
**Food & Formula Reference Guide
[FFRG]**

Guidelines

Effective - October 1, 2014 – March 31, 2015

A. Acronyms, Abbreviations, Symbols, and Changes

B. Guidelines For Issuing Infant Formulas, Exempt Infant Formulas And **WIC Eligible Nutritionals**

1. Food Package Overview for All WIC Categories
2. [Qualifying Conditions - Issuance of Missouri WIC Approved Foods, Infant Formulas, and Special Formulas](#) **Updated!**
3. [Contract Formulas which Require Medical Documentation](#) **Updated!**
4. [No formula for Breastfed Infants \(0-1 month old\) \(ER# 2.07600\)](#)
5. [Food Package III Check Box in Health Information Screen in MOWINS](#)
6. [Issuance of Milk-Based Contract Formulas](#) **Updated!**
7. [6-11 Month Old Infants \(Non-breastfeeding and **Mostly & some breastfed**\) Who Do Not Receive Complementary Infant Foods \(Infant Cereal, Infant Fruit, And Infant Vegetables\) \(ER# 2.07000\)](#) **Updated!**
8. [Issuance of Two Formulas \(A Combination of Two Formulas: Formula A + Formula B\)](#)
9. [Dilution – Handling Requests for Infant Formulas, Exempt Formulas & **WIC Eligible Nutritionals** w/ Dilutions Different from that Indicated on the Label](#) **Updated!**
10. [Issuance of **WIC Eligible Nutritionals** to Infants](#) **Updated!**
11. [Issuance of Infant Formulas and Exempt Infant Formulas to Children](#)
12. [Issuance of Ready-To-Use/Feed Formulas \(ER# 2.07000, 2.07600, and 2.08100\)](#) **Updated!**
13. [Formulas Not Listed on the Food & Formula Reference Guide \(FFRG\) – Formula Listing](#)
14. [Non-Contract Infant Formulas](#)
15. [Extra Formulas/Unused Formulas](#)
16. [Dented Cans of Formula](#)
17. [Direct Shipment \(Local WIC Provider's Responsibilities; Confidentiality; and Holding Back Extra Formulas\)](#) **Updated!**
18. [Special Formulas \(Exempt Infant Formulas and **WIC Eligible Nutritionals**\) Which May Not Be Available at WIC Vendor \(Grocery Store/Pharmacy\) \(ER# 2.07000\)](#) **Updated!**
19. [Human Milk Fortifier \(HMF\)](#)
20. [Returned Infant Formulas – How to Determine the Number of Cans to Be Issued for the Returned Formulas](#) **Updated!**
21. [Decision Tree for Issuing Special Formulas \(Exempt Infant Formulas and **WIC Eligible Nutritionals**\)](#) **Updated!**
22. [Maximum Monthly Allowances](#)

C. WIC Approved Food and Food Packages

1. [Mom & Baby Dyad](#)
2. [Standard and Default Food Packages – Children and Women](#) **Updated!**
3. [Allowed Milk Listing, Medical Documentation Requirement & CPA's Assessment, determination and documentation](#) **Updated!**
4. [Conversions - Milk, Evaporated Milk, Cultured Buttermilk, Tofu, Goat Milk and Cheese](#) **Updated!**
5. [Options For Issuing Cheese As A Milk Substitute](#) **New!**
6. [Issuing Cheese, Tofu, and A Combination of Cheese and Tofu as Milk Substitutes & Requirement of CPA's Assessment, Determination & Documentation](#) **Updated!**
7. [Conversion of Fluid Milk to Evaporated Milk, Goat Milk, Cheese and Non-Fat Dry](#) **Updated!**
8. [Food Item Descriptions In MOWINS \(Active\)](#) **Updated!**

A. Acronyms, Abbreviations, Symbols, and Changes Updated!

1. Acronyms and Abbreviations			
WIC Cert = WIC Certifier	RD = Registered Dietitian at Local WIC Provider	PWD = Powder	WIC 27 = Medical Documentation Form - Health Care Provider Authorization Form
Nutri = Local WIC Nutritionist	State RD = Registered Dietitian at State WIC Office	Conc. = Concentrated Liquid	
CPA = Competent Professional Authority (Nutritionist, Registered Nurse, and Registered Dietitian)		RTF = Ready To Feed RTU = Ready To Use	
2. Symbols			
≥ Greater than OR Equal to	≤ Less than OR Equal to	> Greater than	< Less than
3. Key Changes			
<p>a. Cheese as Milk Substitution (Effective June 1, 2014) No longer allows cheese to be issued beyond established substitution rate, even with medical documentation. (Federal Register/Vol. 79, No.42/Tuesday, March 4, 2014 / Rules and Regulations (Page 12280) For women in the fully breastfeeding food package, no more than 2 pounds of cheese may be substituted for milk. For children and women in the pregnant, mostly & some breastfeeding and postpartum food packages, no more than 1 pound of cheese may be substituted.</p>			
<p>b. Options For Issuing Cheese As A Milk Substitute One gallon of milk can be substituted with one pound of cheese and one can of evaporated milk, 1 quart of cultured buttermilk, 1 quart of fluid cow milk or 1 pound of tofu.</p>			
<p>c. Policy Change - Return and Replacement of Standard Formula, Exempt Formula or WIC Eligible Nutritionals (Effective October 1, 2014) Formula, which will not be used by the participant because of a formula change made by the physician, shall be returned to the local WIC provider (LWP). The newly prescribed formula for the remainder of the month shall be issued using these procedures in the policy – (ER# 2.07400)</p>			
d. Name changes			
Old Name	New Name	Old Name	New Name
Partially Breastfeeding ≤ Max. Allowed	Mostly Breastfeeding	WIC Eligible Medical Food	WIC Eligible Nutritionals
Partially Breastfeeding > Max. Allowed	Some Breastfeeding		
<p>e. Changes to Milk Substitution - Effective June 1, 2014 No longer allows cheese to be issued beyond established substitution rate, even with medical documentation. (Federal Register/Vol. 79, No.42/Tuesday, March 4, 2014 / Rules and Regulations (Page 12280) <ul style="list-style-type: none"> For women in the fully breastfeeding food package, no more than 2 pounds of cheese may be substituted for milk. For children and women in the pregnant, mostly or some breastfeeding and postpartum food packages, no more than 1 pound of cheese may be substituted. </p>			
<p>f. Important to know about Milk Issuance - Effective October 1, 2014</p> <ul style="list-style-type: none"> Medical Documentation (WIC 27) is required to issue whole milk to children (24 – 59 months old) and women; thus, whole milk can only be issued through Food Package III in addition to formula if the health care provider writes a medical prescription for whole milk. (ER# 2.07000). Skim milk and lowfat milk are not allowed for issuance to children 12-23 months old. CPA's authority has changed. CPA's Assessment, determination and documentation are required to issue 2% milk to children and women and soymilk to children. Issuing soy milk to children (12-59 months) does not require medical documentation from health care providers. 			

