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

Guidelines

Effective - April 1, 2015

A. Acronyms, Abbreviations, Symbols, and Changes Updated

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
3. Contract Formulas which Require Medical Documentation
4. No formula for Breastfed Infants (0-1 month old) (ER# 2.07600) **Updated!**
5. Food Package III Check Box in Health Information Screen in MOWINS
6. Issuance of Milk-Based Contract Formulas
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
10. Issuance of WIC Eligible Nutritionals to Infants
11. Issuance of Infant Formulas and Exempt Infant Formulas to Children **Updated!**
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 **New**
16. Extra Formulas/Unused Formulas **Updated!**
17. Dented Cans of Formula **Updated!**
18. Direct Shipment (Local WIC Provider's Responsibilities & Confidentiality and Holding Back Extra Formulas)
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) **Updated!**
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 **Updated!**

C. WIC Approved Food and Food Packages

1. Mom & Baby Dyad
2. Standard and Default Food Packages – Children and Women **Updated!**
3. Choices of Dry Beans, Canned Beans, and Peanut Butter for Food Package V and VII **New**
4. Allowed Milk Listing, Medical Documentation Requirement & CPA's Assessment, determination and documentation **Updated**
5. Equations & Conversions - Milk, Evaporated Milk, Cultured Buttermilk, Tofu, Goat Milk and Cheese **Updated!**
6. Basic Rules for Issuing Milk Substitutes **New**
7. Examples for Issuing a Combination of Cheese, Tofu, & Yogurt **New**
8. Conversion of Fluid Milk to Evaporated Milk, Goat Milk, Cheese and Non-Fat Dry **Updated!**
9. WIC Milk and Milk Substitute Nutrient Information **New**
10. 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)	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)		Old Name		New Name (Effective 10-01-14)										
Partially Breastfeeding \leq Max. Allowed		Mostly Breastfeeding		WIC Eligible Medical Food										
Partially Breastfeeding $>$ Max. Allowed		Some Breastfeeding		WIC Eligible Nutritionals										
3. Changes to Formulas - Effective April 1, 2015														
Additional Contract (standard) Formula to Infants (6-11 months) - New Rule (See Page 5 for more information)														
Infants 6-11 months old with a qualifying medical condition and documentation will be able to receive additional contract infant formula in lieu of infant foods at the same maximum monthly allowance as infants 4-5 months. WIC 27 (Medical Documentation form) is required.														
4. New Milk Substitute - Low fat/Fat Free Yogurt Effective April 1, 2015 For more information, see the Food & Formula Reference Guide – Guidelines (Page 15-18)														
<ul style="list-style-type: none"> Children (24-59 months) & Women: Lowfat/fat free yogurt is allowed. A maximum of 32 oz. of yogurt can be substituted with 1 qt. of milk. Yogurt (32 oz.) = Milk 1 qt. Not Required: Medical Documentation (WIC 27); CPA's Assessment, determination and documentation. Children (12-23 months): Lowfat/fat free yogurt is NOT allowed. 														
<table border="1"> <thead> <tr> <th>Milk Substitute</th> <th>Allowed Size</th> <th>Children (12-23 months)</th> <th>Children (24–59 months)</th> <th>Women</th> </tr> </thead> <tbody> <tr> <td>Yogurt (Lowfat & Fat Free)</td> <td>32 oz.</td> <td>Not Allowed</td> <td>Allowed</td> <td>Allowed</td> </tr> </tbody> </table>					Milk Substitute	Allowed Size	Children (12-23 months)	Children (24–59 months)	Women	Yogurt (Lowfat & Fat Free)	32 oz.	Not Allowed	Allowed	Allowed
Milk Substitute	Allowed Size	Children (12-23 months)	Children (24–59 months)	Women										
Yogurt (Lowfat & Fat Free)	32 oz.	Not Allowed	Allowed	Allowed										
5. Issuing Cheese, Tofu, and Yogurt Effective April 1, 2015 (See Page 16-18)														
Children (food package IV) & Women (food package V & VI)			Fully Breastfeeding Women (food package VII)											
No more than a total of 4 qts. of milk may be substituted for cheese, tofu, and yogurt or any combination thereof.			No more than a total of 6 qts. of milk may be substituted for cheese, tofu, and yogurt or any combination thereof.											
<p>A Combination Rule: If the amount of tofu in the cheese-tofu- yogurt combination is less than 4 lbs., <u>additional tofu, up to a total of 4 lbs.</u>, may be substituted with CPA determination of need for food allergy, lactose intolerance, vegan diets, and cultural food preference.</p>														
6. Changes to WIC Approved Fruits & Vegetables and WIC Checks Effective April 1, 2015 For more information, see the Missouri WIC Approved Food List Page 14 & 16.														
<ul style="list-style-type: none"> Potatoes: Allowed: Any fresh potatoes & any plain frozen vegetable, frozen steamed vegetable including potatoes, or plain frozen vegetable mixtures including potatoes without any added ingredients, seasonings, sugars or oils Not Allowed: Any French fries, tator tots, potato rounds, diced potatoes, shredded hash browns or hash brown patties with added oils, seasonings, or sugars. WIC Fruit & Vegetable Checks: New Rule: When fruits and vegetables are purchased that exceed the dollar amount on the WIC check, the WIC participant can: 1) Pay the difference using cash, check, credit/debit card, or SNAP EBT card OR 2) Pay the difference by using multiple fruit and vegetable checks together. 														

