical use.
- Cost of shipping to be included in unit price.

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POLICIES ON ISSUANCE OF NIPPLE SHIELDS

Issuance of nipple shields is an optional breastfeeding support service that may be provided to breastfeeding women with latch issues.

The following l policies apply:

A. Certifying Health Professionals issuing and providing education about the use of nipple shields must complete training from the State Office prior to issuing nipple shields.

B. Agencies should identify the health professional(s) within each agency/site who can:
   1. Evaluate a woman's need for a nipple shield;
   2. Authorize the provision of the nipple shield;
   3. Issue the nipple shield;
   4. Teach women how to use the nipple shield;
   5. Provide backup if the designated health professional(s) are not available; and
   6. Provide follow-up services.

C. Nipple shields are for a single-user. They cannot be returned or re-issued to another person.

D. Each request for a nipple shield should be evaluated to determine the need for the nipple shield.

E. Nipple shields cannot be given to pregnant participants.

F. Nipple shields must be inventoried.
   1. Store all nipple shields in a cabinet that can be locked.
   2. Maintain perpetual inventory of all nipple shields. See the sample log included in this section.
   3. Perform physical inventory of all nipple shields on a monthly basis.
      a) A person other than the person(s) that issues the nipple shields must do the inventory.
      b) Any method that reflects the actual number of nipple shields on hand from the last month plus the additional nipple shields received during the current month minus all nipple shields issued during the current month is acceptable.
      c) The actual number on hand, the name and signature of the person that did the physical count and date of verification must be maintained. All nipple shields must be accounted for during the inventory.

G. Breastfeeding women must receive accurate information about using and cleaning nipple shields.
   1. Provide participant with a demonstration or show actual use of the nipple shield.
   2. Ensure participant can properly use the nipple shield prior to leaving the clinic.
   3. Provide information to the breastfeeding woman regarding the manufacturer's direction about washing or sterilizing nipple shield.
   4. Ensure the participant receives printed materials about cleaning procedures.

H. Document the issuance of nipple shield and the counseling received in the participant's record. The following is the minimum documentation:
   1. Reason for issuing the shield;
   2. An evaluation of the participant's understanding about using and cleaning the nipple shield;
   3. A summary of the counseling provided; and
   4. Plans for follow-up.

I. Obtain Verification of Informed Consent from all patients receiving nipple shields. A copy of this form must be placed in the participant's record. See the sample Health Department Breastfeeding Management/Care, Support, and Follow-up Verification of Informed Consent. Check with your legal counsel regarding verification of informed consent for any necessary agency changes.

J. After issuance of the nipple shield, a breastfeeding woman must receive follow-up services from the Lactation Specialist within 24 to72 hours as outlined in below:
   1. Make initial follow-up contact within 24-72 hours
   2. Follow-up by phone one week after issuance
   3. Ensure regular face-to-face follow-up with a Lactation Specialist (See Administrative Reference, Training Guidelines and Program Descriptions)
   4. Refer to a peer counselor, if available.

K. Issuance of a nipple shield should be coded to V241-.

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INSTRUCTIONS FOR COMPLETING BREASTFEEDING MANAGEMENT/ CARE ASSESSMENT/INFORMATION CHECKLIST FOR NIPPLE SHIELDS

This checklist is to be used when a nipple shield is being issued to a client. The information contained on this checklist should be obtained from all clients that are receiving a nipple shield. The checklist is to be filed in the medical record.

Mother's Name:	Enter the name of the breastfeeding mother.
D.O.B.:	Enter the mother's date of birth.
Household #:	Enter the mother's household number.
Medical Card #:	Enter the mother's medical card number, if applicable.
Address:	Enter the mother's address.
Telephone #'s:	Enter all applicable telephone numbers for the mother.
Issue Date of Shield:	Enter the date that the breastfeeding mother received the nipple shield.
Baby's Name:	Enter the name of the breastfeeding infant.
D.O.B.:	Enter the infant's date of birth.
Birth Weight:	Enter the infant's weight at birth.
Birth Length:	Enter the infant's length at birth.
Agency/Site:	Enter the agency/site if it is different from the agency where the breastfeeding mother was certified.
Medical Information/ Comments:	Enter any additional medical information or comments applicable to the breastfeeding management and care of the participant.
Date 1st Contact:	Enter the date the first contact was made with the mother.
Week 1 Phone Contact:	Enter the date of the first week phone follow-up contact.
Date(s) follow-up Contact(s):	Enter the dates of any additional follow-up contacts.
Information Checklist:	Complete the information checklist to ensure the breastfeeding mother has received complete and accurate information. Write any additional comments in the checklist as well.

