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

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# **Guidelines**

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**Effective – February 1, 2016**

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

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

1. Food Package Information for All WIC Categories **Updated!**
2. Qualifying Conditions - Issuance of Missouri WIC Approved Foods, Infant Formulas, and Special Formulas
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 **Updated!**
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
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. Return and Replacement of Standard Formula, Exempt Formula or WIC Eligible Nutritionals
16. Extra Formulas/Unused Formulas **Updated!**
17. Dented Cans of Formula
18. Direct Shipment (Local WIC Provider's Responsibilities & Confidentiality and Holding Back Extra Formulas) **Updated!**
19. Special Formulas (Exempt Infant Formulas and WIC Eligible Nutritionals) Which May Not Be Available at WIC Vendor (Grocery Store/Pharmacy) (ER# 2.07000)
20. Human Milk Fortifier (HMF)
21. Returned Infant Formulas/Exempt Formulas/WIC Eligible Nutritionals – How to Determine the Number of Cans to Be Issued for the Returned Formulas **Updated!**
22. Decision Tree for Issuing Special Formulas (Exempt Infant Formulas and WIC Eligible Nutritionals)
23. Maximum Monthly Allowances

**C. WIC Approved Food and Food Packages**

1. Mom & Baby Dyad
2. Issuing Supplemental Formula to Some and Mostly Breastfeeding Infants **New!**
3. Standard and Default Food Packages – Children and Women **Updated!**
4. "What WIC Certifiers Can Do" - Issuing Default Food Package to Children and Women **Updated!**
5. Choices of Dry Beans, Canned Beans, and Peanut Butter for Food Package V and VII
6. Allowed Milk Listing, Medical Documentation Requirement & CPA's Assessment, determination and documentation
7. Basic Rules for Issuing Milk Substitutes **Updated!**
8. Conversion of Fluid Milk to Evaporated Milk, Goat Milk, Cheese and Non-Fat Dry **Updated!**
9. Nutrient Information-WIC Milk and Milk Substitutes
10. Food Item Descriptions In MOWINS (Active) **Updated!**

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

**Important!**

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)	HCP = Health Care providers	RTF = Ready To Feed	
		RTU = Ready To Use	
2. Symbols			
$\geq$ Greater than OR Equal to		$\leq$ Less than OR Equal to	
$>$ Greater than		$<$ Less than	
Old Name	New Name (Effective 10-01-14)	Old Name	New Name (Effective 10-01-14)
Partially Breastfeeding $\leq$ Max. Allowed	Mostly Breastfeeding	WIC Eligible Medical Food	WIC Eligible Nutritionals
Partially Breastfeeding $>$ Max. Allowed	Some Breastfeeding	Cash Value Voucher (CVV)	Cash Value Voucher/ Cash Value Benefits (CVV/CVB)
3. Change to Contract Formulas Effective February 1, 2016 "New!!!!"			
<b>Change to Issuing Enfamil A.R. to Infants:</b> <ul style="list-style-type: none"> <li>Medical Documentation (WIC 27) from a health care provider will no longer be required for issuing Enfamil A.R. to infants.</li> <li>Approval Authority: See Page 4 – FFRG-Listing</li> </ul>		<b>Enfamil Reguline (Powder and Ready To Use):</b> <ul style="list-style-type: none"> <li>A new infant contract formula.</li> <li>Powder (21.4 oz can) and Ready to Use (8 oz, 6-pack) will be available in MOWINS.</li> <li>Approval Authority: See Page 4 – FFRG-Listing</li> </ul>	
About Enfamil Infant, Enfamil Reguline, and Enfamil Gentlease		About Enfamil ProSobee	
Milk-Based:	<ul style="list-style-type: none"> <li>All three formulas are milk-based formulas.</li> </ul>	<ul style="list-style-type: none"> <li>A soy protein isolate formula.</li> <li>It has DHA and ARA.</li> <li>Lactose-free.</li> </ul>	
Protein:	<ul style="list-style-type: none"> <li>Enfamil Infant has intact or whole protein.</li> <li>Enfamil Reguline and Enfamil Gentlease have partially hydrolyzed protein.</li> <li>The whey:casein ratio in all three formulas is 60:40.</li> </ul>		
DHA/ARA:	<ul style="list-style-type: none"> <li>All three formulas have DHA and ARA and the same blend of oils.</li> </ul>		
Carbohydrate:	<ul style="list-style-type: none"> <li>Most of the carbohydrate (~95%) in Enfamil Infant comes from lactose.</li> <li>Enfamil Reguline: About 50% of the carbohydrate comes from lactose.</li> <li>Enfamil Gentlease: About 20% of the carbohydrate comes from lactose.</li> </ul>		
Prebiotics:	<ul style="list-style-type: none"> <li>Enfamil Infant and Enfamil Reguline have the same prebiotics (galactooligosaccharides at 2 g/L of 20 Cal/fl. oz. formula, and polydextrose at 2 g/L of 20 Cal/fl. oz. formula).</li> <li>Enfamil Gentlease does not have prebiotics.</li> </ul>		
3. Changes implanted in MOWINS on December 1, 2015			
a. Food Package Issuance to the 11 <sup>th</sup> Month Food Package			
<p>USDA has issued guidance on the 11 month food package, which requires that states can no longer issue a child's food package to an infant in their 11th month. An infant must receive the infant food package until their first birthday. This is consistent with the American Academy of Pediatrics guidance, which says infants should consume human milk or infant formula until their 1st birthday. Beginning December 1, a nightly process in MOWINS will look at all infant records and remove the one year child's food package. At the one year certification, that package will need to be added in order to print the child food package.</p>			
b. Infant Fruits & Vegetables - New Description			
<p>MOWINS was updated to allow to issue both the twin packs and the single 4 oz. baby food fruits and vegetables in one month. Single jars and twin packs will <u>not</u> be printed on the same check. Each item will be printed on a separate check</p>			

