

## **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 health professional shall determine nutritional risk eligibility and certify persons for the Program (see Certifying Health Professional in the Glossary in this section). Other eligibility requirements are in the Administrative Reference (AR), Volume II, WIC 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 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 the AR, Volume II, WIC Section, Ineligibility and Discontinuation of Benefits.

Reference: WIC Consolidated Regulations, January 1, 2007

Rev. 07/08

## MEDICAL DATA REQUIREMENTS

STATUS	HEIGHT & WEIGHT	HEMATOCRIT (hct.)/HEMOGLOBIN (hgb.)+
Pregnant Women (P)	<b>For certification:</b> <ul style="list-style-type: none"> <li>• must have height and weight taken during this pregnancy</li> <li>• height and weight may be performed at certification or may be referral data* if <math>\leq 60</math> days of certification date</li> <li>• must have pre-pregnancy weight</li> <li>• pre-pregnancy weight may be self-reported or referral data*</li> </ul>	<b>For certification:</b> <ul style="list-style-type: none"> <li>• must have hct./hgb. taken during this pregnancy</li> <li>• hct./hgb. may be performed at certification or may be referral data* if taken during this pregnancy</li> <li>• hct./hgb. must be evaluated by criteria for trimester it was obtained</li> </ul> <b>For follow-up:</b> <ul style="list-style-type: none"> <li>• one hct./hgb. may only be performed if low hct./hgb. was documented previously</li> </ul>
Breastfeeding (BF) & Postpartum (PP) Women	<b>For certification:</b> <ul style="list-style-type: none"> <li>• must have height and weight taken after termination of pregnancy</li> <li>• height and weight may be performed at certification or may be referral data* if <math>\leq 60</math> days of certification date</li> <li>• must have pre-pregnancy weight</li> <li>• pre-pregnancy weight may be self-reported or referral data*</li> </ul>	<b>For certification:</b> <ul style="list-style-type: none"> <li>• must have hct./hgb. taken after termination of pregnancy</li> <li>• hct./hgb. may be performed at certification or may be referral data*</li> </ul> <b>For follow-up:</b> <ul style="list-style-type: none"> <li>• one hct./hgb. may only be performed if low hct./hgb. was documented previously</li> </ul>
Infants (I)	<b>For certification:</b> <ul style="list-style-type: none"> <li>• must have length/height and weight</li> <li>• length/height and weight may be performed at certification or may be referral data* if <math>\leq 60</math> days of certification date</li> <li>• must have birth weight</li> <li>• birth weight may be self-reported or referral data*</li> <li>• birth weight may be used for initial certification if <math>\leq 60</math> days of certification date</li> </ul>	<b>For certification:</b> <ul style="list-style-type: none"> <li>• certified during birth to 9 months time frame, no hct./hgb. is required at certification</li> <li>• certified during 9 – 12 months time frame, a hct./hgb. must be performed at certification or referral data* may be used</li> </ul> <b>For follow-up:</b> <ul style="list-style-type: none"> <li>• certified during birth to 8 months must have hct./hgb. at age 9 – 12 months and this may be performed in clinic or referral data* may be used</li> </ul>
Children (C)	<b>For certification:</b> <ul style="list-style-type: none"> <li>• birth weight is required for child under age 2</li> <li>• birth weight may be self-reported or referral data*</li> <li>• must have height and weight</li> <li>• height and weight may be performed at certification or may be referral data* if <math>\leq 60</math> days of certification date</li> </ul>	<b>For certification:</b> <ul style="list-style-type: none"> <li>• must have hct./hgb. taken between 12 – 24 months of age</li> <li>• hct./hgb. taken between 9 – 12 months may meet the age 12 months requirement, but cannot meet the requirement for 12 - 24 months of age</li> <li>• must have hct./hgb. annually between age 24 – 60 months</li> <li>• hct./hgb. may be done in clinic or may be referral data* if meets the age requirement</li> </ul> <b>For follow-up:</b> <ul style="list-style-type: none"> <li>• hct./hgb. done at or before age 12 months, recommend one test at age 15 – 18 months</li> <li>• for documented low hct./hgb., hct./hgb. must be done at 6 month intervals until normal level is attained</li> </ul>

\* 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 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 not required for a "life long" condition (e.g., hemophilia). USDA Policy memo #140-26.

Rev. 01/11

## ELIGIBILITY CERTIFICATION SCHEDULE

Ages/Status	Eligibility/Certification Schedule	Recertification Schedule
<b>Pregnant Woman (P)</b>	<ul style="list-style-type: none"> <li>From certification up to six (6) weeks post-delivery</li> </ul>	<ul style="list-style-type: none"> <li>Recertify as postpartum or breastfeeding woman</li> </ul>
<b>Postpartum Woman (PP)</b>	<ul style="list-style-type: none"> <li>From certification <b>to</b> six (6) months from termination of pregnancy</li> </ul>	<ul style="list-style-type: none"> <li>No recertification</li> </ul>
<b>Breastfeeding Woman (BF)</b>	<ul style="list-style-type: none"> <li>Birth of infant to one (1) year of age of child as long as breastfeeding</li> <li>See Steps in the Breastfeeding Certification Process.</li> </ul>	<ul style="list-style-type: none"> <li>No recertification as certification period is one year post-delivery as long as breastfeeding the infant one time per day.</li> <li>If breastfeeding is discontinued and woman is:               <ul style="list-style-type: none"> <li>&lt; six (6) months post-delivery, change to a postpartum woman;</li> <li>≥ six (6) months post-delivery, terminate from the program.</li> </ul> </li> <li>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.</li> </ul> <p><b>Note:</b> Infant medical record must be reviewed. Determine if fully breastfed, supplemental or full formula package needs to be issued.</p>
<b>Infants (I)</b> Birth to < 6 months	<ul style="list-style-type: none"> <li>To one (1) year of age</li> </ul>	<ul style="list-style-type: none"> <li>Recertify at one (1) year of age</li> </ul>
≥ 6 months old	<ul style="list-style-type: none"> <li>For six (6) months</li> </ul>	<ul style="list-style-type: none"> <li>Recertify as child after six (6) months</li> </ul>
<b>Child (C)</b> 1 year to 5 years	<ul style="list-style-type: none"> <li>For six (6) month periods up to five (5) years of age</li> </ul>	<ul style="list-style-type: none"> <li>Recertify at six (6) month intervals               <ul style="list-style-type: none"> <li>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.</li> </ul> </li> </ul>

Rev. 04/09

## STEPS IN THE BREASTFEEDING CERTIFICATION PROCESS

Situation	Action
Exclusively Breastfeeding (no formula feeding)	<ul style="list-style-type: none"> <li>• Certify <b>woman</b> as fully breastfeeding woman. See WIC Policies for Prescribing Food Packages.</li> <li>• Certify <b>infant</b> as fully breastfed - no WIC food is to be issued to the infant until the appropriate age. See Recommendations For Food Package Selection. Issue month/issue date must be 99's until issuance of food at 6 months.</li> </ul>
Breast and Formula Feeding	<ul style="list-style-type: none"> <li>• Certify <b>woman</b> as Partially Breastfeeding. See WIC Policies for Prescribing Food Packages and provide appropriate woman package based upon amount of formula the infant is receiving.</li> <li>• Certify partially breastfed <b>infant</b> and provide partial or full formula package based on name of product and appropriate policies. See Recommendations for Food Package Selection.</li> </ul>
Breastfeeding Woman > 6 months post-delivery (receiving no food from WIC; infant receiving full formula package)	<ul style="list-style-type: none"> <li>• Continue certification of woman as breastfeeding. Enter 99's in Issue Month/Issue Date. Terminate when breastfeeding ends or at 1 year post-delivery.</li> <li>• After baby turns 6 months old continue infant as fully formula fed and provide formula package based on name of formula product and appropriate policies.</li> </ul>

Rev. 04/09

# WIC CERTIFICATION CRITERIA – WOMEN

Reference: Revision 10, USDA, SFP Regional Letter No. 98-9; July 2009.

1010 Low Hematocrit/Low Hemoglobin			Obtain or evaluate hematocrit/hemoglobin <sup>1</sup>		
Pregnant			Postpartum/Breastfeeding		
1 <sup>st</sup> trimester 0-13 wks	2 <sup>nd</sup> trimester 14-26 wks	3 <sup>rd</sup> trimester 27-40 wks	age 12 –15	age 15-18	age >18
Hematocrit ≤ 32.9% OR Hemoglobin ≤ 10.9 gm./dL.	Hematocrit ≤ 31.9% OR Hemoglobin ≤ 10.4 gm./dL.	Hematocrit ≤ 32.9% OR Hemoglobin ≤ 10.9 gm./dL.	Hematocrit ≤ 35.6% OR Hemoglobin ≤ 11.7 gm./dL.	Hematocrit ≤ 35.8% OR Hemoglobin ≤ 11.9 gm./dL.	Hematocrit ≤ 35.6% OR Hemoglobin ≤ 11.9 gm./dL.

1020 Elevated Blood Lead	Blood lead level of ≥ 10 µg/dL within the past 12 months
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## 2061, 2063, 2067 Weight Criteria

<p>Determine week of gestation, prepregnancy weight, prepregnancy weight status and Body Mass Index (BMI)<sup>2</sup>: For pregnant teen, use Pregnancy BMI chart while pregnant. For post-delivery teen plot entire Age 2-20 growth chart.</p> <p>Normal weight – PPW 18.5 – 24.9</p> <p>Overweight – PPW BMI ≥ 25.0 or Current BMI ≥ 25.0 if greater than 6 months past delivery</p> <p>Obese – PPW BMI ≥ 30 or Current BMI ≥ 30 if greater than 6 months past delivery</p> <p>Underweight – PPW BMI or Current BMI &lt; 18.5</p>
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2061 Overweight	Overweight – PPW BMI ≥ 25.0 Overweight = Current BMI ≥ 25.0 (BF ≥ 6 months from delivery)	(PP/BF only)
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2063 Underweight	Underweight = PPW BMI or Current BMI < 18.5	(PP/BF only)
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## 2067 Inappropriate Weight Gain Pattern

<p><b>Pregnant only</b></p> <p>Low maternal weight gain during 2<sup>nd</sup> and 3<sup>rd</sup> trimesters, single pregnancy:</p> <p><input type="checkbox"/> Underweight women who gain &lt; 4 lbs./month</p> <p><input type="checkbox"/> Normal weight women who gain &lt; 3.2 pounds/month</p> <p><input type="checkbox"/> Overweight women who gain &lt; 2 pounds/month</p> <p><input type="checkbox"/> Obese (BMI ≥ 30) women who gain &lt; 1.6 pounds/month</p> <p><b>Pregnant only</b></p> <p>Weight loss during pregnancy:</p> <ul style="list-style-type: none"> <li>any weight loss below pregravid weight during first trimester (0-13 wks.)</li> <li>≥ 2 lbs. second or third trimesters (14-40 wk.)</li> </ul>	<p>P: Current Pregnancy BF/PP: Last Pregnancy</p> <p>High maternal weight gain during 2<sup>nd</sup> and 3<sup>rd</sup> trimesters, singleton pregnancy:</p> <p><input type="checkbox"/> Underweight women who gain &gt; 5.2 lbs./month - 2067.133f</p> <p><input type="checkbox"/> Normal weight women who gain &gt; 4 pounds/month - 2067.133g</p> <p><input type="checkbox"/> Overweight women who gain &gt; 2.8 pounds/month - 2067.133h</p> <p><input type="checkbox"/> Obese (BMI ≥ 30) women who gain &gt; 2.4 pounds/month - 2067.133i</p>
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## 3010 Substance Use

Pregnant	Postpartum	Breastfeeding
<ul style="list-style-type: none"> <li>Any smoking of cigarettes, pipes or cigars</li> <li>Any alcohol use</li> <li>Any illegal drug use</li> </ul>	<ul style="list-style-type: none"> <li>Any smoking of cigarettes, pipes or cigars</li> <li>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)</li> <li>Binge drinking ≥ 5 drinks on the same occasion ≥ 1 day in the past 30 days</li> <li>Heavy drinking ≥ 5 drinks on the same occasion on ≥ 5 days in the previous 30 days</li> <li>Any illegal drug use</li> </ul>	<ul style="list-style-type: none"> <li>Any smoking of cigarettes, pipes or cigars</li> <li>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)</li> <li>Binge drinking ≥ 5 drinks on the same occasion ≥ 1 day in the past 30 days</li> <li>Heavy drinking ≥ 5 drinks on the same occasion on ≥ 5 days in the previous 30 days</li> <li>Any illegal drug use</li> </ul>

3011 Secondhand Smoke	Exposure to smoke from tobacco products inside the home
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4010 BF Infant at Nutritional Risk	Breastfeeding an infant at nutritional risk and this qualifies the woman who has no risk
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## 4020 Breastfeeding Complications (BF woman only)

<ul style="list-style-type: none"> <li>Severe engorgement</li> <li>Failure of milk to come in by 4 days after delivery</li> <li>Flat or inverted nipples</li> <li>Tandem nursing (BF two siblings who are <b>not</b> twins)</li> </ul>	<ul style="list-style-type: none"> <li>Cracked, bleeding or severely sore nipples</li> <li>≥ 40 years old</li> <li>Recurrent plugged ducts</li> <li>Mastitis (fever or flu-like symptoms with localized breast tenderness)</li> </ul>
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4040 Breastfed Infant with Feeding Practices	Breastfeeding an infant with dietary concerns and this qualifies the woman who has no risk
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<b>5011 Pregnancy Induced Conditions</b> <b>Pregnant only</b> Hyperemesis Gravidarum - <b>P only</b> Gestational Diabetes - <b>P only</b> History of gestational diabetes Preeclampsia or history of	<b>5012 Delivery of Premature/LBW Infant</b> <b>P: History for any Pregnancy BF/PP: Last Pregnancy</b> <ul style="list-style-type: none"> <li>Prematurity ≤ 37 weeks gestation</li> <li>LBW ≤ 5 lb. 8 oz.</li> </ul>
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<b>5013 Fetal or Neonatal Death</b> <b>P: History for any Pregnancy BF/PP: Last Pregnancy</b> <ul style="list-style-type: none"> <li>Fetal death - death ≥ 20 week gestation</li> <li>Neonatal death - death within first 28 days of life</li> </ul>	<b>Pregnant only (for any pregnancy):</b> <ul style="list-style-type: none"> <li>History of 2 or more spontaneous abortions (spontaneous termination of a gestation at &lt; 20 weeks gestation or &lt; 500 grams)</li> </ul>
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**5014 General Obstetrical Risk**

<b>P: Current Pregnancy    BF/PP: Last Pregnancy</b> <ul style="list-style-type: none"><li>Conception ≤ age 17</li><li>Conception before 16 mo. postpartum</li><li>Age &lt; 20 at conception with 3 or more previous pregnancies of ≥ 20 weeks duration</li><li>Infant with congenital or birth defect</li><li>More than one fetus/Multiple births</li></ul>	<b>Pregnant only</b> <ul style="list-style-type: none"><li>Prenatal care beginning after 13<sup>th</sup> week</li><li>Breastfeeding woman now pregnant</li><li>Fetal Growth Restriction</li><li>History of Infant/Child with congenital or birth defect</li></ul>	<b>Pregnant only</b> <ul style="list-style-type: none"><li>Prenatal care based on the following index:<table><tr><th><u>Weeks gestation</u></th><th><u># prenatal visits</u></th></tr><tr><td>14-21</td><td>0 or unknown</td></tr><tr><td>22-29</td><td>1 or less</td></tr><tr><td>30-31</td><td>2 or less</td></tr><tr><td>32-33</td><td>3 or less</td></tr><tr><td>≥ 34</td><td>4 or less</td></tr></table></li></ul>	<u>Weeks gestation</u>	<u># prenatal visits</u>	14-21	0 or unknown	22-29	1 or less	30-31	2 or less	32-33	3 or less	≥ 34	4 or less
<u>Weeks gestation</u>	<u># prenatal visits</u>													
14-21	0 or unknown													
22-29	1 or less													
30-31	2 or less													
32-33	3 or less													
≥ 34	4 or less													
<b>Pregnant/Breastfeeding/Postpartum</b> <ul style="list-style-type: none"><li>LGA infant &gt; 9 lbs./4000 grams or history of LGA infant</li></ul>														

**6010 Nutrition/Metabolic Conditions**

<b>Lactose Intolerance</b>	<b>Nutrient Deficiency Diseases:</b> <ul style="list-style-type: none"><li>Scurvy</li><li>Cheilosis</li><li>Xerophthalmia</li><li>Protein Energy Malnutrition (PEM)</li><li>Hypocalcemia</li><li>Beri Beri</li><li>Vitamin K Deficiency</li><li>Menkes Disease</li><li>Rickets</li><li>Pellegra</li><li>Osteomalacia</li></ul>
<b>Hypertension:</b> <ul style="list-style-type: none"><li>Chronic</li><li>Prehypertension (130/80-139/89)</li><li>Gestational Hypertension</li></ul>	
<b>Glucose Disorders:</b> <ul style="list-style-type: none"><li>Hypoglycemia</li><li>Pre-Diabetes (PP/BF only)</li><li>Diabetes Mellitus</li></ul>	
<b>Thyroid Disorders:</b> <ul style="list-style-type: none"><li>Hypothyroidism</li><li>Hyperthyroidism</li></ul>	
<b>Cancer:</b> <ul style="list-style-type: none"><li>Cancer</li><li>Treatment for Cancer</li></ul>	
<b>Central Nervous System Disorders:</b> <ul style="list-style-type: none"><li>Epilepsy</li><li>Myelomeningocele</li><li>Parkinson's disease</li><li>Cerebral Palsy</li><li>Neural tube defects</li><li>Multiple Sclerosis</li><li>Spina Bifida</li></ul>	<b>GI Disorders:</b> <ul style="list-style-type: none"><li>Gastroesophageal reflux (GER)</li><li>Inflammatory bowel disease</li><li>Malabsorption syndromes</li><li>Stomach/intestinal ulcers</li><li>Small bowel enterocolitis/syndrome</li><li>Peptic ulcers</li><li>Biliary tract diseases</li><li>Pancreatitis</li><li>Crohn's disease</li><li>Ulcerative colitis</li><li>Gallbladder disease</li><li>Liver disease</li><li>Post-bariatric surgery</li></ul>
<b>Renal disease:</b> <ul style="list-style-type: none"><li>Pyelonephritis</li><li>Persistent proteinuria</li><li>Any renal disease <b>except</b> UTI</li></ul>	<b>Inborn Errors of Metabolism:</b> <ul style="list-style-type: none"><li>PKU</li><li>MSUD</li><li>Galactosemia</li><li>Histidinemia</li><li>Hyperlipoproteinemia</li><li>Hypermethioninemia</li><li>Fructoaldolase deficiency</li><li>Propionic acidemia</li><li>Medium-chain acyl-CoA dehydrogenase</li><li>Homocystinuria</li><li>Glutaric aciduria</li><li>Galactokinase deficiency</li><li>Methylmalonic acidemia</li><li>Glycogen storage disease</li><li>Tyrosinemia</li><li>Urea cycle disorders</li></ul>
<b>Genetic/Congenital Disorders:</b> <ul style="list-style-type: none"><li>Gastroschisis</li><li>Short bowel syndrome</li><li>Cleft lip/palate</li><li>Down's syndrome</li><li>Esophageal atresia</li><li>Muscular Dystrophy</li><li>Hirschsprung's Disease</li><li>Intestinal atresia</li><li>Sickle Cell Anemia</li><li>Thalassemia Major</li><li>Omphalocele</li><li>Diaphragmatic hernia</li><li>Tracheo-esophageal fistula</li></ul>	
<b>Infectious Diseases (present in last 6 mos.):</b> <ul style="list-style-type: none"><li>Parasitic infections</li><li>Pneumonia</li><li>Hepatitis</li><li>Meningitis</li><li>HIV/AIDS</li><li>Tuberculosis</li></ul>	
<b>Food allergies</b> – adverse immune response to food or hypersensitivity that causes adverse immunologic reaction	
<b>Celiac Disease:</b> <ul style="list-style-type: none"><li>Celiac Sprue</li><li>Non-tropical Sprue</li><li>Gluten Enteropathy</li></ul>	<b>Drug/Nutrient Interactions</b>
<b>Other Medical Conditions:</b> <ul style="list-style-type: none"><li>Cardiorespiratory diseases</li><li>Lupus erythematosus</li><li>Juvenile Rheumatoid Arthritis (JRA)</li><li>Persistent asthma requiring daily medication</li><li>Heart disease</li><li>Cystic fibrosis</li></ul>	<b>Recent Major Surgery (including C-sections) , Trauma, Burns:</b> <ul style="list-style-type: none"><li>Any occurrence within <math>\leq</math> 2 months severe enough to compromise nutritional status</li><li>Occurrence &gt; 2 months with continued need for nutrition support documented by MD/DO/ARNP/PA</li></ul>
	<b>Others</b> – State WIC Office approval required

**6020 Impaired Ability to Prepare Food**

Applicant's primary caregiver: <ul style="list-style-type: none"> <li><math>\leq</math> 17 years of age</li> <li>Mentally disabled/delayed/mentally ill/clinically depressed</li> <li>Physically disabled which restricts/limits food preparation abilities</li> <li>Currently using or history of abusing alcohol/ other drugs</li> </ul>
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**6030 Complications which Impair Nutrition**

<ul style="list-style-type: none"> <li>Minimal brain function</li> <li>Head trauma</li> <li>Brain damage</li> <li>Depression</li> <li>Pervasive development disorder (PDD)</li> </ul>	<ul style="list-style-type: none"> <li>Difficulty accepting new foods/↓ food selection</li> <li>Restricted food intake due to color/texture/ temperature</li> <li>Delays/disabilities which restrict ability to chew/swallow/require tube feeding</li> <li>Difficulty taking multivitamin/mineral supplement</li> <li>Autism</li> <li>Difficulty with changes in mealtime environment</li> </ul>
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**6040 Dental Problems**

<ul style="list-style-type: none"> <li>Tooth decay (that impairs ability to eat)</li> <li>Missing more than 7 teeth or ineffectively replaced teeth which impair ability to eat</li> </ul>	<ul style="list-style-type: none"> <li>Gingivitis of pregnancy (<b>P only</b>)</li> <li>Periodontal disease</li> </ul>
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**7010 Presumed Dietary Risk**

Only use this risk when no other risk has been identified

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.
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**7012 Feeding Practices**

Do you eat such foods as: <b>(pregnant only)</b> <ul style="list-style-type: none"> <li>raw fish or shellfish</li> <li>smoked seafood that has not been cooked</li> <li>raw or undercooked meat or poultry</li> <li>hot dogs, cold cuts, deli meats that have not been heated until steaming hot</li> <li>refrigerated paté or meat spreads</li> </ul>		<ul style="list-style-type: none"> <li>unpasteurized milk or milk products soft cheeses such as: Camembert, bleu cheese, Stilton, queso blanco, queso fresco or Panela</li> <li>raw or undercooked eggs or in products such as cookie dough or cake batter</li> <li>lightly cooked egg products such as: sauces, homemade eggnog</li> <li>raw sprouts (alfalfa, clover, radish)</li> <li>unpasteurized fruit or vegetable juices</li> </ul>
Takes > 1 dose/day of a multivitamin, single vitamin, mineral supplement, herbal teas/remedies not recommended by a MD/DO/ARNP/PA.	Eats ashes, baking soda, burnt matches, carpet fibers, chalk, cigarettes, cigarette butts, clay, dirt, dust, laundry starch, cornstarch, large quantities of ice or freezer frost, paint chips or other non-food items.	
If pregnant, do you take < 30 mg. iron each day?	If breastfeeding or postpartum, takes < 400 mcg folic acid each day.	
If pregnant or breastfeeding, do you take <150 µg of iodine each day?		

**7015 Inappropriate Nutrient Intake**

- Avoids all animal products – meat (beef, pork, chicken, turkey), fish, eggs, milk, cheese, yogurt or other dairy products
- Highly restrictive diet in calories or specific nutrients

**7020 Eating Disorders**

- Anorexia Nervosa
- Bulimia
- Controls weight by self-starvation, vomiting, drugs, purgative abuse

**7090 Recipient of Abuse**

- Battering, physical assault within the past six months.

**7095 Foster Care**

- During the previous six (6) months:

- |                                |                                     |
|--------------------------------|-------------------------------------|
| entered the foster care system | moved from a foster home to another |
|--------------------------------|-------------------------------------|

**7098 Homelessness**

- Homeless

**7099 Migrancy**

- Migrant

**9010 Transfer**

- Valid VOC
- Valid eligibility

<sup>1</sup>Recommendations to Prevent and Control Iron Deficiency in the United States, Morbidity & Mortality Weekly Report, April 3, 1998, vol. 47, no.RR-3.

<sup>2</sup> Nutrition During Pregnancy, Part 1: Weight Gain, Institute of Medicine, National Academy Press, Washington, DC, 1990.

\* PPW = Prepregnancy Weight

Rev. 10/10

# WIC CERTIFICATION CRITERIA – INFANT

1010	Low Hematocrit/Low Hemoglobin	Hematocrit $\leq$ 32.8%/Hemoglobin $\leq$ 10.9 gm./dL. (9 months or older)	
1020	Elevated Blood Lead	$\geq$ 10 $\mu$ g/dL. within past 12 months	
1030	Low Head Circumference	$<$ 5 <sup>th</sup> percentile (age adjusted) – if data is available from source outside of WIC	
2040	Prematurity <sup>4</sup>	Birth at $\leq$ 37 weeks gestation (up to age 1)	
2050	Low Birth Weight <sup>5</sup> and Very Low Birth Weight <sup>5</sup>		
Birth weight $\leq$ 5 lb. 8 oz./2500 grams (LBW) (up to age 1)		Birth weight $\leq$ 3 lb. 5 oz./1500 grams (VLBW) (up to age 1)	
2060	At Risk for Overweight		
▪ biological mother reports BMI $\geq$ 30 at conception or during 1 <sup>st</sup> trimester		▪ biological father reports BMI $\geq$ 30	
2062	At Risk for Underweight	6 <sup>th</sup> through 10 <sup>th</sup> percentile weight/length (up to age 1)	
2063	Underweight	$\leq$ 5 <sup>th</sup> percentile weight for length (up to age 1)	
2064	At Risk for Short Stat	6 <sup>th</sup> through 10 <sup>th</sup> percentile length for age (up to age 1)	
2065	Short Stature <sup>5</sup>	$\leq$ 5 <sup>th</sup> percentile length for age (up to age 1)	
2066	Growth Problems	Small for Gestational Age (SGA) <sup>5</sup> Large for Gestational Age (LGA) birth weight $\geq$ 9 lbs/4000 gm	
2067	Inappropriate Weight Gain Pattern		
▪ Failure to Thrive (FTT) <sup>4</sup>		▪ Not back to birth weight by 2 weeks	▪ Lost $>$ 10% from birth to 1 month
3011	Secondhand Smoke	Exposure to smoke from tobacco products inside the home	
4010	BF Woman at Nutritional Risk	Breastfeeding woman has a nutritional risk which qualifies infant who has no risk	
4020	Breastfeeding Complications		
▪ Jaundice		▪ Weak or ineffective suck	Inadequate stooling for age: <sup>3</sup> ▪ $\leq$ 6 days old with $<$ 2 stools/day ▪ 7-28 days old with $<$ 5 stools/day ▪ 29 days or older with $<$ 1 stool every 4 days
▪ $<$ 6 wet diapers per day		▪ Difficulty latching onto breast	
4040	Infant of BF Woman with Feeding Practices	BF woman qualifies based on dietary concern which qualifies infant who has no risk	
4070	Infant of a WIC Mother/Mother at Risk	Infant up to 6 months old of Mother on WIC or Mother who had risk and could have qualified during this pregnancy	
4075	Infant of a Mother with Complications which Impair Nutrition		
▪ Mentally retarded		▪ Alcohol/illegal drug use during pregnancy of this infant	
6010	Nutrition/Metabolic Conditions		
Lactose Intolerance	Hypertension Prehypertension (90th-95th for blood pressure)	<b>Nutrient Deficiency Diseases:</b> ▪ Scurvy ▪ Hypocalcemia ▪ Rickets ▪ Cheilosis ▪ Beri Beri ▪ Pellagra ▪ Menkes Disease ▪ Xerophthalmia ▪ Vitamin K Deficiency ▪ Osteomalacia ▪ Protein Energy Malnutrition (PEM)	
Glucose Disorders:	▪ Diabetes Mellitus ▪ Hypoglycemia		
Thyroid Disorders:	▪ Hypothyroidism ▪ Hyperthyroidism		
Cancer:	▪ Cancer ▪ Treatment for Cancer		
Central Nervous System Disorders:	▪ Epilepsy ▪ Cerebral Palsy ▪ Myelomeningocele ▪ Parkinson's disease ▪ Spina Bifida ▪ Neural tube defects ▪ Multiple Sclerosis	<b>GI Disorders:</b> ▪ Malabsorption syndromes ▪ Gastroesophageal reflux (GER) ▪ Stomach/intestinal ulcers ▪ Inflammatory bowel disease ▪ Small bowel enterocolitis/syndrome ▪ Peptic ulcers ▪ Biliary tract diseases ▪ Pancreatitis ▪ Crohn's disease ▪ Ulcerative colitis ▪ Gallbladder disease ▪ Liver disease ▪ Post-bariatric surgery	
Renal Disease:	▪ Pyelonephritis ▪ Persistent proteinuria ▪ Any renal disease <b>except</b> UTI	<b>Inborn Errors of Metabolism:</b> ▪ PKU ▪ MSUD ▪ Galactosemia ▪ Homocystinuria ▪ Tyrosinemia ▪ Histidinemia ▪ Glutaric aciduria ▪ Urea cycle disorders ▪ Hyperlipoproteinemia ▪ Fructoaldolase deficiency ▪ Hypermethioninemia ▪ Methylmalonic acidemia ▪ Propionic acidemia ▪ Glycogen storage disease ▪ Galactokinase deficiency ▪ Medium-chain acyl-CoA dehydrogenase	
Infectious Diseases (present in last 6 mo.):		<b>Pyloric Stenosis</b>	
▪ Parasitic infections			
▪ Hepatitis ▪ Tuberculosis ▪ Pneumonia ▪ Meningitis ▪ HIV/AIDS ▪ Bronchiolitis (3 episodes in last 6 months)			
Food Allergies – adverse immune response to food or hypersensitivity that causes adverse immunologic reaction			
Genetic/Congenital Disorders:		<b>Drug/Nutrient Interactions</b>	
▪ Gastroschisis ▪ Short bowel syndrome ▪ Cleft lip/palate ▪ Down's syndrome ▪ Esophageal atresia ▪ Muscular Dystrophy ▪ Hirschsprung's Disease ▪ Intestinal atresia ▪ Sickle Cell Anemia ▪ Thalassemia Major ▪ Omphalocele ▪ Diaphragmatic hernia ▪ Tracheo-esophageal fistula		<b>Recent Major Surgery, Trauma, Burns:</b> ▪ Any occurrence within $\leq$ 2 months severe enough to compromise nutritional status. ▪ Occurrence $>$ 2 months with continued need for nutrition support documented by MD/DO/ARNP/PA	



**6010 Nutrition/Metabolic Conditions (continued)**

<b>Celiac Disease:</b> <ul style="list-style-type: none"> <li>▪ Celiac Sprue</li> <li>▪ Gluten Enteropathy</li> <li>▪ Non-tropical Sprue</li> </ul>	<b>Other Medical Conditions:</b> <ul style="list-style-type: none"> <li>▪ Lupus erythematosus</li> <li>▪ Cardiorespiratory diseases</li> <li>▪ Heart disease</li> <li>▪ Cystic fibrosis</li> <li>▪ Juvenile Rheumatoid Arthritis (JRA)</li> <li>▪ Persistent asthma requiring daily medication</li> </ul>
<b>Others</b> – State WIC Office approval required	

**6020 Impaired Ability to Prepare Food****6030 Complications which Impair Nutrition**

Applicant's primary caregiver is: <ul style="list-style-type: none"> <li>▪ ≤ 17 years of age</li> <li>▪ Mentally disabled/delayed/mental illness/clinical depression</li> <li>▪ Currently using or history of abusing alcohol/other drugs</li> <li>▪ Physically disabled which restricts/limits food preparation abilities</li> </ul>	<ul style="list-style-type: none"> <li>▪ Minimal brain function</li> <li>▪ Head trauma</li> <li>▪ Brain damage</li> <li>▪ Birth Injury</li> <li>▪ Pervasive development disorder (PDD)</li> <li>▪ Difficulty accepting new foods/ food selection</li> <li>▪ Restricted food intake due to color/texture/ temperature</li> <li>▪ Delays/disabilities which restrict ability to chew/swallow/require tube feeding</li> <li>▪ Difficulty taking multivitamin/mineral supplement</li> <li>▪ Autism</li> <li>▪ Difficulty with changes in mealtime environment</li> </ul>
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**6040 Dental Problems** Baby Bottle Tooth Decay**6050 Other Health Risk** Fetal Alcohol Syndrome (FAS)**7012 Feeding Practices**

Formula overdiluted during preparation.	If fed only breastmilk:
Formula underdiluted during preparation.	• Under two (2) months old, eats less than 8 times in 24 hours.
Fed less than 16 ounces of formula in 24 hours.	• Two (2) months old or older, eats less than 6 times in 24 hours.
Fed low iron formula without supplementation.	Water given in place of a bottle of formula or breastmilk or the amount of foods restricted.
Cereals or other foods added to the baby's bottle.	Taking <400 IU per day vitamin D (Exclusively breastfed infant or infant taking <32 oz of formula per day)
Eats foods like hot dogs, pieces of fruit, nuts, raisins, hard candy, raw carrots.	Drinks more than a cup (8 ounces) of water in 24 hours.
Honey is put in the foods or liquids which are fed to the baby or put on the baby's pacifier.	Fed:
Drink milks (fresh, whole, skim, 1%, 2%, lowfat, nonfat, goat, sheep), imitation milk (Vitamite, Toddler's Best, nondairy creamer), substitute milk (Alba 77, Slim Fast), evaporated or sweetened condensed milk.	• breastmilk kept in refrigerator for > 72 hours.
Eats high calorie/low nutrient foods such as desserts, cakes, cookies, candy, fried foods, lunchmeat.	• breastmilk added to already frozen breastmilk in a storage container.
Drinks 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.) from a bottle or cup.	• previously frozen breastmilk thawed in refrigerator for more than 24 hours.
Drinks more than 6 ounces of juice in a day?	• breastmilk saved from a bottle used at another feeding.
Age – Less than 4 months, consumes:	Takes a bottle:
• Solid food such as cereals, mashed potatoes, eggs, gravy.	• Propped in the mouth.
Age – 7 to 8 months, does not:	• At nap or sleeps with bottle in mouth.
• eat solid food from a spoon	• Containing fruit juice.
• eat infant cereal	• Without restriction
• eat vegetables	Age – 6 months old or older, does not drink:
• use fingers when eating	city water, take a fluoride supplement or drink fluoridated water.
Caretaker has:	Age 8 to 9 months, does not consume: fruits
• No safe water supply (documented).	Age less than 12 months and eats eggs, milk, wheat (not infant cereal), soy, peanuts, fish, shellfish
• No stove for sterilizing bottles and water.	• Fed formula:
• No refrigerator nor freezer for storage of breastmilk or formula.	▪ held at room temperature > 2 hours.
• Limited knowledge on preparation, handling or storage of formula or breastmilk.	▪ left in refrigerator >48 hours.
• Provided no variety in type and/or amount of food.	▪ leftover from an earlier feeding.
Does the baby eat:	• Fed vitamin, multi-vitamin, or mineral supplements, herbal teas/remedies not recommended by MD/DO/ARNP/PA.
• Undercooked or raw tofu	• Not washed hands with soap and water after using the bathroom, changing diapers, and before meals or before preparing formula or bottles of breastmilk.
• Deli meats, hot dogs not cooked until steaming hot	• Unpasteurized milk or milk products
• Raw vegetable sprouts (alfalfa, clover, radish)	• Soft cheeses such as Camembert, bleu cheese, Stilton, queso blanco, queso fresco or Panela
• Raw or undercooked meat, fish, poultry or eggs	• Unpasteurized vegetable juices

**7090 Recipient of Abuse** Abuse (emotional or physical) and/or neglect within the past six months**7095 Foster Care** During the previous six (6) months:

• entered the foster care system	• moved from a foster home to another
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**7098 Homelessness** Homeless**7099 Migrancy** Migrant**9010 Transfer** • Valid VOC • Valid eligibility

<sup>3</sup> Riordan, Jan and Kathleen G. Auerbach, Breastfeeding and Human Lactation, 2<sup>nd</sup> edition, Chapter 10 "The Breastfeeding Process: The Postpartum Period" by Kathleen Auerbach and Jan Riordan, 1998, Jones and Bartlett, Inc., page 325.

