



## Policy and Procedure Manual

### Volume 1, Chapter 23

#### WIC Foods

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Washington State WIC Nutrition Program

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# WIC Foods

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## Section 1: Food Prescription Overview

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### **POLICY: Food Prescriptions**

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The Cascades system suggests a food prescription for WIC foods or formula based on a standard food prescription for the category and age. Only a Competent Professional Authority (CPA) or Registered Dietitian (RD) can alter suggested food prescriptions.

For infants from the age of 9 months to 11 months the default food prescription includes infant cereal, infant fruits and vegetables and formula.

- The CPA has the option to add a Cash Value Benefit (CVB) to the infant's benefits.
- The CVB substitution isn't allowed if the baby food fruits and vegetables are adjusted to less than the category max quantity.

For children, pregnant, and non-breastfeeding postpartum participants the default food prescription includes one pound of cheese.

- The CPA has the option to remove one pound of cheese and add 3 quarts of milk or other milk substitutes.
- More than one pound of cheese isn't an option even with a prescription.

The CPA must:

1. Assess participant's needs.
2. Adjust the food prescription based on participant or caregiver request, participant's needs, or a Medical Documentation Form.

**Note:** Clerks can alter a prescription when entering medical documentation and can prescribe a standard food prescription when presuming a pregnant participant eligible.

### **PROCEDURE:**

The CPA:

- A. Assesses if the standard food prescription meets the participant's needs.
- B. Makes changes to the standard food prescription, taking into consideration the following:

1. Category;
  2. Age;
  3. Feeding method for infant;
  4. Nutritional concerns and cultural food practices;
  5. Storage and cooking facilities;
  6. Transportation issues;
  7. Any other concerns that would affect the food prescription.
- C. Shares how the participant's food prescription contributes to a healthy diet.
- D. Discusses with the participant how to purchase, safely prepare, and store the foods.
- E. Explains that WIC doesn't supply all the foods to meet the participant's nutritional needs each month.

**Full Nutrition Benefits (FNB) and Maximum Monthly Amount (MMA) of Supplemental Food for Formula Feeding Infants Birth through 11 Months**

All amounts are reconstituted fluid ounces (RFO).

Feeding Method and Age	Formula	Infant Cereal	Baby Food Fruits and Vegetables	Fruits and Vegetables Cash Value Benefit (CVB)	Infant Meat
Fully Breastfeeding					
0 thru 5 Months	None	None	None	None	None
6 to 8 Months	None	24	64 – 4 oz containers	None	31 – 2.5 oz containers
9 to 12 Months without CVB	None	24 oz	64 – 4 oz containers	None	31 – 2.5 oz containers
9 to 12 Months with CVB	None	24 oz	32 – 4 oz containers	\$8.00	31 – 2.5 oz containers
Partially Breastfeeding ≤ Half Package *					
	Full Nutrition Benefit	Maximum Monthly Allowance			
0 months	104 RFO Liquid Concentrate	104 RFO Liquid Concentrate	None	None	None
	104 fl oz RTF	104 fl oz RTF			
	104 RFO Powder	104 RFO Powder			

1 thru 3 Months	364 RFO Liquid Concentrate	364 RFO Liquid Concentrate	None	None	None	None
	364 fl oz RTF	384 fl oz RTF				
	364 RFO Powder	435 RFO Powder				
4 thru 5 Months	442 RFO Liquid Concentrate	442 RFO Liquid Concentrate	None	None	None	None
	442 fl oz RTF	448 fl oz RTF				
	442 RFO Powder	522 RFO Powder				
6 to 8 Months	312 RFO Liquid Concentrate	312 RFO Liquid Concentrate	24 oz	32 – 4 oz containers	None	None
	312 fl oz RTF	320 fl oz RTF				
	312 RFO Powder	384 RFO Powder				
9 to 12 Months without CVB	312 RFO Liquid Concentrate	312 RFO Liquid Concentrate	24 oz	32 – 4 oz containers	None	None
	312 fl oz RTF	320 fl oz RTF				
	312 RFO Powder	384 RFO Powder				
9 to 12 Months with CVB	312 RFO Liquid Concentrate	312 RFO Liquid Concentrate	24 oz	16 – 4 oz containers	\$4.00	None
	312 fl oz RTF	320 fl oz RTF				
	312 RFO Powder	384 RFO Powder				
Partially Breastfeeding > Half Package *						
	Full Nutrition Benefit	Maximum Monthly Allowance				
0 Months			None	None	None	None
1 thru 3 Months	Up to amounts for Fully Formula	Up to amounts for Fully Formula	None	None	None	None