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

**1. Food Package Information for All WIC Categories Updated!**

See 7 CFR Ch. II (1-1-15 Edition) PART 246—Special Supplemental Nutrition Program For Women, Infants And Children Subpart D—Participant Benefits - 246.10 Supplemental foods. <http://www.fns.usda.gov/wic/wic-laws-and-regulations>

**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"> <li>1. Premature birth</li> <li>2. Low birth weight</li> <li>3. Failure to thrive</li> <li>4. Inborn errors of metabolism/metabolic disorders</li> <li>5. Gastrointestinal disorders</li> <li>6. Malabsorption syndromes</li> <li>7. Immune system disorders</li> <li>8. Severe food allergies requiring an elemental formula</li> <li>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</li> </ol>	<ol style="list-style-type: none"> <li>1. Non-specific formula or food intolerance (e.g. fussiness, gas, spitting up, constipation, and colic)</li> <li>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</li> </ol>
Children and Women	<ol style="list-style-type: none"> <li>1. Premature birth --- <i>children only</i></li> <li>2. Failure to thrive --- <i>children only</i></li> <li>3. Inborn errors of metabolism/metabolic disorders</li> <li>4. Gastrointestinal disorders</li> <li>5. Malabsorption syndromes</li> <li>6. Immune system disorders</li> <li>7. Severe food allergies requiring an elemental formula</li> <li>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</li> </ol>	<ol style="list-style-type: none"> <li>1. Food intolerance to lactose or milk protein that can be successfully managed with the use of one of the other WIC food packages</li> <li>2. Solely for the purpose of enhancing nutrient intake or managing body weight without an underlying qualifying condition</li> </ol>

**3. Contract Formulas which Require Medical Documentation (WIC 27) Updated!**

In addition to exempt infant formulas and WIC eligible nutritionals, **an infant contract formula - Enfamil 24 (non-premature) in 2 fl. oz. container** is categorized as “Special Formulas” in MOWINS. Issuing **this formula** requires medical documentation (WIC 27). The completed WIC 27 form must be scanned in MOWINS.

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

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

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

Check the Food Package III Check Box on the Health Information Screen when issuing any special formulas including Enfamil 24 (non-premature) in 2 fl. oz. 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, **Enfamil Reguline and Enfamil A.R.** 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 Can Not Consume Complementary Infant Foods (Infant Cereal, Infant Fruit, And Infant Vegetables) (ER# 2.07000) Updated!**

6-11 month old infants (Non-breastfeeding and *mostly & some* breastfeeding) whose medical condition prevents them from consuming complementary infant foods may receive **any infant formula** (contract & exempt) 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 for 4-5 months in MOWINS and to print checks. Medical documentation (WIC 27) is required.

**[Instructions – How To Issue Additional Formula]**

Type	Instructions	Important Notes
Contract Formulas	<a href="http://health.mo.gov/living/families/wic/mowins/pdf/HowToIssueAdditionalContractFormulaToInfant6-11MonthsWhoCannotConsumeWICFood.pdf">http://health.mo.gov/living/families/wic/mowins/pdf/HowToIssueAdditionalContractFormulaToInfant6-11MonthsWhoCannotConsumeWICFood.pdf</a>	<ul style="list-style-type: none"> <li>Do <b>NOT</b> Check the Food Package III Check Box on the Health Information Screen.</li> <li>Remove the infant food items.</li> </ul>
Exempt Formulas	<a href="http://health.mo.gov/living/families/wic/mowins/pdf/HowToIssueAdditionalExemptFormulaToInfant6-11MonthsWhoCannotConsumeWICFood.pdf">http://health.mo.gov/living/families/wic/mowins/pdf/HowToIssueAdditionalExemptFormulaToInfant6-11MonthsWhoCannotConsumeWICFood.pdf</a>	<ul style="list-style-type: none"> <li>Do <b>NOT</b> use "ADD/REPLACE" to issue additional exempt formula</li> <li>Check the Food Package III Check Box on the Health Information Screen.</li> </ul>

**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/Exempt Formulas & WIC Eligible Nutritionals with Dilutions Different from that Indicated on the Label. Updated!**

- 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:

Enfamil Infant (20 cal/fl oz) mixed to 24 cal/fl oz.	Similac Expert Care NeoSure (22 cal/fl oz) mixed to 24 cal/fl oz
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- 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.

**How to Determine the # of Cans/Month:** If the requested dilution by physician/HCP is different from the standard dilution indicated on the label, the max. monthly allowed quantity is the same as the standard dilution. The state WIC office can assist with questions regarding mixing instructions and the quantity of cans to issue when the request is for a non-standard dilution.

Formula/Dilutions	Infant Age in Month			Formula/Dilutions	Infant Age in Month		
	0-3 months	4-5 months	6-11 months		0-3 months	4-5 months	6-11 months
Enfaport (30 cal) (Standard Dilution)	23	25	17	Enfacare (22 cal) Standard Dilution	10	11	8
Enfaport (20 cal)	23	25	17	Enfacare (20 cal)	10	11	8
Enfaport (24 cal)	23	25	17	Enfaacre (24 cal)	10	11	8

**10. Issuance of WIC Eligible Nutritionals to Infants**

The Missouri WIC program does **NOT** approve requests for WIC eligible nutritionals issued to infants when the WIC eligible nutritionals 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). Scan the medical documentation (WIC 27) in MOWINS.