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KENTUCKY WIC PROGRAM
BREASTFEEDING MANAGEMENT/CARE ASSESSMENT/INFORMATION CHECKLIST
FOR NIPPLE SHIELDS

Mother's Name: _____ D.O.B.: _____

Household #:_____ Medical Card #: _____

Address: _____

Telephone #s: (Home) _____ (Work) _____ (Cell) _____

Issue Date of Nipple Shield: _____

Baby's Name: _____ D.O.B.: _____

Birth Weight: _____ Birth Length: _____

Agency/Site, if originating agency is different from agency where mother is certified:

_____

Medical Information/Comments:

_____

_____

_____

_____

_____

_____

_____

(Please use back of page if needed)

Date 1st Contact: _____ **Week 1 Phone Contact**: _____

Date(s) follow-up contact(s): _____

INFORMATION CHECKLIST	COMMENTS
1. Provided nipple shield	
2. Proper use of nipple shield	
4. Proper nipple shield cleaning	

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INSTRUCTIONS FOR COMPLETING NIPPLE SHIELD LOG

This is a sample Nipple Shield Log that may be used to track the issuance and inventory of nipple shields that are provided to WIC participants. The logs must be retained for three (3) full federal fiscal years after last issuance.

Date Issued:	Enter the date of the nipple shield issuance.
Participant Name:	Enter the name of the breastfeeding mother that received the nipple shield.
Certifying Health Professional/ Lactation Specialists Issuing:	Enter the signature of the health professional issuing the nipple shield.
Number in Inventory:	Enter the number of nipple shields left in the clinic inventory.
Date of Physical Inventory:	Enter the date the assigned person conducting the physical inventory.
Signature of Person Verifying Inventory:	Enter the signature of the person conducting the physical inventory.
Comments:	Enter any additional comments.

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NIPPLE SHIELD LOG

Date Issued	Participant Name	Signature of Certifying Health Professional/Lactation Specialists Issuing	Number in Inventory	Date of Physical Inventory	Signature of Person Verifying Inventory	Comments

_____ _____

Certifying Health Professional Signature Date

GENERAL DEFINITIONS AND GLOSSARY

Abortions – Delivery or loss of the products of conception before or during the 20th week of pregnancy. Abortion may be elective (woman's decision), spontaneous (natural) or therapeutic (to save the mother's life or health).

Abruptio Placentae – Premature detachment of a placenta.

Adjunct Eligibility – Automatic income eligibility to recipients of Food Stamps and Kentucky Transitional Assistance Program (KTAP) and Medicaid, as well as member of families which contain a KTAP recipient or which contain a pregnant woman or infant receiving Medicaid.

Breastfeeding – The practice of feeding breastmilk to an infant on average of at least once a day.

Cash Value Benefit (CVB) – a fixed-dollar amount food instrument or Electronic Benefits Transfer (EBT) card which is used by a participant to obtain authorized fruits and vegetables.

Category/Status – The designation of the participant for enrollment in the WIC Program (e.g., fully breastfed infant, partially breastfed infant, etc.).

Certification – The use of criteria and procedures to assess and document each applicant's eligibility for the WIC Program.

Certifying Health Professional – An individual on staff of the local agency authorized to determine nutritional risk and prescribe supplemental foods and determine eligibility for the WIC Program. The following persons are the only persons the State Agency may authorize to serve in this capacity: Physicians, Nutritionists (Bachelor's degree), Certified Nutritionists (Master's degree and certification by State Board of Certification and Licensure), Dietitians (RD/LD), Nurses (RN, LPN, APRN) and Physician's Assistants (certified by the National Committee on Certification of Physician's Assistants or certified by the State medical certifying authority). (See Administrative Reference, Training Guidelines and Program Descriptions)

Days – Calendar days – not working days.