Fully Formula Fed						
	Full Nutrition Benefit	Maximum Monthly				Full Nutrition Benefit
0 thru 3 Months	806 RFO Liquid Concentrate	823 RFO Liquid Concentrate	None	None	None	None
	806 fl oz RTF	832 fl oz RTF				
	806 RFO Powder	870 RFO Powder				
4 thru 5 Months	884 RFO Liquid Concentrate	896 RFO Liquid Concentrate	None	None	None	None
	884 fl oz RTF	913 fl oz RTF				
	884 RFO Powder	960 RFO Powder				
6 to 8 Months	624 RFO Liquid Concentrate	630 RFO Liquid Concentrate	24 oz	32 – 4 oz containers	None	None
	624 fl oz RTF	643 fl oz RTF				
	624 RFO Powder	696 RFO Powder				
9 to 12 Months without CVB	624 RFO Liquid Concentrate	630 RFO Liquid Concentrate	24 oz	32 – 4 oz containers	None	None
	624 fl oz RTF	643 fl oz RTF				
	624 RFO Powder	696 RFO Powder				

9 to 12 Months with CVB	624 RFO Liquid Concentrate	630 RFO Liquid Concentrate	24 oz	16 – 4 oz containers	\$4.00	None
	624 fl oz RTF	643 fl oz RTF				
	624 RFO Powder	696 RFO Powder				
4 thru 5 Months	Up to amounts for Fully Formula	Up to amounts for Fully Formula	None	None	None	None
6 to 8 Months	Up to amounts for Fully Formula	Up to amounts for Fully Formula	24 oz	32 – 4 oz containers	None	None
9 to 12 Months without CVB	Up to amounts for Fully Formula	Up to amounts for Fully Formula	24 oz	32 – 4 oz containers	None	None
9 to 12 Months with CVB	Up to amounts for Fully Formula	Up to amounts for Fully Formula	24oz	16 – 4 oz containers	\$4.00	None

\* An infant, age 1 to 12 months, defined as “Partially breastfeeding > Half Package” receives more than half the amount of formula in an infant formula food prescription.

**Maximum Monthly Allowance (MMA) of Supplemental Foods for Children, Pregnant, Breastfeeding, and Non-breastfeeding Postpartum Participants**

Foods	Children	Pregnant, Breastfeeding, and Non-breastfeeding Postpartum Participants		
	1 to 5 years	Pregnant Partially Breastfeeding ≤ Half Package	Non-breastfeeding Postpartum (up to 6 months postpartum) Partially Breastfeeding > Half Package (up to 6 months postpartum)	Fully Breastfeeding (up to 1 year postpartum) Partially Breastfeeding Multiples Fully Breastfeeding + Pregnant Partially Breastfeeding ≤ Half Package + Pregnant (up to 1 year postpartum) Pregnant with Multiples
<b>Juice</b>	2 - 64 oz plastic bottles	3 - 11.5 or 12 oz frozen or 46 oz cans or plastic bottles	2 - 11.5 or 12 oz frozen or 46 oz cans or plastic bottles	3 - 11.5 or 12 oz frozen or 46 oz cans or plastic bottles
<b>Milk*</b> – Cow, Goat, Lactose Free, or Soy Beverage	16 qt**	22 qt**	16 qt**	24 qt***
<b>Cheese</b> 1 lb = 3qt milk	No more than 1 lb	No more than 1 lb	No more than 1 lb	1 lb plus no more than 2 additional lb (rotates 1 lb first month and 2 lbs the next month)
<b>Yogurt****</b> 1 qt = 1 qt milk	No more than 1 qt	No more than 1 qt	No more than 1 qt	No more than 1 qt
<b>Breakfast Cereal</b>	36 oz	36 oz	36 oz	36 oz
<b>Eggs</b>	1 dozen	1 dozen	1 dozen	2 dozen
<b>Fresh or Frozen Fruits and Vegetables</b>	\$9.00	\$11.00	\$11.00	\$11.00