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

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

Contract Formulas, Exempt Formulas, and WIC Eligible Nutritionals

- 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 Nutritionals 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 (Standard) in Individual Containers (6 or 8 fl oz) Updated!**

Infant formulas (standard/contract) in single use containers (e.g. 6 or 8 fl oz) are **not** allowed except formulas listed below:

Formulas	Approved Size	Formulas	Approved Size
Enfamil AR RTU	6-PACK (8 OZ)	Enfamil Prosobee RTU	6-PACK (8 OZ)

**d. Exempt Infant Formulas and 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 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	Any 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. Return and Replacement of Standard Formula, Exempt Formula or WIC Eligible Nutritionals (ER# 2.07400)**

- Unused formulas must be returned to the local WIC provider.
- Replacement formula may be issued for the current month and future months only.
- No replacement of formulas for formula returned after the benefit period is expired.
- Reissue the formula through the direct ship method in MOWINS to another WIC participant.

Proration of the Formula When A Shorter Benefit Period Remains (Only CPA)

- Complete an assessment to determine the number of ounces/cans to issue for the remaining days of the current month.
- Establish a food prescription and then check the “Preview Benefit” button on the FI issuance screen to validate the system is correctly issuing the amount determined by the assessment. (MOWINS will automatically prorate food benefits.)
- Document the reason for the proration in the participant’s record.

**16. Extra Formulas/Unused Formulas (Contact person: Dora Crawford) Updated!**

a. Contact Dora Crawford at [Dora.Crawford@health.mo.gov](mailto:Dora.Crawford@health.mo.gov) at 573-751-6265 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 4-9, 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 **e-mailed** 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     |

b. When your agency needs to ship unused formulas to another agency, you must contact Dora Crawford at [Dora.Crawford@health.mo.gov](mailto:Dora.Crawford@health.mo.gov) at 573-751-6265 or 800-392-8209. Your agency will receive shipping instructions and shipping labels from Dora Crawford **by e-mail**. Your agency will **no longer** receive UPS labels by the U.S. mail.

**17. 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](mailto:Dora.Crawford@health.mo.gov)** at 573-751-6265 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](mailto: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](mailto:Dora.Crawford@health.mo.gov)** at (573-751-6265 or 800-392-8209).

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

Follow the Decision Tree for Issuing Special Formulas (Exempt Infant Formulas and WIC Eligible Nutritionals). (FFRG – Guidelines Page 11)

**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 **indicated in FFRG- Formula Listing** 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 93 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.

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

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.

**20. 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 or Some 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 240packets/month.

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.

21. Returned Infant Formulas/Exempt Formulas/WIC Eligible Nutritionals – How to Determine the Number of Cans to Be Issued for the Returned Formulas **Updated!**

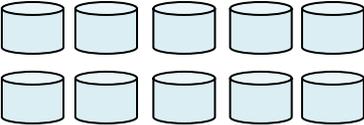
a. **Contract Formulas** This conversion table can be used when participants return unused Contract Formulas.

Powder Formula (Can Size)	Number of Cans which is equivalent to 1 can of powder formulas			Powder 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).
	Powder Formulas	Concentrate Formulas (13 fl oz)	Ready-To-Use/Feed Formulas	
Enfamil Infant (12.5 oz.)	1 can (90 fl. oz.)	3 cans	2 (32 fl. oz.) bottles/cans	
Enfamil Reguline (12.4 oz.)	1 can (90 fl. oz.)	N/A	2 X 6-pack (8 oz.)	
Enfamil Gentlease (12.4 oz.)	1 can (90 fl. oz.)	N/A	2 (32 fl. oz.) bottles/cans	
Enfamil A.R. (12.9 oz.)	1 can (91 fl. oz.)	3 cans	2 X 6-pack (8 oz.)	
Enfamil ProSobee (12.9 oz.)	1 can (93 fl. oz.)	3 cans	2 X 6-pack (8 oz.)	

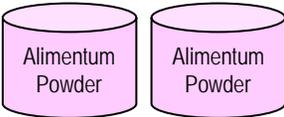
b. **Returned Exempt Formulas/ WIC Eligible Nutritionals** See the sample scenario below:

**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 6<sup>th</sup> 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 6<sup>th</sup> 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) – A 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*.

- Find the “Non-Breastfeeding Section.”
- Then, Find the row titled “Reconstituted Liquid Concentrate.”
- Then, Find the age category “4-5 months”

You will find that the maximum monthly allowance for this participant is 896 fl. oz./month