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

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 to allow 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

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 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	http://health.mo.gov/living/families/wic/wicupdates/2015/february17_2015.php	<ul style="list-style-type: none"> Do NOT Check the Food Package III Check Box on the Health Information Screen. Remove the infant food items.
Exempt Formulas	http://health.mo.gov/living/families/wic/wicupdates/2010/november8_2010.php	<ul style="list-style-type: none"> Do NOT use "ADD/REPLACE" to issue additional exempt formula Check the Food Package III Check Box on the Health Information Screen.

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:

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

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 Updated

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 3-5](#)). 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 in Individual Containers (6 or 8 fl oz)

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. Return and Replacement of Standard Formula, Exempt Formula or WIC Eligible Nutritionals (ER# 2.07400) New

- 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 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 3-8, 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

- b. When your agency needs to ship unused formulas to another agency, you must contact Dora Crawford at Dora.Crawford@health.mo.gov at 573-751-6265 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.

17. Dented Cans of Formula Updated!

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 573-751-6265 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** 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 (573-751-6265 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 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) Updated!**

- 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 240 packets/**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 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.

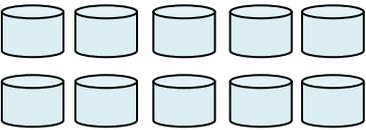
Powder to Concentrate: When a participant returns 3 cans of Enfamil Infant (Powder) and requests Enfamil Infant (Conc.), issue 9 cans of Enfamil Infant (Conc.).

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

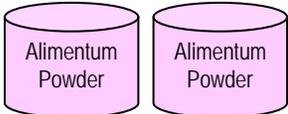
b. **Returned Exempt Formulas/ WIC Eligible Nutritionals** See the sample scenario below:

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 Updated!

Step 1: See FFRG – Formula Listing (Page 3) 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 5) 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**.