<sup>4</sup>For premature infants and infants with a diagnosis of FTT adjust growth chart for gestational age. See instructions with growth charts within the Forms tab for further information. (FNS Policy Memorandum 98-9, Revision 7, April 2004).

<sup>5</sup>For infants less than 40 weeks gestation, adjust growth chart for gestational age. See instructions with growth charts within the Forms tab for further Reference: Revision 10, USDA, SFP Regional Letter No. 98-9; July 2009.

Rev. 07/11

# WIC CERTIFICATION CRITERIA – CHILDREN

## 1010 Low Hematocrit/Low Hemoglobin

Hematocrit $\leq$ 32.8% or Hemoglobin $\leq$ 10.9 gm./dL. (age 1 to 2)	Hematocrit $\leq$ 32.9% or Hemoglobin $\leq$ 11.0 gm./dL. (age 2 to 5)
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## 1020 Elevated Blood Lead

$\geq$  10  $\mu$ g/dL within the past 12 months

## 2040 Prematurity<sup>6</sup>

Birth at  $\leq$  37 weeks gestation (up to age 2)

## 2050 Low Birth Weight<sup>7</sup> and Very Low Birth Weight<sup>7</sup>

Birth weight $\leq$ 5 lb. 8 oz./2500 grams (LBW) (up to age 2)	Birth weight $\leq$ 3 lb. 5 oz./1500 grams (VLBW) (up to age 2)
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## 2060 At Risk for Overweight

$\geq$ 85 <sup>th</sup> percentile or $\leq$ 95 <sup>th</sup> percentile BMI for $\geq$ 24 months	$\geq$ 85 <sup>th</sup> percentile or $<$ 95 <sup>th</sup> percentile weight for length/height $\geq$ 24 months	biological parent reports BMI $\geq$ 30
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## 2061 Overweight

current weight for length/height $\geq$ 95 <sup>th</sup> percentile (age 2 to 5)	$\geq$ 95 <sup>th</sup> percentile BMI (age 2 to 5)
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## 2062 At Risk for Underweight

6 <sup>th</sup> through 10 <sup>th</sup> percentile weight for length (age 1 to 2)	6 <sup>th</sup> through 10 <sup>th</sup> percentile BMI for age (age 2 to 5)
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## 2063 Underweight

$\leq$ 5 <sup>th</sup> percentile weight for length (age 1 to 2)	$\leq$ 5 <sup>th</sup> percentile BMI for age (age 2 to 5)
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## 2064 At Risk for Short Stature<sup>7</sup>

6 <sup>th</sup> through 10 <sup>th</sup> percentile length for age (age 1 to 2)	6 <sup>th</sup> through 10 <sup>th</sup> percentile height/stature for age (age 2 to 5)
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## 2065 Short Stature<sup>7</sup>

$\leq$ 5 <sup>th</sup> percentile length for age (age 1 to 2)	$\leq$ 5 <sup>th</sup> percentile height/stature for age (age 2 to 5)
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## 2066 Growth Problems<sup>7</sup>

Small for Gestational Age (SGA up to age 2)

## 2067 Inappropriate Weight Gain Pattern<sup>6</sup>

Failure to Thrive (FTT)

## 3011 Secondhand Smoke

Exposure to smoke from tobacco products inside the home

## 6010 Nutrition/Metabolic Conditions

<b>Lactose Intolerance</b> Hypertension    Prehypertension (90th-95th for blood pressure) <b>Thyroid Disorders:</b> ▪ Hypothyroidism    ▪ Hyperthyroidism <b>Glucose Disorders:</b> ▪ Diabetes Mellitus    ▪ Hypoglycemia <b>Cancer:</b> ▪ Cancer    ▪ Treatment for Cancer	<b>Nutrient Deficiency Diseases:</b> <ul style="list-style-type: none"> <li>▪ Scurvy</li> <li>▪ Cheilosis</li> <li>▪ Xerophthalmia</li> <li>▪ Osteomalacia</li> <li>▪ Menkes Disease</li> </ul>
<b>Central Nervous System Disorders:</b> <ul style="list-style-type: none"> <li>▪ Parkinson's disease</li> <li>▪ Epilepsy</li> <li>▪ Cerebral Palsy</li> <li>▪ Spina Bifida</li> <li>▪ Myelomeningocele</li> <li>▪ Neural tube defects</li> <li>▪ Multiple Sclerosis</li> </ul>	<b>GI Disorders:</b> <ul style="list-style-type: none"> <li>▪ Inflammatory bowel disease</li> <li>▪ Crohn's disease</li> <li>▪ Ulcerative colitis</li> <li>▪ Liver disease</li> <li>▪ Pancreatitis</li> <li>▪ Gallbladder disease</li> <li>▪ Malabsorption syndromes</li> <li>▪ Stomach/intestinal ulcers</li> <li>▪ Gastroesophageal reflux (GER)</li> <li>▪ Small bowel enterocolitis/syndrome</li> <li>▪ Peptic ulcers</li> <li>▪ Biliary tract diseases</li> <li>•Post-bariatric surgery</li> </ul>
<b>Renal Disease:</b> ▪ Pyelonephritis    ▪ Persistent proteinuria ▪ Any renal disease <b>except</b> UTI	<b>Inborn Errors of Metabolism:</b> <ul style="list-style-type: none"> <li>▪ PKU</li> <li>▪ MSUD</li> <li>▪ Galactosemia</li> <li>▪ Homocystinuria</li> <li>▪ Tyrosinemia</li> <li>▪ Histidinemia</li> <li>▪ Glutaric aciduria</li> <li>▪ Urea cycle disorders</li> <li>▪ Hyperlipoproteinemia</li> <li>▪ Fructoaldolase deficiency</li> <li>▪ Hypermethioninemia</li> <li>▪ Methylmalonic acidemia</li> <li>▪ Propionic acidemia</li> <li>▪ Glycogen storage disease</li> <li>▪ Galactokinase deficiency</li> <li>▪ Medium-chain acyl-CoA dehydrogenase</li> </ul>
<b>Genetic/Congenital Disorders:</b> <ul style="list-style-type: none"> <li>▪ Gastroschisis</li> <li>▪ Muscular Dystrophy</li> <li>▪ Short bowel syndrome</li> <li>▪ Sickle Cell Anemia</li> <li>▪ Cleft lip/palate</li> <li>▪ Thalassemia Major</li> <li>▪ Down's syndrome</li> <li>▪ Omphalocele</li> <li>▪ Intestinal atresia</li> <li>▪ Esophageal atresia</li> <li>▪ Diaphragmatic hernia</li> <li>▪ Hirschsprung's Disease</li> <li>▪ Tracheo-esophageal fistula</li> </ul>	<b>Recent Major Surgery, Trauma, Burns:</b> <ul style="list-style-type: none"> <li>▪ Any occurrence within <math>\leq</math> 2 months severe enough to compromise nutritional status.</li> <li>▪ Occurrence <math>&gt;</math> 2 months with continued need for nutrition support documented by MD/DO/ARNP/PA</li> </ul>
<b>Infectious Diseases (present in last 6 mos.):</b> <ul style="list-style-type: none"> <li>▪ Parasitic infections</li> <li>▪ Hepatitis</li> <li>▪ HIV/AIDS</li> <li>▪ Pneumonia</li> <li>▪ Meningitis</li> <li>▪ Tuberculosis</li> <li>▪ Bronchiolitis (3 episodes in last 6 months) up to age 2</li> </ul>	<b>Drug/Nutrient Interactions</b>
<b>Food Allergies</b> – adverse immune response to food or hypersensitivity that causes adverse immunologic reaction. <b>Celiac Disease:</b> ▪ Celiac Sprue    ▪ Gluten Enteropathy ▪ Non-tropical Sprue	<b>Others</b> – State WIC Office approval required
<b>Other Medical Conditions:</b> <ul style="list-style-type: none"> <li>▪ Lupus erythematosus</li> <li>▪ Heart disease</li> <li>▪ Cardiorespiratory diseases</li> <li>▪ Cystic fibrosis</li> <li>▪ Juvenile Rheumatoid Arthritis (JRA)</li> <li>▪ Persistent asthma requiring daily medication</li> </ul>	

6020 Impaired Ability to Prepare Food	6030 Complications which Impair Nutrition
<p>Applicant's primary caregiver is:</p> <ul style="list-style-type: none"> <li>• ≤ 17 years of age</li> <li>• Mentally disabled/delayed/mental illness/clinical depression</li> <li>• Currently using or history of abusing alcohol/other drugs</li> <li>• Physically disabled which restricts/limits food preparation abilities</li> </ul>	<ul style="list-style-type: none"> <li>• Minimal brain function</li> <li>• Head trauma</li> <li>• Brain damage</li> <li>• Birth Injury</li> <li>• Depression</li> <li>• Autism</li> <li>• Difficulty accepting new foods/↓ food selection</li> <li>• Restricted food intake due to color/texture/temperature</li> <li>• Delays/disabilities which restrict ability to chew/swallow/require tube feeding</li> <li>• Difficulty taking multivitamin/mineral supplement</li> <li>• Difficulty with changes in mealtime environment</li> <li>• Pervasive development disorder (PDD)</li> </ul>

#### 6040 Dental Problems

<ul style="list-style-type: none"> <li>• Baby Bottle Tooth Decay</li> <li>• Missing more than 7 teeth or ineffectively replaced teeth which impair ability to eat food</li> </ul>	<ul style="list-style-type: none"> <li>• Tooth decay (that impairs ability to eat)</li> <li>• Periodontal disease</li> </ul>
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#### 6050 Other Health Risk Fetal Alcohol Syndrome (FAS)

#### 7010 Presumed Dietary Risk

Only use this risk when no other risk has been identified

Children ≥ age 2 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.

#### 7012 Feeding Practices (will qualify with one or more of the following shaded answers)

age 1-2 5A

age 2-5 5B

<p>The child eats or drinks:</p> <ul style="list-style-type: none"> <li>• raw fish or shell fish</li> <li>• raw or undercooked meat or poultry</li> <li>• raw, lightly cooked or undercooked egg products such as: sauces, homemade eggnog, cookie dough, cake batter</li> <li>• raw sprouts (alfalfa, clover, radish)</li> <li>• unpasteurized fruit or vegetable juices</li> <li>• hot dogs, cold cuts, deli meats that have not been heated until steaming hot</li> <li>• unpasteurized milk or milk products soft cheeses such as feta, Camembert, bleu cheese, Stilton, queso blanco, queso fresco or Panela</li> </ul>	<p>The child take/use a bottle:</p> <ul style="list-style-type: none"> <li>• Propped in the mouth.</li> <li>• At nap or sleeps with bottle in mouth.</li> <li>• With sweetened drinks (tea, soda pop, Gatorade, Hi C, fruit punch, kool aid) or fruit juice, diluted cereal.</li> <li>• Beyond 14 months of age.</li> <li>• Without restriction or as a pacifier.</li> </ul>
<p>If under 2 years old, the child drinks fresh milk, skim, 1%, 2%, lowfat, nonfat, goat, sheep milk.</p>	<p>Your child use a pacifier that has been dipped in sugar, honey or syrup.</p>
<p>Your child drinks more than 24 ounces of milk in a day.</p>	<p>Your child eats high calorie/low nutrient foods such as desserts, cakes, cookies, candy, fried foods, lunchmeat.</p>
<p>Your child carries a training cup or bottle and drinks from this all day long.</p>	<p>The child is:</p> <ul style="list-style-type: none"> <li>• Forced to eat a certain type and/or amount of food.</li> <li>• Ignored when they request appropriate foods when hungry.</li> <li>• Limited in consumption of nutritious meals each day.</li> <li>• Not allowed to feed themselves.</li> <li>• Provided foods primarily pureed or liquid when able to tolerate texture.</li> </ul>
<p>Your child does not drink city water, take a fluoride supplement or drink fluoridated water.</p>	<p>The child takes &gt; 1 dose each day of a children's single vitamin, multivitamin, mineral supplement, and/or herbal teas/remedies not prescribed by MD/DO/ARNP/PA.</p>
<p>Your child eats foods like hot dogs, pieces of fruit, nuts, raisins, hard candy, raw carrots.</p>	<p>Does your child take a Vitamin D supplement?</p>
<p>Your child drinks imitation milk (Vitamite, Toddler's Best, nondairy creamer), substitute milk (Alba 77, Slim Fast), evaporated or sweetened condensed milk as the primary milk.</p>	
<p>Your child eats clay, dirt, laundry starch, cornstarch, paint chips, ashes, baking soda or large quantities of ice or other non-food item.</p>	

#### 7015 Inappropriate Nutrient Intake

<ul style="list-style-type: none"> <li>• Avoids all animal products - meat (beef, pork, chicken, turkey), fish, eggs, milk, cheese, yogurt or other dairy products.</li> <li>• Highly restrictive diet in calories or specific nutrients.</li> </ul>
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#### 7090 Recipient of Abuse

Abuse (emotional and/or physical) or neglect within past six months

#### 7095 Foster Care

During the previous six (6) months:

<ul style="list-style-type: none"> <li>• entered the foster care system</li> </ul>	<ul style="list-style-type: none"> <li>• moved from a foster home to another</li> </ul>
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#### 7098 Homelessness

Homeless

#### 7099 Migrancy

Migrant

#### 8030 Regression Priority III

To maintain health status based on last certification Priority III condition. **Can only be used every other certification.**

#### 8050 Regression Priority V

To maintain dietary status based on last certification Priority V condition. **Can only be used every other certification.**

#### 9010 Transfer

Valid VOC

Valid eligibility

<sup>6</sup>For prematurity and diagnosis of FTT, adjust growth chart for gestational age. See instructions with growth charts within the Forms tab for further information. (FNS Policy Memorandum 98-9, Revision 7, April 2004)

<sup>7</sup>For gestation less than 40 weeks, adjust growth chart for gestational age. See instructions with growth charts within the Forms tab for further information. (FNS Policy Memorandum 98-9, Revision 7, April 2004)

Reference: Revision 10, USDA, SFP Regional Letter No. 98-9; July 2009.

Rev. 10/10

## 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 <u>if</u> 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).
<p>Infant eligible for more than 6 months with:</p> <p>(a) No preventive health care or receiving health care at health department.</p> <p>(b) Preventive care by physician.</p>	<p>(a) Advise of other health care services (e.g., Well Child, EPSDT, immunizations, etc.) Refer to physician, if appropriate.</p> <p>(b) Document receiving health care by a physician.</p>	Document referrals in medical record.

Rev. 05/06

## NUTRITION RISK CODE BY STATUS AND PRIORITY

Risk Code		Pregnant Priority	Breastfeeding Priority	Postpartum Priority	Infant Priority	Child Priority
Low Hct./Hgb.	1010	01	01	3B	01	3A
Elevated Blood Lead	1020	01	01	3B	01	3A
Low Head Circumference	1030				01	
Prematurity	2040				01	3A*
Low Birth Weight/Very Low Birth Weight	2050				01	3A*
At Risk for Overweight	2060				01	3A
Overweight	2061	01	01	3B		3A
At Risk for Underweight	2062				01	3A
Underweight	2063	01	01	3B	01	3A
At Risk for Short Stature	2064				01	3A
Short Stature	2065				01	3A
Growth Problems	2066				01	3A♦
Inappropriate Weight Gain Pattern	2067	01	01	3B	01	3A
Substance Use	3010	01	01	3B		
Secondhand Smoke	3011	01	01	3B	01	3A
BF Infant/BF Woman at Nutritional Risk	4010		01		01	
BF Complications	4020		01		01	
BF Infant/BF Woman with Feeding Practices	4040		04		04	
Infant of WIC Mother/ Mother at Risk	4070				02	
Infant of a Mother with Complications which Impair Nutrition	4075				01	
Pregnancy Induced Conditions	5011	01	01	3B		
Delivery of Premature/ LBW Infant	5012	01	01	3B		
Fetal or Neonatal Death	5013	01	01	3B		
General Obstetrical Risk	5014	01	01	3B		
Nutrition/Metabolic Conditions	6010	01	01	3B	01	3A
Impaired Ability to Prepare Food	6020	04	04	06	04	5A** 5B***
Complications which Impair Nutrition	6030	01	01	3B	01	3A
Dental Problems	6040	01	01	3B	01	3A
Other Health Risk	6050				01	3A
Presumed Dietary Risk☼	7010	04	04	06		5B***
Feeding Practices	7012	04	04	06	04	5A** 5B***
Inappropriate Nutrient Intake	7015	04	04	06		5A** 5B***
Eating Disorders	7020	01	01	3B		
Recipient of Abuse	7090	04	04	06	04	5A** 5B***
Foster Care	7095	04	04	06	04	5A** 5B***
Homelessness	7098	04	04	06	04	5A** 5B***
Migrancy	7099	04	04	06	04	5A** 5B***
Regression Priority III	8030					3A
Regression Priority V	8050					5A** 5B***
Transfer	9010	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

Rev. 10/07

## WIC CERTIFICATION COUNSELING GUIDELINES

**Each participant must be offered a nutrition contact at the time of their initial certification visit and at each subsequent certification visit. 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 Guidelines has been addressed.**

Nutrition information must be provided according to the certification counseling guidelines which are based upon the assessment of the client's medical information in regard to nutrition risk criteria. The contents covered in the pamphlet(s) listed as approved materials shall be reviewed and the pamphlet(s) handed out if appropriate. When several pamphlets are listed for the same topic, the service provider can select from the list appropriate materials to review.

Documentation must be in accordance with standards outlined in the Public Health Practice Reference in the Documentation/Medical Record Section. This includes documentation of referrals for other services/programs and establishment of goal(s). When additional content information or pamphlet are used which are not in the guidelines, these must be documented in the medical record. When the information is provided to the participant as outlined in the certification counseling guidelines, then the medical record entry should state "Nutrition education per protocol," or the acronym "NEPP" may be used.

Establish goals (plan of care) for follow-up visit as outlined in the Public Health Practice Reference. These goals should include pertinent client information related to the current visit, client needs and include a measurable timeframe for completion. Some examples of goals/plan of care include: (1) expected weight to gain over the next 6 months; (2) expected change in hemoglobin/hematocrit over the next 6 months and (3) development of a behavior change goal to create a positive health behavior.

### Content of WIC Certification Counseling Guidelines

Topic/Reference Material Number/Status	Counseling/Education	Approved Personnel for Certification Counseling/ Follow-up/Further Action
<p>Counsel on basic diet and the importance of regular physical activity.</p> <p>Reference materials/ Status:  #1 (P, PP, BF) #27 (P, PP, BF, C)  #4 (P) #28 (P, PP, BF, C)  #6 (I) #29 (P, PP, BF, C)  #2, #3, #7-10, #20 (C)  #20 (P, PP, BF, C)  #22 (C)  #24 (P)  #25 (P, BF)  #26 (P, PP, BF, I, C)  #30-34 (P, PP, BF, C)</p>	<p><b>For women and children:</b></p> <ul style="list-style-type: none"> <li>Review Choose My Plate Dietary Guideline Tip Sheet or My Pyramid for Kids and Activity Pyramid.</li> <li>Review dietary concern(s) and appropriate action.</li> <li>Encourage an average of 30 minutes for women and 60 minutes for children of physical activity each day.</li> <li>Limit screen time to no more than 2 hours/day.</li> <li>Remove the television from the child's bedroom.</li> <li>Encourage healthy foods (e.g. lowfat and reduced fat food choices, <b>(women/children &gt; 2)</b>, 5 Fruits and Vegetables per day &amp; Avoid Sugar Sweetened Drinks)</li> </ul> <p><b>For infants:</b></p> <ul style="list-style-type: none"> <li>Discuss Kentucky Infant Feeding Guide appropriate for age and development.</li> <li>Encourage caregiver(s) to promote physical activity and motor skill development in their infant (rolling over, standing, movement, play).</li> <li>Review dietary concern(s) and appropriate action.</li> </ul>	<p>Nutritionist/Dietitian, Nurse, Health Educator or Trained Paraprofessional</p>
<p>Encourage to breastfeed unless contraindicated for health/lifestyle reasons. See contraindications on following page.  (P, BF)  Reference materials/Status:  #17 (P)  #16 &amp; #23 (BF)</p>	<ul style="list-style-type: none"> <li>For pregnant women: discuss the advantages of breastfeeding.</li> <li>For breastfeeding women: encourage continuation and support of breastfeeding.</li> </ul>	<p>Nutritionist/Dietitian, Nurse, IBCLC or Health Educator</p>
<p>Discuss the effects of drug and other harmful substance use (tobacco, alcohol, drugs).</p> <p>Reference materials/ Status:  #5 (P, PP, BF)  #25 (P, BF)</p>	<ul style="list-style-type: none"> <li>Discuss how tobacco and/or alcohol can affect the woman, fetus, infant, child. This should include information about smoking cessation if appropriate and the effects of secondhand smoke.</li> <li>Discuss recommendations to not use tobacco products.</li> <li>Discuss recommendations to not take any medications, over-the-counter or otherwise, unless specifically ordered by a physician.</li> <li>Discuss recommendations to not use drugs (marijuana, cocaine, etc.).</li> <li>Discuss recommendations to not drink alcohol.</li> </ul>	<p>Nutritionist/Dietitian, Nurse, Health Educator, or Trained Paraprofessional</p> <p><b>Refer to 1-800-QUIT NOW (1-800-784-8669), if a smoker.</b></p>
<p>Discuss specific nutritional risk for which the participant qualifies.</p>	<p>See WIC Certification Counseling Guidelines for Specific Nutritional Risk.</p>	<p>Nutritionist/Dietitian, Nurse or Physician</p>

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# WIC CERTIFICATION COUNSELING GUIDELINES

(continued)

## Breastfeeding Counseling and Contraindications

Breastfeeding is the ideal method of breastfeeding 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 2010 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 within 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.

Adapted with permission from the American Academy of Pediatrics, "Breastfeeding and the Use of Human Milk", Pediatrics, vol. 100, no. 6, December 1997. The complete policy statement can be viewed on the AAP web site: [www.aap.org](http://www.aap.org) or to receive a copy by mail, send \$1.95 to: American Academy of Pediatrics, Division of Pediatrics, P.O. Box 747, Elk Grove Village, IL 60009-0747.

## CONTRAINDICATIONS

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 which 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.

Lawrence, Ruth A., A Review of the Medical Benefits and Contraindications to Breastfeeding in the United States, Maternal and Child Health Technical Information Bulletin, U.S. Department of Health and Human Services, Published by National Center for Education in Maternal and Child Health, October, 1997.

## WIC Certification Counseling Guidelines for Specific Nutritional Risk

Risk/Status/ Reference Materials	Counseling/Education	Approved Personnel for Certification Counseling/ Follow-up/Further Action
<b>Low Hematocrit/Low Hemoglobin (1010)</b> P, PP, BF, C, I Reference materials/Status: #11 (P, PP, BF, C, I)	<ul style="list-style-type: none"> <li>Define low hematocrit/low hemoglobin.</li> <li>Discuss iron-rich foods.</li> </ul>	Nutritionist/Dietitian, Nurse or Physician.  <b>Refer for Medical Evaluation:</b> <b>All status</b> <b>hematocrit    <math>\leq 27\%</math></b> <b>hemoglobin    <math>\leq 9</math> gm./dL.</b>
<b>Elevated Blood Lead (1020)</b> P, PP, BF, C, I  Reference materials: #18	<ul style="list-style-type: none"> <li>Discuss importance of adequate calories, calcium, iron, vitamin C and lowfat foods (for children after age 2) which decrease the absorption of lead.</li> <li>Discuss the importance of regular meals and snacks.</li> </ul>	Nutritionist/Dietitian, Nurse or Physician.  <b>Refer for Medical Evaluation. See Lead Guidelines.</b>  <b>Refer for MNT.</b>
<b>Low Head Circumference (1030)</b> I	<ul style="list-style-type: none"> <li>Discuss the impact of prematurity to growth and development, if age adjusted.</li> <li>Discuss the importance of nutrition on growth and development</li> </ul>	Nutritionist/Dietitian, Nurse or Physician.  <b>Refer for Medical Evaluation.</b>
<b>Prematurity (2040)</b> I  Reference materials/Status: #6	<ul style="list-style-type: none"> <li>Discuss the impact of prematurity to growth and development.</li> <li>Discuss the importance of good nutrition for proper growth and development.</li> </ul>	Nutritionist/Dietitian, Nurse or Physician.
<b>Low Birth Weight/Very Low Birth Weight (2050)</b> I, C to 2 years of age  Reference materials/Status: #2, #3, #7-10 (C) #6 (I)	<ul style="list-style-type: none"> <li>Discuss the impact of birth weight to growth and development.</li> <li>Discuss the importance of good nutrition for proper growth and development.</li> </ul>	Nutritionist/Dietitian, Nurse or Physician.  <b>Refer for MNT.</b>
<b>At Risk for Overweight (2060)</b> I, C  Reference materials/Status: #2, #3, #7-10, #15, #19, #20 (C) #6 (I) #22 (C)	<ul style="list-style-type: none"> <li>Discuss the importance of prevention of overweight.</li> <li>Discuss the importance of physical activity.</li> <li>Reduce sedentary activity such as computer games and watching television.</li> <li>Discuss appropriate quantity of food.</li> <li>Discuss healthy foods (e.g. lowfat and reduced fat food choices). <b>(children &gt;age 2)</b></li> <li>Discuss the importance of good nutrition for proper growth and development. <b>(infants)</b></li> </ul>	Nutritionist/Dietitian, Nurse or Physician.
<b>Overweight (2061)</b> P, PP, BF, C  Reference materials/Status: #2, #3, #7-10, #15, #19 (C) #4 (P) #22 (C)	<ul style="list-style-type: none"> <li>Review growth chart. <b>(children).</b></li> <li>Discuss the importance of physical activity.</li> <li>Reduce sedentary activity such as computer games and watching television.</li> <li>Discuss appropriate quantity of food.</li> <li>Discuss healthy foods (e.g. lowfat and reduced fat food choices). <b>(women/children &gt;age 2)</b></li> </ul>	Nutritionist/Dietitian, Nurse or Physician.  <b>Refer for MNT.</b>
<b>At Risk for Underweight (2062)</b> I, C  Reference materials/Status: #2, #3, #7-10 (C) #6 (I)	<ul style="list-style-type: none"> <li>Review growth chart.</li> <li>Discuss importance of frequent feeding.</li> <li>Discuss healthy foods in relation to growth and development.</li> </ul>	Nutritionist/Dietitian, Nurse or Physician.
<b>Underweight (2063)</b> P, PP, BF, I, C  Reference materials/Status: #2, #3, #7-10 (C) #6 (I)	<ul style="list-style-type: none"> <li>Review growth chart. <b>(infants and children).</b></li> <li>Discuss importance of frequent feeding.</li> <li>Discuss healthy foods in relation to growth, development and appropriate weight gain.</li> </ul>	Nutritionist/Dietitian, Nurse or Physician.  <b>Refer for MNT.</b>



## WIC Certification Guidelines for Specific Nutritional Risk (continued)

<b>At Risk for Short Stature (2064)</b> I, C  Reference materials/Status: #3, #7-10 (C) #6 (I)	<ul style="list-style-type: none"> <li>• Discuss growth for age and stature/size of parents.</li> <li>• Discuss healthy foods in relation to growth and development.</li> </ul>	Nutritionist/Dietitian, Nurse or Physician.
<b>Short Stature (2065)</b> I, C  Reference materials/Status: #2, #3, #7-10 (C) #6 (I)	<ul style="list-style-type: none"> <li>• Discuss growth for age and stature/size of parents.</li> <li>• Discuss healthy foods in relation to growth and development.</li> </ul>	Nutritionist/Dietitian, Nurse or Physician.
<b>Growth Problems (2066)</b> I, C  Reference materials/Status: #2, #3, #7-10 (C) #6 (I)	<ul style="list-style-type: none"> <li>• Discuss growth for age and stature/size of parents.</li> <li>• Discuss healthy foods in relation to growth and development.</li> </ul>	Nutritionist/Dietitian, Nurse or Physician.
<b>Inappropriate Weight Gain Pattern (2067)</b> P, PP, BF, I, C  Reference materials/Status: #4 (P) #1 (PP, BF) #6 (I) #7, #8, #9 (C)	<ul style="list-style-type: none"> <li>• <b>Pregnant woman</b> - discuss the importance of appropriate weight on the developing fetus.</li> <li>• <b>Postpartum or breastfeeding woman</b> - discuss the importance of an adequate diet to promote lactation and/or attaining standard weight.</li> <li>• <b>Infant</b> - Discuss the importance of frequent feeding in relation to weight gain.</li> <li>• <b>Children</b> - Discuss healthy foods in relation to growth and development.</li> </ul>	Nutritionist/Dietitian, Nurse or Physician.  <b>Refer for MNT.</b>
<b>Substance Use (3010)</b> P, PP, BF  Reference materials: #5 (P, PP, BF)	<ul style="list-style-type: none"> <li>• Discuss the importance of discontinuing the identified substance use (tobacco, alcohol, drugs) (S-A-D).</li> </ul>	Nutritionist/Dietitian, Nurse or Physician.  <b>Refer all to counseling and/or treatment as appropriate.</b>
<b>Secondhand Smoke (3011)</b> P, PP, BF, I, C  Reference materials: #1 (P, PP, BF) #6 (I) #2, #3 (C)	<ul style="list-style-type: none"> <li>• Discuss the importance of consuming foods high in vitamin C</li> <li>• Discuss the importance of fruits and vegetables in the diet</li> </ul>	Nutritionist/Dietitian, Nurse or Physician.
<b>BF Infant/BF Woman at Nutritional Risk (4010)</b> I, BF  Reference materials/Status: #1, #16 (BF) #6 (I)	<b>Breastfed infant</b> <ul style="list-style-type: none"> <li>• Discuss adequate diet for lactation and health.</li> </ul> <b>Breastfeeding mother</b> <ul style="list-style-type: none"> <li>• Discuss the impact of mother's health on growth and development of infant.</li> </ul>	Nutritionist/Dietitian, Nurse, IBCLC or Physician.
<b>Breastfeeding Complications (4020)</b> BF, I  Reference materials: #16 (BF)	<ul style="list-style-type: none"> <li>• Discuss the impact of an adequate diet.</li> <li>• Discuss the importance of frequent feeding.</li> <li>• Discuss specific condition/problem.</li> </ul>	Nutritionist/Dietitian, Nurse, IBCLC or Physician.  <b>Refer to IBCLC/Lactation Consultant/Nutritionist/Dietitian</b>  <b>Refer for Medical Evaluation: Mastitis or Severe nipple pain</b>
<b>BF Infant/BF Woman with Feeding Practices (4040)</b> I, BF  Reference materials/Status: #1, #16 (BF) #6 (I)	<b>Breastfed infant</b> <ul style="list-style-type: none"> <li>• Discuss adequate diet for lactation and health.</li> </ul> <b>Breastfeeding mother</b> <ul style="list-style-type: none"> <li>• Discuss the impact of mother's diet on growth and development of infant.</li> </ul>	Nutritionist/Dietitian, Nurse, IBCLC or Physician.