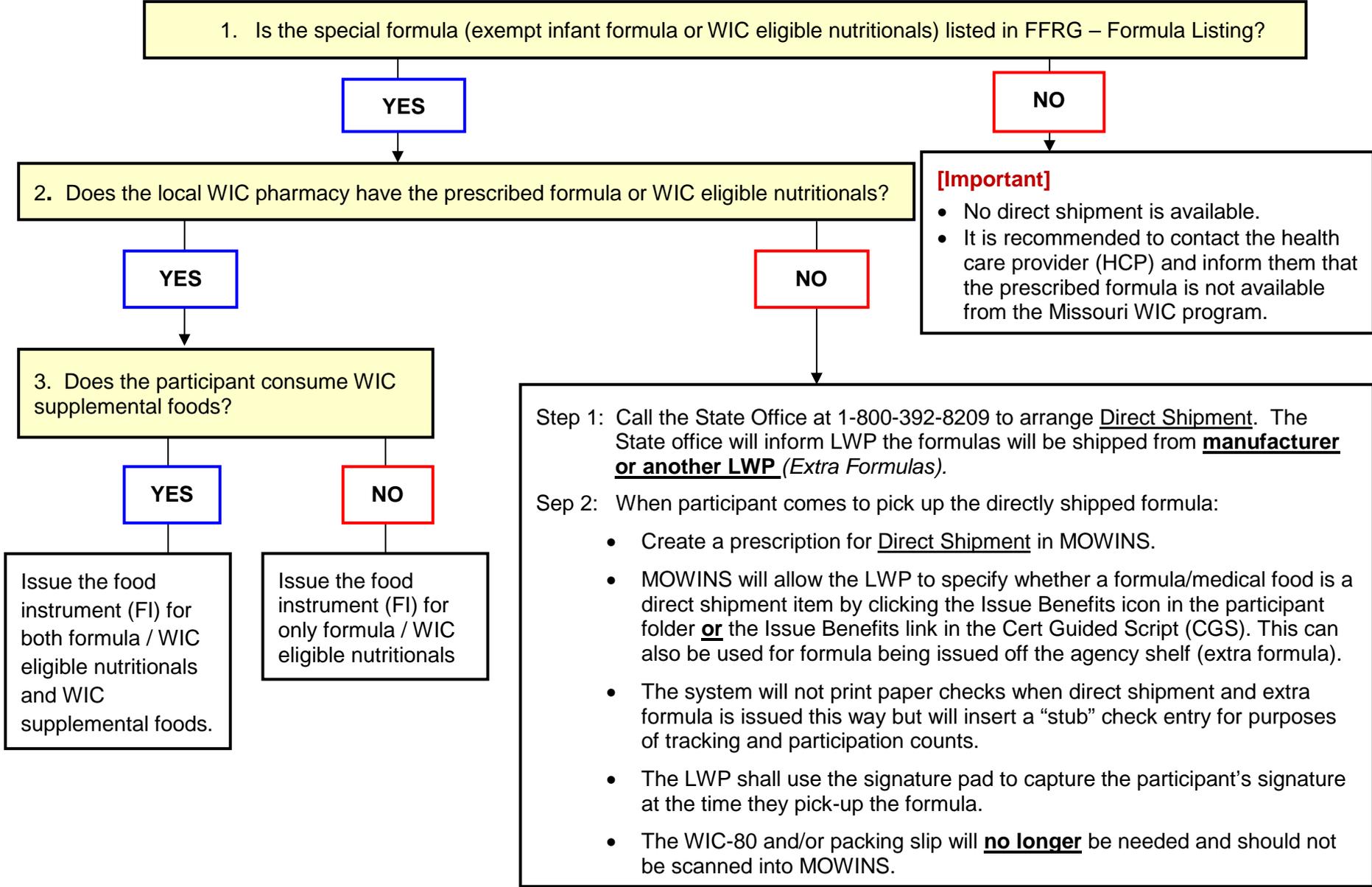
**Step 4:** How much did this participant use?  
Received 34 cans and used 24 cans: 24 cans x 26 fl. oz. = 624 fl. oz. (used)

**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!*

22. Decision Tree for Issuing Special Formulas (Exempt Infant Formulas and WIC Eligible Nutritionals)



23. 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 Breastfeeding Infants (PBF ≤ Max)  (Infant who receives <u>less than or equal to the maximum</u> amount of formula allowed for partially breastfed infants.)	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 Breastfeeding Infants (PBF > Max)  (Infant who receives <u>greater than</u> the maximum amount of formula allowed for partially breastfed infants.)	Reconstituted Liquid Concentrate	> 104 fl. oz.	> 388 fl. oz.	> 460 fl. oz.	> 315 fl. oz.
	Ready-To-use/Feed	> 104 fl. oz.	> 384 fl. oz.	> 474 fl. oz.	> 338 fl. oz.
	Reconstituted Powder	> 104 fl. oz.	> 435 fl. oz.	> 522 fl. oz.	> 384 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	9-11 Months - CVB 9-11 months Infants get <b>WIC checks</b> to purchase fresh Fruits/Vegetables in lieu of infant foods. <b>CPA's assessment, determination and documentation are required.</b>
Fully Breastfeeding Mom's Program Category/Code: <b>B</b>	Each Month Baby Gets:	<b>Mom's Milk- The only thing baby needs! ☺</b>			<ul style="list-style-type: none"> <li>Breast Milk</li> <li>24 oz. infant cereal</li> <li>Up to 64 (4 oz.) infant fruits/veggies</li> <li>Up to 31 (2.5 oz.) infant meats</li> </ul>	<ul style="list-style-type: none"> <li>\$8 CVB &amp; 32 (4 oz.) infant F/V</li> </ul>
	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)	Fully Breastfeeding Food Package (VII)
Mostly Breastfeeding <b>≤ Max</b> Mom's Program Category/Code: <b>B</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"> <li>Breast milk</li> <li>Powdered formula (Up to 4 cans)</li> <li>24 oz. infant cereal</li> <li>Up to 32 (4 oz.) infant fruits/vegetables</li> </ul>	<ul style="list-style-type: none"> <li>\$4 CVB &amp; 16 (4 oz.) infant fruits/vegetables</li> </ul>
	Each Month Mom Gets: (Food Package)		Mostly Breastfeeding Food Package (V)	Mostly Breastfeeding Food Package (V)	Mostly Breastfeeding Food Package (V)	Mostly Breastfeeding Food Package (V)
Non-Breastfeeding Mom's Program Category/Code: <b>N</b>	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"> <li>Powdered formula (Up to 7 cans) (20-21 oz. per day)</li> <li>24 oz. infant cereal</li> <li>Up to 32 (4 oz.) infant fruits/vegetables</li> </ul>	<ul style="list-style-type: none"> <li>\$4 CVB &amp; 16 (4 oz.) infant fruits/vegetables</li> </ul>
	Each Month Mom Gets: (Food Package)	Non-Breastfeeding Food Package (VI)	Non-Breastfeeding Food Package (VI)	Non-Breastfeeding Food Package (VI)	<b>Mother no longer eligible for the WIC program</b>	<b>Mother no longer eligible for the WIC program</b>
Some Breastfeeding <b>&gt; Max</b> Mom's Program Category/Code: <b>B</b>	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"> <li>Breast milk</li> <li>5 - 7 cans of powdered formula</li> <li>24 oz. infant cereal</li> <li>Up to 32 (4 oz.) infant fruits/vegetables</li> </ul>	<ul style="list-style-type: none"> <li>\$4 CVB &amp; 16 (4 oz.) infant fruits/vegetables</li> </ul>
	When the mother wants to provide more than the maximum amount of formula allowed.	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"> <li><b>Mother no longer receives food benefits.</b></li> <li>Receives all other benefits (Nutrition education/Counseling, Breastfeeding support, Referrals).</li> <li>Counts in participation caseload.</li> </ul>