- 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**

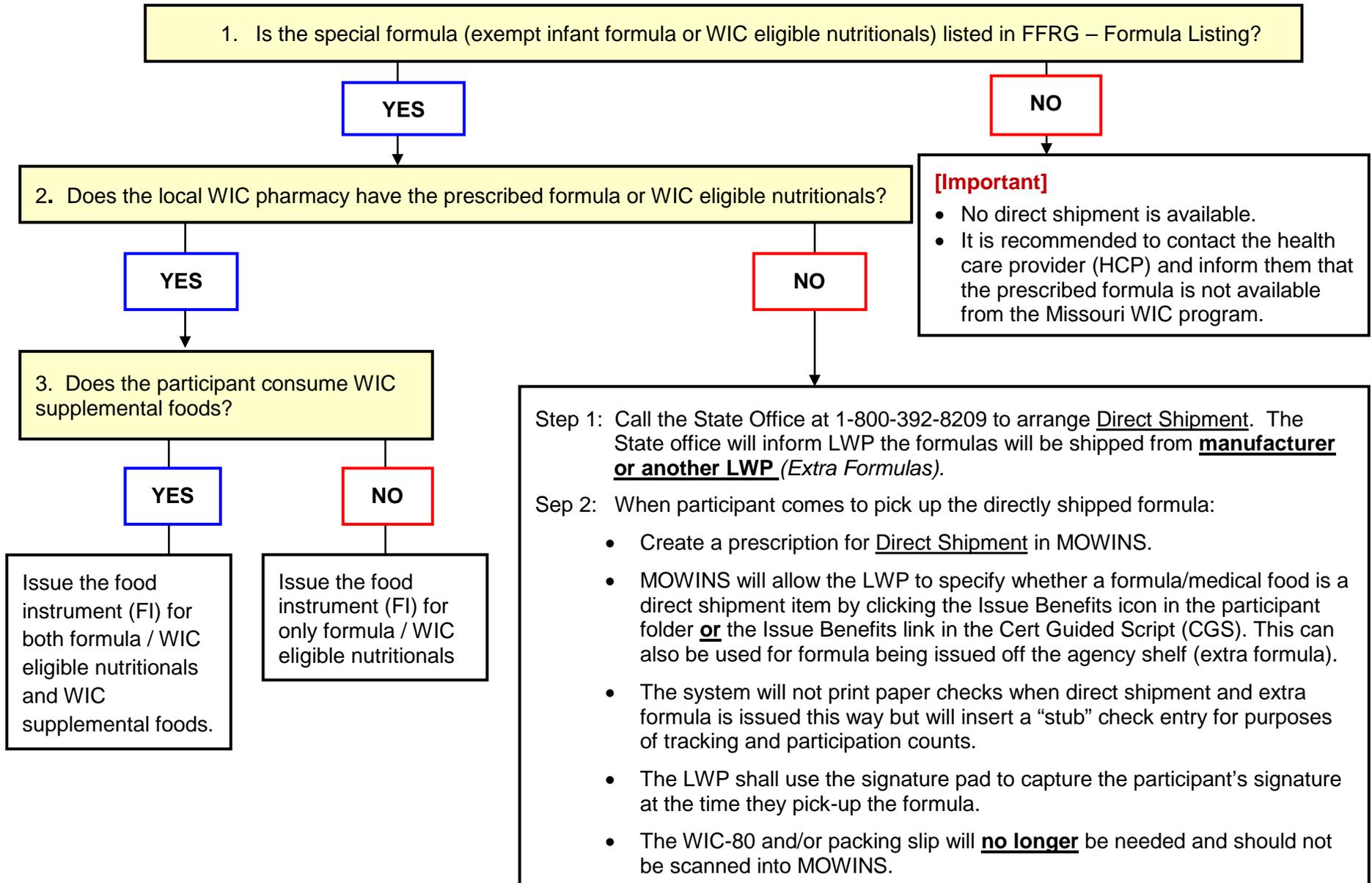
Step 4: How much did this participant use?
 Received 34 cans and used 24 cans: 24 cans x 26 fl. oz. = **624 fl. oz. (used)**

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 **Updated!**

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
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
	Milk, fluid	4 gallons* (16 qts.)	5 ½ gallons* (22 qts.)	4 gallons* (16 qts.)
	Cheese***	None	None	None
	Breakfast Cereal	36 oz.	36 oz.	36 oz.
	Eggs	1 dozen	1 dozen	1 dozen
	Fruits & Vegetables	\$8.00	\$10.00	\$10.00
	Whole Grains	2 lbs.	1 lb.	none
	Fish (canned)	none	none	none
Legumes, dry/canned 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
“What WIC Certifiers Can Do” - Issuing Default Food Package to Children and Women New				
Allowed:			Not Allowed:	
<ul style="list-style-type: none"> Issuing milk in default food package. OR Issuing default food packages. Revising the default food package to include <ul style="list-style-type: none"> cheese (1 lb.) and whole evaporated milk (1 can) for children (12-23 months) cheese (1 lb.) and fat-free evaporate milk (1 can) for children (24-59 months) and women (food package V & VI) cheese (1 – 2 lbs.) and fat-free evaporate milk (1 – 2 cans) for the fully breastfeeding women (food package VII) Revising the fully breastfeeding default food package (VII) to issue tuna, salmon or sardines. 			Issuing lactose free milk, non-fat dry milk, buttermilk, soy milk, goat milk, tofu, yogurt and a combination of cheese, tofu, and yogurt	