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## WIC Certification Guidelines for Specific Nutritional Risk (continued)

<b>Infant of a WIC Mother/ Mother at Risk (4070)</b> I  Reference materials: #6 (I)	<ul style="list-style-type: none"> <li>• Discuss the impact of mother's nutritional risk during pregnancy to infant's health.</li> <li>• Discuss an adequate diet for the infant.</li> <li>• Discuss specific condition/problem.</li> </ul>	Nutritionist/Dietitian, Nurse or Physician.
<b>Infant of a Mother with Complications that Impair Nutrition (4075)</b> I  Reference materials: #6 (I)	<ul style="list-style-type: none"> <li>• Discuss an adequate diet at an appropriate level of comprehension for the client.</li> </ul>	Nutritionist/Dietitian, Nurse or Physician.
<b>Pregnancy Induced Conditions (5011)</b> P, PP, BF  Reference materials/Status: #4 (P) #1 (BF, PP)	<ul style="list-style-type: none"> <li>• Discuss specific condition/problem.</li> <li>• Discuss the additional demand on nutrient stores.</li> </ul>	Nutritionist/Dietitian, Nurse or Physician.  <b>Refer for MNT: Gestational Diabetes</b>
<b>Delivery of Premature/ Low Birth Weight Infant (5012)</b> P, PP, BF  Reference materials/Status: #4 (P) #1 (BF, PP)	<b>Pregnant</b> <ul style="list-style-type: none"> <li>• Discuss the problems identified and the effect on current health.</li> <li>• Stress the importance of appropriate weight gain.</li> </ul> <b>Breastfeeding/Postpartum</b> <ul style="list-style-type: none"> <li>• Discuss the problems identified and the effect on current health.</li> </ul>	Nutritionist/Dietitian, Nurse or Physician.
<b>Fetal or Neonatal Death (5013)</b> P, PP, BF  Reference materials/Status: #4 (P) #1 (BF, PP)	<ul style="list-style-type: none"> <li>• Discuss the problems identified and the effect on current health.</li> </ul>	Nutritionist/Dietitian, Nurse or Physician.
<b>General Obstetrical Risk (5014)</b> P, PP, BF  Reference materials: #1 (BF, PP)	<b>Pregnant</b> <ul style="list-style-type: none"> <li>• Discuss the importance of appropriate weight gain for the developing fetus.</li> <li>• Discuss the additional demand on nutrient stores.</li> </ul> <b>Breastfeeding/Postpartum</b> <ul style="list-style-type: none"> <li>• Discuss the additional demand on nutrient stores.</li> </ul>	Nutritionist/Dietitian, Nurse or Physician.
<b>Nutrition/Metabolic Conditions (6010)</b> P, PP, BF, I, C  Reference materials: Professional judgment	<b>Pregnant/Breastfeeding/Postpartum</b> <ul style="list-style-type: none"> <li>• Discuss the relationship of the specific condition/problem to nutritional status and its potential impact on woman's current status.</li> </ul> <b>Infant/Child</b> <ul style="list-style-type: none"> <li>• Discuss the relationship of the specific condition/problem to nutritional status and its importance to growth and development.</li> </ul>	Nutritionist/Dietitian, Nurse or Physician.  <b>Refer for MNT: all <u>except</u>:</b> <b>Lactose Intolerance</b> <b>Short Term Antibiotic Use –</b> <b>Drug Nutrient Interaction</b> <b>Asthma – persistent asthma</b> <b>that requires daily</b> <b>medication</b> <b>Food allergies – per patient</b> <b>Request and/or professional</b> <b>judgment</b>

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## WIC Certification Guidelines for Specific Nutritional Risk (continued)

<b>Impaired Ability to Prepare Food (6020)</b> P, PP, BF, I, C  Reference materials: #1 (P, PP, BF) #2 - #3 (C) #6 (I)	<ul style="list-style-type: none"> <li>• Discuss an adequate diet at an appropriate level of comprehension for the client.</li> <li>• Discuss the specific condition/problem.</li> </ul>	Nutritionist/Dietitian, Nurse or Physician.  <b>Refer to Social Programs.</b>
<b>Complications which Impair Nutrition (6030)</b> P, PP, BF, I, C  Reference materials/ Status: #1 (P, PP, BF) #2 - #3 (C) #6 (I)	<b>Pregnant/Breastfeeding/Postpartum</b> <ul style="list-style-type: none"> <li>• Discuss an adequate diet at an appropriate level of comprehension for the client.</li> <li>• Discuss the relationship of the specific condition/ problem to nutritional status and its potential impact on woman's current status.</li> </ul> <b>Infant/Child</b> <ul style="list-style-type: none"> <li>• Discuss an adequate diet at an appropriate level of comprehension for the client.</li> <li>• Discuss the relationship of the specific condition/ problem to nutritional status and its importance to growth and development.</li> </ul>	Nutritionist/Dietitian, Nurse or Physician.  <b>Refer for MNT:</b>  <b>Delays/disabilities that impair chewing/swallowing/require tube feeding.</b>
<b>Dental Problems (6040)</b> P, PP, BF, I, C  Reference materials/Status: #21	<ul style="list-style-type: none"> <li>• Discuss the importance of proper dental care.</li> </ul>	Nutritionist/Dietitian, Nurse or Physician.
<b>Other Health Risk (6050)</b> I, C  Reference materials/Status: Professional Judgment	<ul style="list-style-type: none"> <li>• Discuss adequate diet.</li> </ul>	Nutritionist/Dietitian, Nurse or Physician.
<b>Presumed Dietary Risk (7010)</b> P, PP, BF, C (age 2 and older)  Reference materials/Status: #1 (P, PP, BF) #2 - #3, #7 - #10 (C)	<ul style="list-style-type: none"> <li>• Counsel on adequate diet.</li> </ul>	Nutritionist/Dietitian, Nurse or Physician.
<b>Feeding Practices (7012)</b> P, PP, BF, I, C #1 (P, PP, BF) #2 - #3 (C) #6 (I)	<ul style="list-style-type: none"> <li>• Counsel on specific problem (s)</li> </ul>	Nutritionist/Dietitian, Nurse or Physician.
<b>Inappropriate Nutrient Intake (7015)</b> P, PP, BF, C  Reference materials/Status: Professional Judgment	<ul style="list-style-type: none"> <li>• Discuss the importance of calcium and protein sources.</li> <li>• Counsel on adequate diet.</li> </ul>	Nutritionist/Dietitian, Nurse or Physician.  <b>Refer for MNT.</b>
<b>Eating Disorders (7020)</b> P, PP, BF  Reference materials: Professional Judgment	<ul style="list-style-type: none"> <li>• Discuss the relationship of the specific condition/ problem to nutritional status and its potential impact on woman's current status.</li> <li>• Counsel on adequate diet.</li> </ul>	Nutritionist/Dietitian, Nurse or Physician.  <b>Refer for MNT.</b>  <b>Refer for Medical Evaluation</b>
<b>Recipient of Abuse (7090)</b> P, PP, BF, I, C  Reference materials/Status: #1 (P, PP, BF) #2 - #3, #7 - #10 (C) #6 (I)	<ul style="list-style-type: none"> <li>• Counsel on adequate diet.</li> <li>• Counsel based on readiness.</li> </ul>	Nutritionist/Dietitian, Nurse or Physician.  <b>Refer to Social Programs.</b>

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### WIC Certification Guidelines for Specific Nutritional Risk (continued)

<b>Foster Care (7095)</b> P, PP, BF, I, C  Reference materials: Professional Judgment	<ul style="list-style-type: none"> <li>• Counsel on adequate diet.</li> <li>• <b>Children</b> – Discuss specific problem/condition such as chronic health problems, birth defects, short stature and inadequate nutrition.</li> </ul>	Nutritionist/Dietitian, Nurse or Physician.  <b>Refer to Social Programs.</b>
<b>Homelessness (7098)</b> P, PP, BF, I, C  Reference materials/Status: #1 (P, PP, BF) #2 - #3, #7 - #10 (C) #6 (I)	<ul style="list-style-type: none"> <li>• Counsel on adequate diet with emphasis on homelessness/migrancy as appropriate.</li> </ul>	Nutritionist/Dietitian, Nurse or Physician.  <b>Refer to Social Programs.</b>
<b>Migrancy (7099)</b> P, PP, BF, I, C  Reference materials/Status: #1 (P, PP, BF) #2 - #3, #7 - #10 (C) #6 (I)	<ul style="list-style-type: none"> <li>• Counsel on adequate diet with emphasis on homelessness/migrancy as appropriate.</li> </ul>	Nutritionist/Dietitian, Nurse or Physician.  <b>Refer to Social Programs.</b>
<b>Regression Priority III (8030)</b> C  Reference materials: Professional Judgment	<ul style="list-style-type: none"> <li>• Discuss the importance of a good diet in preventing the previous risk from recurring.</li> </ul>	Nutritionist/Dietitian, Nurse or Physician.
<b>Regression Priority V (8050)</b> C  Reference materials: #2, #3, #7 - #10	<ul style="list-style-type: none"> <li>• Encourage continuance of a good diet as appropriate for child's age.</li> </ul>	Nutritionist/Dietitian, Nurse or Physician.
<b>Transfer (9010)</b> P, PP, BF, I, C  Reference materials: Not applicable	<ul style="list-style-type: none"> <li>• Provide nutrition education for condition/problem, if known.</li> </ul>	Nutritionist/Dietitian, Nurse or Physician.

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## NUTRITIONAL RISK CRITERIA CODES FOR REFERRAL

Medical Nutrition Therapy referral:	
NRCC State/Fed Code	Risk Criteria Name
1020/211	Elevated Blood Lead
2050/141	Low Birth Weight
2061/111	Overweight
2063/101	Underweight
2067/131	Inappropriate Weight Gain Pattern
5011/302	Pregnancy Induced Conditions: Gestational Diabetes
6010/341,342, 343, 344, 345, 346, 347, 348, 349, 351, 352, 353, 354, 356, 357, 359, 360	Nutrition/Metabolic Conditions: all <b>except</b> : Lactose Intolerance, Short Term Antibiotic Use – Drug Nutrient Interaction, Asthma – Persistent asthma requiring daily medication, & Food allergies – per patient request and/or professional discretion
6030/361, 362	Complications/Potential Complications which Impair Nutrition/ Delays/disabilities that impair chewing/swallowing/require tube feeding
7015/402	Inappropriate Nutrient Intake
7020/358	Eating Disorders

Medical Evaluation referral:	
NRCC State/Fed Code	Risk Criteria Name
1010/201	Low Hematocrit/Low Hemoglobin: Hematocrit $\leq$ 27%      Hemoglobin $\leq$ 9 grams/dL.
1020/211	Elevated Blood Lead
1030/152	Low Head Circumference
4020/602	Breastfeeding Complications: Mastitis and/or Severe nipple pain
7020/358	Eating Disorders

IBCLC/Lactation Consultant/Nutritionist/Dietitian referral:	
NRCC State/Fed Code	Risk Criteria Name
4020/602	Breastfeeding Complications

Treatment/Counseling Services referral:	
NRCC State/Fed Code	Risk Criteria Name
3010/371	Substance Use

Social Programs referral:	
NRCC State/Fed Code	Risk Criteria Name
6020/902	Impaired Ability to Prepare Food
7090/901	Recipient of Abuse
7095/903	Foster Care
7098/801	Homelessness
7099/802	Migrancy

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## WIC FOLLOW-UP COUNSELING GUIDELINES

Each participant must be offered at least two nutrition education contacts during their certification period. The first contact is provided with the certification visit. The second, or follow-up contact, should be provided within three (3) to four (4) months from the certification date. For infants and breastfeeding women whose certification period is longer than 6 months, nutrition education shall be offered approximately every three (3) months. Nutrition education contacts should be scheduled with food instrument issuance and, when possible, with other services.

Group sessions are allowed for the follow-up contact for any client based on professional judgment of the certifying health professional. Participants may not be scheduled for group sessions if the certifying health professional determines the need for individual counseling. Group sessions may include a: WIC group class, Basic Nutrition group class or Medical Nutrition Therapy (MNT) group class. For further explanation of WIC group classes, please see Content of WIC Follow-Up Counseling Guidelines by Topic Counseling for Women and Children in this section.

Documentation must be in accordance to standards outlined in the Public Health Practice Reference in the Documentation/Medical Record Section. This includes documentation of referrals for other services/programs and progress toward the goal(s) established at the certification visit. Nutrition information must be provided according to the follow-up counseling guidelines. The content covered in the pamphlet(s) listed as approved materials shall be reviewed and the pamphlet(s) handed out if appropriate. When several pamphlets are listed for the same topic, the service provider can select appropriate materials from the list to review. If additional content information or pamphlets are used which are not in the guidelines, these must be documented in the medical record.

When the information is provided to the participant as outlined in the follow-up counseling guidelines for nutritional risk, the entry to the medical record should state "Follow-up nutrition education was provided per protocol," or the acronym "FNEPP" may be used. With a group class, the entry to the medical record shall state patient name, ID number, date of service, provider number and the name of the class provided.

Conditions listed in Nutritional Risk Criteria Codes for Referral in this section should be referred and appointed for Medical Nutrition Therapy (MNT) with a Registered Dietitian or Certified Nutritionist on site, under contract or in the community.

**Content of WIC Follow-up Counseling Guidelines Required Counseling by Risk and Category**  
Follow up on outcome of progress toward goals established during the certification visit is required. It is also recommended to provide encouragement to breastfeed to pregnant women in order to support information provided at the certification visit.

Topic/Reference Material Number/Status	Counseling/Education	Approved Personnel for Follow-up Counseling/ Further Action
<b>Low Hematocrit/Low Hemoglobin (1010)</b> P, PP, BF, I, C	<ul style="list-style-type: none"> <li>See guidelines for Iron and Vitamin C.</li> </ul>	Nutritionist/Dietitian, Nurse
<b>Elevated Blood Lead (1020)</b> P, PP, BF, I, C  Reference materials: #18	<ul style="list-style-type: none"> <li>Discuss importance of adequate intake of calories, calcium, iron, vitamin C and lowfat foods (after the age of 2) which decreases the absorption of lead.</li> <li>Discuss the importance of regular meals and snacks.</li> </ul>	Nutritionist/Dietitian, Nurse
<b>Low Head Circumference (1030)</b> I	<ul style="list-style-type: none"> <li>Discuss age appropriate feeding for the infant.</li> </ul>	Nutritionist/Dietitian, Nurse
<b>Prematurity (2040)</b> I, C up to age 2.  Reference materials: #6 (I)	<ul style="list-style-type: none"> <li>Discuss age appropriate feeding for infant development or up to age 2 children.</li> <li>Review growth chart and weight goals.</li> </ul>	Nutritionist/Dietitian, Nurse
<b>Low Birth Weight /Very Low Birth Weight (2050)</b> I, C up to age 2.  Reference materials/Status: #2, #3, #7-10 I #6 (I)	<ul style="list-style-type: none"> <li>Discuss age appropriate feeding for infant's or child's development.</li> <li>Review growth chart and weight goals.</li> </ul>	Nutritionist/Dietitian, Nurse

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# WIC FOLLOW-UP COUNSELING GUIDELINES

(continued)

<b>At Risk for Overweight (2060)</b> I, C  Reference materials/Status: #2, #3, #7-10, #19, #20, #22 #30, #31, #33, #1 #6 (I)	<ul style="list-style-type: none"> <li>• Discuss the importance of prevention of overweight.</li> <li>• Discuss age appropriate feeding for infant's or child's development.</li> <li>• Discuss the importance of regular physical activity.</li> <li>• Review dietary concern(s) and appropriate action.</li> </ul>	Nutritionist/Dietitian, Nurse
<b>Overweight (2061)</b> P, PP, BF, C  Reference materials/Status: #2, #3, #7-10, #19, #20, #22, #30, #31, #33 #1 (P, PP, BF) #4 (P)	<b>Child</b> <ul style="list-style-type: none"> <li>• Review growth chart and weight goals.</li> <li>• Discuss age appropriate feeding for child's development.</li> <li>• Discuss the importance of regular physical activity.</li> </ul> <b>Pregnant/Postpartum/Breastfeeding Women</b> <ul style="list-style-type: none"> <li>• Review weight goals.</li> <li>• Discuss possible reasons for weight status.</li> <li>• Review Choose My Plate Dietary Guideline Tip Sheet or My Pyramid to encourage appropriate weight status.</li> <li>• Discuss the importance of regular physical activity.</li> </ul>	Nutritionist/Dietitian, Nurse
<b>At Risk for Underweight (2062)</b> I, C  Reference materials/Status: #2, #3, #7-10 I #6 (I)	<b>Infant/Child</b> <ul style="list-style-type: none"> <li>• Review growth chart and weight goals.</li> <li>• Discuss age appropriate feeding for infant's or child's development.</li> </ul>	Nutritionist/Dietitian, Nurse
<b>Underweight (2063)</b> P, PP, BF, I, C  Reference materials/Status: #2, #3, #7-10 #30, #31, #33 #6 (I) #1 (P, PP, BF) #4 (P)	<b>Infant/Child</b> <ul style="list-style-type: none"> <li>• Review growth chart and weight goals.</li> <li>• Discuss age appropriate feeding for infant's or child's development.</li> </ul> <b>Pregnant/Breastfeeding/Postpartum Women</b> <ul style="list-style-type: none"> <li>• Review weight goals.</li> <li>• Discuss possible reasons for weight status.</li> <li>• Review Choose My Plate Dietary Guideline Tip Sheet or My Pyramid to encourage appropriate weight status.</li> </ul>	Nutritionist/Dietitian, Nurse
<b>At Risk for Short Stature (2064)</b> I, C  Reference materials/Status: Professional Judgment	<ul style="list-style-type: none"> <li>• Review growth chart and height goals.</li> <li>• Discuss age appropriate feeding for infant's or child's development.</li> <li>• Discuss importance of protein for growth.</li> </ul>	Nutritionist/Dietitian, Nurse
<b>Short Stature (2065)</b> I, C  Reference materials/Status: Professional Judgment	<ul style="list-style-type: none"> <li>• Review growth chart and height goals.</li> <li>• Discuss age appropriate feeding for infant's or child's development.</li> <li>• Discuss importance of protein for growth.</li> </ul>	Nutritionist/Dietitian, Nurse
<b>Growth Problems (2066)</b> I, C  Reference materials/Status: Professional Judgment	<ul style="list-style-type: none"> <li>• Discuss age appropriate feeding for infant's or child's development.</li> <li>• Review growth chart and weight goals.</li> <li>• Discuss importance of protein for growth.</li> </ul>	Nutritionist/Dietitian, Nurse
<b>Inappropriate Weight Gain Pattern (2067)</b> P, PP, BF, I, C  Reference materials/Status: Professional Judgment	<b>Infant/Child</b> <ul style="list-style-type: none"> <li>• Discuss age appropriate feeding for infant's or child's development.</li> <li>• Review growth chart and weight goals.</li> </ul> <b>Pregnant/Breastfeeding/Postpartum Women</b> <ul style="list-style-type: none"> <li>• Review weight goals.</li> <li>• Discuss possible reasons for weight status.</li> <li>• Review Choose My Plate Dietary Guideline Tip Sheet or My Pyramid to encourage appropriate weight status.</li> </ul>	Nutritionist/Dietitian, Nurse

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## WIC FOLLOW-UP COUNSELING GUIDELINES

(continued)

<b>Substance Use (3010)</b> P, PP, BF Reference materials: #5	<ul style="list-style-type: none"> <li>• Discuss the importance of discontinuing the identified substance use (tobacco, alcohol, drugs) (SAD).</li> <li>• Discuss how the identified use can affect the mother and her fetus, or her infant or other household members.</li> </ul>	Nutritionist/Dietitian, Nurse
<b>Secondhand Smoke (3011)</b> P, PP, BF, I, C Reference materials: #1 (P, PP, BF) #6 (I) #2, #3 I	<ul style="list-style-type: none"> <li>• Discuss the importance of continuing a healthy diet.</li> </ul>	Nutritionist/Dietitian, Nurse
<b>Breastfeeding Infant/BF Woman at Nutritional Risk (4010)</b> I, BF Reference materials/Status: #1, #16 (BF) #6 (I)	<ul style="list-style-type: none"> <li>• Discuss an adequate diet for the infant.</li> <li>• Discuss using WIC foods to promote optimal health.</li> <li>• Discuss recommended number of servings from My Pyramid and the importance of WIC foods.</li> </ul>	Nutritionist/Dietitian, Nurse or IBCLC
<b>Breastfeeding Complications (4020)</b> I, BF Reference materials: #16 (BF)	<ul style="list-style-type: none"> <li>• Reinforce the importance of an adequate diet.</li> <li>• Reinforce the importance of frequent feeding.</li> <li>• Discuss specific condition/problem.</li> </ul>	Nutritionist/Dietitian, Nurse or IBCLC
<b>Breastfeeding Infant/BF Woman with Feeding Practices (4040)</b> I, BF Reference materials/Status: #1, #16 (BF) #6 (I)	<ul style="list-style-type: none"> <li>• Discuss an adequate diet for the infant.</li> <li>• Discuss using WIC foods to promote optimal health.</li> <li>• Discuss recommended number of servings from My Pyramid and the importance of WIC foods.</li> </ul>	Nutritionist/Dietitian, Nurse or IBCLC
<b>Infant of a WIC Mother/ Mother at Risk (4070)</b> I Reference materials: #6	<ul style="list-style-type: none"> <li>• Discuss an adequate diet for the infant.</li> </ul>	Nutritionist/Dietitian, Nurse, Health Educator or Trained Paraprofessional
<b>Infant of a Mother with Complications that Impair Nutrition (4075)</b> I Reference materials: #6	<ul style="list-style-type: none"> <li>• Discuss an adequate diet at an appropriate level of comprehension for the client.</li> </ul>	Nutritionist/Dietitian, Nurse
<b>Pregnancy Induced Conditions (5011)</b> P, PP, BF Reference materials/ Status: #1, #4 (P) #1 (PP/BF)	<ul style="list-style-type: none"> <li>• Encourage appropriate weight gain.</li> <li>• Discuss increased nutrient needs.</li> <li>• Reinforce an adequate diet.</li> <li>• Discuss specific condition/problem.</li> <li>• Discuss adequate diet at an appropriate level of comprehension for the client.</li> </ul>	Nutritionist/Dietitian, Nurse
<b>Fetal or Neonatal Death (5013)</b> P, PP, BF Reference materials/Status: Professional Judgment	<ul style="list-style-type: none"> <li>• Reinforce the importance of an adequate diet for health.</li> </ul>	Nutritionist/Dietitian, Nurse
<b>General Obstetrical Risk (5014)</b> P, PP, BF Reference materials/Status: Professional Judgment	<ul style="list-style-type: none"> <li>• Discuss specific condition/problem.</li> <li>• Discuss the importance of an adequate diet.</li> </ul>	Nutritionist/Dietitian, Nurse

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## WIC FOLLOW-UP COUNSELING GUIDELINES

(continued)

<b>Nutrition/Metabolic Conditions (6010)</b> P, PP, BF, I, C  Reference materials/Status: #1 (P, PP, BF, C) #6 (I) #7-10 I	<ul style="list-style-type: none"> <li>• Discuss specific condition/problem.</li> <li>• Discuss the importance of an adequate diet.</li> </ul>	Nutritionist/Dietitian, Nurse
<b>Impaired Ability to Prepare Food (6020)</b> P, PP, BF, I, C  Reference materials: Professional judgment	<ul style="list-style-type: none"> <li>• Discuss the importance of an adequate diet.</li> <li>• Discuss specific condition/problem.</li> </ul>	Nutritionist/Dietitian, Nurse
<b>Complications which Impair Nutrition (6030)</b> P, PP, BF, I, C  Reference materials: Professional judgment	<ul style="list-style-type: none"> <li>• Discuss specific condition/problem.</li> <li>• Discuss the importance of an adequate diet.</li> <li>• Discuss an adequate diet at an appropriate level of comprehension for the client.</li> </ul>	Nutritionist/Dietitian, Nurse
<b>Dental Problems (6040)</b> P, PP, BF, I, C  Reference materials: #21	<ul style="list-style-type: none"> <li>• Discuss specific condition/problem.</li> <li>• Discuss the importance of an adequate diet.</li> </ul>	Nutritionist/Dietitian, Nurse
<b>Other Health Risk (6050)</b> I, C  Reference materials/Status: Professional judgment	<ul style="list-style-type: none"> <li>• Discuss the importance of an adequate diet.</li> </ul>	Nutritionist/Dietitian, Nurse
<b>Presumed Dietary Risk (7010)</b> P, PP, BF, C (age 2 and older)  Reference materials/Status: #1, #30-34(P, PP, BF, C) #7-10 (C)	<ul style="list-style-type: none"> <li>• Discuss the importance of a good diet.</li> </ul>	Nutritionist/Dietitian, Nurse, Paraprofessional
<b>Feeding Practices (7012)</b> #6 (I)	<ul style="list-style-type: none"> <li>• Discuss specific problem and relationship to growth and development.</li> </ul>	Nutritionist/Dietitian, Nurse
<b>Inappropriate Nutrient Intake (7015)</b> P, PP, BF, C  Reference materials/Status: Professional judgment	<ul style="list-style-type: none"> <li>• Discuss the importance of an adequate diet.</li> </ul>	Nutritionist/Dietitian, Nurse
<b>Eating Disorders (7020)</b> P, PP, BF  Reference materials/Status: #1 (P, PP, BF, C) #7-10 I	<ul style="list-style-type: none"> <li>• Discuss specific condition/problem.</li> <li>• Discuss the importance of an adequate diet.</li> </ul>	Nutritionist/Dietitian, Nurse
<b>Recipient of Abuse (7090)</b> P, PP, BF, I, C  Reference materials/Status: #1, (P, PP, BF, C) #6 (I) #7-10 I	<ul style="list-style-type: none"> <li>• Discuss the importance of an adequate diet.</li> </ul>	Nutritionist/Dietitian, Nurse
<b>Foster Care (7095)</b> P, PP, BF, I, C  Reference materials/Status: Professional judgment	<ul style="list-style-type: none"> <li>• Discuss the importance of an adequate diet.</li> <li>• <b>Children</b> – Discuss specific condition/problem such as chronic health problems, birth defects, short stature and inadequate nutrition.</li> </ul>	Nutritionist/Dietitian, Nurse

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## WIC FOLLOW-UP COUNSELING GUIDELINES

(continued)

<b>Homelessness (7098)</b> P, PP, BF, I, C  Reference materials/Status: #1 (P, PP, BF, C) #6 (I) #7-10 I	<ul style="list-style-type: none"> <li>• Discuss the importance of an adequate diet with emphasis on homelessness/migrancy.</li> </ul>	Nutritionist/Dietitian, Nurse
<b>Migrancy (7099)</b> P, PP, BF, I, C  Reference materials/Status: #1 (P, PP, BF, C) #6 (I) #7-10 I	<ul style="list-style-type: none"> <li>• Discuss the importance of an adequate diet with emphasis on homelessness/migrancy.</li> </ul>	Nutritionist/Dietitian, Nurse
<b>Regression Priority III (8030)</b> C  Reference materials: #2, #3, #8-10	<ul style="list-style-type: none"> <li>• Discuss the importance of an adequate diet.</li> </ul>	Nutritionist/Dietitian, Nurse, Health Educator or Trained Paraprofessional
<b>Regression Priority V (8050)</b> C  Reference materials: #2, #3, #7-10	<ul style="list-style-type: none"> <li>• Discuss the importance of an adequate diet.</li> </ul>	Nutritionist/Dietitian, Nurse, Health Educator or Trained Paraprofessional
<b>Transfer (9010)</b> P, PP, BF, I, C  Reference materials: Professional judgment	<ul style="list-style-type: none"> <li>• Provide nutrition education, as appropriate.</li> </ul>	Nutritionist/Dietitian, Nurse, Health Educator or Trained Paraprofessional

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## CONTENT OF WIC FOLLOW-UP COUNSELING GUIDELINES BY TOPIC COUNSELING FOR WOMEN AND CHILDREN

Documentation for follow-up counseling shall be included in the medical record: "Follow-up nutrition education provided by protocol on snacks" or "FNEPP-snacks" may be used for the topic on snacks. The following topics on the next two pages are some of the ideas that may be used for group education visits. The Facilitated Learning Guide for Nutrition Education also provides information appropriate for group education.

The entry in the medical record shall state patient's name, ID number, date of service, provider number and the name of the class provided. This label entry must be signed by the provider and include the date of the entry. The name or number of the class may also be added to provide additional documentation.

A trained paraprofessional may provide group classes as specified below after training and approval by the State WIC Office.

Topic/Reference Material Number	Counseling/Education	Approved Personnel for Follow-up Counseling/ Further Action
Iron Reference materials: #11	<ul style="list-style-type: none"> <li>Define why iron is needed by the body.</li> <li>Discuss the periods/conditions when the body's need for iron is greatest.</li> <li>Review iron rich foods.</li> </ul>	Nutritionist/Dietitian, Nurse, Health Educator, or Trained Paraprofessional
Calcium Reference materials: #13	<ul style="list-style-type: none"> <li>Define why calcium is needed by the body.</li> <li>Discuss how much calcium is needed by the body.</li> <li>Review calcium rich foods.</li> </ul>	Nutritionist/Dietitian, Nurse, Health Educator, or Trained Paraprofessional
Vitamin A Reference materials: #14	<ul style="list-style-type: none"> <li>Define why Vitamin A is needed by the body.</li> <li>Review how much Vitamin A is needed by the body.</li> <li>Review Vitamin A food sources.</li> </ul>	Nutritionist/Dietitian, Nurse, Health Educator, or Trained Paraprofessional
Vitamin C Reference materials: #14	<ul style="list-style-type: none"> <li>Define why Vitamin C is needed by the body.</li> <li>Review how much Vitamin C is needed by the body.</li> <li>Review Vitamin C food sources.</li> </ul>	Nutritionist/Dietitian, Nurse, Health Educator, or Trained Paraprofessional
Dry Beans Reference materials:	<ul style="list-style-type: none"> <li>Discuss the nutritional value of beans.</li> <li>Discuss the use of beans as a low cost source of protein.</li> <li>Discuss different ways to prepare beans.</li> </ul>	Nutritionist/Dietitian, Nurse, Health Educator, or Trained Paraprofessional
Snacks Reference materials: #15, #31	<ul style="list-style-type: none"> <li>Discuss snacks in a good diet.</li> <li>Discuss the nutritional content of snacks.</li> <li>Discuss appropriate times and serving sizes for snacks.</li> <li>Discuss acceptance of nutritious snacks.</li> <li>Review examples of nutritious snacks.</li> </ul>	Nutritionist/Dietitian, Nurse, Health Educator, or Trained Paraprofessional
Smart Shopper Reference materials: #1, #32	<ul style="list-style-type: none"> <li>Discuss smart shopping strategies for low cost, tasty and healthy meals.</li> <li>Discuss shopping strategies to include:               <ol style="list-style-type: none"> <li>Planning ahead,</li> <li>Planning while in the store, and Planning meals using Choose My Plate Dietary Guidelines Tip Sheet or My Pyramid.</li> </ol> </li> </ul>	Nutritionist/Dietitian, Nurse, Health Educator, or Trained Paraprofessional

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# CONTENT OF WIC FOLLOW-UP COUNSELING GUIDELINES BY TOPIC COUNSELING FOR WOMEN AND CHILDREN

(continued)

<p>Infants Less than Six (6) Months of Age at Time of Visit</p> <p>Reference materials: #6</p>	<ul style="list-style-type: none"> <li>• Review sanitation, storage and preparation of breastmilk/formula.</li> <li>• Discuss the introduction of solid foods to include:               <ul style="list-style-type: none"> <li>(a) Age to begin,</li> <li>(b) Order, and How much.</li> </ul> </li> </ul>	<p>Nutritionist/Dietitian, Nurse, Health Educator, IBCLC or Trained Paraprofessional</p>
<p>Infants Six (6) to Nine (9) Months of Age at Time of Visit</p> <p>Reference materials: #6</p>	<ul style="list-style-type: none"> <li>• Review the introduction of additional solid foods.</li> <li>• Review the use of the spoon and the cup.</li> <li>• Discuss the appropriate serving sizes for age/development.</li> <li>• Introduce and emphasize the importance of self-feeding.</li> </ul>	<p>Nutritionist/Dietitian, Nurse, Health Educator, IBCLC or Trained Paraprofessional</p>
<p>Infants Nine (9) to Twelve (12) Months of Age at Time of Visit</p> <p>Reference materials: #6 (I)</p>	<ul style="list-style-type: none"> <li>• Reinforce appropriate feeding for age/development.</li> <li>• Discuss the time most appropriate for weaning.</li> <li>• Discuss weaning as it relates to preventing:               <ul style="list-style-type: none"> <li>(a) Poor appetite for solids,</li> <li>(b) Baby Bottle Tooth Decay,</li> <li>(c) Ear infections,</li> <li>(d) Low hematocrit/hemoglobin, and</li> <li>(e) Overweight.</li> </ul> </li> <li>• Provide suggestions on ways to wean from breast/bottle to a cup.</li> <li>• Discuss the use and preparation of table foods.</li> </ul>	<p>Nutritionist/Dietitian, Nurse, Health Educator, IBCLC or Trained Paraprofessional</p>

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## **WIC FOLLOW-UP NUTRITION EDUCATION BY KIOSK**

Interactive multimedia stations (kiosks) may be used as an alternative method for providing follow-up nutrition education contacts in the WIC Program. These special kiosks with touch screens contain innovative, interactive programs that provide key educational messages of the WIC Program that are accurate, consistent and enjoyable to WIC participants. A variety of programs or modules are available in English and Spanish and include topics on breastfeeding, shopping, reading food labels, healthy habits, fitness, smoking, etc. Providing WIC follow-up nutrition education by kiosk allows health professionals more time for individual counseling, can decrease waiting times in clinic and provides variety in the provision of nutrition education.

Kiosks may be used to provide follow-up nutrition education for the WIC participants listed below but can never be used as a substitute for face-to-face individual or group nutrition education.

### **PARTICIPANTS WHO MAY RECEIVE FOLLOW-UP BY KIOSK:**

<b>STATUS</b>	<b>RISK CRITERIA</b>
<b>Pregnant Women</b>	<ul style="list-style-type: none"><li>• Low Hematocrit /Low Hemoglobin <b>(1010)</b></li><li>• Substance Use <b>(3010)</b></li><li>• Secondhand Smoke <b>(3011)</b></li><li>• Dental Problems <b>(6040)</b></li><li>• Feeding Practices <b>(7012)</b></li><li>• Transfer <b>(9010)</b></li></ul>
<b>Breastfeeding Women</b>	<ul style="list-style-type: none"><li>• Substance Use <b>(3010)</b></li><li>• Secondhand Smoke <b>(3011)</b></li><li>• Dental Problems <b>(6040)</b></li><li>• Feeding Practices <b>(7012)</b></li><li>• Transfer <b>(9010)</b></li></ul>
<b>Postpartum Women</b>	<ul style="list-style-type: none"><li>• All Criteria</li></ul>
<b>Children</b>	<ul style="list-style-type: none"><li>• Secondhand Smoke <b>(3011)</b></li><li>• Dental Problems <b>(6040)</b></li><li>• Feeding Practices/Food Safety <b>(7012)</b></li><li>• Regression Priority III <b>(8030)</b></li><li>• Regression Priority V <b>(8050)</b></li><li>• Transfer <b>(9010)</b></li></ul>



### **PARTICIPANTS WHO MAY NOT RECEIVE FOLLOW-UP BY KIOSK:**

- ✗ Infants;
- ✗ Participants not specified in the above table;
- ✗ Participants determined by the **certifying health professional** to need individual counseling;
- ✗ Participants who have a question or request to see a health professional.









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## PROCEDURES FOR UTILIZING THE KIOSK

### **At Certification:**

-  The **certifying health professional** will determine, in their professional judgment and utilizing the criteria above, if follow-up nutrition education by kiosk is appropriate for the participant and document this in the medical record with the recommended topic for nutrition education. The acronym "FNEK" may be used to document "Follow-up Nutrition Education by Kiosk". In the event that the WIC participant does not keep a WIC follow-up or WIC group session appointment, the WIC participant may be referred to use the Kiosk if they meet the nutrition risk criteria for Kiosk use by status.
-  An appointment will be scheduled to provide follow-up nutrition education by kiosk in conjunction with food instrument issuance. The appointment should be scheduled within three (3) months from the certification date.

### **At the follow-up visit:**

-  At registration the participant, guardian or proxy will be directed to the kiosk and instructed to complete a nutrition education module on the topic that is assigned by the certifying health professional. Participants should be instructed to complete a module they have not previously viewed.
-  Food instruments and return appointments are prepared as the module is being completed.
-  The support services provider will report food instrument issuance through the Patient Services Reporting System and Kiosk Nutrition Education (code W9433) on the Patient Encounter Form (PEF).
-  The System will produce a label to be placed in chronological order on the client's service record (CH-3A) to document the follow-up nutrition education by kiosk.
-  The support services provider will:
  1. Enter on the label the name of the module completed by the client.
  2. Sign and date the label in accordance with standards outlined in the Public Health Practice Reference.
-  If the participant, guardian or proxy has questions following completion of a module, they must be referred to a **certifying health professional**.
-  Any additional content information or pamphlets given that are not a part of the kiosk education module must be provided by a **certifying health professional** and documented in the medical record in accordance with standards outlined in the Public Health Practice Reference.
-  Scripts of the nutrition education modules (available from the vendor) must be maintained on file as protocol.

## CONSIDERATIONS PRIOR TO PURCHASING A KIOSK

1. Total cost of the kiosk system including the computer and touch screen, software, kiosk cabinet, education modules, etc. The cost for a kiosk that will be used by clients other than WIC participants would be charged to the Departmental Indirect (898) cost center or prorated among clinical programs.
2. Available clinic space in an area that can be monitored by staff, etc.
3. Staffing needs.

For more information concerning the use of a kiosk for WIC follow-up nutrition education and a current listing of vendors and available modules contact the state WIC office.

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## 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 the Nutrition Section of the Public Health Practice Reference.