2. Issuing Supplemental Formula to Some and Mostly Breastfeeding Infants **New!**

If the mother states that the infant receives the following approximate amount of formula: Formula/Day. (fl. oz.)	Amount of Formula Per <u>Month</u> (fl. oz.)	Powdered Formulas	Concentrate formulas
		# of cans to issue per month	# of cans to issue per month
3	93	1 can	N/A
6	186	2 cans	N/A
9	279	3 cans	N/A
12	372	4 cans	N/A
15	465	5 cans	18 cans
18	558	6 cans	21 cans
21	651	7 cans	25 cans
24	744	8 cans	29 cans
27	837	9 cans	30 cans
30	930	10 cans	N/A

- [Note]
- Powder infant formula is recommended until the some and mostly breastfed infant reaches four months of age due to powder's longer shelf life and to minimize waste. If the breastfed infant is supplemented with more than 13 ounces per day, liquid concentrate may be issued. (ER. 2.07600)
  - See a maximum monthly allowance for some breastfeeding women and mostly breastfeeding women. (FFRG-Guidelines for Page 12)

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

	Food Items	Food Package IV	Food Package V	Food Package VI	Food Package VII <sup>6</sup>
		Children (1 – 4)	<ul style="list-style-type: none"> <li>Pregnant women with singleton pregnancy</li> <li>Mostly BF women</li> <li>Mostly BF women with twins (up to 1 year postpartum) when                             <ul style="list-style-type: none"> <li>one infant is some breastfeeding.</li> <li>one infant is mostly breastfeeding.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Non-Breastfeeding women</li> <li>Women up to 6 months postpartum whose infants receive formula in excess of the quantity allowed for mostly breastfed infants. (some breastfeeding)</li> </ul>	<ul style="list-style-type: none"> <li>Breastfeeding women up to 1 year postpartum whose infants do not receive infant formula from WIC.</li> <li>Mostly breastfeeding women with multiple infants from the same pregnancy.</li> <li>Pregnant women who are fully or mostly breastfeeding</li> <li>Pregnant women with two or more fetuses.</li> </ul>
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 <sup>1</sup> (16 qts.)	5 ½ gallons <sup>1</sup> (22 qts.)	4 gallons <sup>1</sup> (16 qts.)	6 gallons <sup>1</sup> (24 qts.)
	Cheese <sup>2</sup>	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 <sup>3</sup>	\$8.00 <sup>4</sup>	\$11.00 <sup>4</sup>	\$11.00 <sup>4</sup>	\$11.00 <sup>4</sup>
	Whole Grains	2 lbs.	1 lb.	none	1 lb.
	Fish (canned)	none	none	none	30 oz.
	Legumes, dry/canned <sup>5</sup> and/or Peanut Butter	1 lb. dry beans <u>OR</u> 4-16 oz. cans <u>OR</u> 1 x 16-18 oz. jar peanut butter	1 lb. dry beans <u>or</u> 4-16 oz. cans <u>AND</u> 1 x 16-18 oz. jar peanut butter	1 lb. dry beans <u>OR</u> 4-16 oz. cans <u>OR</u> 1 x 16-18 oz. jar peanut butter	1 lb. dry beans <u>or</u> 4-16 oz. cans <u>AND</u> 1 x 16-18 oz. jar peanut butter

- 1- One gallon of milk can be substituted with one pound of cheese and evaporated milk (1 can), cultured buttermilk (1 qt.), cow milk (1 qt.), yogurt (32 oz.) or tofu (1 lb.). Issuing tofu to children requires *CPA's Assessment, determination and documentation*.
  2. See "Supplement to FFRG –Guidelines Issuing Milk & Milk Substitute" Page 16-18 for issuing cheese as a milk substitute.
  3. **Cash Value Voucher (CVV) For Fresh Fruit & Vegetables in Lieu of Jarred Infant Foods (Food Package II & III)**
    - CVB for purchase of fresh fruits/vegetables can be given in lieu of infant foods fruits/vegetables in food package II & III based upon a thorough individual assessment conducted by CPA.
    - Fully breastfed infant may opt to receive \$8 CVB and 128 oz. jarred infant fruits and vegetables.
    - Partially breastfed and fully formula fed infants may opt to receive \$4 CVV and 64 oz. of infant food fruits and vegetables.
  4. **Children and Women With Qualifying Conditions - Infant Foods In Lieu of the CVV (Food Package III)**
    - Children - Maximum substitution of 128 oz. of jarred fruits/vegetables for \$8 CVV.
    - Women – Maximum substitution of 160 oz. jarred infant fruit/vegetables in place of \$11 CVV.
  5. MOWINS allows printing checks for combinations of dry beans, canned beans and/or peanut butter for Food Package V and VII – (Effective July 23, 2012).
  6. See appropriateness of issuing Food package VII (FFRG –Formula Listing Page 12)
- [Note]** Guidelines for Issuing WIC Approved Foods to Homeless Participants (ER 2.08100)

4. "What WIC Certifiers Can Do" - Issuing Default Food Package to Children and Women Updated!