* One gallon of milk can be substituted with one pound of cheese and evaporated milk (1 can) **or** cultured buttermilk (1 qt.) **or** cow milk (1 qt.) **or** tofu (1 lb.) **or** yogurt (32 oz.). (See Page 16-18)

** 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). See the next page.

*** See Page 16-18 for issuing cheese as a milk substitute.

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

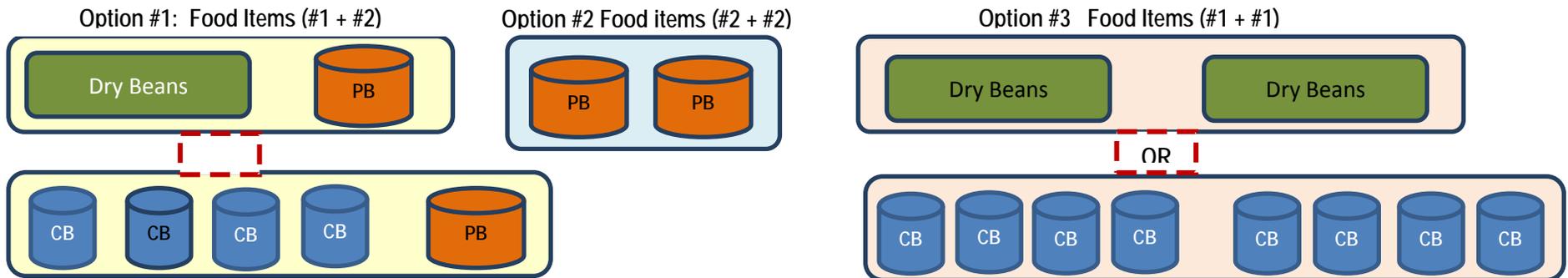
Mostly & Some Breastfeeding Women With <u>Twins</u>	Mother’s Food Package
Twins (under 6 months old) Greater than (>) max [Some breastfeeding]	The mother would receive <u>Food Package VI</u> .
Twins (older than 6 months old) Greater than (>) max [Some breastfeeding]	If the infants are over 6 months of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

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

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:

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

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



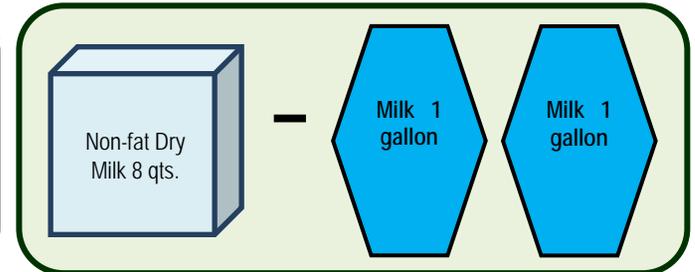
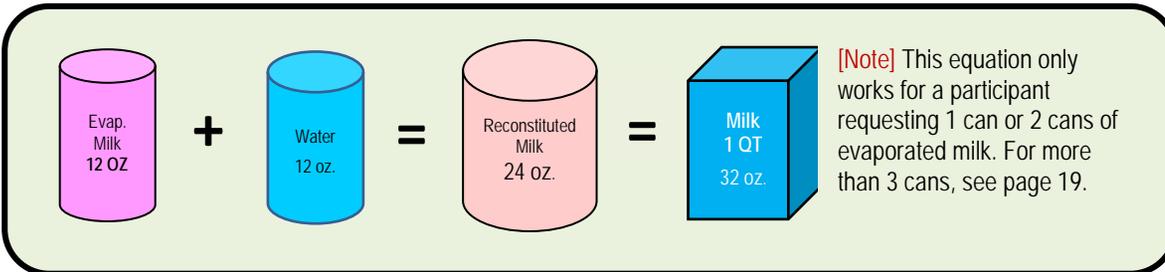
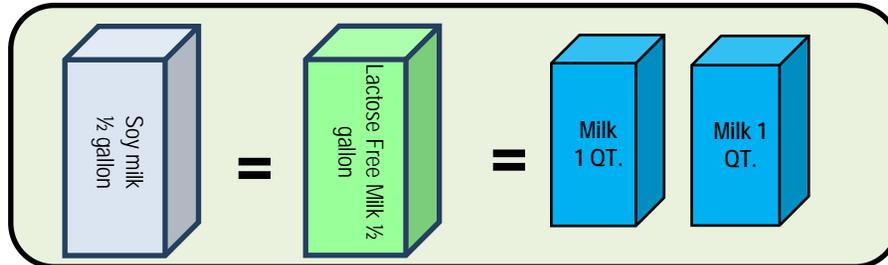
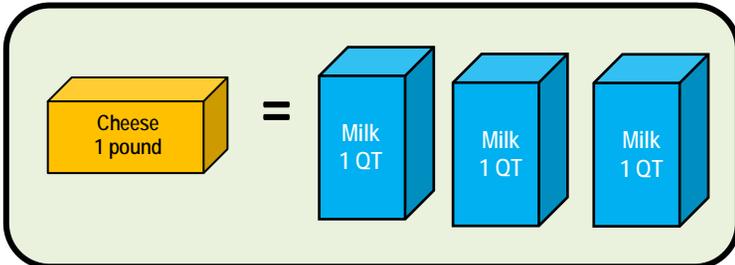
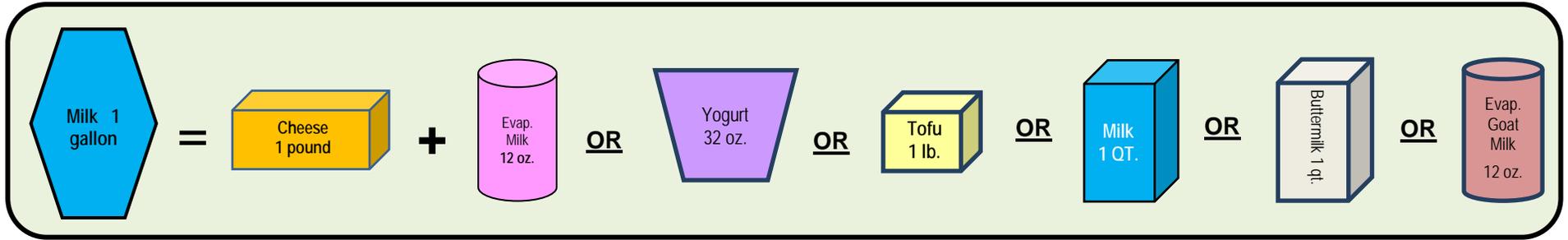
4. **Allowed Milk Listing, Medical Documentation Requirement & CPA's Assessment, determination and documentation** **Updated!**

- * 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# 2.07000).
- ** 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.

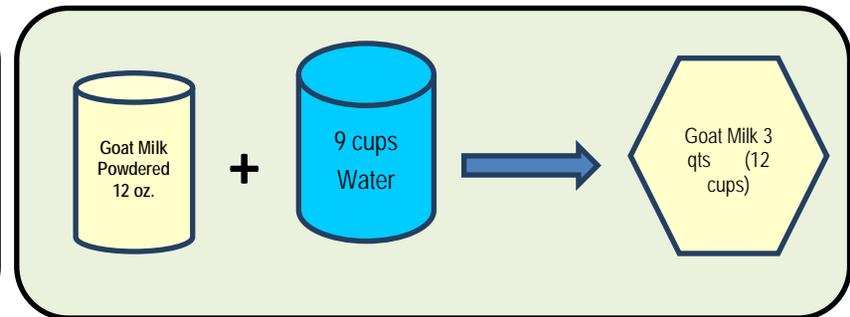
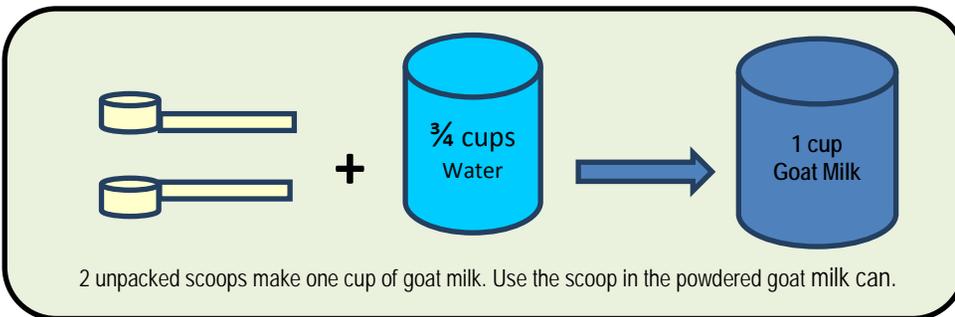
[Note] Issuing soy milk and/or tofu to children (12-59 months) does **not** require medical documentation from HCP (WIC 27).