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) 6/2007
8. Child Feeding Guide Age 3 to 5 – PAM-ACH-075 (E&S) 8/2007
9. Food For Your Child – PAM DHS 087 3/1999
10. Eating Made Easy Ages 1 – 5 – PAM-ACH-11 (E&S) 5/2007
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) 4/2001
15. Making Snack Choices – KY Action for Healthy Kids (E & S) 5/2006
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 Eaters, Healthy Kids – PAM ACH 30 10/2000
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. Kids Activity Pyramid – University of Missouri (English) – Rev. 07/06/100M
23. My Pyramid in Action: Tips for Breastfeeding Moms (English) – USDA October 2007
24. My Pyramid in Action: Tips for Pregnant Moms (English) – USDA October 2007
25. My Pyramid in Action: Dietary Supplements During Pregnancy and Breastfeeding (English) – USDA October 2007
26. New WIC Foods (PAM-ACH-073a, PAM-ACH-073b, PAM-ACH-068, PAM-ACH-069, PAM-ACH-070, PAM-ACH-071, PAM-ACH-072, PAM-ACH-076)(English) – 4/2009
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. Choose My Plate DG Tip Sheet 12 & 13 (Be A Healthy Role Model & Cut Back on Sweet Treats) (English)- USDA 6/2011
32. Choose My Plate DG Tip Sheet 9 & 10 (Smart Shopping & Liven Up Your Meals) (English)- USDA 6/2011
33. Choose My Plate DG Tip Sheet 2 & 3 (Add More Vegetables & Focus on Fruits) (English)- USDA 6/2011
34. Choose My Plate DG Tip Sheet 6 & 8 (Protein Foods & Healthy Eating for Vegetarians) (English)- USDA 6/2011

E & S = English and Spanish

Rev. 01/12

## WIC PROCEDURES FOR HOME VISITING

WIC services may be provided as a part of an Adult and Child Health (ACH) Maternity or Pediatric home visit. WIC should not be the sole purpose of a home visit. There may be circumstances and/or medical conditions to warrant WIC services in the home, but other appropriate services should be provided for the medical need. WIC services must not be provided in the home for the sole purpose of patient nor clinic convenience. Inclusion of WIC services in a home visit must be based on medical necessity, i.e., the service must be needed and provided for medical reasons. It is not appropriate to delay WIC certification for the benefit of the home visit.

Recertification of a postpartum woman in the home must not be done when she has WIC eligibility remaining from her certification as a pregnant woman. A postpartum woman on the WIC Program during her pregnancy has eligibility from the pregnancy certification until six (6) weeks postpartum. In this situation, recertification must be scheduled as appropriate for the expiration of her eligibility period at 6 weeks postpartum. A postpartum woman that was not on the WIC Program during her pregnancy may be certified at any time during a home visit.

All Program policies and procedures must be followed and all documentation requirements must be met. See the Administrative Reference, Volume II, WIC, WIC Certification and Management Section, WIC Eligibility Requirements. This includes seeing and documenting proof of residence, identity, determination of all nutritional risks and completion of all required medical records forms. See Documentation/Medical Record section in this Reference.

Data entry of services and posting of food instrument issuance performed in the home must be done in a timely manner. See the Administrative Reference, Volume II, WIC, WIC Food Delivery/Data Section, Inventory and Security Requirements and Food Instrument Issuance.

WIC services that may be included in a home visit and appropriate providers are:

- **Certification:**

- ▶ Must be performed by health professional.
- ▶ May use medical data provided from the physician or hospital if Medical Data Requirements for Certification, this section, are met.
- ▶ Nutrition education certification contact.
- ▶ Food instrument issuance as appropriate.

- **Nutrition education:**

- ▶ Must be provided by health professional.

- **Breastfeeding assessment and counseling:**

- ▶ Must be provided by a health professional. Trained Peer Counselors may be used for counseling if deemed appropriate by the health professional.
- ▶ Counseling for problems (e.g., engorgement, mastitis, poor latch on skills, etc.) may warrant referral to IBCLC/Lactation Consultant/Nutritionist/Dietitian.
- ▶ Manual or electric breast pump is provided if needed and available and counseling as appropriate.

- **Food instrument issuance:**

- ▶ May be provided by health professional or support staff. Security and accountability must be ensured.

- **Referrals should be made for other services as appropriate.**

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## NUTRITION EDUCATION AND BREASTFEEDING PROMOTION 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 Administrative Reference, Volume II, WIC, WIC Certification and Management, 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 Administrative Reference, Volume II, WIC, WIC Certification and Management, Duties of WIC Nutrition Education Coordinator.
2. Federal Regulations for the WIC Program require that nutrition education and 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.
3. 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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## SUGGESTED NUTRITION REFERENCE LIST

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- Cox, J. H., **Nutrition Manual for At-Risk Infants and Toddlers**, Precept Press, Chicago, 1997.
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- Pronsky, Zaneta M., **Food Medication Interactions**, 14<sup>th</sup> edition, January 2006.
- Riordan, J., and K. G. Auerbach, **Breastfeeding and Human Lactation**, 2<sup>nd</sup> ed., Jones and Bartlett Publishers, Boston, 1998.
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- , **Secrets of Feeding a Healthy Family**, Kelcy Press, Madison, Wisc., 2008.
- , **Your Child's Weight: Helping Without Harming**, Kelcy Press, Madison, Wisc., 2005.
- Story, M., Holt, K. and Sofka, D., eds. 2002. **Bright Futures in Practice: Nutrition**, Arlington, VA: National Center for Education in Maternal and Child Health.
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- American Academy of Pediatrics, **Pediatric Nutrition Handbook**, 5<sup>th</sup> ed., Elk Grove Village, Ill., 2003.
- , **"Breastfeeding and the Use of Human Milk"**, *Pediatrics*, vol. 100, no. 6, December 1997.
- American Dietetic Association, **Manual of Clinical Dietetics**, 6<sup>th</sup> edition, 2000.

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## SUGGESTED NUTRITION REFERENCE LIST (continued)

Centers for Disease Control and Prevention. **Recommendations to Prevent and Control Iron Deficiency in the United States**, MMWR 1998; 47(No. RR-3)

**Guidelines for WIC Agencies Providing Breast Pumps 2008** – Position paper of the National Association of WIC Directors (NAWD).

Institute of Medicine, Food and Nutrition Board, “**Estimating Eligibility and Participation for the WIC Program**”, Final Report, 2003.

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United States Department of Agriculture, Food and Nutrition Service. **Infant Nutrition and Feeding: A Reference Handbook for Nutrition and Health Counselors in the WIC and CSF Programs**, U.S. Department of Agriculture, Washington, DC, 1993.

**Physicians' Desk Reference**, 62<sup>nd</sup> edition, Medical Economics Data, Oradell, NJ, 2008.

### Kentucky Developed Resource Materials

Facilitated Learning Guide for Nutrition Education, Kentucky WIC Program, adapted from New Mexico WIC Program, revised 2002.

Kentucky Fit WIC Tote Bag and materials, Kentucky WIC Program, January 2004.

Nutrition Education Training Reference for Paraprofessionals, Kentucky WIC Program, revised 3/2006.

Resource Guide for WIC Formulas, May 2006.

### Websites

[www.fns.usda.gov](http://www.fns.usda.gov)

[www.nutrition.gov](http://www.nutrition.gov)

[www.fns.usda.gov/wic](http://www.fns.usda.gov/wic)

[www.nal.usda.gov/wicworks](http://www.nal.usda.gov/wicworks)

[www.nal.usda.gov/fnic](http://www.nal.usda.gov/fnic)

[www.cdc.gov](http://www.cdc.gov)

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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 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 Medical Foods.
  - 1. This includes the following situations:
    - 1. New participant enrolled on the Program;
    - 2. Change in the food package per client or medical personnel request;
    - 3. 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 Medical Foods).
  - 1. Physicians (MD or DO), Physician Assistants (PA's) and Advanced Registered Nurse Practitioners (ARNP'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 ARNP).
  - 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/ARNP Verbal Orders (HHS-117). See the Forms and Teaching Sheet Section of this Reference.
  - 6. 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.
  - 7. 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 ARNP 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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## WIC POLICIES FOR PRESCRIBING FOOD PACKAGES

(continued)

### 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 Medical Foods and the policy for issuance below.**
2. Noncontract rates for an agency should be 5% (five percent) or less.
3. Whole, lowfat, 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 medical food it will be necessary to select the appropriate package by the name of the formula/medical food 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  $\frac{3}{4}$  of current formula mixed with  $\frac{1}{4}$  of the challenge (new) formula (ie. 3 ounces current formula plus one ounce of challenge formula).
    - Second Day:** Offer infant  $\frac{1}{2}$  current formula and  $\frac{1}{2}$  challenge formula.
    - Third Day :** Offer infant  $\frac{1}{4}$  current formula and  $\frac{3}{4}$  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 Guidelines

1. All infants who **are not medically fragile** must be provided **Good Start Gentle**. 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 (primary formula) (orange can)
  - b. Good Start Protect (green can)
  - c. Good Start Soy (blue can)
  - d. Good Start 2 Gentle (recommended for age 9 months and older)
  - e. Good Start 2 Protect (recommended for age 9 months and older)
  - f. Good Start 2 Soy (recommended for age 9 months and older)
3. Infants who come to clinic on noncontract formula and **are not medically fragile** must be provided the **Good Start Gentle** using the following challenge guidelines:
  - a. Infants who come to clinic on one of the contract brand formulas, Good Start Protect, Good Start Soy, must have tried and encountered problems with Good Start Gentle unless contraindicated. See First Trial. The patient then may try any of the remaining contract brand products. See Second Trial.

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## WIC POLICIES FOR PRESCRIBING FOOD PACKAGES (continued)

- First Trial:** Good Start Gentle (orange can)  
**Second Trial:** Any **one** of the remaining contract brand products:  
Good Start Protect (green can)  
Good Start Soy (blue can)  
Good Start 2 Protect (recommended for 9 months and older)  
Good Start 2 Gentle (recommended for age 9 months and older)  
Good Start 2 Soy (recommended for age 9 months and older)
- b. If requesting noncontract brand milk based formula (Similac Advance with Early Shield, Enfamil Premium Infant, etc.), the patient must have tried the contract brand iron-fortified formulas below, unless contraindicated and encountered problems:  
**First Trial:** Good Start Gentle (orange can)  
**Second Trial:** Good Start Protect (green can)
- c. 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 (blue can)  
**Second Trial:** Good Start Protect (**if no milk allergies exist**) (green can)
- d. If requesting milk based lactose free or lactose reduced formula (Similac Sensitive, Enfamil Gentlease, etc.), the patient must have tried the contract brand formulas below, unless contraindicated, and encountered problems:  
**First Trial:** Good Start Soy (blue can)  
**Second Trial:** Good Start Protect (green can)
- e. If requesting a formula for management of reflux or gastroesophageal reflux (GER) or gastrophageal reflux disease (GERD), no contract formulas are comparable and the noncontract products may be provided with a valid WIC – 200. This includes the following formulas: Enfamil AR, Similac Sensitive for Spit Up.
- f. If requesting noncontract milk based products for 9 to 12 months of age (Similac Go and Grow), the patient must have tried the contract brand formulas below, unless contraindicated, and encountered problems:  
**First Trial:** Good Start 2 Gentle  
**Second Trial:** Good Start 2 Protect
- g. If requesting soy based products for 9 to 12 months of age (Similac Go and Grow – soy based), the patient must have tried the contract brand formulas below, unless contraindicated, and encountered problems:  
**First Trial:** Good Start 2 Soy  
**Second Trial:** Good Start 2 Protect (**if no milk allergies exist**)
4. 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.

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## WIC POLICIES FOR PRESCRIBING FOOD PACKAGES (continued)

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.
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 ARNP.
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.

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## WIC POLICIES FOR PRESCRIBING FOOD PACKAGES

(continued)

### N. Issuance of Exempt Infant Formulas and Medical Foods

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 or 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, milk protein, soy protein, lactose 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 ARNP.
4. Formulas allowed under Food Package III for infants: All exempt formulas and medical foods 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 medical foods.
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
  - 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 2 – 4 ounce jars/day); and
  - c. Infant meats – 77.5 ounces total (approximately 1 – 2.5 ounce jar/day).

### B. Fully Breastfeeding Woman/Pregnant with Multiple Fetuses/Partially Breastfeeding Multiple Infants

1. The maximum amount of food provided includes:
  - a. Milk – 24 quarts (cheese or tofu may be substituted for milk with WIC – 400; issuance of FBF2 and FBF3 does not require medical documentation forms); reduced fat milk will be provided unless a WIC – 400 specifies a need for whole milk
  - 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 - \$10.00
  - i. Legumes/beans – 1 pound dry or 64 ounces canned beans
  - j. Peanut butter – 18 ounces

### C. Fully Breastfeeding Multiple Fetuses

1. The maximum amount of food provided includes:
  - a. Milk – 36 quarts (additional cheese and provision of tofu may be substituted for milk with WIC – 400; issuance of BFM2, BFM3 and BFM4 do not require medical documentation forms); reduced fat milk will be provided unless a WIC - 400 specifies a need for whole milk
  - 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 – 1½ pounds (24 ounces)
  - g. Fish – 45 ounces
  - h. Fresh fruits and vegetables - \$15.00
  - i. Legumes/beans – 1 pound dry or 64 ounces canned beans
  - j. Peanut butter – 36 ounces

### D. Partially Breastfed Infant

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.
2. The infant may receive one (1) can of formula the first month (birth to one month of age) **but this should not be routine practice**. The infant will receive approximately one-half the formula provided by a full formula package for months one (1) through eleven (11).
3. 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).

## FOOD PACKAGE DESCRIPTIONS

(Continued)

### E. Fully Formula Fed Infant

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.
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 1 – 4 ounce jar/day).

### F. Fully 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 896 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)

The maximum amount of food provided includes:

- a. Milk – 22 quarts (cheese, tofu or soy milk may be issued in place of milk. See Milk Substitutions Table page 90); reduced fat milk will be provided unless a WIC – 400 specifies a need for whole milk
- 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 - \$10.00
- g. Legumes/beans – 1 pound dry or 64 ounces canned beans
- h. Peanut butter – 18 ounces

### H. Pregnant Supplemental Food Package for the Breastfeeding Woman

- a. 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.
- b. 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.
- c. Handwrite the FB1X food package, as follows, on one (1) handwritten food instrument:
  - 1 – gallon 2%, 1%, ½% or skim milk
  - 1 – half gallon 2%, 1%, ½% or skim milk
  - 1 - quart 2%, 1%, ½% or skim milk
  - 1 dozen eggs
  - 30 ounces canned fish
- d. Document the issuance of the FB1X package in the participant's chart.
- e. If the pregnant status participant redeems the FB1X food instrument and later decides to formula feed, contact the State WIC Office for guidance.
- f. 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.

## FOOD PACKAGE DESCRIPTIONS

(continued)

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

1. The maximum amount of food provided includes:
  - a. Milk – 16 quarts (cheese, tofu or soy milk may be issued in place of milk. See Milk Substitutions Table-page 90); reduced fat milk will be provided unless a WIC – 400 specifies a need for whole milk
  - b. Juice – 96 ounces
  - c. Cereal – 36 ounces
  - d. Eggs – 1 dozen
  - e. Fresh fruits and vegetables - \$10.00
  - f. 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 counted as a breastfeeding woman but receives no food package. The infant would continue on the program and receive the fully formula fed package.

#### Child

1. The maximum amount of food provided includes:
  - a. Milk – 16 quarts (cheese, tofu or soy milk may be issued in place of milk. See Milk Substitutions Table-page 89); whole milk will be provided for children age 1 to 2; reduced fat milk will be provided for age 2 to 5 unless a WIC - 300 specifies need for whole milk
  - a. Juice – 128 ounces
  - b. Cereal – 36 ounces
  - c. Eggs – 1 dozen
  - d. Whole wheat/whole grain bread or other whole grains – 2 pounds
  - e. Fresh fruits and vegetables - \$6.00
  - f. 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

1. If the food package information is provided by the issuing agency, issue the appropriate food package.
2. If the food package information is not provided by the issuing agency, the health professional must assign a food package or contact the issuing agency for the appropriate package.
3. 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.

Rev. 07/11

## RECOMMENDATIONS FOR FOOD PACKAGE SELECTION/COUNSELING

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

### A. Infants

1. **Kosher** formula required due to religious or cultural beliefs:
  - 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. Good Start Gentle Formula Soy meets the guidelines for kosher with the OU designation or circle with U inside symbol listed on the label.
  - c. If another formula is requested by the primary medical provider, the infant must try the Good Start Gentle Formula Gentle unless contraindicated.
2. **Vegetarian or vegan** formula required due to family lifestyle or preference:
  - a. Good Start Gentle Formula Soy 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 following ingredients:

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

### B. Women and Children

1. **Kosher:**
  - 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.

## RECOMMENDATIONS FOR FOOD PACKAGE SELECTION/COUNSELING (continued)

- 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. Some products on the WIC Food List (WIC-40) that have the OU designation include:
    - Cereal – General Mills selections, Post selections, Quaker selections, Malt O Meal – Crispy Rice
    - Milk – Meijer, Lactaid,
    - Whole Wheat/Whole Grain Breads – Thomas Bagelbread, Heiners Old Fashion Stone Ground Whole Wheat, Arnold Whole Wheat, Weight Watcher's 100% Whole Wheat Pita Pocket, Klosterman 100% Whole Wheat ½ Loaf,
    - Brown Rice – Uncle Ben's Fast & Natural Whole Grain Instant Brown Rice
  - e. Some products on the WIC Food List (WIC-40) that have the K designation include:
    - Cereal – B and G Foods selections; Kellogg's selections
    - Milk – Kroger, Trauth,
    - Tofu – NaSoya (all on list; only tofu available on WIC),
    - Whole Wheat/Whole Grain Breads – Aunt Millie's 100% Whole Wheat Bread, Arnold 100% Whole Wheat, Arnold 100% Whole Wheat Double Fiber, Wonder 100% Whole Wheat, Aunt Millie's Multigrain, Wonder Stoneground 100% Whole Wheat, Baker's Inn 100% Whole Wheat, Baker's Inn Honey Wheat, Meijer Wheat Pitas,
    - Brown Rice – Mahatma, Minute Instant Brown Rice, Success Boil in Bag Brown Rice,
    - Tortillas – Manny's (ChiChi's) Whole Wheat Tortilla
  - f. There is no kosher cheese available that meets the lowest price brand of type and flavor established policy for Kentucky WIC. A food package with cheese will not be an option for participants who request kosher foods.
  - g. **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.**
2. **Gluten enteropathy/celiac disease/celiac sprue (nontropical 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 and whole grain or whole wheat breads shall not be provided on the food package. Brown rice are appropriate on the gluten-free diet and shall be the product provided by WIC to represent whole grains, whole wheat breads and other whole grains.
  - d. Appropriate cereals would include rice or corn products and should be discussed in counseling.
  - e. Gluten-free also includes avoidance of the ingredients listed under Infant with gluten enteropathy or celiac disease or celiac sprue (nontropical sprue).
3. **Lactose free or reduced milk:**
- a. May be issued by the health professional 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. It is required to purchase whole lactose free milk for children age 1 to 2. For children age 2 and older and women, it is required to purchase reduced fat lactose free milk (2%, 1% or skim/fat free).
4. **Lactose intolerance:**
- a. Cheese or tofu may be substituted for milk with medical documentation of lactose intolerance up to the total monthly maximum amount. Medical documentation form must be filed in medical record.

## RECOMMENDATIONS FOR FOOD PACKAGE SELECTION/COUNSELING

(continued)

- b. Cheese is substituted at the rate of 3 quarts of milk for 1 pound of cheese.
- c. Tofu is substituted at the rate of 1 quart of milk for 1 pound of cheese.
- 5. **Acidophilus and bifidum treated milk** in a half gallon container may be purchased as a type of milk (lowfat or fat free/skim).
  - a. Acidophilus and bifidum (A & B) treated milk should **not** be recommended for people with diagnosed lactose intolerance.
  - b. It is required to purchase whole acidophilus/bifidum milk for children age 1 to 2. For children age 2 and older and women, it is required to purchase reduced fat acidophilus/bifidum milk (2%, 1% or skim/fat free).
- 6. **Decrease fat and caloric content** per instructions on WIC-300 or WIC-400:
  - a. Provide the appropriate food package for the age and category/status.
  - b. Counsel the caregiver/parent/participant on purchasing reduced, lowfat or skim milk and cheese.
  - c. Encourage the purchase of beans instead of peanut butter.
- 7. **Soy milk/soy based beverage:**
  - a. Soy milk is provided for Women and Children. Issuance of soy milk for the child requires a medical documentation form or prescription.
- 8. **Homeless packages:**
  - a. Participants needing formula shall receive ready to feed formula. A medical documentation form will be needed for noncontract, exempt infant formula and medical foods (See Requirements for Issuing Infant Formula, Exempt Infant Formula and Medical Foods).
    - 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.
  - b. Participants needing regular foods shall receive the appropriate food package based upon age and category/status.
  - c. These participants shall be counseled concerning the differences in the food package and the food instruments will include:
    - baked beans instead of dry beans or other canned beans;
    - 100% single strength juice;
    - 18 – oz. peanut butter will replace 1 dozen eggs.
- 9. **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 or shelf-stable juice should not be an option for the family.

Rev. 01/11

**POLICY STATEMENT CONCERNING  
24 CALORIE PER OUNCE FORMULAS  
AND THE DILUTION OF STANDARD FORMULA**

- A. The commercially available 24 calorie formulas are: Similac Special Care 24 with iron, Enfamil Premature 24 and Good Start Premature 24. See Requirements for Issuing Formula and the Formula Package Codes by Company.
- B. 24 Calorie Non-Commercial Formulas (These are not available for purchase by the WIC Program).
1. Similac 24 and Similac Special Care 24 (low iron) are not commercially available.
  2. If a prescription is provided for either of these products, please contact the MD, DO, PA or ARNP to determine if a WIC available formula is acceptable.
  3. If so, obtain a new prescription.
- C. When a prescription is received to mix 24 calorie formula from a 20 calorie product, review the Requirements for Issuing Formulas in this section for diagnosis and information required in the prescription.
1. The WIC Program will provide standard 20 calorie per ounce formula unless a special formula or medical food with higher calories is warranted and commercially available.
  2. The health professional will instruct the parent/caregiver how to mix the 20 calorie per ounce formula to a 24 calorie per ounce dilution by one of the following guidelines.
  3. The guidelines are:  

**Mix one 13 ounce can of concentrate with 9 ounces of sterilized water,**  
**OR**  
**Mix 5 tablespoons of powder with 9 ounces of sterilized water.**

    - a. Extra formula may be needed for these infants and children. Please contact Medicaid if additional formula is needed. The Medicaid Program may provide the extra formula with a physician's order.
- D. If a prescription requests that a formula be mixed to a dilution other than 20 or 24 calorie per ounce, the specific mixing instructions must be provided on the prescription by the MD, DO, PA or ARNP.

Rev. 01/11

## 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 instruments 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 medical foods on Food Package III.
1. The unused formula and unused food instruments **must** be returned to the Local Agency. The unused formula **cannot** be returned to a vendor for exchange for another formula.
  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. Do a Replacement or Z action. Refer to the Administrative Reference, Volume II, WIC Section, Food Delivery/Data Section.
    - e. The system will automatically calculate the appropriate quantity of formula to be issued and print **one** food instrument.
  3. If the parent/caretaker or participant **returns unused formula and unused food instruments** for the month:
    - a. Document in the medical record the return of the original formula, return of food instruments 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 name of the replacement formula.
    - d. Using the WIC Patient Maintenance Screen, do a Replacement or Z action.
    - e. The system will automatically calculate the appropriate quantity of formula to be issued and print one food instrument. Cereal and juice will be printed on a second food instrument.
- 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 the Administrative Reference, Volume II, WIC Section.
1. If returned formula is not commonly used by the agency, you may want to place a message on the 500 screen for other agencies to review.
  2. Include the following information in the message about the product:
    - a. Name
    - b. Can/bottle size
    - c. Quantity available
    - d. Expiration date
    - e. Contact name and telephone number
- C. Refer to the Administrative Reference, Volume II, WIC Section, Food Delivery/Data for additional information.

Rev. 04/09



## **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.

An initial shipment will be provided to the WIC Coordinator to use with local physicians. After this supply is exhausted, the local agency will print the forms as needed.

Rev. 04/09



Kentucky WIC Program  
Infant (< 1 year old)



WIC Clinic:
Clinic Fax number:
Attention:

**Certificate for Medical Necessity for Formula and WIC Food Exceptions**

The WIC Program provides Good Start Gentle Formulas to all non-medically fragile infants. This includes: • Good Start Gentle • Good Start Soy • Good Start Protect • Good Start Protect 2 • Good Start Gentle 2 • Good Start Soy 2  
Noncontract standard formula request: Complete sections A, B and D  
Exception to WIC foods requests: Complete Sections A, C and D.  
Exempt formula or medical foods: 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 and Protect
Requests for soy based formula	Good Start Soy and Protect (if no milk allergies)
Requests for lactose free/reduced formula	Good Start Soy and Protect
Requests for infant/toddler formulas	Good Start Gentle 2 and Protect 2

**A. Patient Information (please print)**

Patient's name:	DOB:
-----------------	------

Parent/Caregiver's Name:

**Medical diagnosis/qualifying condition:**

(Justifies the medical need for formula/food – include ICD-9 code if available)

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 medical foods requested:

Prescribed amount: \_\_\_\_\_ per day OR ☐ maximum allowable

Special instruction/comments:

Provide information regarding Formulas 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
<input type="checkbox"/> Infant cereal	
<input type="checkbox"/> Infant fruits	
<input type="checkbox"/> Infant vegetables	
<input type="checkbox"/> Infant meats (fully breastfeeding infants only)	
<input type="checkbox"/> 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.

This Institution is an Equal Opportunity Provider.

WIC – 200

See back for most commonly provided exempt infant formulas/medical foods.

Rev. 01/12

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
- Similac Sensitive for Spit Up

**Severe cow's milk allergy/multiple food protein allergy**

- Neocate Infant
- Neocate Infant DHA & ARA
- Elecare with DHA & ARA

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.

WIC is a registered service mark of the U. S. Department of Agriculture for USDA's Special Supplemental Nutrition Program for Women, Infant and Children.

Rev. 01/12



### 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 medical foods: 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.

WIC Clinic:

Clinic Fax number:

Attention:

#### A. Patient Information (please print)

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

DOB:

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

Medical diagnosis/qualifying condition:

(Justifies the medical need for formula/food – include ICD-9 code if available)

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.

☐ Omit Formula/Medical Food.

☐ Provide only the following checked foods.

☐ Whole Milk

☐ Cheese\*\* or ☐ Tofu\*\*

Special Instructions:

☐ Lowfat Milk

☐ Eggs

☐ ≥ 2 years

☐ Soy Milk

☐ Cereal

☐ Peanut butter

☐ Juice

☐ Beans

☐ Fresh fruits

☐ whole grain bread/tortillas

☐ and vegetables

or brown rice

#### 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.

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WIC – 300

See back for most commonly provided exempt formulas, medical formulas and medical foods.

Rev. 01/12

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
- 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 1.0 CAL
- Boost Kid Essentials 1.5 CAL
- Boost Kid Essentials 1.5 CAL with Fiber
- Nutren Junior
- Nutren Junior with Fiber
- PediaSure
- PediaSure with Fiber
- PediaSure 1.5 Cal
- PediaSure 1.5 Cal with Fiber
- Peditasure Peptide 1.0 Cal Vanilla or Strawberry
- Peptamen Junior
- Peptamen Junior with Fiber
- Peptamen Junior with Prebio
- Peptamen Junior 1.5
- 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 with DHA & ARA
- Elecare Jr. Vanilla or Unflavored

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.

WIC is a registered service mark of the U. S. Department of Agriculture for USDA's Special Supplemental Nutrition Program for Women, Infant and Children.

Rev. 01/12



**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 medical foods: 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.

WIC Clinic:

Clinic Fax number:

Attention:

**A. Patient Information (please print)**

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

DOB:

Medical diagnosis/qualifying condition:

(Justifies the medical need for formula/food – include ICD-9 code if available)

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.

<input type="checkbox"/> Milk	<input type="checkbox"/> Cheese <u>or</u> <input type="checkbox"/> Tofu
<input type="checkbox"/> Cereal	<input type="checkbox"/> Eggs
<input type="checkbox"/> Juice	<input type="checkbox"/> Peanut butter <u>or</u> <input type="checkbox"/> Beans
<input type="checkbox"/> Fresh fruits and vegetables	<input type="checkbox"/> Canned fish (fully breastfeeding women only)
<input type="checkbox"/> Whole grain bread/ tortillas <u>or</u> brown rice	

Special Instructions:

\*\* WIC provides low fat milk for women. For diagnosis requiring **whole milk** for additional calories please check here ☐ and initial \_\_\_\_\_.

**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.

This Institution is an Equal Opportunity Provider.

WIC – 400

Rev. 01/12

See back for most commonly provided exempt formulas, medical formulas and medical foods.

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**

- Tolorex
- 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 Bone Health
- 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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Rev. 01/12

## REQUIREMENTS FOR ISSUING INFANT FORMULA, EXEMPT INFANT FORMULA AND MEDICAL FOODS

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](#) and contact the State WIC Office.

FORMULA	DIAGNOSIS Required	Kentucky Certificate for Medical Necessity Required	PRIOR APPROVAL
<b>INFANT FORMULA - CONTRACT BRAND</b> <b>Good Start Gentle</b> (primary milk based formula) Good Start Protect Good Start Soy Good Start 2 Gentle * Good Start 2 Protect* Good Start 2 Soy*	No	No	No
<b>INFANT FORMULA - NONCONTRACT</b> Enfamil AR Enfamil Gentlease Enfamil Premium Infant Enfamil ProSobee Similac Advance Early Shield Similac Sensitive Isomil Soy/Similac Soy Isomil Similac Go and Grow Milk-Based* Similac Go and Grow Soy-Based* Similac Sensitive (for Fussiness & Gas) Similac Sensitive for Spit Up	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	Follow State WIC Office and Agency Policies
<b>EXEMPT INFANT FORMULAS and MEDICAL FOODS</b> Nutramigen Nutramigen with Enflora LGG Portagen (for women and children only) Pregestimil Similac Expert Care Alimentum Nutramigen AA	Yes – Diagnosis	Yes  Required Information: 1-Name of formula requested 2-Prescribed period of time 3-Diagnosis 4-Additional foods	No

\* Recommended at 9 months of age or older

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**REQUIREMENTS FOR ISSUING INFANT FORMULA, EXEMPT INFANT FORMULA AND MEDICAL FOODS**  
(continued)

<b>FORMULA</b>		<b>DIAGNOSIS Required</b>	<b>Kentucky Certificate for Medical Necessity Required</b>	<b>PRIOR APPROVAL</b>
<b>EXEMPT FORMULA AND MEDICAL FOODS – LOCAL APPROVAL</b>		Yes – Diagnosis	Yes	Yes.
Boost Boost Glucose Control Boost High Protein Boost Kid 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 with DHA & ARA Elecare Jr Vanilla Elecare Jr Unflavored Enfamil EnfaCare Enfamil Premature with Iron 20 Enfamil Premature with Iron 24 Ensure Ensure Bone Health Ensure Plus Good Start Premature 24 with Iron	Neocate Infant Neocate Infant with DHA & ARA Neocate Junior Neocate Junior w/Prebiotics Nutren Junior Nutren Junior with Fiber Osmolite 1 Cal PediaSure PediaSure with Fiber 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 Pregestimil 24 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		Required Information: 1-Name of formula requested 2-Prescribed period of time 3-Diagnosis 4-Additional Foods	Agency Personnel designated by and trained by the State WIC Office to approve special formulas.  Local agencies that receive approval from the State Agency must complete the <u>WIC STATE AGENCY FORMULA/MEDICAL FOODS APPROVAL FORM</u> (see page 109) for State WIC Office approval.
<b>EXEMPT INFANT FORMULAS AND MEDICAL FOODS – STATE APPROVAL</b> 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 <u>WIC STATE AGENCY FORMULA/MEDICAL FOODS APPROVAL FORM</u> (see page 109) for State WIC Office approval.
<b>FOOD PACKAGE III</b> For infants, formulas may include: Exempt Infant Formula Exempt Infant Formulas and Medical Foods (Local Approval) Exempt Infant Formulas and Medical foods (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 Medical Foods (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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### Infant Food Packages – Fully Breastfeeding

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

### Infant Food Packages – Infant Food Only (family purchases formula or formula from another source)

Infant	Foods	Amount of food	Amount of food	FI #1	FI #2
		Birth – 5 months	6 through 11 months		
F1	Infant cereal	NA	24 oz.	2 – 8 oz. cont.	1 – 8 oz. cont.
	Fruits & Vegetables	NA	256 oz.	16 – 4 oz. cont.	16 – 4 oz. cont.