B. Guidelines For Issuing Infant Formulas, Exempt Infant Formulas And WIC Eligible Nutritionals

1. Food Package Information for All WIC Categories

See 7 CFR Ch. II (1–1–14 Edition) PART 246—Special Supplemental Nutrition Program For Women, Infants And Children

Subpart D—Participant Benefits - 246.10 Supplemental foods.

http://www.ecfr.gov/cgi-bin/text-idx?SID=a42889f84f99d56ec18d77c9b463c613&node=7:4.1.1.1.10&rgn=div5#se7.4.246_110

2. Qualifying Conditions - Issuance of Missouri WIC Approved Foods, Infant Formulas, and Special Formulas

Participant Category	Qualifying conditions including but not limited to:	Non-qualifying conditions
Infants	<ol style="list-style-type: none"> 1. Premature birth 2. Low birth weight 3. Failure to thrive 4. Inborn errors of metabolism/metabolic disorders 5. Gastrointestinal disorders 6. Malabsorption syndromes 7. Immune system disorders 8. Severe food allergies requiring an elemental formula 9. Life threatening disorders, disease and medical conditions that impair ingestion, digestion, absorption, or the utilization of nutrients that could adversely affect the participant’s nutritional status 	<ol style="list-style-type: none"> 1. Non-specific formula or food intolerance (e.g. fussiness, gas, spitting up, constipation, and colic) 2. Diagnosed formula intolerance or food allergy to lactose, sucrose, milk protein or soy protein that does not require use of an exempt infant formula
Children and Women	<ol style="list-style-type: none"> 1. Premature birth --- <i>children only</i> 2. Failure to thrive --- <i>children only</i> 3. Inborn errors of metabolism/metabolic disorders 4. Gastrointestinal disorders 5. Malabsorption syndromes 6. Immune system disorders 7. Severe food allergies requiring an elemental formula 8. Life threatening disorders, disease and medical conditions that impair ingestion, digestion, absorption, or the utilization of nutrients that could adversely affect the participant’s nutritional status 	<ol style="list-style-type: none"> 1. Food intolerance to lactose or milk protein that can be successfully managed with the use of one of the other WIC food packages 2. Solely for the purpose of enhancing nutrient intake or managing body weight without an underlying qualifying condition

3. Contract Formulas which Require Medical Documentation Updated!

In addition to exempt infant formulas and **WIC eligible nutritionals**, the contracted items below are categorized as “Special Formulas” in MOWINS. Issuing these formulas requires medical documentation (WIC 27). The completed WIC 27 form must be scanned in MOWINS.

Required Medical Documentation (WIC 27)	
Enfamil A.R.- Powder & RTU	Enfamil Non-premature 24 cal in 2 fl oz container

4. No formula for Breastfed Infants (0-1 month old) (ER# 2.07600) Updated!

No formula should routinely be provided to breastfeeding infants (fully breastfeeding and **mostly & some breastfeeding**) in the first month after birth in order for the mother to establish her milk supply.

5. Food Package III Check Box in Health Information Screen in MOWINS

Check the Food Package III Check Box on the Health Information Screen when issuing any special formulas including the following contract formulas: Enfamil AR, and Enfamil W/ Iron Non-Premature (24 cal) which are categorized as a special formula in MOWINS.

6. Issuance of Milk-Based Contract Formulas Updated!

Enfamil Infant (Powder) is the primary contract infant formula and should be issued unless another formula is requested. Enfamil Gentlease may be issued **without** a trial of **Enfamil Infant** if the participant requests it.

7. 6-11 month old infants (Non-breastfeeding and **mostly & some Breastfed) Who Do Not Receive Complementary Infant Foods (Infant Cereal, Infant Fruit, And Infant Vegetables) (ER# 2.07000) Updated!**

a. Exempt Infant Formulas

6-11 month old infants (Non-breastfeeding and **mostly & some** breastfed) whose medical condition prevents them from consuming complementary infant foods may receive **exempt infant formula** at the same maximum monthly allowance as infants age 4 - 5 months of the same feeding option. This would be in lieu of receiving complementary foods. CPA/Nutritionist staff members are able to add the number of cans to the maximum allowed (4-5 months of age for the exempt formula) in MOWINS and to print checks.

[IMPORTANT NOTE] Local WIC providers must **NOT** use “ADD/REPLACE” to issue additional formula. Please see MOWINS screen shots for the new procedure available at the WIC updates link http://health.mo.gov/living/families/wic/wicupdates/2010/november8_2010.php

b. Contract Infant Formulas

6-11 month old infants (non-breastfeeding and **mostly & some** breastfed) who receive contract infant formula and do **not** receive complementary infant foods must **NOT** receive additional cans of formula in lieu of complementary foods. Issue the maximum allowable for the participant category (6-11 months). (FFRG – Formula Listing; **Page 4**)

6-11 month old infants (non-breastfeeding and **mostly & some** breastfed) who receive **contract infant formula** (e.g. Enfamil A.R. and Enfamil - non-premature 24 cal in 2 fl oz container) which requires medical documentation (WIC 27) and **DO NOT** receive complementary infant foods **MUST NOT** receive additional cans of formulas in lieu of complementary foods. Issue the maximum allowable for the participant category (6-11 months).

8. Issuance of Two Formulas (A Combination of Two Formulas: Formula A + Formula B)

Local WIC provider **must** contact the State WIC office 1-800-392-8209 for approval. This does not apply when issuing a formula with more than one flavor. (Formula A with Grape Flavor and Formula A with Strawberry Flavor)

9. Dilution – Handling Requests for Infant Formulas, Exempt Formulas and **WIC Eligible Nutritionals with Dilutions Different from that Indicated on the Label.**

- Any dilutions that deviate from the standard dilution indicated on the label of the product require registered dietitian’s approval (Local WIC provider

OR State WIC office). Examples are:

- i. Enfamil Infant (20 cal/fl oz) mixed to 24 cal/fl oz.
- ii. Similac Expert Care NeoSure (22 cal/fl oz) mixed to 24 ca/fl oz
- Obtain the mixing instructions from a health care provider and document in the General Notes in MOWINS.
- Ensure that the participant has the mixing instructions from the health care provider.
- Issue the maximum allowance for participant category (feeding option) based on the standard reconstitution rate.
- Require a completed medical documentation form (WIC 27) by a health care provider. The completed WIC 27 form must be scanned into MOWINS.