#	Milk	Allowed Size	Children 12-23 months	Children 24–59 months	Women
1	Whole Milk	½ Gallon/Gallon/Quart	Allowed	*	*
2	Evaporated Whole Milk	12 oz can	Allowed	*	*
3	Lactose Free Whole Milk	½ gallon	Allowed	*	*
4	Goat Milk (Evaporated Whole)	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

5. Equations & Conversions - Milk, Evaporated Milk, Yogurt Cultured Buttermilk, Tofu, Goat Milk and Cheese



[Powdered Goat Milk]



6. Basic Rules for Issuing Milk Substitutes (Food Package IV, V, VI, and VII) **New**

Cheese:

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.

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.

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)

A Combination of Cheese, Yogurt OR Tofu:

Children & Women

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

Fully Breastfeeding Women

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

Soymilk:

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

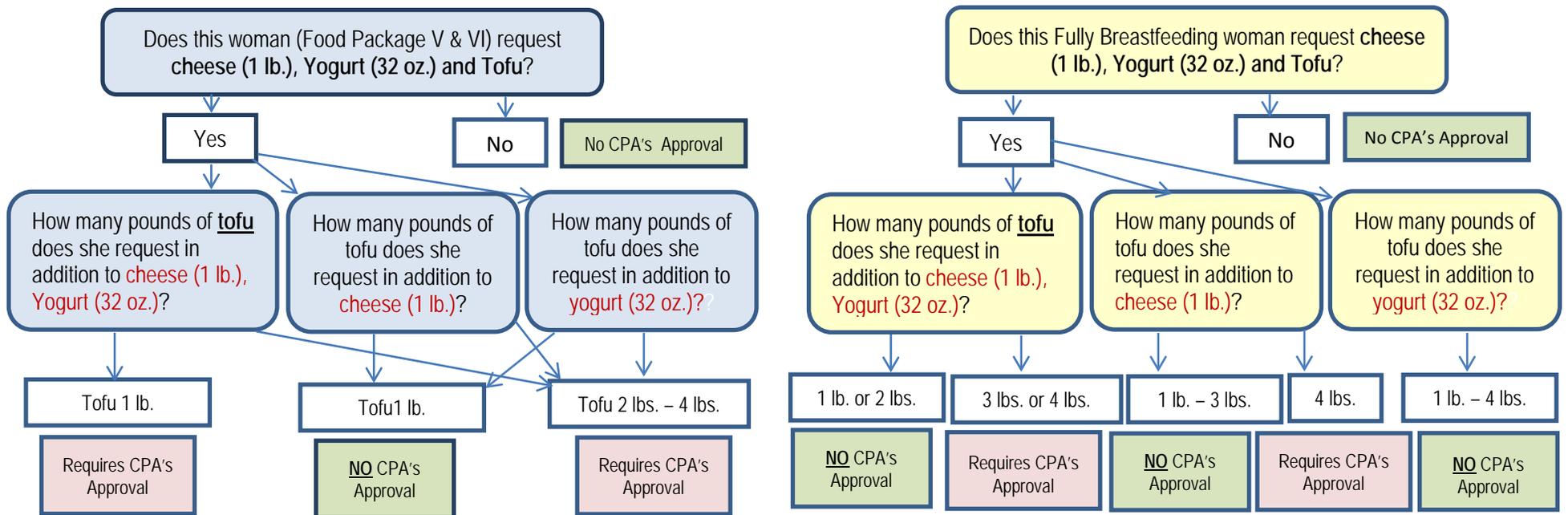
- CPA's Assessment, determination and documentation are required.
- Medical Documentation (WIC 27) is NOT required.