### Infant Food Packages – Partially Breastfeeding (Gerber Infant Formula - Contract) Maximum

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 months			4 – 5 months			6 – 11 months			
Good Start Gentle 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 Protect 12.4 oz. – NP3		1 can		3 cans	2 cans		3 cans	3 cans		2 cans	2 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Good Start Soy 12.9 oz. – NP4		1 can		2 cans	2 cans		3 cans	2 cans		2 cans	2 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Good Start 2 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
Good Start 2 Protect 22 oz. – NP6		NA		NA	NA		NA	NA		1 can	1 can	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Good Start 2 Soy 24 oz. – NP7		NA		NA	NA		NA	NA		1 can	1 can	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V

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

### Infant Food Packages – Partially Breastfeeding (Abbott and Mead Johnson - Noncontract) Maximum

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	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Enfamil Gentlease – 12.4 oz. – M70		1 can		3 cans	2 cans		3 cans	3 cans		2 cans	2 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V

**Infant Food Packages – Partially Breastfeeding (Abbott and Mead Johnson - Noncontract) Maximum (continued)**

<b>Partially BF</b>	<b>Amount of food</b>	<b>FI #1</b>	<b>Amount of food</b>	<b>FI #1</b>	<b>FI #2</b>	<b>Amount of food</b>	<b>FI #1</b>	<b>FI #2</b>	<b>Amount of food</b>	<b>FI #1</b>	<b>FI #2</b>	<b>FI #3</b>
	<b>Birth – 1 month*</b>		<b>2 – 3 mo.</b>			<b>4 – 5 mo.</b>			<b>6 – 11 mo.</b>			
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	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Similac Advance Early Shield – 12.4 oz. – A69		1 can		2 cans	2 cans		3 cans	2 cans		2 cans	2 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Sim. Sensitive Isomil Soy/Similac Soy Isomil – 12.4 oz. – AP2		1 can		2 cans	2 cans		3 cans	2 cans		2 cans	2 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Similac Sensitive – (for fussiness & gas) 12.6 oz. – AP3		1 can		2 cans	2 cans		3 cans	2 cans		2 cans	2 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Similac Sensitive (for Spit Up) 12.3 oz. – AP4		1 can		2 cans	2 cans■		3 cans	2 cans▼		2 cans	2 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Similac Go & Grow Milk-Based 22 oz/1.37 lb. – AP6		NA		NA	NA		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
Similac Go & Grow Soy-Based 22 oz/1.37 lb– AP8		NA		NA	NA		NA	NA		1 can	1 can	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V

■ formula will be rounded up during the 2-3 month issuance period and will affect FI#2 (e.g., 1<sup>st</sup> month = 4 total cans, 2<sup>nd</sup> month = 5 total cans, 3<sup>rd</sup> 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., 4<sup>th</sup> month = 5 cans, 5<sup>th</sup> month = 6 cans) to provide maximum monthly allowance

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

**Infant Food Packages – Partially Breastfeeding (Exempt Infant Formula – Food Package III) Maximum**

<b>Partially BF</b>	<b>Amt. of food</b>	<b>FI #1</b>	<b>Amount of food</b>	<b>FI #1</b>	<b>FI #2</b>	<b>Amount of food</b>	<b>FI #1</b>	<b>FI #2</b>	<b>Amount of food</b>	<b>FI #1</b>	<b>FI #2</b>	<b>FI #3</b>
	<b>Birth – 1 month*</b>		<b>2–3 mos.♥</b>			<b>4 – 5 months</b>			<b>6–11 mos.</b>			
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	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Similac Expert Care Alimentum– 16 oz. – AP9		1 can		2 cans	1 can or 2 cans♥		2 cans	2 cans		2 cans	1 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V

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

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

**Infant Food Packages – Partially Breastfeeding (Exempt Infant Formula and Medical Foods – Food Package III) Local Agency Approval**

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 months			4 – 5 months			6 – 11 months			
EleCare with DHA & ARA– 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	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
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	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Neocate Infant with DHA & ARA – 14 oz. – SP2		1 can		3 cans	2 cans		4 cans	2 cans		2 cans	2 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Nutramigen AA (14.1 oz.)– M13		1 can		2 cans	4 can		3 cans	2 can		2 cans	1 can▼	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Similac Expert Care NeoSure– 13.1 oz. – A11		1 can		2 cans	2 cans		3 cans	3 cans		2 cans	2 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
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▲	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
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	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

- formula will be rounded up during the 1 – 3 month issuance and will affect FI#2 (e.g., 6<sup>th</sup> month = 4 cans, 7<sup>th</sup> month = 5 cans, 8<sup>th</sup> 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., 1<sup>st</sup> month = 3 cans; 2<sup>nd</sup> month = 4 cans; 3<sup>rd</sup> 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., 6<sup>th</sup> month = 3 cans, 7<sup>th</sup> month = 4 cans, 8<sup>th</sup> month = 4 cans; repeat for 9<sup>th</sup> - 11 months) to provide max. monthly allowance

**Infant Food Packages – Partially Breastfeeding (Exempt Infant Formula/Medical Foods – Food Package III) –Approved by State Agency**

Partially BF	Amt. of food	FI #1	Amt of food	FI #1	FI #2	Amt. of food	FI #1	FI #2	Amount of food	FI #1	FI #2	FI #3
	Birth – 1 month*		2 – 3 mo.									
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.)	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Similac Human Milk Fortifier 0.031 oz. (0.9 g.) – A13		1 cart. (2 cal.)		2 cart. (2 cal.)	2 cart. (2 cal.)		3 cartons (2 cal.)	2 cartons (2 cal.)		2 cartons (2 cal.)	1 carton (2 cal.)	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
ProViMin 5.3 oz. (148 g.) – A14		4 cans		9 cans	9 cans		12 cans	10 cans		8 cans	8 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Calcilo XD 13.2 oz. – A15		1 can		2 cans	2 cans		3 cans	2 cans		2 cans	2 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Cyclinex – 1 (14.1 oz.) – A16		1 can		2 cans	2 cans		3 cans	2 cans		2 cans	1 can	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Glutarex-1 (14.1 oz.) – A17		1 can		2 cans	2 cans		3 cans	2 cans		2 cans	2 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Hominex-1 (14.1 oz.) – A18		1 can		2 cans	2 cans		3 cans	2 cans		2 cans	2 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
I-Valex-1 (14.1 oz.) – A19		1 can		2 cans	2 cans		3 cans	2 cans		2 cans	2 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Ketonex-1 (14.1 oz.) – A20		1 can		2 cans	2 cans		3 cans	2 cans		2 cans	2 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Phenex-1 (14.1 oz.)- A21		1 can		2 cans	2 cans		3 cans	2 cans		2 cans	2 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Propimex-1 (14.1 oz.) – A22		1 can		2 cans	2 cans		3 cans	2 cans		2 cans	2 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Tyrex-1 (14.1 oz.) – A23		1 can		2 cans	2 cans		3 cans	2 cans		2 cans	2 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
MSUD Analog (400 g.) – SP3		1 can		2 cans	2 cans		3 cans	2 cans		2 cans	2 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Periflex Infant (400 g.) – U2		1 can		3 cans	2 cans		3 cans	3 cans		2 cans	2 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
XLeu Analog (400 grams) – SP5		1 can		2 cans	2 cans		3 cans	2 cans		2 cans	2 cans	3 – 8 oz. boxes cereal 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	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
XMet Analog (400 g.)- SP7		1 can		2 cans	2 cans		3 cans	2 cans		2 cans	2 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
XMTVI Analog (400 g.) – SP8		1 can		2 cans	2 cans		3 cans	2 cans		2 cans	2 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
XPhe, XTyr Analog (400 g.)– SP9		1 can		2 cans	2 cans		3 cans	2 cans		2 cans	2 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
BCAD 1 (16 oz.) (454 g.) – M14		1 can		2 cans	2 cans		2 cans	1 can		3 cans	2 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
GA (16 oz.) (454 g.) – M15		1 can		2 cans	2 cans		2 cans	1 can		3 cans	2 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
HCY 1 (16 oz.) (454 g.) – M16		1 can		2 cans	2 cans		2 cans	1 can		3 cans	2 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
LMD (16 oz.) (454 g.) – M17		1 can		2 cans	2 cans		2 cans	1 can		3 cans	2 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V

**Infant Food Packages – Partially Breastfeeding (Exempt Infant Formula/Medical Foods – Food Package III) –Approved by State Agency (cont.)**

Partially BF	Amt. of food	FI #1	Amt of food	FI #1	FI #2	Amt. 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.			
OA 1 (16 oz.) (454 g.) – M18	104 fl. oz. recons. powder	1 can	435 oz. recons. powder	2 cans	2 cans	522 fl. oz. recons. powder	2 cans	1 can	384 fl. oz. recons. Powder	3 cans	2 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
PFD 1 (16 oz.) (454 g.) – M19		1 can		2 cans	2 cans		2 cans	1 can		3 cans	2 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Phenyl Free 1 (16 oz.) – M20		1 can		2 cans	2 cans		2 cans	1 can		3 cans	2 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
TYROS 1 (16 oz.) (454 g.) M21		1 can		2 cans	2 cans		2 cans	1 can		3 cans	2 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
WND 1 (16 oz.) (454 g.) – M22		1 can		2 cans	2 cans		2 cans	1 can		3 cans	2 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
3232A (16 oz.) (454 g.) – M23		1 can		2 cans	2 cans		2 cans	1 can		3 cans	2 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V

\* 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., 2<sup>nd</sup> month = 18 cans, 3<sup>rd</sup> month = 19 cans) for maximum monthly allowance

■ formula will be rounded up in 6-11 mo. issuance and affects FI#2 (e.g., 6<sup>th</sup> month = 16 cans, 7<sup>th</sup> month = 17 cans, 8<sup>th</sup> 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., 2<sup>nd</sup> month = 4 cans, 3<sup>rd</sup> month = 5 cans) for max. monthly allowance

♥ formula will be rounded up in 6-11 mo. issuance and affects FI#2 (e.g., 6<sup>th</sup> month = 3 cans, 7<sup>th</sup> month = 4 cans; 8<sup>th</sup> 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., 4<sup>th</sup> month = 5 cans, 5<sup>th</sup> 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., 4<sup>th</sup> month = 6 cans, 5<sup>th</sup> 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., 6<sup>th</sup> month = 4 cans, 7<sup>th</sup> month = 5 cans, 8<sup>th</sup> month = 4 cans; repeat for 9-11 months) for max. monthly allowance

**Infant Food Packages – Fully Formula Fed (Gerber) (Concentrate/Powder/Ready-to-Feed) Maximum**

Fully Formula Fed	Amount of food	FI #1	FI #2	Amount of food	FI #1	FI #2	Amount of food	FI #1	FI #2	FI #3
	Birth – 3 mos.			4 – 5 months			6 – 11 mos.			
Good Start Gentle 13 oz. – NF1 (product size changing to 12.1 oz- see N19)	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
Good Start Soy 13 oz. – NF2 (product size changing to 12.1 oz- see N20)		16 cans	15 cans		18 cans	16 cans		12 cans	12 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Good Start Gentle 12.1 oz tetrabrick. – N19		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 Soy 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 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 Protect 12.4 oz. – NF5		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 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
Good Start 2 Gentle - 22 oz. – NF7		NA	NA		NA	NA		2 cans	2 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Good Start 2 Protect– 22 oz. – NF8		NA	NA		NA	NA		2 cans	2 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Good Start 2 Soy 2 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 32 oz. – N10 (product size changing to 33.8 oz- see N21)	832 fl. oz. RTF	14 cans	12 cans	896 fl. oz. RTF	16 cans	12 cans	640 fl. oz. RTF	12 cans	8 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Good Start Soy 32 oz. – N11 (product size changing to 33.8 oz- see N22)		14 cans	12 cans		16 cans	12 cans		12 cans	8 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Good Start Gentle 4 pack 33.8 oz. – N21		12 packs	12 packs		15 packs	12 packs		12 packs	7 packs	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Good Start Soy 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.



**Infant Food Packages – Fully Formula Fed (Abbott - Noncontract) (Concentrate/Powder/Ready-to-Feed) Maximum**

<b>Fully Formula Fed</b>	<b>Amount of food</b>	<b>FI #1</b>	<b>FI #2</b>	<b>Amount of food</b>	<b>FI #1</b>	<b>FI #2</b>	<b>Amount of food</b>	<b>FI #1</b>	<b>FI #2</b>	<b>FI #3</b>
	<b>Birth – 3 mos.</b>			<b>4 – 5 months</b>			<b>6 – 11 mos.</b>			
Similac Advance Early Shield – 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	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Similac Sensitive – 13 oz. – A26		16 cans	15 cans		18 cans	16 cans		12 cans	12 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Similac Advance Early Shield – 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	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Similac Sensitive (for fussiness & gas) – 12.6 oz. – A29		6 cans	3 cans		6 cans	4 cans		4 cans	3 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Similac Sensitive (for Spit Up) – 12.3 oz. – A30		6 cans	3 cans		6 cans	4 cans		4 cans	3 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Similac Go & Grow Milk-Based – 22 oz./1.37 lb– A32		NA	NA		NA	NA		2 cans	2 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Similac Go & Grow Soy-Based – 22 oz./1.37 lb – A34		NA	NA		NA	NA		2 cans	2 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Similac Advance Early Shield – 32 oz. –L1	832 fl. oz. RTF	14 cans	12 cans	896 fl. oz. RTF	16 cans	12 cans	640 fl. oz RTF	12 cans	8 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Similac Advance Early Shield – 2 oz. –A67		240 btls.	176 btls.		240 btls.	208 btls.		192 btls.	128 btls.	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Similac Advance Early Shield – 8 oz. – A71		54 btls.	48 btls.		60 btls.	48 btls.		30 btls.	48 btls.	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	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Similac Soy Isomil – 8 oz. – A39		56 cans	48 cans		64 cans	48 cans		48 cans	32 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Similac Soy Isomil – 2 oz. – A40		240 btls.	176 btls.		240 btls.	208 btls.		192 btls.	128 btls.	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Similac Sensitive – 32 oz. – A41		14 cans	12 cans		16 cans	12 cans		12 cans	8 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Similac Sensitive for Spit Up – 32 oz. – A42		14 cans	12 cans		16 cans	12 cans		12 cans	8 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V

**Infant Food Packages – Fully Formula Fed (Mead Johnson - Noncontract) (Concentrate/Powder/Ready-to-Feed) Maximum**

Fully Formula Fed	Amt. of food	FI #1	FI #2	Amt. of food	FI #1	FI #2	Amt. of food	FI #1	FI #2	FI #3
	Birth – 3 mo.			4 – 5 mos.			6 – 11 mos.			
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	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
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	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Enfamil Gentlease – 12.4 oz. – M71		5 cans	4 cans		5 cans	5 cans		4 cans	4 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Enfamil Premium Infant – 12.5 oz. – M30		5 cans	4 cans		6 cans	4 cans		4 cans	3 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Enfamil ProSobee – 12.9 oz. – M31		5 cans	4 cans		5 cans	5 cans		4 cans	3 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Enfamil AR – 32 oz. – M34	832 fl. oz. RTF	14 cans	12 cans	896 fl. oz. RTF	16 cans	12 cans	640 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.	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Enfamil Premium Infant – 32 oz. – M39		14 cans	12 cans		16 cans	12 cans		12 cans	8 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Enfamil Premium Infant – 2 oz. – M40		240 btls.	176 btls.		240 btls.	208 btls.		192 btls.	128 btls.	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Enfamil ProSobee – 32 oz. – M41		14 cans	12 cans		16 cans	12 cans		12 cans	8 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Enfamil ProSobee – 8 oz. – M42		56 cans	48 cans		58 cans	48 cans		48 cans	32 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Enfamil ProSobee – 2 oz. bottles – M43		240 btls.	176 btls.		240 btls.	208 btls.		192 btls.	128 btls.	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V

**Infant Food Packages – Fully Formula Fed (Exempt Infant Formula – Food Package III) (Concentrate/Powder/RTF)**

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	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Similac Expert Care Alimentum– 16 oz. – A43		6 cans	1 cans,♠		6 cans	2 cans		6 cans■	NA	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Enfamil Nutramigen - 32 oz. – M48	832 fl. oz. RTF	14 cans	12cans	896 fl. oz. RTF	16 cans	12 cans	640 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.	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V

**Infant Food Packages – Fully Formula Fed (Exempt Infant Formula – Food Package III) (Concentrate/Powder/RTF) (continued)**

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 - 2 oz. btls – M50	832 fl. oz. RTF	240 btls.	176 btls.	896 fl. oz. RTF	240 btls.	208 btls.	640 fl. oz. RTF	192 btls.	128 btls.	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Similac Expert Care Alimentum. 32 oz. – A44		14 cans	12cans		16 cans	12 cans		12 cans	8 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Similac Expert Care Alimentum 8 oz. – A45		72 btls.	32 btls.		64 btls.	48 btls.		48 btls.	32 btls.	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V

**Infant Food Packages – Fully Formula Fed (Exempt Infant Formula/Medical Foods – Food Package III) (Powder/RTF) Locally Approved**

Fully Formula Fed	Amt. of food	FI #1	FI #2	Amt. of food	FI #1	FI #2	Amt. of food	FI #1	FI #2	FI #3
	Birth – 3 mo.			4 – 5 mos.			6 – 11 mos.			
EleCare with DHA & ARA (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. Cont. F&V
Enfamil EnfaCare (12.8 oz.) – M51		6 cans	4 cans		6 cans	5 cans		6 cans	2 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Neocate Infant 14 oz. – SF1 (product being discontinued Oct 2011-see SF2)		8 cans	2 cans		8 cans	3 cans		4 cans	4 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Neocate Infant DHA and ARA (14 oz.) – SF2		8 cans	2 cans		8 cans	3 cans		4 cans	4 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Nutramigen AA (14.1 oz.) (395 g.) – M57		6 cans	1 can●		6 cans	3 cans		6 cans	1 can	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Similac Expert Care NeoSure (13.1 oz.) A47		6 cans	4 cans		6 cans	5 cans		6 cans	2 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Similac PM 60/40 (14.1 oz.) – A48		6 cans	2 cans♥		6 cans	3 cans		6 cans■	NA	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Enfamil EnfaCare (32 oz. cans) – M52	832 fl. oz. RTF	14 cans	12 cans	896 fl. oz. RTF	16 cans	12 cans	640 fl. oz. RTF	12 cans	8. cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Enfamil EnfaCare (2 oz. bottles) – M53		240 btls.	176 btls.		240 btls.	208 btls.		192 btls.	128 btls.	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Enfamil with Iron 24 (2 oz. btls) – M54		240 btls.	176 btls.		240 btls.	208 btls.		192 btls.	128 btls.	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Enfamil Premature 20 (2 oz. btls) – M55		240 btls.	176 btls.		240 btls.	208 btls.		192 btls.	128 btls.	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Enfamil Premature 24 - 2 oz. btls – M56		240 btls.	176 btls.		240 btls.	208 btls.		192 btls.	128 btls.	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Good Start Premature 24 w/Iron - 3 oz. btls N12		144 btls.	120 btls.		144 btls.	144 btls.		144 btls.	48 btls.	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
PediaSure – 8 oz. – A49		56 cans	48 cans		64 cans	48 cans		48 cans	32 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
PediaSure with Fiber – 8 oz. – A50		56 cans	48 cans		64 cans	48 cans		48 cans	32 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Nutren Junior – 8.45 oz. – N13		50 cans	48 cans		58 cans	48 cans		48 cans	27 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Nutren Junior with Fiber – 8.45 oz. – N14		50 cans	48 cans		58 cans	48 cans		48 cans	27 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V

**Infant Food Packages – Fully Formula Fed (Exempt Infant Formula/Medical Foods – Food Package III) (Powder/RTF) Locally Approved**

**(continued)**

Fully Formula Fed	Amt. of food	FI #1	FI #2	Amt. of food	FI #1	FI #2	Amt. of food	FI #1	FI #2	FI #3
	Birth – 3 mo.			4 – 5 mos.			6 – 11 mos.			
Peptamen Junior – 8.45 oz. – N15	832 fl. oz. RTF	50 cans	48 cans	896 fl. oz. RTF	58 cans	48 cans	640 fl. oz. RTF	48 cans	27 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Peptamen Junior with Fiber – 8.45 oz. – N16		50 cans	48 cans		58 cans	48 cans		48 cans	27 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Peptamen Junior with Prebio (8.45 oz. can) N17		50 cans	48 cans		58 cans	48 cans		48 cans	27 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
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	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Similac Expert Care NeoSure– 32 oz. R3		14 btls.	12 btls.		16 btls.	12 btls.		12 btls.	8 btls.	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Similac Special Care w/Iron 24 - 2 oz. A51		240 btls.	144 btls.		240 btls.	192 btls.		192 btls.	96 btls.	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Similac Special Care 30 w/ Iron– 2 oz. RTF– U14		240 btls.	144 btls.		240 btls.	192 btls.		240 btls.	48 btls.	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V

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

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

**Infant Food Packages – Fully Formula (Exempt Infant Formula & Medical Foods – Food Package III) - Special Formulas Approved by State Agency – Conc. and Powder**

Fully Formula Fed	Amt. of food	FI #1	FI #2	Amt. of food	FI #1	FI #2	Amt. of food	FI #1	FI #2	FI #3
	Birth – 3 mo.			4 – 5 mos.			6 – 11 mos.			
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. Cont. F&V
Calcilo XD -13.2 oz. (370 g.) – A54		6 cans	3 cans		6 cans	4 cans		6 cans	1 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Cyclinex-1 (14.1 oz.) (395 g.) – A55		6 cans	2 cans ▶		6 cans	3 cans		6 cans	NA	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Glutarex-1 (14.1 oz.) (395 g.) – A56		6 cans	3 cans		6 cans	4 cans		6 cans	1 can	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Hominex-1 (14.1 oz.) (395 g.) – A57		6 cans	3 cans		6 cans	4 cans		6 cans	1 can	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Enfaport Lipil (8 oz RTF) – U7		56 cans	48 cans		64 cans	48 cans		48 cans	32 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V

**Infant Food Packages – Fully Formula (Exempt Infant Formula & Medical Foods – Food Package III) - Special Formulas Approved by  
State Agency – Conc. and Powder (continued)**

Fully Formula Fed	Amt. of food	FI #1	FI #2	Amt. of food	FI #1	FI #2	Amt. of food	FI #1	FI #2	FI #3
	Birth – 3 mo.			4 – 5 mos.			6 – 11 mos.			
I-Valex-1 (14.1 oz.) (395 g.) – A58	870 fl. oz. recons. powder	6 cans	3 cans	960 fl. oz. recons. powder	6 cans	4 cans	696 fl. oz. recons. powder	6 cans	1 can	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Ketonex-1 (14.1 oz.) (395 g.) – A59		6 cans	3 cans		6 cans	4 cans		6 cans	1 can	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Phenex-1 (14.1 oz.) (395 g.) – A60		6 cans	3 cans		6 cans	4 cans		6 cans	1 can	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Propimex-1 (14.1 oz.) (395 g.) – A61		6 cans	3 cans		6 cans	4 cans		6 cans	1 can	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Tyrex-1 (14.1 oz.) (395 g.) – A62		6 cans	3 cans		6 cans	4 cans		6 cans	1 can	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
MSUD Analog (400 gram) - SF4		6 cans	3 cans♥		6 cans	4 cans▲		4 cans	3 cans♫	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Periflex Infant (400 g.) – U3		8 cans	2 cans		8 cans	3 cans		4 cans	4 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Polycal (400 g.) – Sf5		6 cans	5 cans		6 cans	6 cans▼		6 cans	3 cans	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
XLeu Analog (400 g.) – SF6		6 cans	3 cans♥		6 cans	4 cans▲		4 cans	3 cans♫	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
XLys XTrp Analog (400 g.) – SF7		6 cans	3 cans♥		6 cans	4 cans▲		4 cans	3 cans♫	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
XMet Analog (400 g.) – SF8		6 cans	3 cans♥		6 cans	4 cans▲		4 cans	3 cans♫	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
XMTVI Analog (400 g.) – S10		6 cans	3 cans♥		6 cans	4 cans▲		4 cans	3 cans♫	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
XPhe, XTyr Analog (400 g.) – S11		6 cans	3 cans♥		6 cans	4 cans		4 cans	3 cans♫	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
BCAD 1 (16 oz.) (454 g.) – M58		6 cans	1 cans◀		6 cans	2 cans		6 cans	NA	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
GA (16 oz.) (454 g.) – M59		6 cans	1 cans◀		6 cans	2 cans		6 cans	NA	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
HCY 1 (16oz.) (454 g.) – M60		6 cans	1 cans◀		6 cans	2 cans		6 cans	NA	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
LMD (16oz.) (454 g.) – M61		6 cans	1 cans◀		6 cans	2 cans		6 cans	NA	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V

**Infant Food Packages – Fully Formula (Exempt Infant Formula & Medical Foods – Food Package III) - Special Formulas Approved by State Agency – Conc. and Powder (continued)**

Fully Formula Fed	Amt. of food	FI #1	FI #2	Amt. of food	FI #1	FI #2	Amt. of food	FI #1	FI #2	FI #3
	Birth – 3 mo.			4 – 5 mos.			6 – 11 mos.			
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	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
Phenyl Free 1 (16oz.) (454 g.) – M64		6 cans	1 cans ◀		6 cans	2 cans		6 cans	NA	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
TYROS 1 (16oz.) (454 g.) – M65		6 cans	1 cans ◀		6 cans	2 cans		6 cans	NA	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
WND 1 (16oz.) (454 g.) – M66		6 cans	1 cans ◀		6 cans	2 cans		6 cans	NA	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V
3232A (16 oz.) (454 g.) – M67		6 cans	1 cans ◀		6 cans	2 cans		6 cans	NA	3 – 8 oz. boxes cereal 32 -4 oz. Cont. F&V

■ formula will be rounded up during the 6-11 months (e.g., 6<sup>th</sup> month = 12 cans, 7<sup>th</sup> month = 13 cans, 8<sup>th</sup> 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., 1<sup>st</sup> month = 9 cans, 2<sup>nd</sup> month = 10 cans, 3<sup>rd</sup> month = 10 cans) to provide maximum monthly allowance

▲ formula will be rounded up during the 4-5 months (e.g., 4<sup>th</sup> month = 10 cans, 5<sup>th</sup> month = 11 cans) to provide the maximum monthly allowance

♪ formula will be rounded up during the 6-11 months (e.g., 6<sup>th</sup> month = 7 cans, 7<sup>th</sup> month = 8 cans, 8<sup>th</sup> 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., 1<sup>st</sup> month = 8 cans, 2<sup>nd</sup> month = 9 cans, 3<sup>rd</sup> month = 8 cans) to provide maximum monthly allowance

● formula will be rounded up in the birth-3 months (e.g., 1<sup>st</sup> month = 8 cans, 2<sup>nd</sup> month = 9 cans, 3<sup>rd</sup> month = 9 cans) to provide maximum monthly allowance

♣ formula will be rounded up during the 6-11 months (e.g., 6<sup>th</sup> month = 6 cans, 7<sup>th</sup> month = 7 cans, 8<sup>th</sup> 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., 4<sup>th</sup> month = 12 cans, 5<sup>th</sup> month = 13 cans) to provide the maximum monthly allowance

◀ formula will be rounded up during the birth-3 months (e.g., 1<sup>st</sup> month = 7 cans, 2<sup>nd</sup> month = 8 cans, 3<sup>rd</sup> month = 7 cans) to provide maximum monthly allowance

**Infant Food Packages – Full Formula Tube Fed (Infant Formula – Contract and Noncontract) – Ready-to-Feed/Powder**

Fully Tube Fed♥	Amount of food	FI #1	FI #2	Amount of food	FI #1	FI #2
	Birth through 3 months			4 through 11 months		
Good Start Gentle 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	896 fl. oz. RTF/696 fl. oz. recons. powder	16 cans	12 cans
Good Start Soy – 32 oz. NT2 (product size changing to 33.8 oz- see N24)		16 cans	10 cans		16 cans	12 cans
Good Start Gentle 4 pack 33.8 oz. – N23		12 packs	12 packs		15 packs	12 packs
Good Start Soy 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 Early Shield – 32 oz. ST7		16 cans	10 cans		16 cans	12 cans
Similac Soy Isomil – 32 oz. – ST2		16 cans	10 cans		16 cans	12 cans
Similac Sensitive – 32 oz. ST3		16 cans	10 cans		16 cans	12 cans
Similac Sensitive for Spit Up – 32 oz. – ST4		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

**Infant Food Packages – Tube Fed (Exempt Infant Formula and Medical Formula) – Ready-to-Feed**

Fully Tube Fed♥	Amount of food	FI #1	FI #2	Amount of food	FI #1	FI #2
	Birth through 3 months			4 through 11 months		
Enfamil Nutramigen 32 oz. – MT7	832 fl. oz. RTF	16 cans	10 cans	896 fl. oz. RTF	16 cans	12 cans
Similac Expert Care Alimentum 32 oz. – ST5		16 cans	10 cans		16 cans	12 cans

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

**Infant Food Packages – Tube Fed (Exempt Infant Formula and Medical Formula) – Local Agency Approval - Ready-to-Feed**

Fully Tube Fed♥	Amount of food	FI #1	FI #2	Amount of food	FI #1	FI #2
	Birth through 3 months			6 through 11 months		
Enfamil EnfaCare 32 oz. – MT9	832 fl. oz. RTF	16 cans	10 cans	896 fl. oz. RTF	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.

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# **FOOD PACKAGES FOR CHILDREN age 12 through 23 months\***

Food Package♥	Food Instrument 1	Food Instrument 2	Food Instrument 3♣
Child CA (formerly C1a) (maximum – all milk)	1 – 64 oz. juice 2 – gallons whole milk 36 ounces – cereal 1 dozen eggs 1 – 14 or 16 oz. brown rice <u>OR</u> 16 oz. whole wheat bread <u>OR</u> 16 oz. whole wheat/corn tortilla 1 pound dry beans <u>OR</u> 4 – 15 to 16 oz. cans beans	1 – 64 oz. juice 2 – gallons whole milk 1 – 14 or 16 oz. brown rice <u>OR</u> 16 oz. whole wheat bread <u>OR</u> 16 oz. whole wheat/corn tortilla	\$6.00 for fresh fruits and vegetables
Child CB (formerly C1b) (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 <u>OR</u> 16 oz. whole wheat bread <u>OR</u> 16 oz. whole wheat/corn tortilla 1 pound dry beans <u>OR</u> 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 <u>OR</u> 16 oz. whole wheat bread <u>OR</u> 16 oz. whole wheat/corn tortilla	\$6.00 for fresh fruits and vegetables
Child CC (formerly C1c) (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 <u>OR</u> 16 oz. whole wheat bread <u>OR</u> 16 oz. whole wheat/corn tortilla	1 – 64 oz. juice 2 – gallons whole milk 16 ounces tofu▲ 1 – 14 or 16 oz. brown rice <u>OR</u> 16 oz. whole wheat bread <u>OR</u> 16 oz. whole wheat /corn tortilla 1 pound dry beans <u>OR</u> 4 – 15 to 16 oz. cans beans	\$6.00 for fresh fruits and vegetables
Child CLF (formerly C1d) (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 <u>OR</u> 16 oz. whole wheat bread <u>OR</u> 16 oz. whole wheat /corn tortilla 1 pound dry beans <u>OR</u> 4 – 15 to 16 oz. cans beans	1 – 64 oz. juice 4 – half gallons whole lactose free 1 – 14 or 16 oz. brown rice <u>OR</u> 16 oz. whole wheat bread <u>OR</u> 16 oz. whole wheat/corn tortilla	\$6.00 for fresh fruits and vegetables
Child CS ▲ (formerly C1S) Maxium soy milk	1 – 64 oz. juice 4 – half gallons soy milk 36 ounces – cereal 1 dozen eggs 1 – 14 or 16 oz. brown rice <u>OR</u> 16 oz. whole wheat bread <u>OR</u> 16 oz. whole wheat/corn tortilla 1 pound dry beans <u>OR</u> 4 – 15 to 16 oz. cans beans	1 – 64 oz. juice 4 – half gallons soy milk 1 – 14 or 16 oz. brown rice <u>OR</u> 16 oz. whole wheat bread <u>OR</u> 16 oz. whole wheat/corn tortilla	\$6.00 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 <u>OR</u> 16 oz. whole wheat bread <u>OR</u> 16 oz. whole wheat/corn tortilla 1 pound dry beans <u>OR</u> 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 <u>OR</u> 16 oz. whole wheat bread <u>OR</u> 16 oz. whole wheat/corn tortilla	\$6.00 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 (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. 01/12

### FOOD PACKAGES FOR CHILDREN age 2 through 4

Food Package♥	Food Instrument 1	Food Instrument 2	Food Instrument 3♣
<b>Child CA (formerly C2a) (maximum – all milk)</b>	1 – 64 oz. juice 2 – gallons 2%, 1%, ½% or skim milk 36 ounces – cereal 1 dozen eggs 1 – 14 or 16 oz. brown rice <u>OR</u> 16 oz. whole wheat bread <u>OR</u> 16 oz. whole wheat/corn tortilla	1 – 64 oz. juice 2 – gallons 2%, 1%, ½% or skim milk 1 – 14 or 16 oz. brown rice <u>OR</u> 16 oz. whole wheat bread <u>OR</u> 16 oz. whole wheat/corn tortilla 1 pound dry beans <u>OR</u> 4 – 15 to 16 oz. cans beans <u>OR</u> 1 – 18 oz. peanut butter	\$6.00 for fresh fruits and vegetables
<b>Child CB (formerly C2b) (maximum – milk and cheese)</b>	1 – 64 oz. juice 2 – gallons 2%, 1%, ½% or skim milk 36 ounces – cereal 1 dozen eggs 1 – 14 or 16 oz. brown rice <u>OR</u> 16 oz. whole wheat bread <u>OR</u> 16 oz. whole wheat/corn tortilla 1 pound dry beans <u>OR</u> 4 – 15 to 16 oz. cans beans <u>OR</u> 1 – 18 oz. peanut butter	1 – 64 oz. juice 1 – gallon 2%, 1%, ½% or skim milk 1 – quart 2%, 1%, ½% or skim milk 1 – pound cheese 1 – 14 or 16 oz. brown rice <u>OR</u> 16 oz. whole wheat bread <u>OR</u> 16 oz. whole wheat/corn tortilla	\$6.00 for fresh fruits and vegetables
<b>Child CC (formerly C2c) (maximum – milk and tofu)</b>	1 – 64 oz. juice 2 – gallons 2%, 1%, ½% or skim milk 1 – half gallon 2%, 1%, ½% or skim milk 16 ounces tofu▲ 36 ounces – cereal 1 dozen eggs 1 – 14 or 16 oz. brown rice <u>OR</u> 16 oz. whole wheat bread <u>OR</u> 16 oz. whole wheat/corn tortilla	1 – 64 oz. juice 1 – gallon 2%, 1%, ½% or skim milk 16 ounces tofu▲ 1 – 14 or 16 oz. brown rice <u>OR</u> 16 oz. whole wheat bread <u>OR</u> 16 oz. whole wheat/corn tortilla 1 pound dry beans <u>OR</u> 4 – 15 to 16 oz. cans beans <u>OR</u> 1 – 18 oz. peanut butter	\$6.00 for fresh fruits and vegetables
<b>Child (formerly C2d) CAB – acidophilus/bifidum CLS- lactose free (maximum – lactose free or acidophilus/bifidum milk)</b>	1 – 64 oz. juice 4 – half gallons 2%, 1%, ½% or skim/fat free lactose free <u>OR</u> acidophilus/bifidum milk 36 ounces – cereal 1 dozen eggs 1 – 14 or 16 oz. brown rice <u>OR</u> 16 oz. whole wheat bread <u>OR</u> 16 oz. whole wheat/corn tortilla	1 – 64 oz. juice 4 – half gallons 2%, 1%, ½% or skim/fat free lactose free <u>OR</u> acidophilus/bifidum milk 1 – 14 or 16 oz. brown rice <u>OR</u> 16 oz. whole wheat bread <u>OR</u> 16 oz. whole wheat/corn tortilla 1 pound dry beans <u>OR</u> 4 – 15 to 16 oz. cans beans <u>OR</u> 1 – 18 oz. peanut butter	\$6.00 for fresh fruits and vegetables
<b>Child CS▲ (formerly C2S) (maximum soy milk)</b>	1 – 64 oz. juice 4 – half gallons soy milk 36 ounces – cereal 1 dozen eggs 1 – 14 or 16 oz. brown rice <u>OR</u> 16 oz. whole wheat bread <u>OR</u> 16 oz. whole wheat/corn tortilla 1 pound dry beans <u>OR</u> 4 – 15 to 16 oz. cans beans <u>OR</u> 1 – 18 oz. peanut butter	1 – 64 oz. juice 4 – half gallons soy milk 1 – 14 or 16 oz. brown rice <u>OR</u> 16 oz. whole wheat bread <u>OR</u> 16 oz. whole wheat/corn tortilla	\$6.00 for fresh fruits and vegetables
<b>Child CBK (Kosher designated- maximum milk and cheese)</b>	1 – 64 oz. juice 4 – half gallons 2%, 1%, ½% or skim milk (designated Kosher) 36 ounces – cereal 1 dozen eggs 1 – 14 or 16 oz. brown rice <u>OR</u> 16 oz. whole wheat bread <u>OR</u> 16 oz. whole wheat/corn tortilla 1 pound dry beans <u>OR</u> 4 – 15 to 16 oz. cans beans <u>OR</u> 1 – 18 oz. peanut butter	1 – 64 oz. juice 2 – half gallon 2%, 1%, ½% or skim milk (designated Kosher) 1 – pound cheese (designated Kosher) 1 – 14 or 16 oz. brown rice <u>OR</u> 16 oz. whole wheat bread <u>OR</u> 16 oz. whole wheat/corn tortilla	\$6.00 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.