10. Issuance of WIC Eligible Nutritional to Infants Updated!

The Missouri WIC program does **NOT** approve requests for **WIC eligible nutritional** issued to infants when **the WIC eligible nutritional** are intended to be used for children and/or women.

11. Issuance of Infant Formulas and Exempt Infant Formulas to Children

Medical documentation must be completed. The maximum approval length per request is **the last day of the 6th month**. The approval authority for issuing infant formulas or exempt infant formulas to infants also applies for issuing infant formulas and exempt formulas to children. See the column: "Approval Authority" (FFRG – Formula Listing; Page 4-6). Scan the medical documentation (WIC 27) in MOWINS.

12. Issuance of Ready-To-Use/Feed Formulas (ER# 2.07000, 2.07600, and 2.08100) Updated!

a. Circumstances what Ready-to-use (feed) formula Can Be Issued

Contract Formulas, Exempt Formulas, and WIC Eligible Nutritional

- i. There is an unsanitary, unsafe or restricted water supply.
- ii. The participant's household has poor refrigeration facilities.
- iii. The person caring for an infant may have difficulty in correctly diluting the concentrated liquid formula or reconstituting powder formula.
- iv. The prescribed formula is only available in the ready to use (feed) form

Exempt Formulas and WIC Eligible Nutritional only

- v. The ready-to-use (feed) form better accommodates the participant's condition.
- vi. The ready-to-use (feed) form improves the participant's compliance in consuming the prescribed WIC formula.

b. Documentation

Document reason(s) for issuing a ready-to-use (feed) formula in MOWINS.

c. Infant Formulas in Individual Containers (6 or 8 fl oz) -- Updated

Infant formulas in a single use container (e.g. 6 or 8 fl oz) are **not** allowed, **except the following formulas below:**

Allowed (Effective October 1, 2014)	
1 qt./32 oz. or (8 oz. 4-pack) Enfamil Gentlease	1 qt./32 oz. or (8 oz. 4-pack) Enfamil Prosoabee
1 qt./32 oz. or (8 oz. 4-pack) Enfamil AR	1 qt./32 oz. or (8 oz. 4-pack) Enfamil Infant

d. Exempt Infant Formulas In Individual Containers

Exempt infant formulas in individual containers (e.g. 8, 8.25, 8.45, fl oz) or 32 fl oz containers are allowed to be issued to infants and children who meet criteria and/or circumstances in the policies listed above.

e. Infant Formulas/Exempt Infant Formulas In 2 fl oz Individual Serving Containers

Allowed:

- Infant formulas and exempt infant formulas in 2 fl oz individual serving containers are allowed to be issued to infants with qualifying medical condition(s) if the formula requested is NOT available in the 32 oz container. (e.g. Enfamil Non-premature 24 cal; Enfamil Premature 20 cal & 24 cal; Pregestimil 20 cal & 24 cal)

Not allowed:

- Infant formulas/exempt formulas in 2 fl oz individual serving containers are NOT allowed to be issued to children.
- The formulas listed below in 2 fl oz or 6 fl oz individual serving containers are NOT allowed to be issued to infants.

Not Allowed Formulas in 2 fl oz Individual Container				
Enfamil ProSobee 20 Cal	Enfamil Infant 20 Cal	Nutramigen 20 Cal	Enfamil A.R. 20 Cal	Enfamil Gentlease 20 Cal

13. Formulas Not Listed on the Food & Formula Reference Guide (FFRG) – Formula Listing

- No direct shipment is available.
- It is recommended to contact the health care provider (HCP) and let them know that the prescribed formula is not available from the Missouri WIC program.

Referral Information:

Contact Information for the Special Health Care Needs Children and Youth with Special Health Care Needs (CYSHCN) Program Service Coordination:
<http://health.mo.gov/living/families/shcn/pdf/CYSHCNMap.pdf>

14. Non-Contract Infant Formulas

The Missouri WIC program does **NOT** approve requests for any non-contract infant formulas. Examples are listed below:

Similac Advance	Similac With Iron 24 cal	Gerber Good Start Gentle	Store brand infant formulas
Similac Soy Isomil	Similac For Spit-Up	Gerber Good Start Protect	
Similac Sensitive	Gerber Good Start Soy	Gerber Good Start Soothe	

15. Extra Formulas/Unused Formulas (Contact person: Dora Crawford)

- a. Contact Dora Crawford at Dora.Crawford@health.mo.gov at 573-751-3661 or 800-392-8209 when you have extra/unused formula. The unused formulas can be used by another agency. When you have unused formula to report, please give the following using FFRG – Formula Listing

1. Formula Name
2. Formula Listing Number (See FFRG – Formula Listing Page 3-9, far left hand column in formula listing.)
3. Expiration Date
4. Agency Name
5. Phone Number
6. Type (powder, RTU, conc.)
7. Can size (ounces/lb)
8. Contact person

Sample Scenario:

If you have Calcilo XD (unused 3 cans), the following information should be given to Dora Crawford.

1. Formula Name **Calcilo XD**
2. Formula Listing Number: **#35**

- 3. Expiration Date: April 30, 2016
- 4. Agency Name: ABC agency
- 5. Phone Number: 123-456-7890
- 6. Type: Powder
- 7. Can size: 13.2 oz
- 8. Number of Extra/Unused cans: 3 cans
- 9. Contact person: Joan Smith

- a. When your agency needs to ship unused formulas to another agency, you must contact Dora Crawford at Dora.Crawford@health.mo.gov at 573-751-3661 or 800-392-8209. Your agency will receive shipping instructions and shipping labels from Dora Crawford. Your agency will **no longer** receive UPS labels by the U.S. mail.