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

[Note]

Parents and caregivers should be provided appropriate nutrition education and made aware that children's diets may be nutritionally inadequate when milk is replaced by other foods. 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)



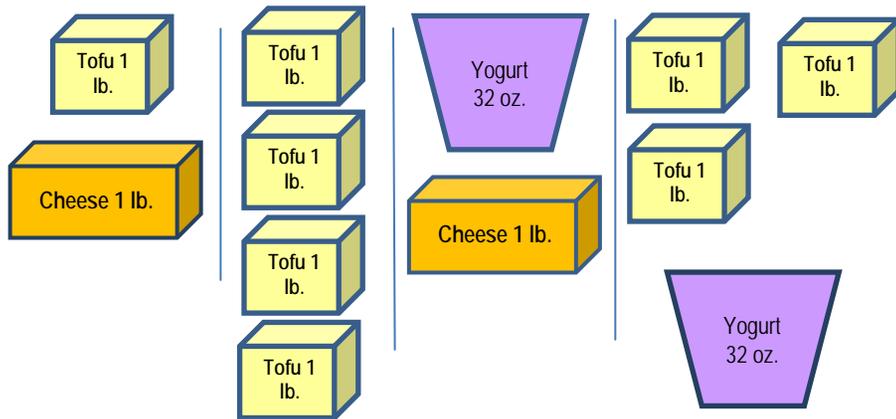
7. Examples for Issuing a Combination of Cheese, Tofu, and Yogurt New

[Important]

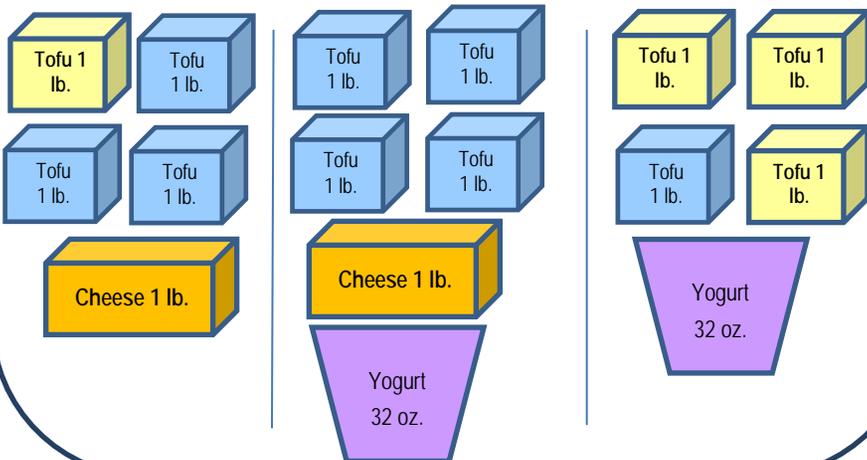
- If the amount of tofu in the cheese tofu combination is less than 4 lbs., additional tofu, up to a total of 4 lbs., may be substituted with CPA determination of need for food allergy, lactose intolerance, vegan diets, and cultural food preference. (ER 2.07900, 2.07800)
- More than 4 lbs. tofu is not allowed for children and women.

Examples of Combinations for Issuing Cheese, Tofu, and Yogurt to Children (24-59 months) & Women

- Examples that **do not require** CPA Approval for women
- Examples that **require** CPA Approval for children.