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# 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 – 46 oz. <u>OR</u> 48 oz. <u>OR</u> 12 <u>OR</u> 11.5 oz. juice 3 – gallons 2%, 1%, ½% or skim milk 1 – half gallon 2%, 1%, ½% or skim milk 36 ounces – cereal 1 dozen eggs 1 – 14 or 16 oz. brown rice <u>OR</u> 16 oz. whole wheat bread <u>OR</u> 16 oz. whole wheat/corn tortillas 1 pound dry beans <u>OR</u> 4 – 15 to 16 oz. cans beans	1 – 46 oz. <u>OR</u> 48 oz. <u>OR</u> 12 <u>OR</u> 11.5 oz. juice 2 – gallons 2%, 1%, ½% or skim milk 1 – 18 oz. peanut butter	\$10.00 for fresh fruits and vegetables
Pregnant/Partially Breastfeeding P2 (maximum – milk and cheese)	2 – 46 oz. <u>OR</u> 48 oz. <u>OR</u> 12 <u>OR</u> 11.5 oz. juice 2 – gallons 2%, 1%, ½% or skim milk 1 – half gallon 2%, ½%, 1% or skim milk 1 – quart 2%, 1%, ½% or skim milk 1 – pound cheese 36 ounces – cereal 1 dozen eggs 1 pound dry beans <u>OR</u> 4 – 15 to 16 oz. cans beans	1 – 46 oz. <u>OR</u> 48 oz. <u>OR</u> 12 <u>OR</u> 11.5 oz. juice 2 – gallons 2%, 1%, ½% or skim milk 1 – 14 or 16 oz. brown rice <u>OR</u> 16 oz. whole wheat bread <u>OR</u> 16 oz. whole wheat/corn tortilla 1 – 18 oz. peanut butter	\$10.00 for fresh fruits and vegetables
Pregnant/Partially Breastfeeding P3 (maximum – milk and tofu)	2 – 46 oz. <u>OR</u> 48 oz. <u>OR</u> 12 <u>OR</u> 11.5 oz. juice 3 – gallons 2%, 1%, ½% or skim milk 16 ounces tofu 36 ounces – cereal 1 dozen eggs 1 – 14 or 16 oz. brown rice <u>OR</u> 16 oz. whole wheat bread <u>OR</u> 16 oz. whole wheat/corn tortilla 1 pound dry beans <u>OR</u> 4 – 15 to 16 oz. cans beans	1 – 46 oz. <u>OR</u> 48 oz. <u>OR</u> 12 <u>OR</u> 11.5 oz. juice 2 – gallons 2%, 1%, ½% or skim milk 16 ounces tofu 1 – 18 oz. peanut butter	\$10.00 for fresh fruits and vegetables
Pregnant/Partially Breastfeeding (formerly P4) PAB – <i>acidophilus/bifidum</i> PLF- <i>lactose free</i> (maximum – lactose free or acidophilus/bifidum milk)	2 – 46 oz. <u>OR</u> 48 oz. <u>OR</u> 12 <u>OR</u> 11.5 oz. juice 7 – half gallons 2%, 1%, ½% or skim lactose free <u>OR</u> acidophilus/bifidum milk 36 ounces – cereal 1 dozen eggs 1 pound dry beans <u>OR</u> 4 – 15 to 16 oz. cans beans	1 – 46 oz. <u>OR</u> 48 oz. <u>OR</u> 12 <u>OR</u> 11.5 oz. juice 4 – half gallons 2%, 1%, ½% or skim/fat free lactose free <u>OR</u> acidophilus/bifidum milk 1 – 14 or 16 oz. brown rice <u>OR</u> 16 oz. whole wheat bread <u>OR</u> 16 oz. whole wheat/corn tortilla 1 – 18 oz. peanut butter	\$10.00 for fresh fruits and vegetables
Pregnant/Partially Breastfeeding P2S Soy Milk	2 – 46 oz. <u>OR</u> 48 oz. <u>OR</u> 12 <u>OR</u> 11.5 oz. juice 7 – half gallons soy milk 36 ounces – cereal 1 dozen eggs 1 pound dry beans <u>OR</u> 4 – 15 to 16 oz. cans beans	1 – 46 oz. <u>OR</u> 48 oz. <u>OR</u> 12 <u>OR</u> 11.5 oz. juice 4 – half gallons soy milk 1 – 14 or 16 oz. brown rice <u>OR</u> 16 oz. whole wheat bread <u>OR</u> 16 oz. whole wheat/corn tortilla 1 – 18 oz. peanut butter	\$10.00 for fresh fruits and vegetables
Pregnant/Partially Breastfeeding P2K (maximum – Kosher designated milk and cheese)	2 – 46 oz. <u>OR</u> 48 oz. <u>OR</u> 12 <u>OR</u> 11.5 oz. juice 5 – half gallon 2%, ½%, 1% or skim milk (designated Kosher) 1 – pound cheese (designated Kosher) 36 ounces – cereal 1 dozen eggs 1 pound dry beans <u>OR</u> 4 – 15 to 16 oz. cans beans	1 – 46 oz. <u>OR</u> 48 oz. <u>OR</u> 12 <u>OR</u> 11.5 oz. juice 4 – half gallon 2%, ½%, 1% or skim milk (designated Kosher) 1 – 14 or 16 oz. brown rice <u>OR</u> 16 oz. whole wheat bread <u>OR</u> 16 oz. whole wheat/corn tortilla 1 – 18 oz. peanut butter	\$10.00 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 (web-based system only).

▲ Requires a Kentucky Certificate of Medical Necessity (WIC-400).

### 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♣
<b>Postpartum PP1</b> (maximum – all milk)	1 – 46 oz. <u>OR</u> 48 oz. <u>OR</u> 12 <u>OR</u> 11.5 oz. juice 2 – gallons 2%, 1%, ½% or skim milk 36 ounces – cereal 1 dozen eggs 1 pound dry beans <u>OR</u> 4 – 15 to 16 oz. cans beans <u>OR</u> 1 – 18 oz. peanut butter	1 – 46 oz. <u>OR</u> 48 oz. <u>OR</u> 12 <u>OR</u> 11.5 oz. juice 2 – gallons 2%, 1%, ½ or skim milk	\$10.00 for fresh fruits and vegetables
<b>Postpartum PP2</b> (maximum – milk and cheese)	1 – 46 oz. <u>OR</u> 48 oz. <u>OR</u> 12 <u>OR</u> 11.5 oz. juice 2 – gallons 2%, 1%, ½% or skim milk 1 – quart 2%, 1%, ½% or skim milk 1 – pound cheese 36 ounces – cereal 1 dozen eggs 1 pound dry beans <u>OR</u> 4 – 15 to 16 oz. cans beans <u>OR</u> 1 – 18 oz. peanut butter	1 – 46 oz. <u>OR</u> 48 oz. <u>OR</u> 12 <u>OR</u> 11.5 oz. juice 1 – gallon 2%, 1%, ½% or skim milk	\$10.00 for fresh fruits and vegetables
<b>Postpartum PP3</b> (maximum – milk and tofu)	1 – 46 oz. <u>OR</u> 48 oz. <u>OR</u> 12 <u>OR</u> 11.5 oz. juice 2 – gallons 2%, 1%, ½% or skim milk 1 – half gallon 2%, 1%, ½% or skim milk 16 ounces tofu 36 ounces – cereal 1 dozen eggs 1 pound dry beans <u>OR</u> 4 – 15 to 16 oz. cans beans <u>OR</u> 1 – 18 oz. peanut butter	1 – 46 oz. <u>OR</u> 48 oz. <u>OR</u> 12 <u>OR</u> 11.5 oz. juice 1 – gallon 2%, 1%, ½ or skim milk 16 ounces tofu	\$10.00 for fresh fruits and vegetables
<b>Postpartum (formerly PP4) PAB –</b> <i>acidophilus/bifidum</i> <b>PLF-</b> <i>lactose free</i> (maximum - lactose free or <i>acidophilus/bifidum</i> milk)	1 – 46 oz. <u>OR</u> 48 oz. <u>OR</u> 12 <u>OR</u> 11.5 oz. juice 4 – half gallons 2%, 1%, ½% or skim lactose free <u>OR</u> <i>acidophilus/bifidum</i> milk 36 ounces – cereal 1 dozen eggs 1 pound dry beans <u>OR</u> 4 – 15 to 16 oz. cans beans <u>OR</u> 1 – 18 oz. peanut butter	1 – 46 oz. <u>OR</u> 48 oz. <u>OR</u> 12 <u>OR</u> 11.5 oz. juice 4 – half gallons 2%, 1%, ½% or skim lactose free <u>OR</u> <i>acidophilus/bifidum</i> milk	\$10.00 for fresh fruits and vegetables
<b>Postpartum PP2S</b> Soy milk	1 – 46 oz. <u>OR</u> 48 oz. <u>OR</u> 12 <u>OR</u> 11.5 oz. juice 4 – half gallons soy milk 36 ounces – cereal 1 dozen eggs 1 pound dry beans <u>OR</u> 4 – 15 to 16 oz. cans beans <u>OR</u> 1 – 18 oz. peanut butter	1 – 46 oz. <u>OR</u> 48 oz. <u>OR</u> 12 <u>OR</u> 11.5 oz. juice 4 – half gallons soy milk	\$10.00 for fresh fruits and vegetable
<b>Postpartum PPK</b> (maximum – Kosher designated milk and cheese)	1 – 46 oz. <u>OR</u> 48 oz. <u>OR</u> 12 <u>OR</u> 11.5 oz. juice 4 – half gallons 2%, 1%, ½% or skim milk (designated Kosher) 1 – pound cheese (designated Kosher) 36 ounces – cereal 1 dozen eggs 1 pound dry beans <u>OR</u> 4 – 15 to 16 oz. cans beans <u>OR</u> 1 – 18 oz. peanut butter	1 – 46 oz. <u>OR</u> 48 oz. <u>OR</u> 12 <u>OR</u> 11.5 oz. juice 2 – half gallons 2%, 1%, ½% or skim milk (designated Kosher)	\$10.00 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 (web-based system only).

▲ Requires a Kentucky Certificate of Medical Necessity (WIC-400).

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## FOOD PACKAGES FOR FULLY BREASTFEEDING WOMEN AND WOMEN PREGNANT WITH MULTIPLES AND PARTIALLY BREASTFEEDING MULTIPLES

Food Package▼	Food Instrument 1	Food Instrument 2	Food Instrument 3▲
<b>FBF 1</b> (maximum – milk and cheese)	2 – 46 oz. <u>OR</u> 48 oz. <u>OR</u> 12 <u>OR</u> 11.5 oz. juice 3 – gallons 2%, 1%, ½% or skim milk 1 – pound cheese 36 ounces – cereal 1 dozen eggs 1 – 14 or 16 oz. brown rice <u>OR</u> 16 oz. whole wheat bread <u>OR</u> 16 oz. whole wheat/corn tortilla	1 – 46 oz. <u>OR</u> 48 oz. <u>OR</u> 12 <u>OR</u> 11.5 oz. juice 3 – gallons 2%, 1%, ½% or skim milk 1 dozen eggs 1 – 18 oz. peanut butter 30 ounces canned fish 1 pound dry beans <u>OR</u> 4 – 15 to 16 oz. cans beans	\$10.00 for fresh fruits and vegetables
<b>FBF 2</b> (maximum – milk and 2 pounds cheese)	2 – 46 oz. <u>OR</u> 48 oz. <u>OR</u> 12 <u>OR</u> 11.5 oz. juice 3 – gallons 2%, 1%, ½% or skim milk 1 – quart 2%, 1%, ½% or skim milk 1 – pound cheese 36 ounces – cereal 1 dozen eggs 30 ounces canned fish	1 – 46 oz. <u>OR</u> 48 oz. <u>OR</u> 12 <u>OR</u> 11.5 oz. juice 2 – gallons 2%, 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 <u>OR</u> 16 oz. whole wheat bread <u>OR</u> 16 oz. whole wheat/corn tortilla 1 pound dry beans <u>OR</u> 4 – 15 to 16 oz. cans beans	\$10.00 for fresh fruits and vegetables
<b>FBF 3</b> (maximum – milk and tofu)	2 – 46 oz. <u>OR</u> 48 oz. <u>OR</u> 12 <u>OR</u> 11.5 oz. juice 3 – gallons 2%, 1%, ½% or skim milk 1 – half gallon 2%, 1%, ½% or skim milk 16 ounces tofu 36 ounces – cereal 1 dozen eggs 1 – 14 or 16 oz. brown rice <u>OR</u> 16 oz. whole wheat bread <u>OR</u> 16 oz. whole wheat/corn tortilla 30 ounces canned fish	1 – 46 oz. <u>OR</u> 48 oz. <u>OR</u> 12 <u>OR</u> 11.5 oz. juice 2 – gallons 2%, 1%, ½% or skim milk 16 ounces tofu 1 – pound cheese 1 dozen eggs 1 – 18 oz. peanut butter 1 pound dry beans <u>OR</u> 4 – 15 to 16 oz. cans beans	\$10.00 for fresh fruits and vegetables
<b>FBFA – acidophilus/bifidum</b> <b>FBFL- lactose free</b> (formerly FBF 4) (maximum - lactose free or acidophilus/bifidum milk)	2 – 46 oz. <u>OR</u> 48 oz. <u>OR</u> 12 <u>OR</u> 11.5 oz. juice 6 – half gallons 2%, 1%, ½% or skim lactose free <u>OR</u> acidophilus/bifidum milk 1 – pound cheese 36 ounces – cereal 1 dozen eggs 1 – 14 or 16 oz. brown rice <u>OR</u> 16 oz. whole wheat bread <u>OR</u> 16 oz. whole wheat/corn tortilla	1 – 46 oz. <u>OR</u> 48 oz. <u>OR</u> 12 <u>OR</u> 11.5 oz. juice 6 – half gallons 2%, 1%, ½% or skim lactose free <u>OR</u> acidophilus/bifidum milk 1 dozen eggs 1 – 18 oz. peanut butter 1 pound dry beans <u>OR</u> 4 – 15 to 16 oz. cans beans 30 ounces canned fish	\$10.00 for fresh fruits and vegetables
<b>FB1X</b> (pregnant supplemental food package)	1 – gallon 2%, 1%, ½% or skim milk 1 – half gallon 2%, 1%, ½% or skim milk 1 – quart 2%, 1%, ½% or skim milk 1 dozen eggs 30 ounces canned fish	N/A	N/A
<b>FBFS</b> Soy milk	2 – 46 oz. <u>OR</u> 48 oz. <u>OR</u> 12 <u>OR</u> 11.5 oz. juice 6 – half gallons soy milk 1 – pound cheese 36 ounces – cereal 1 dozen eggs 1 – 14 or 16 oz. brown rice <u>OR</u> 16 oz. whole wheat bread <u>OR</u> 16 oz. whole wheat/corn tortilla	1 – 46 oz. <u>OR</u> 48 oz. <u>OR</u> 12 <u>OR</u> 11.5 oz. juice 6 – half gallons soy milk 1 dozen eggs 1 – 18 oz. peanut butter 1 pound dry beans <u>OR</u> 4 – 15 to 16 oz. cans beans 30 ounces canned fish	\$10.00 for fresh fruits and vegetables
<b>FBFK</b> (maximum – Kosher designated milk and cheese)	2 – 46 oz. <u>OR</u> 48 oz. <u>OR</u> 12 <u>OR</u> 11.5 oz. juice 6 – half gallons 2%, 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 <u>OR</u> 16 oz. whole wheat bread <u>OR</u> 16 oz. whole wheat/corn tortilla	1 – 46 oz. <u>OR</u> 48 oz. <u>OR</u> 12 <u>OR</u> 11.5 oz. juice 6 – half gallons 2%, 1%, ½% or skim milk (designated Kosher) 1 dozen eggs 1 – 18 oz. peanut butter 30 ounces canned fish 1 pound dry beans <u>OR</u> 4 – 15 to 16 oz. cans beans	\$10.00 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 (web-based system only).

▲Requires a Kentucky Certificate of Medical Necessity (WIC-400).

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# FOOD PACKAGES FOR FULLY BREASTFEEDING WOMEN WITH MULTIPLE INFANTS BREASTFEEDING

Food Package♥	Food Instrument 1	Food Instrument 2	Food Instrument 3	Food Instrument 4
<b>BFM 1</b> (maximum – milk and cheese)	2 – 46 oz. <u>OR</u> 48 oz. <u>OR</u> 12 <u>OR</u> 11.5 oz. juice 3 – gallons 2%, 1%, ½% or skim milk 1 – pound cheese 54 ounces – cereal 1 dozen eggs 1 – 14 or 16 oz. brown rice <u>OR</u> 1 – 24 oz. whole wheat bread <u>OR</u> 1-16 oz. whole wheat/corn tortilla <u>OR</u> 2 – 12 oz. whole wheat bread	1 – 46 oz. <u>OR</u> 48 oz. <u>OR</u> 12 <u>OR</u> 11.5 oz. juice■ 3 – gallons 2%, 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 <u>OR</u> 4 – 15 to 16 oz. cans beans	1 – 46 oz. <u>OR</u> 48 oz. <u>OR</u> 12 <u>OR</u> 11.5 oz. juice 3 – gallons 2%, 1%, ½% or skim milk 1 dozen eggs 1 pound dry beans <u>OR</u> 4 – 15 to 16 oz. cans beans	\$15.00 for fresh fruits and vegetables
<b>BFM 2</b> (maximum – milk and 3½ pounds cheese)	2 – 46 oz. <u>OR</u> 48 oz. <u>OR</u> 12 <u>OR</u> 11.5 oz. juice 3 – gallons 2%, 1%, ½% or skim milk 1 – half gallon 2%, 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 <u>OR</u> 4 – 15 to 16 oz. cans beans	1 – 46 oz. <u>OR</u> 48 oz. <u>OR</u> 12 <u>OR</u> 11.5 oz. juice■ 2 – gallons 2%, 1%, ½% or skim milk 1 – pound cheese 1 dozen eggs 1 – 18 oz. peanut butter 1 – 14 or 16 oz. brown rice <u>OR</u> 1 – 24 oz. whole wheat bread <u>OR</u> 1-16 oz. whole wheat/corn tortilla <u>OR</u> 2 – 12 oz. whole wheat bread	1 – 46 oz. <u>OR</u> 48 oz. <u>OR</u> 12 <u>OR</u> 11.5 oz. juice 2 – gallons 2%, 1%, ½% or skim milk 1 – pound cheese 1 dozen eggs 1 pound dry beans <u>OR</u> 4 – 15 to 16 oz. cans beans	\$15.00 for fresh fruits and vegetables
<b>BFM 3</b> (maximum – milk and tofu)	2 – 46 oz. <u>OR</u> 48 oz. <u>OR</u> 11.5 <u>OR</u> 12 oz. juice 3 – gallons 2%, 1%, ½% or skim milk 1 – half gallon 2%, 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 <u>OR</u> 4 – 15 to 16 oz. cans beans	1 – 46 oz. <u>OR</u> 48 oz. <u>OR</u> 12 <u>OR</u> 11.5 oz. juice■ 3 – gallons 2%, 1%, ½% or skim milk 1 – 8 oz. cheese 16 ounces tofu 1 dozen eggs 1 – 14 or 16 oz. brown rice <u>OR</u> 1 – 24 oz. whole wheat bread <u>OR</u> 1-16 oz. whole wheat/corn tortilla <u>OR</u> 2 – 12 oz. whole wheat bread	1 – 46 oz. <u>OR</u> 48 oz. <u>OR</u> 12 <u>OR</u> 11.5 oz. juice 2 – gallons 2%, 1%, ½% or skim milk 1 dozen eggs 1 pound dry beans <u>OR</u> 4 – 15 to 16 oz. cans beans 1 – 18 oz. peanut butter	\$15.00 for fresh fruits and vegetables
<b>BFMA – acidophilus/bifidum</b> <b>BFML- lactose free</b> (Formerly BFM 4)  (maximum lactose free or acidophilus/bifidum milk and tofu)	2 – 46 oz. <u>OR</u> 48 oz. <u>OR</u> 11.5 <u>OR</u> 12 oz. juice 6 – half gallons 2%, 1%, ½% or skim lactose free <u>OR</u> acidophilus/bifidum milk 32 ounces tofu 54 ounces – cereal 2 dozen eggs 45 ounces canned fish 1 pound dry beans <u>OR</u> 4 – 15 to 16 oz. cans beans	1 – 46 oz. <u>OR</u> 48 oz. <u>OR</u> 12 <u>OR</u> 11.5 oz. juice■ 6 – half gallons 2%, 1%, ½% or skim free lactose free <u>OR</u> acidophilus/bifidum milk 1 – pound cheese 32 ounces tofu 1 dozen eggs 1 pound dry beans <u>OR</u> 4 – 15 to 16 oz. cans beans 1 – 18 oz. peanut butter	1 – 46 oz. <u>OR</u> 48 oz. <u>OR</u> 12 <u>OR</u> 11.5 oz. juice 4 – half gallons 2%, 1%, ½% or skim lactose free <u>OR</u> acidophilus/bifidum milk 1 – 8 oz. cheese 1 – 14 or 16 oz. brown rice <u>OR</u> 1 – 24 oz. whole wheat bread <u>OR</u> 1-16 oz. whole wheat/corn tortilla <u>OR</u> 2 – 12 oz. whole wheat bread	\$15.00 for fresh fruits and vegetables
<b>BFMS</b> <b>Soy milk</b>	2 – 46 oz. <u>OR</u> 48 oz. <u>OR</u> 11.5 <u>OR</u> 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 <u>OR</u> 4 – 15 to 16 oz. cans beans	1 – 46 oz. <u>OR</u> 48 oz. <u>OR</u> 12 <u>OR</u> 11.5 oz. juice■ 6 – half gallons soy milk 1 – pound cheese 32 ounces tofu 1 dozen eggs 1 pound dry beans <u>OR</u> 4 – 15 to 16 oz. cans beans 1 – 18 oz. peanut butter	1 – 46 oz. <u>OR</u> 48 oz. <u>OR</u> 12 <u>OR</u> 11.5 oz. juice 4 – half gallons soy milk 1 – 8 oz. cheese 1 – 14 or 16 oz. brown rice <u>OR</u> 1 – 24 oz. whole wheat bread <u>OR</u> 1-16 oz. whole wheat/corn tortilla <u>OR</u> 2 – 12 oz. whole wheat bread	\$15.00 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 (web-based system only).

■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.

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# FOOD PACKAGES FOR FULLY BREASTFEEDING WOMEN WITH MULTIPLE INFANTS BREASTFEEDING

(Continued)

Food Package▼	Food Instrument 1	Food Instrument 2	Food Instrument 3	Food Instrument 4
<b>BFMK</b> (maximum –Kosher designated milk and cheese)	2 – 46 oz. OR 48 oz. OR 12 OR 11.5 oz. juice 6 – half gallons 2%, 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 – 24 oz. whole wheat bread OR 1-16 oz. whole wheat/corn tortilla OR 2 – 12 oz. whole wheat bread	1 – 46 oz. OR 48 oz. OR 12 OR 11.5 oz. juice■ 6 – half gallons 2%, 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 – 46 oz. OR 48 oz. OR 12 OR 11.5 oz. juice 6 – half gallons 2%, 1%, ½% or skim milk (designated Kosher) 1 dozen eggs 1 pound dry beans OR 4 – 15 to 16 oz. cans beans	\$15.00 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 (web-based system only).

■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.

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# HOMELESS FOOD PACKAGES ▲

Food Package	Food Instrument 1	Food Instrument 2	Food Instrument 3▲	FI# 4
Child 12-23 mo CH (formerly CH1)	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 <u>OR</u> 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 <u>OR</u> whole wheat/corn tortilla 4 – 15 to 16 oz. cans baked beans	\$6.00 for fresh fruits and vegetables	Not applicable
Child 2-4 yrs CH (formerly CH2)	1 – 64 oz. juice 3 – 9.6 ounce boxes nonfat dry milk 1 quart 2%, 1%, ½, skim milk 36 ounces – cereal 1 - 16 oz. whole wheat bread <u>OR</u> whole wheat /corn tortilla 4 – 15 to 16 oz. cans baked beans <u>OR</u> 1 – 18 oz. peanut butter	1 – 64 oz. juice 2 – 9.6 ounce boxes nonfat dry milk 1 - 16 oz. package whole wheat bread <u>OR</u> whole wheat/corn tortilla 1 – 18 oz. peanut butter	\$6.00 for fresh fruits and vegetables	Not applicable
Pregnant and Partially Breastfeeding PH (formerly PH 1)	2 – 46 oz. <u>OR</u> 48 oz. juice 4 – 9.6 ounce boxes nonfat dry milk 1 quart 2%, 1%, ½, skim milk 36 ounces – cereal 1 - 16 oz. whole wheat bread <u>OR</u> whole wheat/corn tortilla 4 – 15 to 16 oz. cans baked beans 1 – 18 oz. peanut butter	1 – 46 oz. <u>OR</u> 48 oz. juice 3 – 9.6 ounce boxes nonfat dry milk 1 – 18 oz. peanut butter	\$10.00 for fresh fruits and vegetables	Not applicable
Postpartum PPH (formerly PPH2)	1 – 46 oz. <u>OR</u> 48 oz. juice 3 – 9.6 ounce boxes nonfat dry milk 1 quart 2%, 1%, ½, skim milk 36 ounces – cereal 4 – 15 to 16 oz. cans baked beans <u>OR</u> 1 – 18 oz. peanut butter	1 – 46 oz. <u>OR</u> 48 oz. juice 2 – 9.6 ounce boxes nonfat dry milk 1 – 18 oz. peanut butter	\$10.00 for fresh fruits and vegetables	Not applicable
Fully Breastfeeding Women and Women Pregnant with Multiples FBH1	2 – 46 oz. <u>OR</u> 48 oz. juice 5 – 9.6 ounce boxes nonfat dry milk 36 ounces – cereal 1 - 16 oz. whole wheat bread <u>OR</u> whole wheat/corn tortilla 30 ounces canned fish 4 – 15 to 16 oz. cans baked beans 1 – 18 oz. peanut butter	1 – 46 oz. <u>OR</u> 48 oz. juice 4 – 9.6 ounce boxes nonfat dry milk 2 – 18 oz. peanut butter	\$10.00 for fresh fruits and vegetables	Not applicable
Fully Breastfeeding Multiples BFH1	2 – 46 oz. <u>OR</u> 48 oz. juice 5 – 9.6 ounce boxes nonfat dry milk 54 ounces – cereal 1 – 24 oz. whole wheat bread <u>OR</u> 2 – 12 oz. packages whole wheat bread <u>OR</u> 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 – 46 oz. <u>OR</u> 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. <u>OR</u> 48 oz. juice 4 – 9.6 ounce boxes nonfat dry milk 1 – 18 oz. peanut butter	\$15.00 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.

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**Woman/Child Food Packages - Food-Food Package III – Exempt Formulas/Medical Food Local Agency Approval –Powder\***

<b>Foods</b>	<b>Category/Status</b>	<b>Amount of food▲</b>	<b>FI #1</b>	<b>FI #2</b>	<b>FI #3</b>	<b>FI #4</b>
Vivonex Pediatric 1.7 oz. pkt. – NW1		910 fl. oz. recons.	18 cartons	SEE PAGE 88-89 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■			
Whole milk, child age 2 or older- C2E			n/a			
Whole milk, Preg or Partially BF woman- P2E			n/a			
Whole milk, PP or Partially BF(infant full formula pkg)-PP2E			n/a			
Whole milk, Fully Breastfeeding, Pregnant with multiples, partially breastfeeding multiples -FBF5			n/a			

\* 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 2<sup>nd</sup> month (e.g., 1<sup>st</sup> month = 5 cans, 2<sup>nd</sup> month = 6 cans, 3<sup>rd</sup> month = 5 cans) to provide maximum monthly allowance

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

■ formula will be rounded up during the 2<sup>nd</sup> month (e.g., 1<sup>st</sup> month = 4 cans, 2<sup>nd</sup> month = 5 cans, 3<sup>rd</sup> 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

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**Woman/Child Food Packages –Food Package III – Contract, Noncontract–Powder\***

<b>Foods</b>	<b>Category/Status</b>	<b>Amount of food ▲</b>	<b>FI #1</b>	<b>FI #2</b>	<b>FI #3</b>	<b>FI #4</b>
Good Start Gentle – 12 oz. – Z1	All	910 fl. oz. recons.	10 cans♣			
Good Start Protect – 12 oz. – Z3			10 cans♣			
Good Start Soy – 12.9 oz. – Z4			10 cans			
Good Start 2 Gentle – 22 oz. – Z5			5 cans			
Good Start 2 Protect – 22 oz. – Z6			5 cans			
Good Start 2 Soy – 22 oz. – Z7			5 cans			
Similac Advance Early Shield 12.4 oz. – Z9			10 cans			
Similac Sensitive Isomil Soy/Similac Soy Isomil 12.4 oz. – Z10			10 cans			
Similac Sensitive (for fussiness & gas)– 12.6 oz. – Z11			10 cans			
Similac Sensitive (for Spit Up) – 12.3 oz. – Z12			10 cans			
Similac Go & Grow Milk-Based – 22 oz./1.37 lb. – Z14			5 cans			
Similac Go & Grow Soy-Based – 22 oz./1.37 lb. – Z16			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			

SEE PAGE 88-89 FOR SUPPLEMENTAL FOODS

\* 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).

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**Woman/Child Food Packages –Food Package III – Exempt Formulas and Medical Foods Approved by Local Agency –Ready-to-Feed\***

<b>Foods</b>	<b>Category/ Status</b>	<b>Amt. of food▲</b>	<b>FI #1</b>	<b>FI #2</b>	<b>FI #3</b>	<b>FI #4</b>
Boost – 8 oz. RTF – NW5	All	910 fl. oz. recons.	96 cans/btls	SEE PAGE 88-89 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 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			
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 Early Shield – 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 (web-based system only).

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

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**Woman/Child Food Packages –Food Package III – Medical Foods Approved by State Agency –Powder\***

<b>Foods</b>	<b>Category/Status</b>	<b>Amt. of food▲</b>	<b>FI #1</b>	<b>FI #2</b>	<b>FI #3</b>	<b>FI #4</b>
GA Gel (0.7 oz.) (20 g.) – VW1	All	910 fl. oz. recons.	340 pkt.	SEE PAGE 88-89 FOR SUPPLEMENTAL FOODS		
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 (0.9 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 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			
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			
Phenyl-Free 2 HP (16 oz.) – J10			12 cans			
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			

**Woman/Child Food Packages –Food Package III – Medical Foods Approved by State Agency –Powder\* (continued)**

<b>Foods</b>	<b>Category/Status</b>	<b>Amt. of food</b>	<b>FI #1</b>	<b>FI #2</b>	<b>FI #3</b>	<b>FI #4</b>
XMet Maxamaid (16 oz.) – H21	All	910 fl. oz. recons.	18 cans	SEE PAGE 88-89 FOR SUPPLEMENTAL FOODS		
XMet Maxamum (16 oz.) – H22			18 cans			
XMTVI Maxamaid (16 oz.) – H23			18 cans			
XMTVI Maxamum (16 oz.) – H24			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			

**Woman/Child Food Packages –Food Package III – Medical Foods Approved by State Agency – Ready to Feed\***

<b>Foods</b>	<b>Category/Status</b>	<b>Amt. of food▲</b>	<b>FI #1</b>	<b>FI #2</b>	<b>FI #3</b>	<b>FI #4</b>
PKU Cooler 10 (2.9 fl. oz.) – V11	All	910 fl. oz.	300 pch.	SEE PAGE 88-89 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			
IMPACT (8.45 oz. can) – C22			96 cans			
Jevity 1 CAL (8 oz.) – R91			96 cans			
Jevity 1.2 CAL (8 oz.) – R92			96 cans			
Jevity 1.5 CAL (8 oz.) – R93			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 Packages –Food Package III – Medical Foods Approved by State Agency – Ready to Feed\* (continued)**

<b>Foods</b>	<b>Category/ Status</b>	<b>Amount of food ▲</b>	<b>FI #1</b>	<b>FI #2</b>	<b>FI #3</b>	<b>FI #4</b>
Nutren 1.5 (8.45 oz. can) – C41	All	910 fl. oz. recons.	96 cans	SEE PAGE 88-89 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 8.45 oz. tetra brik pak - C56			106 cont.			

**Woman/Child Food Package III- Supplemental Foods**

<b>Foods</b>	<b>Category/Status</b>	<b>Total Amount</b>	<b>FI #1</b>	<b>FI #2</b>	<b>FI #3</b>	<b>FI #4</b>
Juice	child	128 oz.		1 – 64 oz. juice	1 – 64 oz. juice	
	pregnant & part. BF	144 oz.		2 – 11.5 oz. or 12 oz. or 48 oz. juice	1 – 11.5 oz. or 12 oz. or 48 oz. juice	
	postpartum	96 oz.		1 – 11.5 oz. or 12 oz. or 48 oz. juice	1 – 11.5 oz. or 12 oz. or 48 oz. juice	
	Fully BF & Preg. w/mult. & PBF mult.	144 oz.		2 – 11.5 oz. or 12 oz. or 48 oz. juice	1 – 11.5 oz. or 12 oz. or 48 oz. juice	
	Fully BF multiples	216 oz.		2 – 11.5 oz. or 12 oz. or 48 oz. juice	2 – 11.5 oz. or 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. & 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/multiples & PBF multiples	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.		36 oz.		
	Preg. & part. BF					
	postpartum					
	Fully BF & Preg. w/multiples & PBF multiples					
	Fully BF multiples	54 oz.		54 oz.		
Cheese (substitute for milk)	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/multiples & PBF multiples					
	Fully BF multiples	1½ lb. plus		1½ pound plus amount on medical documentation form		
Tofu (substitute for milk)	All	1 pound replaces 1 quart milk		1 pound		
Eggs	child	1 dozen		1 dozen		
	pregnant & part. BF					
	postpartum					
	Fully BF & Preg. w/mult. & 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. & PBF mult.							
	Fully BF multiples	1½ pounds		2 – 12 oz. or 1 – 24 oz. bread				
Beans (dry or canned) and/or Peanut Butter	child	1 pound dry OR 64 oz. canned		1 pound dry OR 64 oz. canned				
	postpartum	OR 18 oz. peanut butter		OR 18 oz. peanut butter				
	pregnant & part. BF	1 pound dry OR 64 oz. canned		1 pound dry OR 64 oz. canned				
	Fully BF & Preg. w/mult. & PBF mult.	AND 18 oz. peanut butter		AND 18 oz. peanut butter				
	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	\$6.00				\$ 6.00		
	pregnant & part. BF	\$10.00						\$10.00
	postpartum							
	Fully BF & Preg. w/mult. & PBF mult.	\$10.00				\$10.00		
	Fully BF multiples	\$15.00				\$15.00		

\* 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

Rev. 01/12

### Child Food Packages – Tube Fed Food Packages for Food Package III (Ready-to-Feed) Maximum

#### Local Agency Approval

<b>Fully Tube Fed▼</b>	<b>Amount of food</b>	<b>FI #1</b>	<b>FI #2</b>
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 – NT2		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
Similac Expert Care Neosure – 32 oz – X63		14 cans	14 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 Food Packages – Tube Fed Food Package III (Ready-to-Feed) Maximum

#### State Agency Approval

<b>Fully Tube Fed▼</b>	<b>Amount of food</b>	<b>FI #1</b>	<b>FI #2</b>
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.