16. Dented Cans of Formula

- 1. Participants should be educated to NOT purchase dented cans of formula from the store and not to use the formula if they later realize the can is dented. Formula may arrive in dented cans when your agency receives a direct shipment of a special formula. The shipment should be inspected at the time of delivery. Open the box and inspect all cans. Dented cans should not be accepted. Contact **Dora Crawford at Dora.Crawford@health.mo.gov** at 573-751-3661 or 800-392-8209).
- 2. If the shipment of formula was signed for and the can damage was noticed later, leave case together and contact Dora Crawford at **Dora.Crawford@health.mo.gov** to follow up with the manufacturer on the replacement for the dented cans. The Missouri WIC office does not issue dented cans of formula or pay for dented cans. If you need assistance, contact Dora Crawford at **Dora.Crawford@health.mo.gov** at (573-751-3661 or 800-392-8209).

17. Direct Shipment - Local WIC Provider's Responsibilities and Confidentiality Holding Back Extra Formulas Updated!

Follow the Decision Tree for Issuing Special Formulas (Exempt Infant Formulas and **WIC Eligible Nutritionals**) on (FFRG – Guidelines; Page 12)

a. Local WIC Provider's Responsibilities and Confidentiality

- 1) The local WIC provider is responsible for verifying the shipment.
- 2) Make sure the participant is in a current certification. **Do not** issue formula to terminated participants.
- 3) **Do NOT** exceed the monthly maximum allowance as indicated in FFRG – Formula Listing.
- 4) Maintain participant confidentiality.

- b. Holding Back Extra Formulas:** The LWP shall not issue more than the maximum monthly allowance even though the participant's physician orders a greater quantity. Extra cans/bottles of formula remaining from the order must be kept in the WIC clinic for the client for the next time the order is made. In case no additional order of the same formula will be made, please refer to guideline #15. (FFRG – Guidelines Page 7 - 8)

For example, when the State WIC office places an order for formula, local WIC providers will receive 5 cases (120 cans) of Bright Beginnings Soy Pediatric Drink (BBSPD).

- a. **Do not** provide all 5 cases (120 cans) to the participant.
- b. The monthly maximum allowance of BBSPD is 108 cans (**18 six-packs**) even though a physician may prescribe more than 108 cans (**18 six-packs**) per month.
 - If a physician prescribes 3 cans per day, provide only 90 cans per month and keep 27 cans for the next month.
 - If a physician prescribes 4 cans per day, provide only 108 cans (**18 six-packs**) and keep 12 cans (**2 six-packs**) for the next month.

18. **Special Formulas (Exempt Infant Formulas and WIC Eligible Nutritionals) Which May Not Be Available at WIC Authorized Grocery Store/Pharmacy (ER. 2.07000) Updated!**

When local WIC provider issues checks for special formulas (Exempt Infant Formulas and WIC Eligible Nutritionals) which may not be available at a WIC vendor (Grocery Store/Pharmacy), local WIC provider staff must ensure the following:

- Contact local WIC authorized pharmacy **to check** on the availability of the special formula prescribed **before** issuing checks.
- If a special formula needs to be ordered by WIC authorized pharmacy, it **MUST** be ordered by the WIC authorized pharmacy and be picked up by the participant. Formula ordered **MUST** be picked up by the participant before the Last-Date-To-Use (LDTU).
- Do NOT order formulas from WIC authorized vendors or manufacturers.

19. **Human Milk Fortifier (HMF)**

- a. When a local WIC provider gets a request for HMF, the LWP **must** contact the State WIC office 1-800-392-8209 for approval and direct shipment.
- b. Breastfed infants that receive HMF are considered “Mostly & Some Breastfeeding Breastfeeding” and the mother should receive the appropriate food package.
- c. Issuing a combination of HMF and formula is **NOT** allowed.
- d. HMF can be given to infant’s age of 2 weeks old to 3 months old.
- e. A monthly allowance is 240 packets per month (60 packets per week)
- f. The State office will ship a maximum of 60 packets of HMF at a time to the local WIC provider. A new request must be made each week for additional 60 packets, not to exceed 240 packets.

Local WIC provider nutritionist must have the following information before contacting WIC State office:

1. Mother and baby’s food packages
2. Age of infant in weeks
3. Medical diagnosis supporting a request for HMF
4. Body weight of infant at hospital discharge time
5. Prescription for HMF
6. Number of packets/feeding OR Number of packets/day requested by physician

[Note]

- HMF is for very low birth weight (VLBW) infants and is specifically designed to be used as a supplement to be added to mother’s own milk.
- Low birth weight infants fed human milk in the hospital will be supplemented with HMF from 2 weeks of age until they are approximately 2kg (4.4 pounds) in body weight.
- Usually the infant will not need supplementation post hospital discharge; however, if the infant is discharged prior to obtaining the 2 kg (4.4 pounds) goal or there are other medical indications determined by their physician the infant may require HMF post hospital discharge.

20. Returned Infant Formulas – How to Determine the Number of Cans to Be Issued for the Returned Formulas Updated!

a. This conversion table can be used when participants return unused contract formulas.

Powder Formula (Can Size)	Number of Cans which is equivalent to 1 can of powder formulas		
	Powder Formulas	Concentrate Formula (13 fl oz)	Ready-To-Use/Feed Formulas (32 fl oz)
Enfamil ProSobee (12.9 oz)	1 can (93 fl oz)	3 cans	2 bottles/cans
Enfamil Infant (12.5 oz)	1 can (90 fl oz)	3 cans	2 bottles/cans
Enfamil Gentlease (12.4 oz)	1 can (90 fl oz)	3 cans	2 bottles/cans
Enfamil A.R. (12.9 oz)	1 can (91 fl oz)	3 cans	2 bottles/cans

Powder to Powder: Issue the same number of returned/unused cans of the requested formula when a participant returns powdered formula in exchange for another powdered formula.

Powder to Concentrate: When a participant returns 3 cans of **Enfamil Infant** (Powder) and requests **Enfamil Infant** (Conc.), issue 9 cans of **Enfamil Infant** (Conc.).

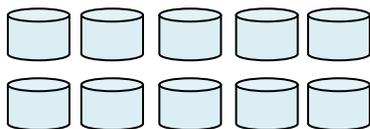
Powder to Ready-To-Use: When a participant returns 3 cans of **Enfamil Infant** (Powder), issue 6 bottles/cans of **Enfamil Infant** (RTU).

b. Sample Scenario - How to Determine the Number of Cans to Be Issued for the Returned Formulas

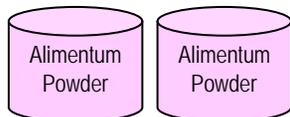
Sample Scenario:

A non breastfeeding 4-month old participant received 34 cans of ProSobee (Concentrate), returned 10 cans and health care provider requested Similac Expert Care Alimentum

Unused 10 cans of ProSobee (Conc.)