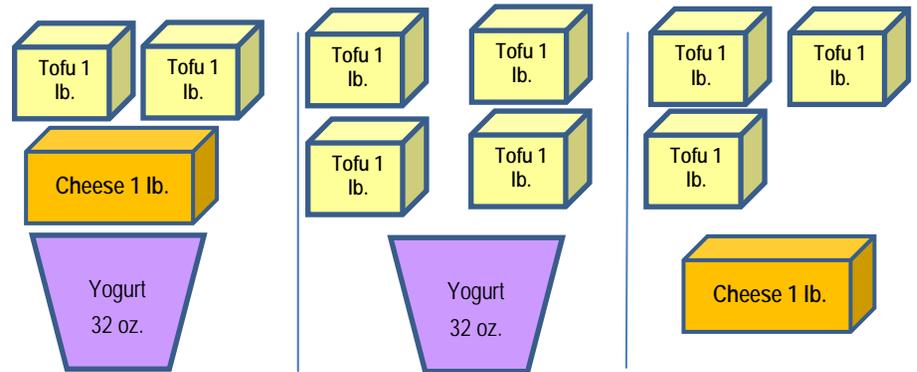


Examples that **require** CPA Approval for children & women

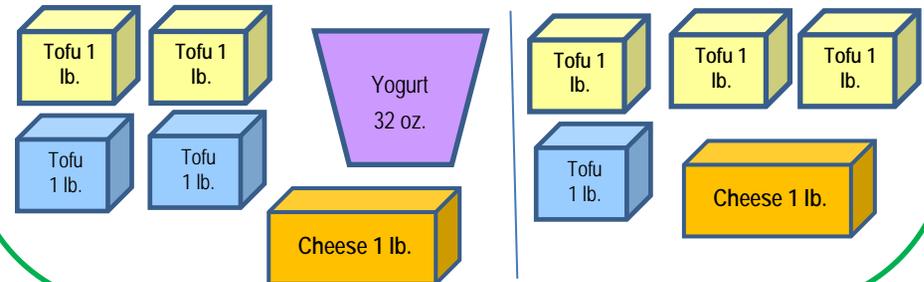


Examples of Combinations for Issuing Cheese, Tofu, and Yogurt to Fully Breastfeeding Women

Examples that **do not require** CPA approval



Examples that **require** CPA Approval



Represents tofu (1 lb.) the amount allowed under the cheese, yogurt, tofu combination rule.



Represents tofu (1 lb.) in excess of the amount allowed under the cheese, yogurt, tofu combination rule.

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

Fluid 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 (Fully Breastfeeding)	n/a	32 cans	8 cans	3 boxes

9. WIC Milk and Milk Substitute Nutrient Information

	Whole Milk (3.25%) ¹	Reduced Fat Milk (2%) ¹	Low Fat Milk (1%) ¹	Skim Milk ¹	Evap. Whole Milk ¹	Evap. Fat Free Milk ¹	Nonfat Dry Milk ¹	Lactose Free Milk Whole ²	Lactose Free Milk Reduced Fat (2%) ²	Lactose Free Milk Fat Free ²	Whole Goat Evap. ³	Non-Fat Powdered Goat Milk ³	Soy Milk Original ⁴	Cultured Reduced Buttermilk ⁵	Tofu ⁶	Lowfat Yogurt ⁷
Size	1 cup	1 cup	1 cup	1 cup	1 serving	1 serving	1/3 cup	1 cup	1 cup	1 cup	1 cup	1 cup	1 cup	1 cup	1 serving (3 oz.)	1 serving (8 oz.)
Calories (cal)	149	122	102	83	169	100	84	150	120	80	145	90	80	120	80	210
Total Fat (g.)	8	5	2.5	0	10	0	0	8	5	0	8	0	2.5	3.5	4	1.5
Saturated Fat (g.)	4.5	3	1.5	0	6	0	0	5	3.5	0	5	0	0	2.5	0.5	1
Protein (gm.)	8	8	8	8	9	10	8	8	8	8	8	8	8	9	9	7
Calcium (mg.)	276	293	305	299	329	371	289	300	300	300	298	300	300	300	60	200
Vitamin D (I.U.)	120	124	117	115	100	101	101	100	100	100	100	100	100	100	0	100
Sugars (gm.)	12	12	13	13	13	15	12	11	11	11	10	11	7	13	0	11

[Data Source]

1. United States Department of Agriculture, Agricultural Research Service, National Nutrient Database for Standard Reference Release 27
2. <http://hilanddairy.com/products/lactose-free-milk/>
3. <http://meyerberg.com/all-products/>
4. 8th continent soy milk - original
5. <http://www.prairiefarms.com/pd/733325/Buttermilk-Cultured-Reduced-Fat-1-1-2-Qt.aspx>
6. <http://www.nasoya.com/products/organic-non-gmo-tofu/organic-extra-firm-tofu>
7. <http://www.yoplait.com/products/yoplait-large-size>

[Note]

- All reduced fat, lowfat, and nonfat cow's milk types and varieties contain at least vitamin D (100 IU per cup) and are fortified with Vitamin A (500 IU / cup).
- See the Nutrition Fact panel of milk and milk substitutes because nutrient value may vary.
- 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	20	12 OZ CAN EVAPORATED LOWFAT MILK STORE BRAND
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 WIC APPROVED BREAD, TORTILLAS OR BROWN RICE	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***
18	5 OZ CANS TUNA WATER-PACK ONLY**		

* 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.

*** Effective April 1, 2015

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