### Woman/Child Food Packages –Food Package III–Tube Fed Packages for Food Package III (Ready-to-Feed) Contract and Noncontract

<b>Fully Tube Fed▼</b>	<b>Foods</b>	<b>Amount of food</b>	<b>FI #1</b>	<b>FI #2</b>
Good Start Gentle - 32 oz. – X50 (product size changing to 33.8 oz- see N25)	Infant formula	910 fl. oz. RTF	16 cans	12 cans
Good Start Soy – 32 oz. – X51 (product size changing to 33.8 oz- see N26)			16 cans	12 cans
Good Start Gentle – 4 pack 33.8 oz. – N25			13 packs	13 packs
Good Start Soy – 4 pack 33.8 oz. – N26			13 packs	13 packs
Similac Advance Early Shield – 32 oz. – X53			16 cans	12 cans
Similac Soy Isomil – 32 oz. – X54			16 cans	12 cans
Similac Sensitive – 32 oz. – X55			16 cans	12 cans
Similac Sensitive for Spit Up – 32 oz. – X56			16 cans	12 cans
Similac Expert Care Neosure – 32 oz RTF			16 cans/btls	15 cans/btls
Enfamil AR – 32 oz. – X57			16 cans	12 cans
Enfamil Premium Infant – 32 oz. – X59			16 cans	12 cans
Enfamil ProSobee– 32 oz. – X60			16 cans	12 cans

Rev. 01/12

## ***Milk Substitutions***

<b>Substitutions</b>	<b>Cheese</b>	<b>Soy</b>	<b>Tofu</b>
	1 lb cheese per 3 qts milk	1 quart soy per 1 quart milk	1 lb tofu per 1 qt milk
<b>All Children</b>	1 lb cheese can be issued with no medical documentation With medical documentation cheese can be substituted up to max milk allowance for package max of 5 lbs can be issued	any amount of soy requires medical documentation With medical documentation soy can be substituted up to max milk allowance for package max of 16 quarts can be issued	any amount of tofu requires medical documentation With medical documentation tofu can be substituted up to max milk allowance for package max of 16 lbs can be issued
<b>Pregnant, Partially Bf women</b>	1 lb cheese can be issued with no medical documentation with medical documentation cheese can be substituted up to the max allowable milk for package max of 7 lbs can be issued	4 quarts may be issued with no medical documentation with medical documentation soy can be substituted up to the max allowable milk for package max of 22 quarts can be issued	4 lbs of tofu may be issued with no medical documentation with medical documentation tofu can be substituted up to the max allowable milk for package max of 22 lbs can be issued
<b>Postpartum</b>	1 lb cheese can be issued with no medical documentation with medical documentation cheese can be substituted up to the max allowable milk for package max of 5 lbs can be issued	4 quarts of soy may be issued with no medical documentation with medical documentation soy can be substituted up to the max allowable milk for package max of 16 quarts can be issued	4 lbs of tofu may be issued with no medical documentation with medical documentation tofu can be substituted up to the max allowable milk for package max of 16 lbs can be issued
<b>Fully Bf, P Multiples, Partially Bf Multiples</b>	max of 2 lbs of cheese without medical documentation with medical documentation cheese can be substituted up to the max allowable milk for package max of 8 lbs can be issued	max 6 quarts of soy without medical documentation with medical documentation soy can be substituted up to the max allowable milk for package max of 24 quarts can be issued	max 6 lbs of tofu without medical documentation with medical documentation tofu can be substituted up to the max allowable milk for package max of 24 lbs can be issued
<b>Fully Bf Multiples</b>	max of 2 lbs of cheese without medical documentation with medical documentation cheese can be substituted up to the max allowable milk for package max of 12 lbs can be issued	max 9 quarts of soy without medical documentation with medical documentation soy can be substituted up to the max allowable milk for package Max 36 quarts can be issued	max 9 lbs of tofu without medical documentation with medical documentation tofu can be substituted up to the max allowable milk for package Max 36 lbs of tofu

Rev. 01/11

## GENERAL DEFINITIONS AND GLOSSARY

**Abortions** – Delivery or loss of the products of conception before or during the 20<sup>th</sup> 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, ARNP) and Physician's Assistants (certified by the National Committee on Certification of Physician's Assistants or certified by the State medical certifying authority).

**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.

**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.

**Medical Food** – A food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation.

Rev. 04/09

## GENERAL DEFINITIONS AND GLOSSARY

(continued)

**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.

**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.

Rev. 04/09

**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.
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

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

**WIC STATE AGENCY  
FORMULA/MEDICAL FOOD 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)

ATTACH A COPY OF THE MEDICAL DOCUMENTATION 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. 01/11

## **INSTRUCTIONS FOR COMPLETING WIC CERTIFICATION FORM**

1. Ensure patient name and identification number is on the form (may be a label or written on the form).
2. Review health and lifestyle data from the medical record (i.e. height, weight, hemoglobin, etc.). Apply the information to criteria.
3. Interview the applicant/caretaker/proxy for all other criteria on the applicable form.
4. Check all boxes in each criterion that apply, and yes or no when applicable (Dietary Concerns).
5. All risks that apply should be indicated on the form.
6. One criterion makes the applicant eligible for risk. One or more shaded areas in Dietary Concerns (7010) will qualify the applicant.
7. Sign and date the form.
8. 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 (P)  
☐ Postpartum (PP)  
☐ Breastfeeding (BF)

Name: \_\_\_\_\_  
ID Number: \_\_\_\_\_

or  
Place PEF label here

Priority listed at end of line for each criterion.

Priority

1010.201 Low Hematocrit/Low Hemoglobin (check one of the following values if appropriate)		P/BF-01 PP-3B													
Pregnant		Postpartum/Breastfeeding													
<input type="checkbox"/> a Hematocrit $\leq$ 32.9% or Hemoglobin $\leq$ 10.9 gm./dL. (1 <sup>st</sup> trimester) 0-13 wks <input type="checkbox"/> b Hematocrit $\leq$ 31.9% or Hemoglobin $\leq$ 10.4 gm./dL. (2 <sup>nd</sup> trimester) 14-26 wks <input type="checkbox"/> c Hematocrit $\leq$ 32.9% or Hemoglobin $\leq$ 10.9 gm./dL. (3 <sup>rd</sup> trimester) 27-40 wks		<input type="checkbox"/> d Hematocrit $\leq$ 35.6% or Hemoglobin $\leq$ 11.7 gm./dL. (age 12-15) <input type="checkbox"/> e Hematocrit $\leq$ 35.8% or Hemoglobin $\leq$ 11.9 gm./dL. (age 15-18) <input type="checkbox"/> f Hematocrit $\leq$ 35.6% or Hemoglobin $\leq$ 11.9 gm./dL. (age >18)													
1020.211 <input type="checkbox"/> Elevated Blood Lead ( $\geq$ 10 $\mu$ g/dL) within the past 12 months		P/BF-01 PP-3B													
2061.111 Overweight <input type="checkbox"/> a Overweight = PPW BMI $\geq$ 25.0 <input type="checkbox"/> c Current BMI $\geq$ 25.0 (BF $\geq$ 6 months delivery)		P/BF-01 PP-3B													
2063.101 Underweight <input type="checkbox"/> a Underweight = PPW BMI or Current BMI < 18.5		P/BF-01 PP-3B													
2067 Inappropriate Weight Gain Pattern		P/BF-01 PP-3B													
Low maternal weight gain during 2 <sup>nd</sup> and 3 <sup>rd</sup> trimesters, singleton pregnancy: <input type="checkbox"/> Underweight women who gain < 4 lbs./month 2067.131 <input type="checkbox"/> Normal weight women who gain < 3.2 pounds/month <input type="checkbox"/> Overweight women who gain < 2 pounds/month (P only) <input type="checkbox"/> Obese (BMI $\geq$ 30) women who gain < 1.6 pounds/month 2067.132 Weight loss during pregnancy: (Pregnant only) <input type="checkbox"/> any weight loss below pregravid weight during first trimester (0-13 wks.) <input type="checkbox"/> $\geq$ 2 lbs. second or third trimesters (14-40 wk.)		<b>P: Current Pregnancy BF/PP: Last Pregnancy</b> High maternal weight gain during 2 <sup>nd</sup> and 3 <sup>rd</sup> trimesters, singleton pregnancy: <input type="checkbox"/> Underweight women who gain > 5.2 lbs./month - 2067.133f <input type="checkbox"/> Normal weight women who gain > 4 pounds/month - 2067.133g <input type="checkbox"/> Overweight women who gain > 2.8 pounds/month- 2067.133h <input type="checkbox"/> Obese (BMI $\geq$ 30) women who gain > 2.4 pounds/month- 2067.133i													
3010 Substance Use (check all that apply)		P/BF-01 PP-3B													
<b>Pregnant 3010</b> <input type="checkbox"/> Any daily smoking of cigarettes, pipes or cigars 3010.371a <input type="checkbox"/> Any alcohol Use 372a <input type="checkbox"/> Any illegal drug use 372b	<b>Postpartum 3010</b> <input type="checkbox"/> Any daily smoking of cigarettes, pipes or cigars 3010.371c <input type="checkbox"/> Routine use of $\geq$ 2 drinks per day: 1 drink = 1 (12 oz.) can beer <b>or</b> 5 oz. wine <b>or</b> 1 ½ oz. liquor (1 jigger) 372c <input type="checkbox"/> Binge drinking $\geq$ 5 drinks on the same occasion $\geq$ 1 day in the past 30 days 372d <input type="checkbox"/> Heavy drinking $\geq$ 5 drinks on the same occasion on $\geq$ 5 days in the previous 30 days 372e <input type="checkbox"/> Any illegal drug use 372b	<b>Breastfeeding 3010</b> <input type="checkbox"/> Any daily smoking of cigarettes, pipes or cigars 3010.371b <input type="checkbox"/> Routine use of $\geq$ 2 drinks per day: 1 drink = 1 (12 oz.) can beer <b>or</b> 5 oz. wine <b>or</b> 1 ½ oz. liquor (1 jigger) 372c <input type="checkbox"/> Binge drinking $\geq$ 5 drinks on the same occasion $\geq$ 1 day in the past 30 days 372d <input type="checkbox"/> Heavy drinking $\geq$ 5 drinks on the same occasion on $\geq$ 5 days in the previous 30 days 372e <input type="checkbox"/> Any illegal drug use 372b													
3011.904 <input type="checkbox"/> Secondhand Smoke Exposure to smoke from tobacco products inside the home															
4010.601a BF Infant/BF Woman at Nutritional Risk Breastfeeding infant has a nutritional risk which qualifies woman		BF-01													
4020.602 Breastfeeding Complications (BF woman only) (check all that apply)		BF-01													
<input type="checkbox"/> Severe engorgement <input type="checkbox"/> Mastitis (fever or flu-like symptoms with localized breast tenderness)	<input type="checkbox"/> Failure of milk to come in by 4 days after delivery <input type="checkbox"/> Flat or inverted nipples <input type="checkbox"/> Tandem nursing (BF two siblings who are <b>not</b> twins)	<input type="checkbox"/> Cracked, bleeding or severely sore nipples <input type="checkbox"/> $\geq$ 40 years old <input type="checkbox"/> Recurrent plugged ducts													
404.601b <input type="checkbox"/> BF Infant/BF Woman with Dietary Concerns Breastfeeding infant qualifies based on dietary concern which qualifies woman		BF-04													
5011 Pregnancy Induced Conditions P/BF-01 PP-3B		5012 Delivery of Premature/LBW Infant P/BF-01	PP-3B												
<input type="checkbox"/> Hyperemesis Gravidarum -P only 5011.301 <input type="checkbox"/> Gestational Diabetes - P only 5011.302 <input type="checkbox"/> History of gestational diabetes 5011.303 <input type="checkbox"/> Preeclampsia or history of 5011.304		<b>P: History for any pregnancy BF/PP: Last pregnancy</b> <input type="checkbox"/> Prematurity 5012.311 <input type="checkbox"/> LBW $\leq$ 5 lb. 8 oz. (wt. _____) 5012.312													
5013 Fetal or Neonatal Death		P/BF-01 PP-3B													
<b>P: History for any pregnancy BF/PP: Last pregnancy</b> <input type="checkbox"/> Fetal death (death $\geq$ 20 week gestation) 5013.321a <input type="checkbox"/> Neonatal death (death within first 28 days of life) 5013.321b		<b>Pregnant only: 5013.321c</b> <input type="checkbox"/> History of 2 or more spontaneous abortions (spontaneous termination of a gestation at < 20 weeks gestation <b>or</b> < 500 grams)													
5014 General Obstetrical Risk		P/BF-01 PP-3B													
<b>P: Current Pregnancy BF/PP: Last Pregnancy</b> <input type="checkbox"/> Conception $\leq$ age 17 5014.331 <input type="checkbox"/> Conception before 16 mo. Postpartum 5014.332 <input type="checkbox"/> Age < 20 at conception with 3 or more previous pregnancies of $\geq$ 20 weeks duration 5014.333 <input type="checkbox"/> Infant with congenital or birth defect 5014.339a <input type="checkbox"/> Multiple births 5014.335	<b>Pregnant only</b> <input type="checkbox"/> Prenatal care beginning after 13 <sup>th</sup> week 5014.334a <input type="checkbox"/> Breastfeeding woman now pregnant 5014.338 <input type="checkbox"/> Fetal Growth Restriction 5014.336 <input type="checkbox"/> History of Infant/Child with congenital or birth defect 5014.339c	<b>Pregnant only 5014.334b</b> <input type="checkbox"/> Prenatal care based on the following index: <table border="1"><thead><tr><th>Weeks gestation</th><th># prenatal visits</th></tr></thead><tbody><tr><td>14-21</td><td>0 or unknown</td></tr><tr><td>22-29</td><td>1 or less</td></tr><tr><td>30-31</td><td>2 or less</td></tr><tr><td>32-33</td><td>3 or less</td></tr><tr><td><math>\geq</math> 34</td><td>4 or less</td></tr></tbody></table>		Weeks gestation	# prenatal visits	14-21	0 or unknown	22-29	1 or less	30-31	2 or less	32-33	3 or less	$\geq$ 34	4 or less
Weeks gestation	# prenatal visits														
14-21	0 or unknown														
22-29	1 or less														
30-31	2 or less														
32-33	3 or less														
$\geq$ 34	4 or less														
<b>Pregnant/Breastfeeding/Postpartum</b> <input type="checkbox"/> LGA infant $\geq$ 9 lbs./4000 grams or history of LGA infant 5014.337															
6010 Nutrition/Metabolic Conditions (check all that apply)		P/BF-01 PP-3B													
<input type="checkbox"/> Lactose Intolerance 6010.355 <b>Glucose Disorders:</b> <input type="checkbox"/> Pre-Diabetes 6010.363 (PP/BF only) <input type="checkbox"/> Diabetes Mellitus 6010.343 <input type="checkbox"/> Hypoglycemia 6010.356 <b>Thyroid Disorders:</b> <input type="checkbox"/> Hypothyroidism .344a <input type="checkbox"/> Hyperthyroidism .344b <b>Cancer:</b> 6010.347 <input type="checkbox"/> Cancer <input type="checkbox"/> Treatment for Cancer		<b>Nutrient Deficiency Diseases:</b> 6010.341 <input type="checkbox"/> Scurvy <input type="checkbox"/> <input type="checkbox"/> Hypocalcemia <input type="checkbox"/> Rickets <input type="checkbox"/> Cheilosis <input type="checkbox"/> Beri Beri <input type="checkbox"/> Pellegra <input type="checkbox"/> Xerophthalmia <input type="checkbox"/> Vitamin K Deficiency <input type="checkbox"/> Osteomalacia <input type="checkbox"/> Protein Energy Malnutrition (PEM) <input type="checkbox"/> Menkes Disease													

<b>6010 Nutrition/Metabolic Conditions (continued) (check all that apply)</b>		<b>P/BF-01 PP-3B</b>	
<b>Hypertension:</b> <input type="checkbox"/> Chronic .345a <input type="checkbox"/> Prehypertension (130/80-139/89) 6010.345c <input type="checkbox"/> Gestational Hypertension .345b  <b>Central Nervous System Disorders:</b> <input type="checkbox"/> Epilepsy 6010.348 <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Myelomeningocele <input type="checkbox"/> Parkinson's disease <input type="checkbox"/> Spina Bifida <input type="checkbox"/> Neural tube defects <input type="checkbox"/> Multiple Sclerosis		<b>GI Disorders:</b> 6010.342 <input type="checkbox"/> Crohn's disease <input type="checkbox"/> Ulcerative colitis <input type="checkbox"/> Liver disease <input type="checkbox"/> Inflammatory bowel disease <input type="checkbox"/> Pancreatitis <input type="checkbox"/> Gallbladder disease <input type="checkbox"/> Malabsorption syndromes <input type="checkbox"/> Small bowel enterocolitis/syndrome <input type="checkbox"/> Stomach/intestinal ulcers <input type="checkbox"/> Gastroesophageal reflux (GER) <input type="checkbox"/> Peptic ulcers <input type="checkbox"/> Post-bariatric surgery <input type="checkbox"/> Biliary tract diseases	
<b>Renal disease:</b> <input type="checkbox"/> Pyelonephritis <input type="checkbox"/> Persistent proteinuria 6010.346 <input type="checkbox"/> Any renal disease <b>except</b> UTI <b>Genetic/Congenital Disorders:</b> 6010.349 <input type="checkbox"/> Short bowel syndrome <input type="checkbox"/> Sickle Cell Anemia <input type="checkbox"/> Cleft lip/palate <input type="checkbox"/> Gastroschisis <input type="checkbox"/> Thalassemia Major <input type="checkbox"/> Down's syndrome <input type="checkbox"/> Omphalocele <input type="checkbox"/> Intestinal atresia <input type="checkbox"/> Esophageal atresia <input type="checkbox"/> Diaphragmatic hernia <input type="checkbox"/> Tracheo-esophageal fistula <input type="checkbox"/> Hirschsprung's Disease <input type="checkbox"/> Muscular Dystrophy		<b>Inborn Errors of Metabolism:</b> 6010.351 <input type="checkbox"/> PKU <input type="checkbox"/> MSUD <input type="checkbox"/> Galactosemia <input type="checkbox"/> Homocystinuria <input type="checkbox"/> Tyrosinemia <input type="checkbox"/> Histidinemia <input type="checkbox"/> Glutaric aciduria <input type="checkbox"/> Urea cycle disorders <input type="checkbox"/> Hyperlipoproteinemia <input type="checkbox"/> Fructoaldolase deficiency <input type="checkbox"/> Hypermethioninemia <input type="checkbox"/> Methylmalonic acidemia <input type="checkbox"/> Propionic acidemia <input type="checkbox"/> Glycogen storage disease <input type="checkbox"/> Galactokinase deficiency <input type="checkbox"/> Medium-chain acyl-CoA dehydrogenase	
<b>Infectious Diseases (present in last 6 mo.):</b> 6010.352 <input type="checkbox"/> Parasitic infections <input type="checkbox"/> Hepatitis <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Pneumonia <input type="checkbox"/> Meningitis <input type="checkbox"/> Tuberculosis <b>Food allergies - List:</b> 6010.353 <b>Celiac Disease:</b> <input type="checkbox"/> Celiac Sprue <input type="checkbox"/> Gluten Enteropathy <input type="checkbox"/> Non-tropical Sprue <b>Other Medical Conditions:</b> 6010.360 <input type="checkbox"/> Juvenile Rheumatoid Arthritis (JRA) <input type="checkbox"/> Cardiorespiratory diseases <input type="checkbox"/> Heart disease <input type="checkbox"/> Cystic fibrosis <input type="checkbox"/> Lupus erythematosus <input type="checkbox"/> Persistent asthma requiring daily medication		<b>Drug/Nutrient Interactions – Specify:</b> 6010.357  <b>Recent Major Surgery, Trauma, Burns:</b> 6010.359 <input type="checkbox"/> Any occurrence within past two (≤ 2) months severe enough to compromise nutritional status. <input type="checkbox"/> Occurrence > 2 months with continued need for nutrition documented by MD/DO/ARNP/PA <input type="checkbox"/> <b>Others – State Agency approval</b>	
<b>6020 Impaired Ability to Prepare Food (check all that apply) P/BF-04 PP-06</b> Applicant's primary caregiver: <input type="checkbox"/> ≤ 17 years of age 6020.902a <input type="checkbox"/> Mentally disabled/delayed/mental illness/clinical depression 6020.902b <input type="checkbox"/> Physically disabled which restricts/limits food preparation abilities 6020.902c <input type="checkbox"/> Currently using or history of abusing alcohol/other drugs 6020.902d		<b>6030 Complications which Impair Nutrition (check all that apply) P/BF-01 PP-3B</b> <input type="checkbox"/> Minimal brain function <input type="checkbox"/> Head trauma <input type="checkbox"/> Brain damage <input type="checkbox"/> Depression 6030.361 <input type="checkbox"/> Pervasive development disorder (PDD) <input type="checkbox"/> Difficulty accepting new foods/↓ food selection <input type="checkbox"/> Restricted food intake due to color/texture/temperature <input type="checkbox"/> Delays/disabilities which restrict ability to chew/swallow/require tube feeding 6030.362 <input type="checkbox"/> Difficulty taking multivitamin/mineral supplement <input type="checkbox"/> Autism <input type="checkbox"/> Difficulty with changes in mealtime environment	
<b>6040 Dental Problems</b>		<b>P/BF 01/PP-3B</b>	
<input type="checkbox"/> Tooth decay 6040.381a <input type="checkbox"/> Periodontal disease 6040.381d <input type="checkbox"/> Gingivitis of pregnancy ( <b>Pregnant only</b> ) 6040.381b <input type="checkbox"/> Missing more than 7 teeth or ineffectively replaced teeth which impair ability to ingest food 6040.381c			
<b>7010.401 Presumed Dietary Risk</b>		<b>Only use this risk when no other risk is present</b>	
<b>7010.401 Presumed Dietary Risk</b>		<b>P/BF-04 PP-06</b>	
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.			
<b>7012 Feeding Practices</b>		<b>P/BF-04 PP-06</b>	
Do you eat such foods as: ( <b>Pregnant only</b> ) 7012.427.5a-j Yes No <input type="checkbox"/> raw fish or shell fish <input type="checkbox"/> smoked seafood that has not been cooked <input type="checkbox"/> raw or undercooked meat or poultry <input type="checkbox"/> refrigerated paté or meat spreads <input type="checkbox"/> lightly cooked egg products; i.e., sauces, homemade eggnog <input type="checkbox"/> raw sprouts (alfalfa, clover, radish) <input type="checkbox"/> unpasteurized fruit or vegetable juices <input type="checkbox"/> hot dogs, cold cuts, deli meats that have not been heated <input type="checkbox"/> raw/undercooked eggs such as in cookie dough or cake batter <input type="checkbox"/> unpasteurized milk/milk products or soft cheeses such as Camembert, bleu cheese, Stilton, queso blanco, queso fresco or Panela		Yes <input type="checkbox"/> Yes <input type="checkbox"/>  Yes <input type="checkbox"/>  Yes <input type="checkbox"/>  Yes <input type="checkbox"/>  Yes <input type="checkbox"/>	No <input type="checkbox"/> No <input type="checkbox"/>  No <input type="checkbox"/>  No <input type="checkbox"/>  No <input type="checkbox"/>  No <input type="checkbox"/>  No <input type="checkbox"/>  No <input type="checkbox"/>
		If pregnant, do you take < 30 mg. iron each day? 7012.427.4a If pregnant or breastfeeding, do you take < 150 µg of iodine each day? 7012.427.4c	
		Do you take > 1 dose/day of a multivitamin, single vitamin, mineral supplement, herbal teas/remedies not recommended by MD/DO/ARNP/PA? 7012.427.1	
		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? 7012.427.3	
		If BF/PP do you take a multivitamin/supplement with 400 mcgs. folic acid every day? 7012.427.4b	
<b>7015 Inappropriate Nutrient Intake</b>		<b>P/BF- 04 PP-06</b>	
7015.427.2a Do you avoid all animal products – meat (beef, pork, chicken, turkey), fish, eggs, milk, cheese, yogurt or other dairy products?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
7015.427.2b Is your diet highly restrictive in calories or specific nutrients?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>7015 Inappropriate Nutrient Intake</b>		<b>P/BF- 04 PP-06</b>	
Do you avoid all animal products – meat (beef, pork, chicken, turkey), fish, eggs, milk, cheese, yogurt or other dairy products?		<input type="checkbox"/> Yes <input type="checkbox"/> No 7015.402	
Is your diet highly restrictive in calories or specific nutrients?		<input type="checkbox"/> Yes <input type="checkbox"/> No 7015.403	
<b>7020.358 Eating Disorders</b> <input type="checkbox"/> a Anorexia Nervosa <input type="checkbox"/> b Bulimia <input type="checkbox"/> c Controls weight by self-starvation, vomiting, drugs, purgative abuse		<b>P/BF-1 PP-3B</b>	
<b>7090.901</b> <input type="checkbox"/> Recipient of Abuse <input type="checkbox"/> Battering, physical assault within the past six months.		<b>P/BF-04 PP-06</b>	
<b>7095 Foster Care</b> Determine if during the previous six (6) months: <input type="checkbox"/> has entered the foster care system 7095.903a <input type="checkbox"/> has been moving from one foster home to another 7095.903b		<b>P/BF-04 PP-06</b>	
<b>7098.801</b> <input type="checkbox"/> Homelessness <input type="checkbox"/> Homeless		<b>P/BF-04 PP-06</b>	
<b>7099.802</b> <input type="checkbox"/> Migrant <input type="checkbox"/> Migrant		<b>P/BF-04 PP-06</b>	

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## WIC Certification Infant

Name: \_\_\_\_\_

ID Number: \_\_\_\_\_

or

Place PEF label here

Priority listed at end of line for each criterion	Priority
1010.201g <input type="checkbox"/> Low Hematocrit/Low Hemoglobin Hematocrit $\leq$ 32.8% or Hemoglobin $\leq$ 10.9 gm./dL. (9 months or older)	01
1020.211 <input type="checkbox"/> Elevated Blood Lead $\geq$ 10 $\mu$ g/dL. within past 12 months	01
2049/1030.152 <input type="checkbox"/> Low Head Circumference $<$ 5 <sup>th</sup> percentile (age adjusted) <b>Only if data is available from another source.</b>	01
2040.142 <input type="checkbox"/> Prematurity Birth at $\leq$ 37 weeks gestation ( <b>age adjusted</b> )	01
2050 Low Birth Weight/Very Low Birth Weight ( <b>age adjusted</b> )	01
<input type="checkbox"/> Birth weight $\leq$ 5 lb. 8 oz./2500 grams (LBW) 2050.141a <input type="checkbox"/> Birth weight $\leq$ 3 lb. 5 oz./1500 grams (VLBW) 2050.141b	
2060 At Risk for Overweight	01
<input type="checkbox"/> biological mother reports BMI $\geq$ 30 at conception or during 1 <sup>st</sup> trimester <input type="checkbox"/> biological father reports BMI $\geq$ 30	
2062.103a <input type="checkbox"/> At Risk for Underweight 6 <sup>th</sup> through 10 <sup>th</sup> percentile weight/length	01
2063.103b <input type="checkbox"/> Underweight $\leq$ 5 <sup>th</sup> percentile weight for length	01
2064.121a <input type="checkbox"/> At Risk for Short Stature 6 <sup>th</sup> through 10 <sup>th</sup> percentile length for age	01
2065.121b <input type="checkbox"/> Short Stature $\leq$ 5 <sup>th</sup> percentile length for age ( <b>age adjusted</b> )	01
2066.151 Growth Problems <input type="checkbox"/> a Small for Gestational Age (SGA) ( <b>age adjusted</b> ) <input type="checkbox"/> b Large for Gestational Age (LGA) birth weight $\geq$ 9 lbs/4,000 gm	01
2067 Inappropriate Weight Gain Pattern	01
<input type="checkbox"/> Failure to Thrive (FTT) ( <b>age adjusted</b> ) 2067.134 <input type="checkbox"/> Not back to birth weight by 2 weeks 2067.135 <input type="checkbox"/> Lost $>$ 10% from birth to 1 month 2067.135	
3011.904 <input type="checkbox"/> Secondhand Smoke Exposure to smoke from tobacco products inside the home	
4010.601a <input type="checkbox"/> BF Infant/BF Woman at Nutritional Risk Breastfeeding woman has a nutritional risk which qualifies infant	01
4020.602 Breastfeeding Complications (check all that apply)	01
<input type="checkbox"/> Jaundice <input type="checkbox"/> Weak or ineffective suck <input type="checkbox"/> Inadequate stooling for age: <input type="checkbox"/> $\leq$ 6 days old with $<$ 2 stools/day <input type="checkbox"/> $<$ 6 wet diapers per day <input type="checkbox"/> Difficulty latching onto breast <input type="checkbox"/> 7-28 days with $<$ 5 stools/day <input type="checkbox"/> 29 days or older with $<$ 1 every 4 days	
4040.601b <input type="checkbox"/> BF Infant/BF Woman with Dietary Concerns Breastfeeding woman qualifies based on dietary concern which qualifies infant	04
4070.701 <input type="checkbox"/> 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
4075.703 Infant of a Mother with Complications which Impair Nutrition <input type="checkbox"/> Mentally retarded <input type="checkbox"/> Alcohol/illegal drug use during last preg.	01
6010 Nutrition/Metabolic Conditions (circle/check one of the following if appropriate)	01
<input type="checkbox"/> Lactose Intolerance 6010.355 <input type="checkbox"/> Hypertension 6010.345 <input type="checkbox"/> Prehypertension (90th-95th for blood pressure) 6010.345d	
Glucose Disorders: <input type="checkbox"/> Diabetes Mellitus 6010.343 <input type="checkbox"/> Hypoglycemia.356	
Thyroid Disorders: <input type="checkbox"/> Hypothyroidism .344a <input type="checkbox"/> Hyperthyroidism .344b	
Cancer: 6010.347 <input type="checkbox"/> Cancer <input type="checkbox"/> Treatment for Cancer	
Central Nervous System Disorders: 6010.348 <input type="checkbox"/> Epilepsy <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Spina Bifida <input type="checkbox"/> Myelomeningocele <input type="checkbox"/> Neural tube defects <input type="checkbox"/> Parkinson's disease <input type="checkbox"/> Multiple Sclerosis	
Renal Disease: 6010.346 <input type="checkbox"/> Pyelonephritis <input type="checkbox"/> Persistent proteinuria <input type="checkbox"/> Any renal disease <b>except</b> UTI	
Infectious Diseases (present in last 6 mo.): 6010.352 <input type="checkbox"/> Parasitic infections <input type="checkbox"/> Hepatitis <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Pneumonia <input type="checkbox"/> Meningitis <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Bronchiolitis (3 episodes in last 6 months) <input type="checkbox"/> Food Allergies – List: 6010.353	
Genetic/Congenital Disorders: 6010.349 <input type="checkbox"/> Short bowel syndrome <input type="checkbox"/> Sickle Cell Anemia <input type="checkbox"/> Cleft lip/palate <input type="checkbox"/> Gastroschisis <input type="checkbox"/> Thalassemia Major <input type="checkbox"/> Down's syndrome <input type="checkbox"/> Omphalocele <input type="checkbox"/> Intestinal atresia <input type="checkbox"/> Esophageal atresia <input type="checkbox"/> Diaphragmatic hernia <input type="checkbox"/> Tracheo-esophageal fistula <input type="checkbox"/> Hirschsprung's Disease <input type="checkbox"/> Muscular Dystrophy	
Celiac Disease: <input type="checkbox"/> Celiac Sprue <input type="checkbox"/> Gluten Enteropathy <input type="checkbox"/> Non-tropical Sprue	
<input type="checkbox"/> Others – State Agency approval	
Nutrient Deficiency Diseases: 6010.341 <input type="checkbox"/> Scurvy <input type="checkbox"/> Hypocalcemia <input type="checkbox"/> Rickets <input type="checkbox"/> Cheilosis <input type="checkbox"/> Beri Beri <input type="checkbox"/> Pellegra <input type="checkbox"/> Xerophthalmia <input type="checkbox"/> Vitamin K Deficiency <input type="checkbox"/> Osteomalacia <input type="checkbox"/> Protein Energy Malnutrition (PEM) <input type="checkbox"/> Menkes Disease	
GI Disorders: 6010.342 <input type="checkbox"/> Crohn's disease <input type="checkbox"/> Ulcerative colitis <input type="checkbox"/> GER <input type="checkbox"/> Liver disease <input type="checkbox"/> Inflammatory bowel disease <input type="checkbox"/> Pancreatitis <input type="checkbox"/> Gallbladder disease <input type="checkbox"/> Malabsorption syndromes <input type="checkbox"/> Small bowel enterocolitis/syndrome <input type="checkbox"/> Stomach/intestinal ulcers <input type="checkbox"/> Peptic ulcers <input type="checkbox"/> Post-bariatric surgery <input type="checkbox"/> Biliary tract diseases	
Inborn Errors of Metabolism: 6010.351 <input type="checkbox"/> PKU <input type="checkbox"/> MSUD <input type="checkbox"/> Galactosemia <input type="checkbox"/> Homocystinuria <input type="checkbox"/> Tyrosinemia <input type="checkbox"/> Histidinemia <input type="checkbox"/> Glutaric aciduria <input type="checkbox"/> Urea cycle disorders <input type="checkbox"/> Hyperlipoproteinemia <input type="checkbox"/> Fructoaldolase deficiency <input type="checkbox"/> Hypermethioninemia <input type="checkbox"/> Methylmalonic acidemia <input type="checkbox"/> Propionic acidemia <input type="checkbox"/> Glycogen storage disease <input type="checkbox"/> Galactokinase deficiency <input type="checkbox"/> Medium-chain acyl-CoA dehydrogenase	
<input type="checkbox"/> Drug/Nutrient Interactions – Specify: 6010.357	
Other Medical Conditions: 6010.360 <input type="checkbox"/> Lupus erythematosus <input type="checkbox"/> Cardiorespiratory diseases <input type="checkbox"/> Heart disease <input type="checkbox"/> Cystic fibrosis <input type="checkbox"/> Juvenile Rheumatoid Arthritis (JRA) <input type="checkbox"/> Persistent asthma requiring daily medication	
Recent Major Surgery, Trauma, Burns: 6010.359 <input type="checkbox"/> Any occurrence within $\leq$ 2 months severe enough to compromise nutritional status. <input type="checkbox"/> Occurrence $>$ 2 months with continued need for nutrition documented by MD/DO/ARNP/PA	
6020.902 Impaired Ability to Prepare Food	04
Applicant's primary caregiver is (check all that apply): <input type="checkbox"/> $\leq$ 17 years of age 6020.902a <input type="checkbox"/> Mentally disabled/delayed/mental illness/clinical Depression 6020.902b <input type="checkbox"/> Currently using /history of abusing alcohol/other drugs d <input type="checkbox"/> Physically disabled which restricts/limits food preparation Abilities 6020.902c	
6030 Complications which Impair Nutrition (check all that apply)	01
<input type="checkbox"/> Minimal brain function <input type="checkbox"/> Difficulty accepting new foods/ $\downarrow$ food selection <input type="checkbox"/> Head trauma <input type="checkbox"/> Restricted food intake due to color/texture/temperature <input type="checkbox"/> Brain damage <input type="checkbox"/> Delays/disabilities which restrict ability to chew/swallow/require tube feeding 6010.362 <input type="checkbox"/> Birth Injury <input type="checkbox"/> Difficulty taking multivitamin/mineral supplement <input type="checkbox"/> Pervasive development disorder (PDD) <input type="checkbox"/> Autism <input type="checkbox"/> depression 6030.361 <input type="checkbox"/> Difficulty with changes in mealtime environment	

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does the baby take formula? If yes, formula name: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is the baby breastfed? Taking <400 IU per day vitamin D (Exclusively breastfed infant or infant taking <32 oz of formula per day) 7012.411.11a
<input type="checkbox"/>	<input type="checkbox"/>	Iron-fortified formula 7012.411.1a	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is the baby fed <b>only</b> breastmilk? If no, continue to next box.
<input type="checkbox"/>	<input type="checkbox"/>	Low iron formula without iron supplement 7012.411.1a	<input type="checkbox"/>	<input type="checkbox"/>	If under 2 months old, does the baby eat less than 8 times in 24 hours? 7012.411.7a
		Type of formula: <input type="checkbox"/> Concentrate <input type="checkbox"/> Ready-to-feed <input type="checkbox"/> Powder How is formula mixed? 7012.411.6a <input type="checkbox"/> Overdilution <input type="checkbox"/> Underdilution <input type="checkbox"/> By prescription	<input type="checkbox"/>	<input type="checkbox"/>	If 2 months old or older, does the baby eat less than 6 times in 24 hours? 7012.411.7b
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is the baby fed less than 16 ounces of formula in 24 hours? 7012.411.4d	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is a bottle of water given in place of a bottle of formula or breastmilk or do you restrict the amount of foods? 7012.411.4c
<input type="checkbox"/>	<input type="checkbox"/>	Are cereals or other foods added to the baby's bottle? 7012.411.2e	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do you or the baby's caretaker: • Hold fresh breastmilk in refrigerator for > 72 hours? 7012.411.9i • Add fresh breastmilk to already frozen breastmilk in a storage container? 7012.411.9j
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does the baby drink milk (fresh, whole, skim, 1%, 2%, lowfat, nonfat, goat, sheep, imitation (Vitamite, Toddler's Best, nondairy creamer), substitute (Alba 77, Slim Fast), evaporated, sweetened condensed)? 7012.411.1c	<input type="checkbox"/>	<input type="checkbox"/>	• Feed previously frozen breastmilk thawed in refrigerator for more than 24 hours? 7012.411.9k • Save breastmilk from a used bottle for another feeding? 7012.411.9l
Yes <input type="checkbox"/>	No <input type="checkbox"/>	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? 7012.411.3	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does the baby take a bottle: • Propped in the mouth? 7012.411.2a • At nap or sleeps with bottle in mouth? 7012.411.2b • With fruit juice? 7012.411.2c • Without restriction? 7012.411.2d
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does the baby eat high calorie/low nutrient foods such as desserts, cakes, cookies, candy, fried foods, lunch meat? 7012.411.8c	<input type="checkbox"/>	<input type="checkbox"/>	Does the baby drink more than a cup (8 ounces) of water in 24 hours?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does the baby eat foods like hot dogs, pieces of fruit, nuts, raisins, hard candy, raw carrots? 7012.411.4a	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 6 months or older, does the baby drink city water, take a fluoride supplement or drink fluoridated water? 7012.411.11b
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is honey put in the foods or liquids which are fed to the baby or put on the baby's pacifier? 7012.411.5h	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do you or the baby's caretaker: • Have a safe water supply (documented)? 7012.411.9a • Have a stove for sterilizing bottles and water? 7012.411.9b
Age Group	Yes	No	Does baby consume:		
Less than 4 months	<input type="checkbox"/>	<input type="checkbox"/>	Solid food such as cereals, mashed potatoes, eggs, gravy? 7012.428a		
7 months old or more	<input type="checkbox"/>	<input type="checkbox"/>	Solid food from a spoon? 7012.428b		
	<input type="checkbox"/>	<input type="checkbox"/>	Infant cereal? 7012.428c		
	<input type="checkbox"/>	<input type="checkbox"/>	Meats? 7012.428d		
	<input type="checkbox"/>	<input type="checkbox"/>	Vegetables? 7012.428e		
8 months	<input type="checkbox"/>	<input type="checkbox"/>	Does the baby use fingers when eating? 7012.411.4d		
Less than 12 months	<input type="checkbox"/>	<input type="checkbox"/>	Fruits? 7012.411.4d		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does the baby eat: • Undercooked or raw tofu? 7012.411.5a • Deli meats, hot dogs not cooked until steaming hot? 7012.411.5b • Raw vegetable sprouts (alfalfa, clover, radish)? 7012.411.5c • Raw or undercooked meat, fish, poultry or eggs? 7012.411.5d • Unpasteurized milk or milk products? 7012.411.5e • Soft cheeses such as Camembert, bleu cheese, Stilton, queso blanco, queso fresco or Panela? 7012.411.5f • Unpasteurized vegetable juices? 7012.411.5g	<input type="checkbox"/>	<input type="checkbox"/>	• Give the baby vitamin, multi-vitamin or mineral supplements, herbal teas/remedies not recommended by MD/DO/ARNP/PA? 7012.411.10 • Wash hands with soap and water after using the bathroom, changing diapers, and before meals or before preparing formula or bottles of breastmilk? 7012.411.9h • Require the baby to eat a certain type and/or amount of food? 7012.411.4b
<input type="checkbox"/>	<input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is the baby getting Well Child check-ups? If yes, list Doctor or facility:

7090.901 ☐ Recipient of Abuse Abuse (emotional or physical) and/or neglect within the past six months 04

7095.903 Foster Care Determine if during the previous six (6) months: 04

☐ a has entered the foster care system ☐ b has been moving from one foster home to another7098.801 ☐ Homelessness Homeless 047099.802 ☐ Migrancy Migrant 04

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# WIC Certification Child Age 1-5

Name: \_\_\_\_\_  
ID Number: \_\_\_\_\_

or  
Place PEF label here

Priority

Priority listed at end of line for each criterion.