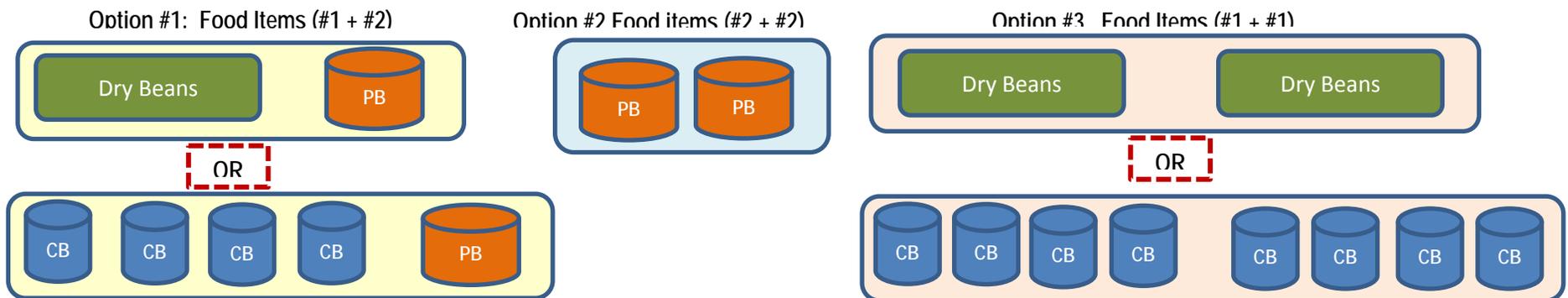
WIC Certifiers Can Do				WIC Certifier Can Not Do
1) Issue milk in default food package. OR Issue default food packages.				Issuing <ul style="list-style-type: none"> <li>▪ lactose free milk</li> <li>▪ non-fat dry milk</li> <li>▪ soy milk</li> <li>▪ goat milk</li> <li>▪ tofu</li> </ul>
2) Revise the default food packages:				
<u>Children (12-23 months)</u> Cheese (1 lb.) and one of the following items: <ul style="list-style-type: none"> <li>• Whole evaporated milk (1 can)</li> <li>• Whole milk (1 qt.)</li> </ul>	<u>Children (24-59 months)</u> Cheese (1 lb.) and one of the following items: <ul style="list-style-type: none"> <li>▪ Fat-free evaporated milk (1 can)</li> <li>▪ Lowfat/skim milk (1 qt.)</li> <li>▪ Buttermilk (1 qt.)</li> <li>▪ Yogurt (32 oz.)</li> </ul>	<u>Women (Food Package V &amp; VI)</u> Cheese (1 lb.) and one of the following items: <ul style="list-style-type: none"> <li>▪ Fat-free evaporated milk (1 can)</li> <li>▪ Lowfat/skim milk (1 qt.)</li> <li>▪ Buttermilk (1 qt.)</li> <li>▪ Yogurt (32 oz.)</li> </ul>	<u>Fully Breastfeeding Women (Food Package VII)</u> Cheese (1 lb. or 2 lb.) in addition to (1 lb.) cheese in the default food package plus one or two of the following items: <ul style="list-style-type: none"> <li>▪ Fat-free evaporated milk (1 can)</li> <li>▪ Lowfat/skim milk (1 qt.)</li> <li>▪ Buttermilk (1 qt.)</li> <li>▪ Yogurt (only one 32 oz container )</li> </ul> <p><b>[important]</b> When a woman requests (2 lbs.) cheese in addition to (1 lb.) cheese in the a default food package, yogurt is not allowed.</p>	

5. Choices of Dry Beans, Canned Beans and Peanut Butter (PB) for Food Package V and VII

Women who receive food package V or VII can choose the following choices of food items (#1 and/or #2) for legumes, dry/canned and/or peanut butter:

(Description #1) ONE POUND DRY BEANS OR 4-16 OUNCE CAN BEANS

(Description #2) 16-18 OZ PEANUT BUTTER - STORE BRAND



**6. Allowed Milk Listing, Medical Documentation Requirement & CPA's Assessment, determination and documentation**

- \* 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, lowfat milk, and lowfat/Fat Free yogurt are not allowed for issuance to children (12-23 months).
- \*\*\* CPA's Assessment, determination and documentation are required.

[Note] Issuing soy milk and/or tofu to children (12-59 months) does **not** require medical documentation from HCP (WIC 27).