Participant gets 2 cans of Alimentum (Powder)



How to Determine the Number of Cans to Be Issued for the Returned Formulas

Step 1: See FFRG – Formula **Listing (Page 4)** and find the 6th column Yield/Can. Reconstituted yield of one can of ProSobee (concentrate) is **26 fl oz/can**.

Step 2: See FFRG – Formula Listing **(Page 6)** and look for Similac Expert Care Alimentum and for the 6th column Yield/Can. Reconstituted yield of one can of Similac Expert Care Alimentum (powder) is **115 fl oz/can**.

Step 3: See FFRG – Guidelines **(Page 12)** – Maximum Monthly Allowance Table to determine the maximum monthly allowance of the formula originally issued. This participant is a **Non-Breastfeeding 4-month old** and received ProSobee **Concentrate**.

1. Find the “Non-Breastfeeding Section.
 2. Then, Find the row titled “Reconstituted Liquid Concentrate.
 3. Then, Find the age category “4-5 months”
- You will find that the maximum monthly allowance for this participant is **896 fl oz/month**

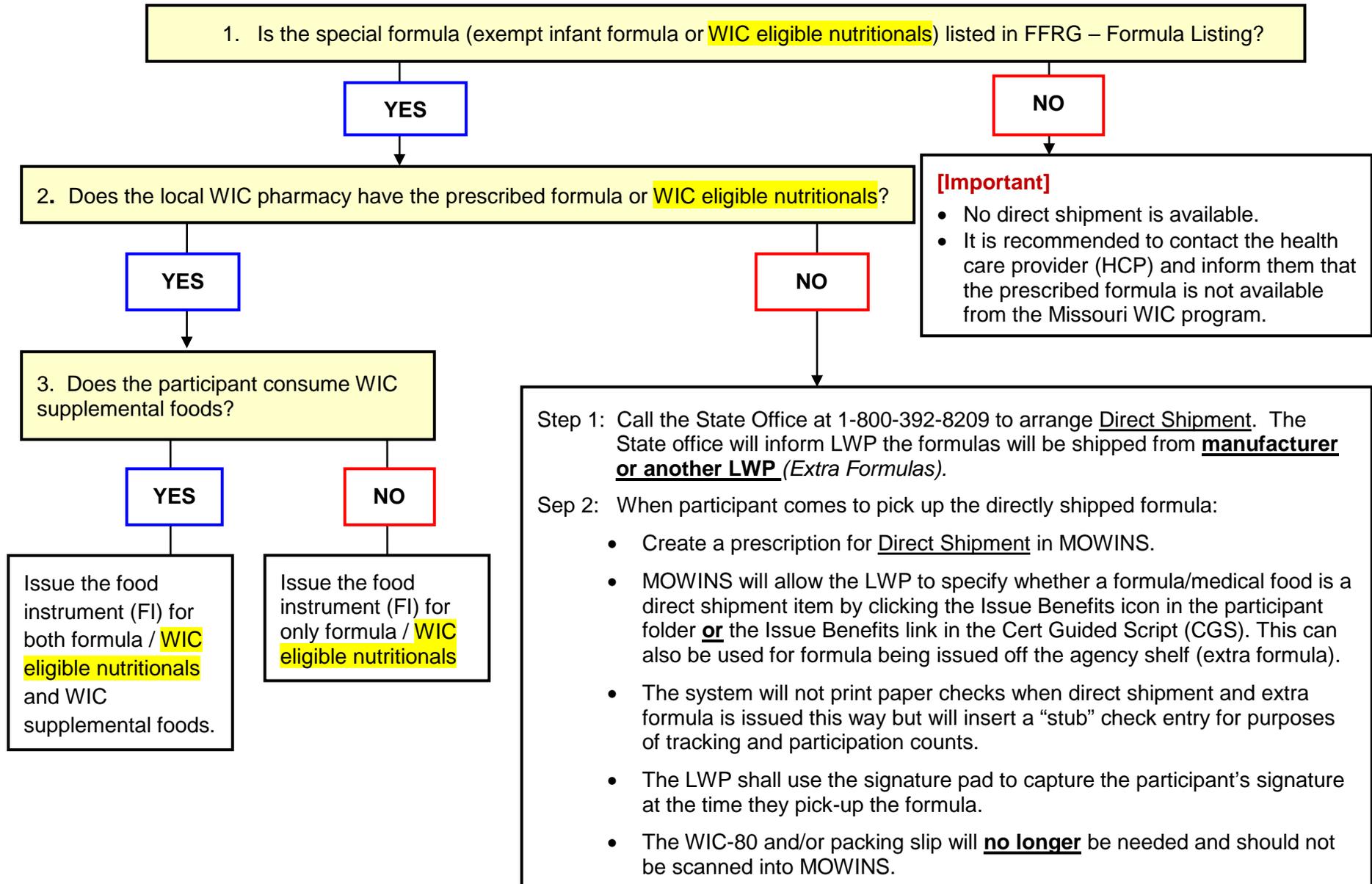
Step 4: How much did this participant use?
Received 34 cans and used 24 cans: 24 cans x 26 fl oz = **624 fl oz (used)**

Step 5: How many cans of Alimentum does this participant get?

1) Maximum monthly allowance – Used amount	896 fl oz – 624 fl oz = 272 fl oz
2) Divide Unused volume by Reconstituted yield volume of one can of Alimentum	272 fl oz ÷ 115 fl oz/can = 2.36 cans
3) Round the number of cans to a whole can	2.36 cans = 2 cans
4) # of cans participant gets	2 cans

Don't round up no matter what!