<b>Whole Grain choices</b>	32 oz	16 oz	N/A	16 oz
<b>Tuna, Sardines, or Salmon</b>	N/A	N/A	N/A	30 oz
<b>Canned or Dried Beans/Peas/Lentils or Peanut Butter</b>	4 cans 15-16 oz or 1 lb dried beans or 1 jar 16 oz	8 cans 15-16 oz or 2 lb dried beans or 2 jars 16 oz or 1 lb dried beans and 1 jar peanut butter or 4 cans beans and 1 jar peanut butter	4 cans 15-16 oz or 1 lb dried beans or 1 jar 16 oz	8 cans 15-16 oz or 2 lb dried beans or 2 jars 16 oz or 1 lb dried beans and 1 jar peanut butter or 4 cans beans and 1 jar peanut butter

\* If the CPA prescribes “Milk-Whole All WIC – Cow, Goat, Lactose Free” or “ Milk or Soy (1% & Nonfat) All WIC -Cow, Goat, Soy” participants will have the option of buying:

- Milk-Whole All WIC – Cow, Goat, Lactose Free:
  - Cow milk – Fluid, canned/evaporated, dry/powdered, lactose free, and acidophilus.
  - Goat – fluid, canned/evaporated, dry.
- Milk or Soy (1% & Nonfat) All WIC -Cow, Goat, Soy:
  - Cow milk – Fluid, canned/evaporated, dry/powdered, lactose free, and acidophilus.
  - Goat – fluid only.
- Milk 2% - Please note the system won’t allow “All WIC” for this milk fat type. If this milk fat type is allowed per policy, staff will need to know what kind (fluid, evaporated, dry, etc.) of milk is needed. Each type needed will need to be noted on the Medical Documentation Form and food prescription.
- To issue soy beverage to children under 24 months old, select “Milk-Fat Reduced” for Category and “Soy-based Beverage” for Subcategory on the Food Prescription Screen.

\*\* **No more than a total of 4 quarts of milk** may be substituted for a combination of cheese or yogurt for children, pregnant, partially breastfeeding, or non-breastfeeding postpartum participants.

- \*\*\* **No more than a total of 6 quarts milk** may be substitute for a combination of cheese or yogurt for the Fully Breastfeeding, Partially Breastfeeding Multiples ≤ Half Package, Pregnant with Multiples + Partially Breastfeeding ≤ Half Package and Pregnant Food Prescriptions.
- \*\*\*\* Whole milk yogurt can be added into the food prescription and provided to children 12-23 months of age. Participants 2 years and older can only get whole milk yogurt when a prescription for whole milk and the medical provider marks whole yogurt as an approved food.

To remove milk for tofu or yogurt see [Substituting Cheese, Tofu, and Yogurt](#) policy in this chapter

[For information regarding issuing infant formula and PediaSure in addition to WIC foods](#), see General Requirements for Providing Therapeutic WIC Formulas and Foods in [Volume 1, Chapter 24 - Medical Documentation for Formulas and Foods](#).

**POLICY: Infant Food Prescription - First Month of Life**

For the infant’s first month of life (30 days) there are only three food prescriptions.

Food Prescription	Infants Who Are	Breastfeeding Status
Fully Breastfeeding (BF)	Fully BF and no formula	Fully Breastfed
Partially BF <= Half Package (Pkg.)	Mostly BF and no more than 1 can of formula	Partially Breastfed <= Half Pkg
Fully Formula Fed (FF)	Fully formula fed Or BF some and needing 2 or more cans of formula	Fully Formula Fed <b>or</b> Partially Breastfed > Half Pkg

**Note:** If an adult breastfeeding participant hasn’t had prior breastfeeding experience, or is needing formula, it is recommended to keep them in Pregnant category through their eligibility period and provide the pregnant food prescription (see [Chapter 18 - Certification, Policy Revision: Certifying Participants After Delivery](#)).