#	Milk	Allowed Size	Children 12-23 months	Children 24–59 months	Women
1	<u>Whole</u> Milk	½ Gallon/Gallon/Quart	Allowed	*	*
2	Evaporated <u>Whole</u> Milk	12 oz can	Allowed	*	*
3	Lactose Free <u>Whole</u> Milk	½ gallon	Allowed	*	*
4	Goat Milk (Evaporated <u>Whole</u> )	12 oz. can	Allowed	*	*
5	Soy milk	½ gallon	***	***	Allowed
6	Milk (Skim thru 1%)	½ Gallon/Gallon/Quart	Not Allowed**	Allowed	Allowed
7	2% milk	½ Gallon/Gallon/Quart	***	***	***
8	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	Lactose Free Milk (Skim thru 1%)	½ gallon	Not Allowed**	Allowed	Allowed
13	Tofu	16 oz.	***	***	Allowed
14	Lowfat & Fat Free Yogurt	32 oz.	Not Allowed**	Allowed	Allowed

7. **Basic Rules for Issuing Milk Substitutes --- Updated!**  
 See more information “Supplement to FFRG –Guidelines Issuing Milk & Milk Substitutes”

**A. Cheese Without CPA Approval:**

Children & Women

No more than 1 lb. of cheese may be substituted for 3 qts. of milk.

Fully Breastfeeding Women

No more than 2 lbs. of cheese may be substituted for 6 qts. of milk.

**B. Lowfat/Fat Free Yogurt:**

- Children (24-59 months) & Women - A maximum of 32 oz. of yogurt milk may be substituted for milk.
  - *CPA's Assessment, determination and documentation are NOT required.*
  - *Medical Documentation (WIC 27) is NOT required.*
- Children (12-23 months) are **not** allowed to receive yogurt.

**C. Tofu:**

Children (12-59 months) & Women - A maximum of 4 lb. of tofu may be substituted for milk.

- *Children - CPA's Assessment, determination and documentation are required.*
- *Medical Documentation (WIC 27) is NOT required.*

If the amount of tofu in the cheese, yogurt, tofu combination is less than 4 pounds, additional tofu, up to a total of 4 pounds, may be substituted with CPA determination of need for food allergy, lactose intolerance, vegan diets, and cultural food preference. (ER 2.07900, 2.07800)

**D. A Combination of Cheese, Yogurt OR Tofu Without CPA Approval:**

**Women**

No more than a total of 4 qts. of milk may be substituted for a combination of cheese, yogurt or tofu.

**Children**

No more than a total of 4 qts. of milk may be substituted for a combination of cheese and yogurt. Issuance of any tofu requires CPA approval.

Fully Breastfeeding Women

No more than a total of 6 qts. of milk may be substituted for a combination of cheese, yogurt or tofu

**E. Soy milk:**

Children - May issue up to the total maximum allowance of milk.

- *CPA's Assessment, determination and documentation are required.*
- *Medical Documentation (WIC 27) is NOT required.*

Women – May issue up to the total maximum allowance of milk without CPA approval.

**[Note]**

Parents and caregivers should be made aware that children's diets may be nutritionally inadequate when milk is replaced by other foods, and should be provided appropriate nutrition education. The value of milk for WIC participants, particularly in the development of bone mass for children, should be emphasized. Lactose-free or lactose-reduced fortified dairy products should be offered before non-dairy milk alternatives to those participants with lactose intolerance that cannot drink milk. Also, if milk is replaced by milk alternatives that are not vitamin D fortified, vitamin D intakes may be inadequate. Thus, replacements for milk are to be approached with caution even if they are rich in calcium. Issuance of tofu and soy-based beverage as substitutes for milk for children requires an individual nutritional assessment by the CPA.

(12276 Federal Register / Vol. 79, No. 42 / Tuesday, March 4, 2014 / Rules and Regulations)

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

Milk	Food Package (Max QTY of 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 lb.	4 cans	1 can	
4 qt. milk (1 gallons)		Cheese 1 lb. + 1 can Evap. Milk	5 cans		
5 qt. milk		Cheese 1 lb. + 2 cans Evap. 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)	Food Package IV & VI (Children & Non-Breastfeeding & Some breastfeeding women)	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	Food Package V (Pregnant & Mostly Breastfeeding Women)	n/a	29 cans		
23 qt. milk		n/a	30 cans		
24 qt. milk (6 gallons)	Food Package VII See <a href="#">page 12</a> for FFRG Formula Listing Package VII -eligibility	n/a	32 cans	8 cans	3 boxes

9. Nutrient Information: WIC Approved Milk and Soy Products

Type of milk	Milk														Soy Products	
	Whole Milk (3.25%)	Reduced Fat Milk (2%)	Low Fat Milk (1%)	Skim Milk	Evap. Whole Milk	Evap. Fat Free Milk	Nonfat Dry Milk	Lactose Free Milk Whole	Lactose Free Milk Reduced Fat	Lactose Free Milk Fat Free	Whole Goat Evap. Milk	Non-Fat Powdered Goat Milk	Cultured Buttermilk	Nonfat Plain Yogurt	Soy Milk	Tofu
Product & Brand Names Used	Central Dairy	Central Dairy	Central Dairy	Central Dairy	Hy Vee Evaporated Milk	Hy Vee Evaporated Milk Fat Free	Hy Vee Instant Nonfat Dry Milk	Hiland	Hiland	Hiland	Meyenberg	Meyenberg	Prairie Farm Cultured Reduced Fat (1 1/2%) Buttermilk	Yoplait Plain Nonfat Yogurt	8th Continent Original	Azumaya Extra Firm
Size	1 cup	1 cup	1 cup	1 cup	1 cup (Reconstituted)	1 cup (Reconstituted)	1 cup (Reconstituted)	1 cup	1 cup	1 cup	1 cup (Reconstituted)	1 cup (Reconstituted)	1 cup	1 serving (8 oz.)	1 cup	1 serving (3 oz.)
Calories (cal.)	150	120	100	80	169	100	84	150	120	80	145	90	120	130	80	70
Total Fat (g.)	8	5	2.5	0	10	0	0	8	5	0	8	0	3.5	0	2.5	4
Saturated Fat (g.)	5	3.5	1.5	0	6	0	0	5	3.5	0	5	0	2.5	0	0	0
Protein (gm.)	8	8	8	8	9	10	8	8	8	8	8	8	9	11	8	8
Calcium (mg.)	300	300	300	300	329	371	289	300	300	300	298	300	300	350	300	150
Vitamin D (I.U.)	100	100	100	100	100	101	101	100	100	100	100	100	100	80	100	0
Vitamin A (I.U.)	300	500	500	500	500	300	500	300	500	500	343	500	500	500	500	0
Sugars (gm.)	11	11	11	11	13	15	12	11	11	11	10	11	13	13	7	0