<b>1010 Low Hematocrit/Low Hemoglobin</b> (check one of the following values if appropriate)	<b>3A</b>
<div>Age 1 to 2 1010.201g</div> <input type="checkbox"/> Hematocrit $\leq 32.8\%$ or Hemoglobin $\leq 10.9$ gm./dL.	<div>Age 2 to 5 1010.201h</div> <input type="checkbox"/> Hematocrit $\leq 32.9\%$ or Hemoglobin $\leq 11.0$ gm./dL.
<b>1020.211</b> <input type="checkbox"/> Elevated Blood Lead ( $\geq 10$ $\mu\text{g/dL}$ ) within the past 12 months	<b>3A</b>
<b>2040.142</b> <input type="checkbox"/> Prematurity Birth at $\leq 37$ weeks or less gestation ( <b>up to age 2</b> ) ( <b>age adjusted</b> )	<b>3A</b>
<b>2050 Low Birth Weight/Very Low Birth Weight (age adjusted)</b>	<b>3A</b>
<input type="checkbox"/> Birth weight $\leq 5$ lb. 8 oz./2500 grams (LBW) ( <b>up to age 2</b> ).141a	<input type="checkbox"/> Birth weight $\leq 3$ lb. 5 oz./1500 grams (VLBW) ( <b>up to age 2</b> ) 2050.141b
<b>2060.114 At Risk for Overweight</b>	<b>3A</b>
<input type="checkbox"/> $\geq 85^{\text{th}}$ percentile or $< 95^{\text{th}}$ percentile BMI for $\geq 24$ months	<input type="checkbox"/> $\geq 85^{\text{th}}$ percentile or $< 95^{\text{th}}$ percentile weight for length/height/stature $\geq 24$ months
<input type="checkbox"/> biological parent reports BMI $\geq 30$	
<b>2061.113 Overweight</b>	<b>3A</b>
<input type="checkbox"/> current weight for length/height/stature $\geq 95^{\text{th}}$ percentile ( <b>age 2 to 5</b> )	<input type="checkbox"/> $\geq 95^{\text{th}}$ percentile BMI ( <b>age 2 to 5</b> )
<b>2062 At Risk for Underweight</b>	<b>3A</b>
<input type="checkbox"/> $6^{\text{th}}$ through $10^{\text{th}}$ percentile weight for length ( <b>age 1 to 2</b> )	<input type="checkbox"/> $6^{\text{th}}$ through $10^{\text{th}}$ percentile BMI for age ( <b>age 2 to 5</b> )
<b>2063.103 Underweight</b>	<b>3A</b>
<input type="checkbox"/> $\leq 5^{\text{th}}$ percentile weight for length ( <b>age 1 to 2</b> )	<input type="checkbox"/> $\leq 5^{\text{th}}$ percentile BMI for age ( <b>age 2 to 5</b> )
<b>2064.121 At Risk for Short Stature</b>	<b>3A</b>
<input type="checkbox"/> $6^{\text{th}}$ through $\leq 10^{\text{th}}$ percentile length for age ( <b>age 1 to 2</b> )	<input type="checkbox"/> $6^{\text{th}}$ through $10^{\text{th}}$ percentile height/stature for age ( <b>age 2 to 5</b> )
<b>2065.121</b> <input type="checkbox"/> Short Stature	<b>3A</b>
<input type="checkbox"/> $\leq 5^{\text{th}}$ percentile length for age ( <b>age 1 to 2</b> ) ( <b>age adjusted</b> )	<input type="checkbox"/> $\leq 5^{\text{th}}$ percentile height/stature for age ( <b>age 2 to 5</b> )
<b>2066.151</b> <input type="checkbox"/> Growth Problems Small for Gestational Age (SGA up to age 2) ( <b>age adjusted</b> )	<b>3A</b>
<b>2067.134</b> <input type="checkbox"/> Inappropriate Weight Gain Pattern Failure to Thrive (FTT) ( <b>age adjusted</b> )	<b>3A</b>
<b>3011.904</b> <input type="checkbox"/> Secondhand Smoke Exposure to smoke from tobacco products inside the home	
<b>6010 Nutrition/Metabolic Conditions</b> (check one of the following if appropriate)	<b>3A</b>
<input type="checkbox"/> Lactose Intolerance 6010.355 <input type="checkbox"/> Prehypertension (90th-95th for blood pressure) 6010.345d <input type="checkbox"/> Glucose Disorders: <input type="checkbox"/> Diabetes Mellitus .343 <input type="checkbox"/> Hypoglycemia .356 <input type="checkbox"/> Thyroid Disorders: <input type="checkbox"/> Hypothyroidism .344a <input type="checkbox"/> Hyperthyroidism .344b <input type="checkbox"/> Cancer: 6010.347 <input type="checkbox"/> Cancer <input type="checkbox"/> Treatment for Cancer	<input type="checkbox"/> Hypertension 6010.345 <b>Nutrient Deficiency Diseases:</b> 6010.341 <input type="checkbox"/> Scurvy <input type="checkbox"/> Hypocalcemia <input type="checkbox"/> Rickets <input type="checkbox"/> Cheilosis <input type="checkbox"/> Beri Beri <input type="checkbox"/> Pellagra <input type="checkbox"/> Xerophthalmia <input type="checkbox"/> Vitamin K Deficiency <input type="checkbox"/> Osteomalacia <input type="checkbox"/> Protein Energy Malnutrition (PEM) <input type="checkbox"/> Menkes Disease
<b>Central Nervous System Disorders:</b> 6010.348 <input type="checkbox"/> Epilepsy <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Spina Bifida <input type="checkbox"/> Myelomeningocele <input type="checkbox"/> Neural tube defects <input type="checkbox"/> Parkinson's disease <input type="checkbox"/> Multiple Sclerosis	<b>GI Disorders:</b> 6010.342 <input type="checkbox"/> Crohn's disease <input type="checkbox"/> Ulcerative colitis <input type="checkbox"/> Liver disease <input type="checkbox"/> Inflammatory bowel disease <input type="checkbox"/> Pancreatitis <input type="checkbox"/> Gallbladder disease <input type="checkbox"/> Malabsorption syndromes <input type="checkbox"/> Small bowel enterocolitis/syndrome <input type="checkbox"/> Stomach/intestinal ulcers <input type="checkbox"/> Gastroesophageal reflux (GER) <input type="checkbox"/> Peptic ulcers <input type="checkbox"/> Post-bariatric surgery <input type="checkbox"/> Biliary tract diseases
<b>Renal Disease:</b> 6010.346 <input type="checkbox"/> Pyelonephritis <input type="checkbox"/> Persistent proteinuria <input type="checkbox"/> Any renal disease <b>except</b> UTI	<b>Inborn Errors of Metabolism:</b> 6010.351 <input type="checkbox"/> PKU <input type="checkbox"/> MSUD <input type="checkbox"/> Galactosemia <input type="checkbox"/> Homocystinuria <input type="checkbox"/> Tyrosinemia <input type="checkbox"/> Histidinemia <input type="checkbox"/> Glutaric aciduria <input type="checkbox"/> Urea cycle disorders <input type="checkbox"/> Hyperlipoproteinemia <input type="checkbox"/> Fructoaldolase deficiency <input type="checkbox"/> Hypermethioninemia <input type="checkbox"/> Methylmalonic acidemia <input type="checkbox"/> Propionic acidemia <input type="checkbox"/> Glycogen storage disease <input type="checkbox"/> Galactokinase deficiency <input type="checkbox"/> Medium-chain acyl-CoA dehydrogenase
<b>Genetic/Congenital Disorders:</b> 6010.349 <input type="checkbox"/> Short bowel syndrome <input type="checkbox"/> Sickle Cell Anemia <input type="checkbox"/> Cleft lip/palate <input type="checkbox"/> Gastroschisis <input type="checkbox"/> Thalassemia Major <input type="checkbox"/> Down's syndrome <input type="checkbox"/> Omphalocele <input type="checkbox"/> Intestinal atresia <input type="checkbox"/> Esophageal atresia <input type="checkbox"/> Diaphragmatic hernia <input type="checkbox"/> Tracheo-esophageal fistula <input type="checkbox"/> Hirschsprung's Disease <input type="checkbox"/> Muscular Dystrophy	<b>Recent Major Surgery, Trauma, Burns:</b> 6010.359 <input type="checkbox"/> Any occurrence within $\leq 2$ months severe enough to compromise nutritional status. <input type="checkbox"/> Occurrence $> 2$ months with continued need for nutrition documented by MD/ARNP/PA
<b>Infectious Diseases (present in last 6 mo.):</b> 6010.352 <input type="checkbox"/> Parasitic infections <input type="checkbox"/> Hepatitis <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Pneumonia <input type="checkbox"/> Meningitis <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Bronchiolitis (3 episodes in last 6 months) up to age 2	<input type="checkbox"/> <b>Drug/Nutrient Interactions</b> – Specify: 6010.357
<input type="checkbox"/> <b>Food Allergies</b> - List: 6010.353	<input type="checkbox"/> <b>Others</b> – State Agency approval:
<b>Celiac Disease:</b> <input type="checkbox"/> Celiac Sprue <input type="checkbox"/> Gluten Enteropathy <input type="checkbox"/> Non-tropical Sprue	
<b>Other Medical Conditions:</b> 6010.360 <input type="checkbox"/> Heart disease <input type="checkbox"/> Cystic fibrosis <input type="checkbox"/> Cardiorespiratory diseases <input type="checkbox"/> Juvenile Rheumatoid Arthritis (JRA) <input type="checkbox"/> Lupus erythematosus <input type="checkbox"/> Persistent asthma requiring daily medication	

<b>6020.902 Impaired Ability to Prepare Food</b> <b>age 1-2 5A/age 2-5 5B</b> Applicant's primary caregiver is (check all that apply) : <input type="checkbox"/> ≤ 17 years of age 6020.902a <input type="checkbox"/> Mentally disabled/delayed/mental illness/clinical Depression 6020.902b <input type="checkbox"/> Currently using/history of abusing alcohol/other drugs d <input type="checkbox"/> Physically disabled which restricts/limits food preparation Abilities 6020.902c	<b>6030 Complications which Impair Nutrition (check all that apply)</b> <span style="float: right;"><b>3A</b></span> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Minimal brain function  <input type="checkbox"/> Head trauma  <input type="checkbox"/> Brain damage  <input type="checkbox"/> Birth Injury  <input type="checkbox"/> Depression 6030.361  <input type="checkbox"/> Pervasive development disorder (PDD)         </div> <div style="width: 48%;"> <input type="checkbox"/> Difficulty accepting new foods/↓ food selection  <input type="checkbox"/> Restricted food intake due to color/texture/temperature  <input type="checkbox"/> Delays/disabilities which restrict ability to chew/swallow/require tube feeding 6030.362  <input type="checkbox"/> Difficulty taking multivitamin/mineral supplement  <input type="checkbox"/> Autism  <input type="checkbox"/> Difficulty with changes in mealtime environment         </div> </div>
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<b>6040 Dental Problems</b> <span style="float: right;"><b>3A</b></span> <input type="checkbox"/> Baby Bottle Tooth Decay 6040.381a <input type="checkbox"/> Tooth decay 6040.381a <input type="checkbox"/> Periodontal disease 6040.381d <input type="checkbox"/> Missing more than 7 teeth or ineffectively replaced teeth which impair ability to ingest food 6040.381c
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<b>6050.382 Other Health Risk</b> <input type="checkbox"/> Fetal Alcohol Syndrome (FAS) <span style="float: right;"><b>3A</b></span>
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<b>7010.401 Presumed Dietary Risk</b> <b>Only use this risk when no other risk is present for age 2 and older</b> <span style="float: right;"><b>age 2-5 5B</b></span> 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
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<b>7012 Feeding Practices (will qualify with one or more of the following shaded answers)</b>			<b>age 1-2 5A</b>	<b>age 2-5 5B</b>
Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Does your child eat or drink: • Raw fish or shellfish 7012.425.5a • Raw or undercooked meat or poultry 7012.425.5b • Raw or lightly cooked or undercooked egg products such as: sauces, homemade eggnog, cookie dough, cake batter 7012.425.5c • Raw sprouts (alfalfa, clover, radish) 7012.425.5d • Unpasteurized fruit or vegetable juices 7012.425.5e • Hot dogs, cold cuts, deli meats that have not been heated until steaming hot 7012.425.5f • Unpasteurized milk or milk products, soft cheeses such as feta, Camembert, bleu cheese, Stilton, queso blanco, queso fresco or Panela 7012.425.5g	Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>	If under 2 years old, does the child drink fresh milk, skim, 1%, 2%, lowfat, nonfat, goat, sheep milk? 7012.425.1a	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does your child drink more than 24 ounces of milk in a day? 7012.428b	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does your child carry a training cup or bottle and drink from this all day long? 7012.425.3g	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does the child drink city water, take a fluoride supplement or drink fluoridated water? 7012.425.8a	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does the child eat foods like hot dogs, pieces of fruit, nuts, raisins, hard candy, raw carrots? 7012.425.4g	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>	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? 7012.425.1b	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does the child eat clay, dirt, laundry starch, cornstarch, paint chips, ashes, baking soda or large quantities of ice or other non-food item? 7012.425.9	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Does your child carry a training cup or bottle and drink from this all day long? 7012.425.3g	Yes <input type="checkbox"/>	No <input type="checkbox"/>

<b>7015 Inappropriate Nutrient Intake</b> <span style="float: right;"><b>age 1-2 5A   age 2-5 5B</b></span> 7015.427.2a Does the child avoid all animal products - meat (beef, pork, chicken, turkey), fish, eggs, milk, cheese, yogurt/dairy products? <input type="checkbox"/> Yes <input type="checkbox"/> No 7015.427.2b Is the diet highly restricted in calories or specific nutrients? <input type="checkbox"/> Yes <input type="checkbox"/> No
--

<b>7090.901 Recipient of Abuse</b> Abuse (emotional and/or physical) or neglect within past six months <span style="float: right;"><b>age 1-2 5A   age 2-5 5B</b></span>
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<b>7095.903 Foster Care</b> Determine if during the previous six (6) months: <span style="float: right;"><b>age 1-2 5A   age 2-5 5B</b></span> <input type="checkbox"/> has entered the foster care system <input type="checkbox"/> has been moving from one foster home to another
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<b>7098.801 Homelessness</b> Homeless <span style="float: right;"><b>age 1-2 5A   age 2-5 5B</b></span>
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<b>7099.802 Migrancy</b> Migrant <span style="float: right;"><b>age 1-2 5A   age 2-5 5B</b></span>
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<b>8030.501 Regression Priority III</b> Certify to maintain health status based on last certification Priority III condition. <b>Can only be used every other certification.</b> <span style="float: right;"><b>3A</b></span>
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<b>8050.501 Regression Priority V</b> Certify to maintain dietary status based on last certification Priority V condition. <b>Can only be used every other certification.</b> <span style="float: right;"><b>age 1-2 5A   age 2-5 5B</b></span>
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**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_



## GUIDELINES FOR PROVIDING BREAST PUMPS

All WIC agencies distributing breast pumps must have written policies concerning the distribution of breast pumps. Written policies promote consistency in education and documentation and reduce agency liability.

The following general policies apply:

1. Certifying Health Professionals issuing and providing education about the use of breast pumps must have adequate skills and training to provide these services.
2. Policies should identify the health professional(s) within each agency/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;
  - Provide follow-up services; and
  - Train other staff regarding breastfeeding and issuance of breast pumps.
3. Collection kits or manual breast pumps cannot be reused, sterilized or loaned to more than one person. Every client needs a new or sterile manual pump or collection kit for electric breast pumps.
4. 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.
  - **Manual pumps** are useful for providing short-term relief from engorgement or for pumping due to missed feedings. These pumps can be provided for breastfeeding women who have delivered their baby.
  - **Electric pumps (hospital grade)** may be needed for high-risk mothers and babies to establish and maintain lactation during periods of extended separation or other medical problems. These pumps are provided to breastfeeding women with a prescription after delivery of the baby. (e.g. Symphony, Elite, and EnDeare)
  - **Electric pumps (single user)** may be needed for women going back to work or school. (e.g. Pump in Style, Purely yours)
5. 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.
  - a) Store all pumps and collection kits in an area or cabinet that can be locked.
  - b) Permanently mark loaner pumps as "property of the WIC Program" and include local health department name, address, and telephone number.
  - c) Maintain perpetual inventory of all breast pumps. See the sample logs included in this section. The Single User Breast Pump Log is for the single user electric breast pumps. The Multi User Hospital Grade Breast Pump Control/Tracking Log is for multi-user loaner pumps.
  - d) Perform physical inventory of all breast pumps on a monthly basis.

- 1) A person other than the person(s) that issues the breast pumps must do the inventory.
  - 2) 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.
  - 3) 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.
  - e) Store new pumps and collection kits should in unopened packaging as received by the manufacturer.
  - f) Identify staff member(s) who are responsible for the cleaning, disinfecting and maintenance of breast pump motors.
  - g) Follow the recommended maintenance schedule for each type of breast pump.
  - h) Establish procedures for retrieving pumps that are lost, stolen, or otherwise not returned.
6. Breastfeeding women must receive accurate information about assembling, using and cleaning breast pumps and collection kits.
- a) 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.
  - b) Provide participant with a demonstration or show actual use of the pump.
  - c) Ensure participant can assemble and disassemble the pump before leaving.
  - d) Provide information to the breastfeeding woman regarding the manufacturer's direction about washing or sterilizing the pump and collection kit.
  - e) Ensure the participant receives printed materials about cleaning procedures.
7. 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:

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

Data from Center for Disease Control and Prevention: Proper Handling and Storage of Human Milk.

[http://www.cdc.gov/breastfeeding/recommendations/handling\\_breastmilk.htm](http://www.cdc.gov/breastfeeding/recommendations/handling_breastmilk.htm).

8. Document the issuance of a breast pump and the counseling received in the participant's record. The following is the minimum documentation:
- a) Reason for issuing the pump;
  - b) Type of pump provided;
  - c) An evaluation of the participant's understanding about using and cleaning the pump;
  - d) A summary of the counseling provided; and



e) Plans for follow-up.

9. 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 Multi-User/Hospital Grade Electric Breast Pump Agreement.
10. 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 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.
11. After issuance of the pump, a breastfeeding woman should receive follow-up services within 24 to 72 hours as outlined in below:

Reason for pump:	Follow-Up Schedule:
A breast pump is issued for medical reasons	<ul style="list-style-type: none"><li>• Make initial follow-up contact within 24 hours;</li><li>• Follow-up by phone weekly;</li><li>• Ensure regular face-to-face follow-up with a breastfeeding specialist (i.e. Certified Lactation Consultant (CLC)/Certified Lactation Specialist (CLS) or International Board Certified Lactation Consultant (IBCLC); and</li><li>• If the baby is not hospitalized, ensure baby's weight is checked by a medical provider at check-up visits</li></ul>
A breast pump is issued for frequent use due to separation for work or school	<ul style="list-style-type: none"><li>• Refer to a peer counselor, if available, if not refer to breastfeeding specialist;</li><li>• Make initial contact within 24-72 hours;</li><li>• Provide biweekly follow-up by phone; and</li><li>• Ensure regular follow up as appropriate.</li></ul>
A manual pump is issued for occasional use	<ul style="list-style-type: none"><li>• Refer to a peer counselor, if available, if not refer to breastfeeding specialist;</li><li>• Make initial contact within 24-72 hours;</li><li>• Provide biweekly follow-up by phone; and</li><li>• Ensure regular follow up as appropriate.</li></ul>

## POLICIES ON LOANING/RENTING ELECTRIC BREAST PUMPS (HOSPITAL GRADE)

1. For families that are participating in the WIC Program and do not qualify for the Medicaid Program, loan/rental of 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 such as engorgement.
2. 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 Program for questions or assistance in Medicaid eligible situations.
3. To authorize loan/rental through WIC, the following criteria must be met:
  - a) The breastfeeding mother must be a WIC participant.
  - b) The electric breast pump is needed due to a medical condition. This may be due to the mother and baby being separated due to medical reasons. For example:
    - i) the mother has delivered, been released from the hospital and has to leave the infant in the hospital;
    - ii) the mother has to be readmitted to the hospital for a surgery or procedure; or
    - iii) 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.
  - c) A prescription must be received prior to issuance of any 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 Registered Nurse Practitioner (ARNP).
  - d) The prescription cannot be for a time period of longer than three (3) months.
4. Procedures to loan a hospital grade breast pump:

If the health department has multi user hospital grade breast pumps available:

  - 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:
    - i) properly use;
    - ii) assemble and disassemble;
    - iii) clean the breast pump; and
    - iv) proper assembly, disassembly and use of the pump.
  - b) Counseling must be provided on:
    - i) hand expression;
    - ii) importance of continuing to feed baby at the breast (if it is possible to feed baby at breast);
    - iii) breast milk pumping frequency;
    - iv) locations to pump breastmilk;
    - v) length of pumping sessions;
    - vi) collection of breast milk;
    - vii) storage of breast milk; and
    - viii) warming and feeding breast milk.
  - c) Complete Kentucky WIC Program Multi-User/Hospital Electric Breast Pump Agreement (see sample).

- i) Review the Agreement with the client and obtain their signature, name, address and applicable telephone numbers. Emphasize the pump is the property of the Local Health Department and must be returned.
  - ii) 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.
  - iii) Document the pump number on the bottom of the agreement.
  - iv) When the pump is returned, document the date returned and the condition of the pump.
- 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, 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 multi-user pump is returned to the clinic:

  - i) Wear protective gloves when handling the pump;
  - ii) Check for return of all parts;
  - iii) Visually check the pump for signs of insect and rodent infestation;
  - iv) 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;
  - v) 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;
  - vi) Test the pump to ensure it is in good working order;
  - vii) Assess the pump for damage; document the damage and send the pump for repair as needed;
  - viii) Clean pump motor casing and pump case with disinfectant, as recommended by manufacturer; and
  - ix) Document pump cleaning on Multi-User Hospital Grade Breast Pump Control/Tracking Log (See sample).

## 5. Procedures to rent a hospital grade electric breast pump.

If the multi-user hospital grade breast pump must be rented from a DME or rental station.

- a) Initiation of the WIC-100 will be done at the health department. See the Hospital Electric Breast Pump Rental form (WIC 100).
- b) Upon receipt of a properly completed prescription, contact an area breast pump rental station or a Durable Medical Equipment Company (DME) to determine if the company has a pump available for rental. If a local breast pump rental facility cannot be found, call the State Agency for assistance. If the breastfeeding woman used an electric breast pump in the hospital and retained the breast pump kit, try to locate the same type of pump.
- c) The 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) Complete the Nutrition Services Branch Electric Breast Pump Rental form (WIC-100).
- e) **Send WIC 100 and prescription with client and instruct client to present these to breast pump rental station or DME.**

- f) Follow-up within 24 hours of pump rental to ensure the breastfeeding woman is properly using the pump, to answer questions and to offer support.
  
- g) **Follow-up must be preformed 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.
- h) Participant Procedures:
  - i) The breastfeeding woman must sign the Kentucky Electric Breast Pump Rental Agreement (WIC-100) on line sixteen (16).
  - ii) The breastfeeding woman presents the WIC -100 and prescription to the breast pump rental station or DME. (The breast pump rental facility may deliver the pump to the home. In this instance, the WIC -100 is given to the company when the pump is delivered).
  - i) The Durable Medical Equipment Company (DME) or Breast Pump Rental Station 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.
  - j) If the participant presents the breast pump to your agency, return the breast pump to the originating DME.

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**KENTUCKY WIC PROGRAM**  
**MULTI-USER/HOSPITAL-GRADE 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 Health Department's 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 must not 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 \_\_\_\_\_ Health Department, health department staff, and WIC program.

I understand that selling WIC pumps is illegal 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 health department 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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**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 an area breast pump rental station or Durable Medical Equipment Company (DME) to determine if the company has a pump available for rental. If a local breast pump rental facility cannot be found, call the State Agency for assistance. If the breastfeeding women used an electric breast pump in the hospital and retained the breast pump kit, try to locate the same type of pump.

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 The DME will complete this section with the itemized charges for the hospital grade breast pump as well as the for

Requested:	the collection kit that will be charged to the State Agency.
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 of Service:	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 of Service:	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 of Service  
Breast Pump Rental Service
16. \_\_\_\_\_ 17. \_\_\_\_\_  
Patient or Responsible Party Date Received  
Receiving Breast Pump (Signature)
18. \_\_\_\_\_ 19. \_\_\_\_\_  
Breast Pump Vendor/DME Date of Service  
Providing Service (Signature)

**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  
x3833

STATE AGENCY USE ONLY  
Expenditures Authorized

Amount \$ \_\_\_\_\_

Date: \_\_\_\_\_

Authorized By: \_\_\_\_\_

Reviewed By \_\_\_\_\_

Invoice # \_\_\_\_\_

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WIC-100 (502) 564-3827

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## **INSTRUCTIONS FOR COMPLETING MULTI-USER HOSPITAL GRADE BREAST PUMP TRACKING LOG**

This is a sample Multi-User Hospital Grade Breast Pump Log that may be used to track the issuance and inventory of multi-user electric breast pumps that are provided to WIC participants.

Serial Number/ WIC Inventory Tag #:	After receiving the hospital grade rental breast pumps, each local agency will assign each breast pump an inventory number. The certifying health professional issuing the breast pump will enter the inventory number.
Pump in storage (S) Or in use (U):	The certifying health professional will determine the status of the breast pump.
Client Name:	Enter the name of the breastfeeding mother. 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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## Multi-User Hospital Grade Breast Pump Control/Tracking Log

[illegible]

## **INSTRUCTIONS FOR COMPLETING SINGLE USER BREAST PUMP LOG**

This is a sample Breast Pump Log that may be used to track the issuance and inventory of single user electric breast pumps that are provided to WIC participants.

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.
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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## SINGLE USER 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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## **INSTRUCTIONS FOR COMPLETING BREASTFEEDING MANAGEMENT/CARE, SUPPORT AND FOLLOW-UP VERIFICATION OF INFORMED CONSENT**

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.

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  
BREASTFEEDING MANAGEMENT/CARE, SUPPORT AND FOLLOW-UP**

**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 lactation expert 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 Lactation Expert 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 Lactation Expert 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 lactation expert 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 lactation expert; 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 Signature

\_\_\_\_\_  
Date

## **INSTRUCTIONS FOR COMPLETING BREASTFEEDING MANAGEMENT/ CARE ASSESSMENT/INFORMATION CHECKLIST**

This is a sample checklist to use when an electric breast pump is being loaned to a client. The information contained on this checklist should be obtained from all clients that are receiving a breast pump. If not using the checklist, ensure all necessary information is documented in the client's 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 1 <sup>st</sup> 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

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 1<sup>st</sup> 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	
4. Proper breast pump cleaning	
5. Demonstration of proper assembly and disassembly	
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	

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## **SPECIFICATIONS OF BREAST PUMPS**

**The following specifications must be met when purchasing breast pumps.**

### **1) 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.

### **2) 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 let down 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.

### 3) 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 let down 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.

### 4) Must have pressure range between 140 Specifications for Manual Breast Pumps

- -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.

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- Step 1. Have a written breastfeeding policy that is routinely communicated to all WIC staff.**
- A. Have an explicit written policy for protecting, promoting and supporting breastfeeding that addresses all 10 steps to successful breastfeeding.
  - B. This policy should be available to all staff. All staff should be instructed on the policy and its use in clinic practice.
  - C. The policy must be posted or displayed in all areas of the clinic.
  - D. Designate a Private Breastfeeding Room/area for all Staff and Clients to breastfeed and/or pump.
- Step 2. Train all WIC staff in the skills necessary to implement this policy.**
- A. Train all staff in the advantages of breastfeeding and the clinic's policies and services to promote, protect and support breastfeeding.
  - B. All clinic staff must be oriented to the breastfeeding policy upon hire.
  - C. Training on breastfeeding and lactation management given to all staff caring for women and infants within six months of their arrival.
  - D. The training must cover the ten steps to successful breastfeeding.
  - E. WIC Breastfeeding Coordinators shall receive specialized training in lactation management.
- Step 3. Inform all pregnant women about the benefits and management of breastfeeding.**
- A. Inform all pregnant women about the benefits and management of breastfeeding.
  - B. Record that breastfeeding has been discussed.
  - C. Women who have never breastfed or who have previously encountered problems with breastfeeding need to receive special attention and support from the lactation management staff.
- Step 4. Inform all pregnant women on the benefits of breastfeeding within a half-hour after birth.**
- A. Inform all mothers of the importance of holding their babies with skin to skin contact within a half-hour of birth and to remain with their babies for at least the first hour.
  - B. Advise mothers to ask for help with breastfeeding within the first hour.
  - C. Inform mothers having a C-section of the importance of holding their babies skin to skin within a half-hour after they are able to respond to their babies.
- Step 5. Inform mothers how to breastfeed and how to maintain lactation even if they are separated from their babies.**
- A. Inform mothers who choose to breastfeed how to correctly position and latch their babies. Give mothers information on expression of breastmilk. Provide them with a list of resources for pumps.
  - B. Maintain a program for providing pumps and information on how to express milk for mothers.
  - C. Mothers with special care babies should be given extra support and education to establish lactation.
  - D. Train staff on the appropriate selection and use of breast pumps.
  - E. Staff should be certain breastfeeding mothers who have had previous problems with breastfeeding receive special attention, support and education.
- Step 6. Inform mothers that infants do not need to receive any food or drink other than breast milk unless medically necessary.**
- A. Train staff on the few acceptable reasons to receive food other than breastmilk.
  - B. All formula needs to be kept in a storage closet out of view of clients.
  - C. No formula advertising shall be visible to clients, including pens, pads and other “giveaways”. Posters and pictures in the clinic should be of breastfeeding multicultural mothers and not be produced by formula companies.
  - D. Any formula given by the clinic to formula feeding infants must be placed in bags before distribution.
  - E. All promotion of infants foods or drinks other than breast milk must be absent from the facility – except for promotion of the new WIC Food Packages.
- Step 7. Advise all mothers of the advantages of rooming in and remaining with their babies 24 hours a day.**
- A. Inform all mothers of the benefits of remaining with their infants.

- B. Advise mothers to start rooming in within one hour of birth.
- C. Advise mothers who have C-sections to start rooming in as soon as they can respond to their baby.

**Step 8. Encourage breastfeeding on demand.**

- A. Advise mothers of the importance of breastfeeding on demand.
- B. Inform mothers of the importance of early frequent breastfeeds.
- C. Educate the mothers on how to determine feeding cues.
- D. Advise mothers to breastfeed their babies whenever their babies are hungry and as often as their babies want to breastfeed.
- E. Inform mothers how breast milk is made and how to increase their supply if necessary.

**Step 9. Inform mothers not to give pacifiers or artificial nipples to their babies until breastfeeding is well established. (usually around 4 weeks).**

- A. Advise mothers of the importance of babies learning how to latch on and breastfeed correctly.
- B. Inform mothers of the importance of babies receiving nutrition from the breast.
- C. Advise mothers of the danger of pacifier use may increase risk of:
  - dental malocclusion,
  - dental caries (more bacteria in mouth),
  - ear infections,
  - thrush (baby is unable to clear the sugar from the mouth), and
  - low milk supply.

**Step 10. Foster the establishment of breastfeeding support and refer mothers to quality breastfeeding support in the community.**

- A. Identify key support persons and provide information to them so they can support the mother at home.
- B. Refer mothers to support groups or breastfeeding classes when available.
- C. Provide a system of follow up care for mothers such as follow up clinic visits or telephone calls.
- D. Train peer counselors and breastfeeding coordinators in current and correct information on breastfeeding.
- E. Form or become active in breastfeeding coalitions. WIC is a source of referrals throughout the community. Coalitions foster referrals and provide WIC staff of breastfeeding support throughout the community.
- F. Learn about breastfeeding practices and activities in all areas of the community, such as hospitals, physician offices, nursing associations and pregnancy and family care agencies. If all are providing the same positive message in the community, the word about breastfeeding will be accepted.