Drug Abuse Education – (A) The provision of information concerning the dangers for drug abuse; or (B) the provision of materials developed by the Secretary of the Department of Agriculture.

Exempt Infant Formula – Formulas used for inborn errors of metabolism, low birth weight or other unusual medical or dietary problem.

Fetal Death (Stillbirth) – Death prior to the complete expulsion of extraction from the mother of a product of human conception, at $\geq$ 20 weeks of gestation.

Homeless – A situation in which a woman, infant or child who lacks a fixed and regular nighttime residence, or whose primary residence is defined as a homeless facility. This includes street people, those residing in another's home on a temporary basis (cannot exceed 365 days), and persons in a shelter for victims of domestic violence.

Institution – Any residential accommodation which provides meal services, except for private residences and homeless facilities.

Lactation Specialist - A health professional that is a Registered Dietitian (RD) or Nurse (RN or LPN) with certification as: International Board Certified Lactation Consultant (IBCLC); Certified Lactation Counselor (CLC) or Certified Lactation Specialist (CLS). (See Administrative Reference, Training Guidelines and Program Descriptions).

Medical documentation form – a prescription or Certificate of Medical Necessity (WIC-200, WIC-300, WIC-400). The preferred forms for the WIC Program are the Certificates of Medical Necessity.

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WIC Nutritional – A WIC-Eligible Nutritional that has been approved for use for the Kentucky WIC Program. The products are enteral and specifically formulated to provide nutritional support for individuals with a qualifying condition, when the use of conventional foods is precluded, restricted, or inadequate. WIC Nutritionals are designed for enteral digestion via an oral or tube feeding. The products are administered under the supervision of a physician. WIC Nutritionals may not be a conventional food, drug, flavoring, or enzyme.

Migrant – An individual whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months, and who establishes, for the purpose of such employment, a temporary abode. This includes loggers who meet both of these conditions.

Neonatal Death – Death occurring from birth through the first 28 days of life.

Participation – the sum of: (1) The number of persons who received supplemental foods or food instruments during the reporting period; (2) The number of breastfed infants who did not receive supplemental foods or food instruments; and (3) The number of breastfeeding women who did not receive supplemental foods or food instruments but whose infant received supplemental foods or food instruments during the reporting period.

Pregnancy Induced Hypertension (preeclampsia or eclampsia) – Systolic blood pressure of 140mm Hg or diastolic pressure of 90mm Hg or both or a rise of 20 to 30mm Hg in systolic pressure and/or 10 to 15mm Hg in diastolic pressure.

Premature Birth – Delivery of a live born infant at 37 weeks or less gestation.

Qualifying Condition – The qualifying conditions include but are not limited to premature birth, low birth weight, failure to thrive, inborn errors of metabolism and metabolic disorders, gastrointestinal disorders, malabsorption syndromes, immune system disorders, severe food allergies that require an elemental formula, and life threatening disorders, diseases and medical conditions that impair ingestion, digestion, absorption or the utilization of nutrients that could adversely affect the participant's nutrition status.

Recertification – To use criteria and procedures to document eligibility to continue a participant on the WIC Program.

Spontaneous Abortion – The spontaneous termination of a gestation at less than 20 weeks gestation or less than 500 grams.

Supplemental Foods – Those foods containing nutrients determined by nutritional research to be lacking in the diets of pregnant, breastfeeding and postpartum women, infants and children and foods that promote the health of the population served by the WIC Program as indicated by relevant nutrition science, public health concerns and cultural eating patterns, as prescribed by the Secretary of the United States Department of Agriculture.

Trained WIC Paraprofessional – An individual on staff of the local agency who does not meet the criteria of a Certifying Health Professional or Lactation Specialist, but is trained and given ongoing supervision to provide a basic WIC nutrition education service. The WIC paraprofessional provides specific nutrition education within a defined curriculum. (See Training Requirements for WIC Paraprofessionals in this section).

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