21. Decision Tree for Issuing Special Formulas (Exempt Infant Formulas and **WIC Eligible Nutritionals**) Updated!



22. Maximum Monthly Allowances

Feeding Options	Type of Formula	0-1 month	1-3 months	4-5 months	6-11 months
Non-Breastfeeding Infant	Reconstituted Liquid Concentrate	823 fl oz	823 fl oz	896 fl oz	630 fl oz
	Ready-To-Use/Feed	832 fl oz	832 fl oz	913 fl oz	643 fl oz
	Reconstituted Powder	870 fl oz	870 fl oz	960 fl oz	696 fl oz
Mostly Breastfed Infants (Infant who receives <u>less than or equal to the maximum</u> amount of formula allowed.)	Reconstituted Liquid Concentrate	n/a	≤ 388 fl oz	≤ 460 fl oz	≤ 315 fl oz
	Ready-To-Use/Feed	n/a	≤ 384 fl oz	≤ 474 fl oz	≤ 338 fl oz
	Reconstituted Powder	n/a	≤ 435 fl oz	≤ 522 fl oz	≤ 384 fl oz
Some Breastfed Infants (Infant who receives <u>greater than the maximum</u> amount of formula allowed.)	Reconstituted Liquid Concentrate	104 fl oz – 823 fl oz	388 fl oz – 823 fl oz	460 fl oz – 896 fl oz	315 fl oz – 630 fl oz
	Ready-To-use/Feed	104 fl oz – 832 fl oz	384 fl oz – 832 fl oz	474 fl oz – 913 fl oz	338 fl oz – 643 fl oz
	Reconstituted Powder	104 fl oz – 870 fl oz	435 fl oz – 870 fl oz	522 fl oz – 960 fl oz	384 fl oz – 696 fl oz

Category	Powder (Reconstituted Yield /Can)	Liquid Concentrate (Reconstituted Yield /Can)	Ready-To Use/Feed
Children with Qualifying Condition(s)	910 fl oz / month	910 fl oz / month	910 fl oz / month
Women with Qualifying Condition(s)	910 fl oz / month	910 fl oz / month	910 fl oz / month

[Note]

> Greater than

≤ Less than or Equal to

C. WIC Approved Food and Food Packages

1. Mom & Baby Dyad

Powdered Formula = Quantity indicated in this chart is based on **Enfamil Infant** (Powdered, 12.5 oz can)

B = Breastfeeding; **N** = Non-Breastfeeding; **≤** = Less than or equal to; **>** = Greater than

Feeding Choice		Birth- 1 Month (30 days)	1 -3 Months	4-5 Months	6-11 Months
Fully Breastfeeding Mom's Program Category/Code: B	Each Month Baby Gets:	Mom's Milk- The only thing baby needs! 😊			<ul style="list-style-type: none"> Breast Milk 24 oz. infant cereal Up to 64 (4 oz) containers of infant fruits & veggies Up to 31 (2.5 oz) containers of infant meats
	Each Month Mom gets: (Food Package)	Fully Breastfeeding Food Package (VII)	Fully Breastfeeding Food Package (VII)	Fully Breastfeeding Food Package (VII)	Fully Breastfeeding Food Package (VII)
Mostly Breastfeeding ≤ Max Mom's Program Category/Code: B	Each Month Baby Gets:	Option is not available	Breast milk Powdered formula (up to 4 cans)	Breast milk Powdered formula (up to 5 cans)	<ul style="list-style-type: none"> Breast milk Powdered formula (Up to 4 cans) 24 oz. infant cereal Up to 32 (4 oz.) containers infant fruits & vegetables
	Each Month Mom Gets: (Food Package)		Mostly Breastfeeding Food Package (V)	Mostly Breastfeeding Food Package (V)	Mostly Breastfeeding Food Package (V)
Non-Breastfeeding Mom's Program Category/Code: N	Each Month Baby Gets:	Powdered formula (Up to 9 cans) (26-27 oz. per day)	Powdered formula (Up to 9 cans) (26-27 oz. per day)	Powdered formula (Up to 10 cans) (29-30 oz. per day)	<ul style="list-style-type: none"> Powdered formula (Up to 7 cans) (20-21 oz. per day) 24 oz. infant cereal Up to 32 (4 oz.) containers infant fruits and vegetables
	Each Month Mom Gets: (Food Package)	Non-Breastfeeding Food Package (VI)	Non-Breastfeeding Food Package (VI)	Non-Breastfeeding Food Package (VI)	Mother no longer eligible for the WIC program
Some Breastfeeding > Max Mom's Program Category/Code: B When the mother wants to provide more than the maximum amount of formula allowed.	Each Month Baby Gets:	Breast milk Powdered formula (1 - 9 cans)	Breast milk Powdered formula (5 – 9 cans)	Breast milk and Powdered formula (6-10 cans)	<ul style="list-style-type: none"> Breast milk 5 - 7 cans of powdered formula 24 oz. infant cereal Up to 32 (4 oz.) containers infant fruits & vegetables
	Each Month Mom Gets: (Food Package)	Non-Breastfeeding Food Package (VI)	Non-Breastfeeding Food Package (VI)	Non-Breastfeeding Food Package (VI)	<ul style="list-style-type: none"> Mother no longer receives food benefits. Receives all other benefits (Nutrition education/Counseling, Breastfeeding support, Referrals). Counts in participation caseload.

2. Standard and Default Food Packages – Children and Women **Updated!**

		Food Package IV	Food Package V	Food Package VI	Food Package VII
	Food Items	Children (1 – 4)	<ul style="list-style-type: none"> Pregnant women with singleton pregnancy Mostly BF women (up to 1 year postpartum) with infant receives less than maximum amount of formula allowed Mostly BF women with twins (up to 1 yr postpartum) when 1 infant receives greater than maximum and 1 infant receives less than the maximum amount of formula allowed 	<ul style="list-style-type: none"> Non-Breastfeeding women BF women - singleton or multiple infants from the same pregnancy receiving more than maximum amount of formula allowed 	<ul style="list-style-type: none"> Fully Breastfeeding women Mostly Breastfeeding Multiples whose infants receive less than maximum amount of formula allowed Pregnant women with Multiples. Pregnant women who are still breastfeeding whose infants receive less than maximum amount of formula allowed
Standard Food Packages	Juice	2 – 64 oz. containers	3 x 12 oz. frozen	2 x 12 oz. frozen	3 x 12 oz. frozen
	Milk, fluid	4 gallons* (16 quarts)	5 ½ gallons* (22 quarts)	4 gallons* (16 quarts)	6 gallons* (24 quarts)
	Cheese	none	none	none	1 pound (This cheese is not a milk substitute)
	Breakfast Cereal	36 oz.	36 oz.	36 oz.	36 oz.
	Eggs	1 dozen	1 dozen	1 dozen	2 dozen
	Fruits & Vegetables	\$8.00	\$10.00	\$10.00	\$10.00
	Whole Grains	2 pounds	1 pound	none	1 pound
	Fish (canned)	none	none	none	30 oz.
	Legumes, dry/canned and/or Peanut Butter**	1 pound dry beans OR 4-16 oz. cans OR 1 x 16-18 oz. jar peanut butter	1 pound dry beans or 4-16 oz. cans AND 1 x 16-18 oz. jar peanut butter	1 pound dry beans OR 4-16 oz. cans OR 1 x 16-18 oz. jar peanut butter	1 pound dry beans or 4-16 oz. cans AND 1 x 16-18 oz. jar peanut butter

* One gallon of milk can be substituted with one pound of cheese and one can of evaporated milk, 1 quart of cultured buttermilk, 1 quart of fluid cow milk or 1 pound of tofu..