[Note]

- All WIC approved reduced fat (2%), lowfat (1%), and nonfat cow's milk are fortified with at least 100 IU vitamin D and 500 IU vitamin A per cup. Whole milk is not fortified with vitamin A. Vitamin A in whole milk is about 300 IU which is less than that in other milk. Because vitamin A and carotene exist naturally in the fat portion of milk, lower fat (reduced fat/lowfat) and nonfat cow's milk must be fortified with chemically-derived vitamin A to level found in whole milk (300 IU, 6% DV). Processors are encouraged, however, to fortify lower fat/nonfat milk to the current level of 500 IU of vitamin A per cup (10% DV.)
- Yogurt: See the Nutrition Fact panel of each yogurt because nutrient value varies. A list of the WIC approved yogurts is available on Page 3 of the Missouri WIC Approved Food List. Lowfat yogurt contains not less than 0.5% and no more than 2% milkfat. Some brands of lowfat yogurt may contain 1.5% milkfat. It is important to remember that lowfat milk has a different definition. Lowfat milk cannot have more than 1% milkfat. [Low Fat Yogurt, § 131.203 21 CFR Ch. I (4-1-06 Edition) <http://www.gpo.gov/fdsys/pkg/CFR-2006-title21-vol2/pdf/CFR-2006-title21-vol2-sec131-203.pdf>.]

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

	WIC Food Items in MOWINS		Milk & Milk Substitute Items in MOWINS
1	OUNCES INFANT CEREAL- APPROVED BRANDS	19	12 OZ CAN EVAPORATED FAT FREE MILK STORE BRAND
2	4 OZ INFANT FRUITS/VEGGIES APPROVED BRANDS/VARIETIES ONLY (Effective 10-01-15)	20	12 OZ CAN EVAPORATED LOWFAT MILK STORE BRAND
	TWIN-PACK (4 OZ TUB) INFANT FRUITS/VEGGIES – APPROVED BRANDS (Effective 10-01-15)		
3	2.5 OZ JARS INFANT MEATS APPROVED ITEMS ONLY	21	12 OZ CAN EVAPORATED WHOLE MILK - STORE BRAND
4	OUNCES CEREAL APPROVED TYPES/SIZES	22	12 OZ EVAPORATED MEYENBERG GOAT MILK
5	OUNCES GENERAL MILLS RICE CHEX OR CORN CHEX (GLUTEN FREE)*	23	12 OZ POWDERED MEYENBERG GOAT NONFAT MILK
6	64 FL OZ CONTAINER JUICE APPROVED BRANDS AND TYPES	24	HALF GALLONS LACTOSE FREE MILK:SKIM THRU 1% ANY***BRAND
7	11.5 - 12.0 OZ FROZEN JUICE APPROVED TYPES	25	HALF GALLONS LACTOSE FREE MILK: REDUCED FAT (2%) ANY*** BRAND
8	POUND 16 OZ CHEESE - STORE BRAND	26	HALF GALLONS LACTOSE FREE WHOLE MILK ANY*** BRAND
9	DOZEN EGGS LARGE, WHITE	27	HALF GALLONS SOY MILK APPROVED BRANDS AND VARIETIES
10	16-18 OZ PEANUT BUTTER - STORE BRAND	28	8 QUART BOX NON-FAT DRY MILK STORE BRAND
11	1 16-18 OZ PEANUT BUTTER OR 1 LB DRY OR 4-16 OZ CAN BEANS	29	QUARTS CULTURED BUTTERMILK
12	ONE POUND DRY BEANS OR 4-16 OUNCE CAN BEANS	30	MILK SKIM ONLY (WHITE)
13	FOR FRESH/FROZEN FRUITS AND/OR VEGETABLES	31	MILK: 2% (WHITE)
14	16 OZ APPROVED BREAD, TORTILLAS, BROWN RICE OR WHEAT PASTA (Effective 10-01-15)	32	SKIM THRU 1% (WHITE)
15	16 OZ BROWN RICE STORE BRAND ONLY	33	WHOLE MILK (WHITE/UNFLAVORED)
16	3.75 OZ CANS SARDINES -TOMATO OR MUSTARD SAUCE OR WATER-PACK**	34	16 OZ PKG TOFU APPROVED ITEMS ONLY
17	5 OZ CANS SALMON, PINK, WATER-PACK ONLY**	35	32 OZ YOGURT APPROVED BRANDS/ VARIETIES Effective April 1, 2015
18	5 OZ CANS TUNA WATER-PACK ONLY**	36	FOR FRUITS AND/OR VEGETABLES (FRESH ONLY) Effective August 3, 2015

\* Gluten Free cereals can be issued only to participants with Risk Factor 354.

\*\* A combination of canned tuna, sardines and salmon is not allowed. A participant must choose one item either tuna or sardines or salmon.

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