** MOWINS allows printing checks for the following options for Food Package V and VII – (Effective July 23, 2012):

Option 1.	Option 2.	Option 3.
1 One pound Dry Beans OR 4 – 16 oz Can Beans 1 16-18 OZ Jar Peanut Butter – Store Brand	2 16-18 OZ Jar Peanut Butter – Store Brand	2 One pound Dry Beans OR 4 – 16 OZ Cans Beans

[Note] Guidelines for Issuing WIC Approved Foods to Homeless Participants (ER 2.08100)

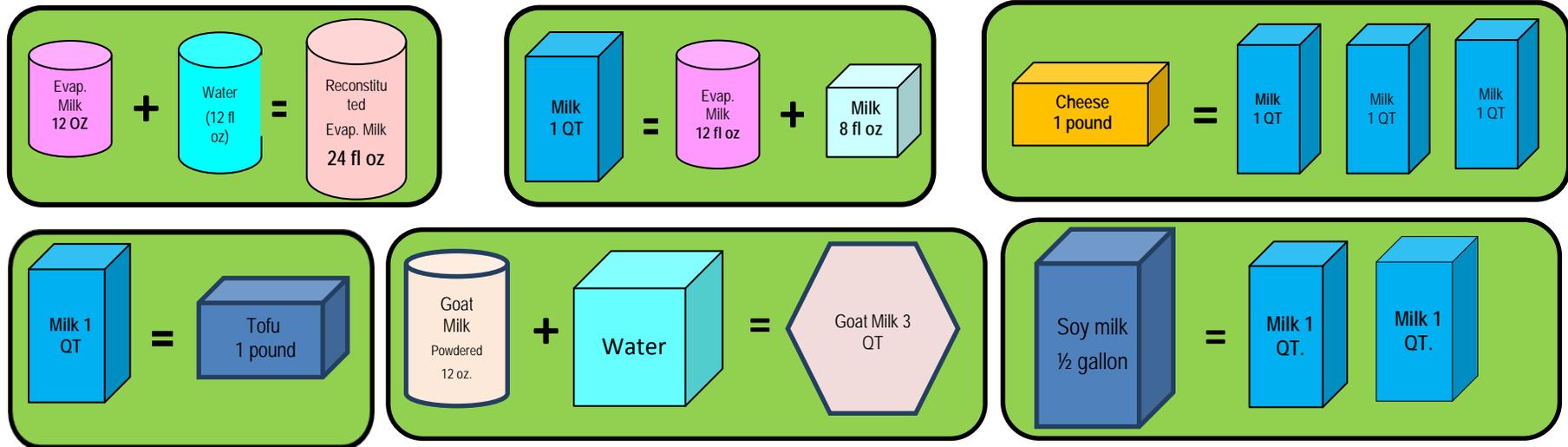
Mostly & Some Breastfeeding Women With <u>Twins</u>	Mother's Food Package
Twins (under 6 months old) Greater than (>) max <u>Some breastfeeding</u>	The mother would receive <u>Food Package VI</u> .
Twins (older than 6 months old) Greater than (>) max <u>Some breastfeeding</u>	If the infants are over 6 months of age, the mother would <u>not</u> receive a food package.
Twins: a baby receives (>) max & another baby receives less than or equal to (≤) max. <u>Mostly Breastfeeding</u>	The mother would receive <u>Food Package V</u> because one of her infants qualifies to receive <u>the mostly breastfeeding package</u> .

3. Allowed Milk Listing, Medical Documentation Requirement & CPA's Assessment, determination and documentation Updated!

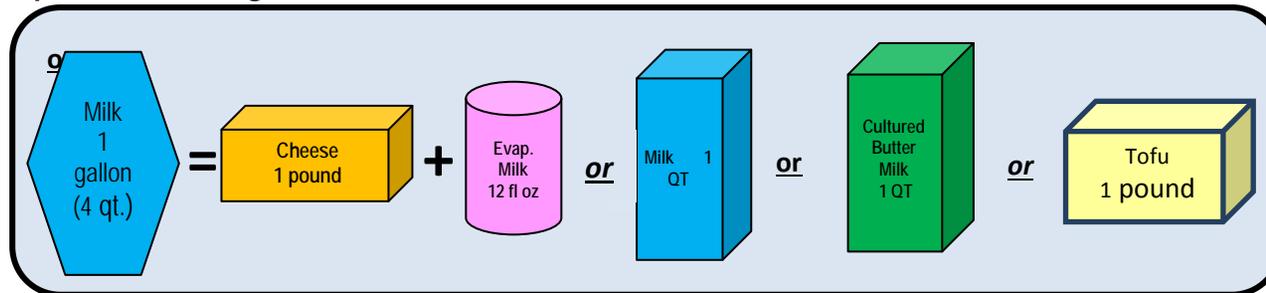
- * Medical Documentation (WIC 27) is required to issue whole milk to children (24 – 59 months old) and women; thus, whole milk can only be issued through Food Package III in addition to formula if the health care provider writes a medical prescription for whole milk. (ER# 2.0700).
 - ** Skim milk and lowfat milk are not allowed for issuance to children 12-23 months old.
 - *** CPA's Assessment, determination and documentation are required.
- [Note] Issuing soy milk to children (12-59 months) does not require medical documentation from health care providers.

#	Milk	Allowed Size	Children 12-23 months	Children 24–59 months	Women
1	Whole Milk	½ Gallon/Gallon/Quart	Allowed	*	*
2	Store Brand Evaporated Whole Milk	12 oz can	Allowed	*	*
3	Store Brand Lactose Free Whole Milk	½ gallon	Allowed	*	*
4	Goat Milk (Evaporated Whole)	12 oz. can	Allowed	*	*
5	Soy milk (Approved brands & Varieties)	½ gallon	***	***	Allowed
6	Milk (Skim thru 1%)	½ Gallon/Gallon/Quart	Not Allowed**	Allowed	Allowed
7	2% milk	½ Gallon/Gallon/Quart	***	***	***
8	Store Brand Evaporated Low Fat/Fat Free Milk	12 oz. can	Not Allowed	Allowed	Allowed
9	Goat milk (nonfat powdered)	12 oz. can	Not Allowed	Allowed	Allowed
10	Cultured Buttermilk	Quart	Not Allowed	Allowed	Allowed
11	Non-Fat Dry Milk (powdered)	8 Quart-Box	Not Allowed	Allowed	Allowed
12	Store Brand Lactose Free Milk (Skim thru 1%)	½ gallon	Not Allowed	Allowed	Allowed

4. Conversions - Milk, Evaporated Milk, Cultured Buttermilk, Tofu, Goat Milk and Cheese **Updated**



5. Options For Issuing Cheese As A Milk Substitute



6. Issuing Cheese, Tofu and a Combination of Cheese and Tofu as Milk Substitutes & Requirement of CPA's Assessment, Determination & Documentation **Important New!!!**

Milk Substitute and Combination	Children	Mostly Breastfeeding/Some Breastfeeding/Non Breastfeeding Women
Cheese 1 pound	No	No
Tofu less than or equal to 4 pounds	Yes	No
Cheese 1 pound + Tofu (less than or equal to 4 pounds)	Yes. Need approval for any amount of Tofu	Need approval for more than 1 pound of Tofu

Milk Substitute and Combinations	Fully Breastfeeding Women
Cheese 2 pound	No
Tofu less than or equal to 4 pounds	No
Cheese 1 pound + Tofu (less than 4 pounds)	No
Cheese 1 pound + 4 pounds Tofu	Yes
Cheese 2 pounds + Tofu (less than or equal to 4 pounds)	Yes

Maximum Allowed Cheese as Milk Substitute

- No longer allows cheese to be issued beyond established substitution rate, even with medical documentation. (Federal Register/Vol. 79, No.42/Tuesday, March 4, 2014 / Rules and Regulations, Page 12280)

7. Conversion of Fluid Milk to Evaporated Milk, Goat Milk, Cheese and Non-Fat Dry Milk - Updated

Fluid Milk	Cheese AND Evaporated Milk	Evaporated Milk / Evaporated Goat Milk 12 fl oz can	Goat milk (Powdered) 1 can = 3 QT.	Non-Fat Dry Milk 1 box = 8 QT.
1 qt. milk		1 can		
2 qt. milk		2 cans		
3 qt. milk	Cheese 1 pound	4 cans	1 can	
4 qt. milk (1 gallons)	Cheese 1 pound + 1 can Evaporated Milk	5 cans		
5 qt. milk	Cheese 1 pound + 2 cans Evaporated Milk	6 cans		
6 qt. milk	n/a	8 cans	2 cans	
7 qt. milk	n/a	9 cans		
8 qt. milk (2 gallons)	n/a	10 cans		1 box
9 qt. milk	n/a	12 cans	3 cans	
10 qt. milk	n/a	13 cans		
11 qt. milk	n/a	14 cans		
12 qt. milk (3 gallons)	n/a	16 cans	4 cans	
13 qt. milk	n/a	17 cans		
14 qt. milk	n/a	18 cans		
15 qt. milk	n/a	20 cans	5 cans	
16 qt. milk (4 gallons)	n/a	21 cans		2 boxes
17 qt. milk	n/a	22 cans		
18 qt. milk	n/a	24 cans	6 cans	
19 qt. milk	n/a	25 cans		
20 qt. milk (5 gallons)	n/a	26 cans		
21 qt. milk	n/a	28 cans	7 cans	
22 qt. milk	n/a	29 cans		
23 qt. milk	n/a	30 cans		
24 qt. milk (6 gallons)	n/a	32 cans	8 cans	3 boxes

8. Food Item Descriptions In MOWINS (Active) Updated!

#	Food Items in MOWINS (Active)	NOTE
1	OUNCES INFANT CEREAL - APPROVED BRANDS	<ul style="list-style-type: none"> • Issuing infant cereal to children requires medical documentation.
2	4 OZ INFANT FRUITS / VEGGIES APPROVED BRANDS/ VARIETIES	<ul style="list-style-type: none"> • Effective September 30, 2013 • No twin-pack is allowed.
3	2.5 OZ JARS INFANT MEATS APPROVED ITEMS ONLY	
4	OUNCES CEREAL - APPROVED TYPES/SIZES	
5	POUND (16 OZ) CHEESE - STORE BRAND	
6	DOZEN EGGS - LARGE, WHITE	
7	16- 18 OZ PEANUT BUTTER OR 1 LB DRY BEANS OR 4 - 16 OZ CAN BEANS	Effective May 1, 2014.
8	ONE POUND DRY BEANS OR 4 - 16 OZ CAN BEANS	
9	16-18 OZ PEANUT BUTTER - STORE BRAND	Effective May 1, 2014.
10	11.5 - 12 OZ FROZEN JUICE APPROVED TYPES	<ul style="list-style-type: none"> • This food item is not allowed for children. Effective 4-16-12)
11	64 FL OZ CONTAINER JUICE APPROVED BRANDS AND TYPES	<ul style="list-style-type: none"> • This food item is not allowed for women.
12	16 OZ WIC APPROVED BREAD, TORTILLAS OR BROWN RICE	
13	16 OZ BROWN RICE STORE BRAND ONLY	
14	3.75 OZ CANS SARDINES -TOMATO OR MUSTARD SAUCE OR WATER-PACK	<ul style="list-style-type: none"> • A combination of canned tuna, sardines and salmon is not allowed.
15	5 OZ CANS SALMON, PINK, WATERPACK ONLY	<ul style="list-style-type: none"> • A participant must choose one item either tuna or sardines or salmon.
16	FOR FRESH/FROZEN FRUITS OR VEGETABLES	
17	OUNCES GENERAL MILLS RICE CHEX OR CORN CHEX (GLUTEN FREE)	<ul style="list-style-type: none"> • Gluten Free cereals can be issued only to participants with Risk Factor 354.
18	HALF GALLON SOYMILK APPROVED BRANDS AND VARIETIES ONLY	
19	12 OZ EVAPORATED MEYENBERG GOAT MILK	Effective October 1, 2014.
20	12 OZ POWDERED MEYENBERG GOAT NONFAT MILK	Effective October 1, 2014.
21	16 OZ PKG TOFU APPROVED ITEMS ONLY	Effective October 1, 2014.

[Note] Brown Rice (32 oz.) is no longer available. Effective September 30, 2013