Staff must:

- Support the successful establishment of breastfeeding;
- Provide ongoing breastfeeding support to meet the needs of a breastfeeding dyad;
- Not routinely issue formula to breastfeeding infants;
- Complete a Breastfeeding Review after delivery and when breastfeeding participants ask for formula. If formula is needed, the CPA:
  - Issues the minimum number of cans of formula to support the breastfeeding dyad;
  - Explains WIC doesn’t supply all the formula to meet an infant’s nutritional needs.
  - Tells caregivers they may need to buy formula each month, especially as the infant gets older.

Cascades suggests a food prescription based on the information entered in the Breastfeeding section of the Health Information screen.

- See [Volume 1, Chapter 15 – Breastfeeding](#) for guidance on how and when to complete and document a Breastfeeding Review.

- See [Chapter 18 - Certification, Policy Revision: Certifying Participants After Delivery](#) regarding when to subsequently certify the pregnant participant after delivery.

**PROCEDURE:**

A. For breastfeeding infants, the CPA:

1. Provides breastfeeding support.
2. Completes a Breastfeeding Review after delivery and when a participant asks for formula.
  - a. If staff aren't available to complete the Breastfeeding Review and assign the food prescription, staff:
    - 1) Must not issue formula or increase the amount of formula.
    - 2) Schedule the participant for a Breastfeeding Review.
  - b. Enters the amount of breastfeeding and any formula offered in the Breastfeeding section of the participant's Health Information screen.
    - 1) Cascades will assign a suggested amount of formula based on the amount entered.
    - 2) Review the suggested amount and adjust as appropriate.
  - c. When the breastfeeding infant needs formula in the first month of life:
    - 1) Provide powder formula as the preferred physical form.
    - 2) Use the [961-1169 Breastfeeding Infant and Participant First Month of Life Tool](#), to ensure staff support the BF dyad and provide the appropriate food prescription after delivery.

**Important!** In the first 30 days of an infant's life, if:

- A participant is certified as BF and a Fully BF food prescription **OR** one can of formula is issued; **AND**
- Any benefits are used;

You can only provide one can of formula max within the first 30 days. This is a federal rule. However, Cascades won't stop you from issuing more formula than one can. This is against policy.

An alternative option is, Cascades will allow a full formula food package to be tailored down to meet a BF dyad needs (2 or more cans of formula). This option can't be used if BF benefits or one can of formula was already issued and used. It doesn't matter if the Dyad stops BF.

- 3) Only issue one month of benefits.
  - 4) Schedule an appointment for the following month to see how breastfeeding is going.
- d. Explains that the amount of food the breastfeeding participant receives decreases when infant formula is provided by WIC.

**Note:** If a Fully BF participant with no formula comes back within 30 days of life, and any family benefits have been used, allow them to keep their current month's benefits. Only one can of formula can be issued to that infant.

Void future Fully Breastfeeding benefits and reissue benefits based on the new breastfeeding status.

- B. For fully formula feeding infants, the CPA:
1. Documents the amount of formula offered in the Breastfeeding section of the participant's Health Information screen.
    - a. Cascades will suggest an amount of formula based on the amount entered.
    - b. Review the assigned amount and adjust as appropriate.
  2. Issues the appropriate amount of formula.



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**POLICY: Food for Infants One Month Through Eleven Months**

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**For fully breastfeeding infants** the CPA must:

1. Provide breastfeeding support to meet the needs of the breastfeeding participant and infant;
2. Not routinely issue formula;
3. When a breastfeeding participant asks for formula, staff must complete a Breastfeeding Review. If formula is needed the CPA issues the minimum number of cans of formula to support the breastfeeding dyad.

**Note:** Powder formula is the preferred physical form of formula to provide to the breastfeeding infant.

See [Volume 1, Chapter 15 – Breastfeeding](#) for guidance on who can do a Breastfeeding Review and how to complete and document a Breastfeeding Review.

**For partially breastfeeding infants**, the CPA must:

1. Provide breastfeeding support to meet the needs of the breastfeeding participant and infant and issue the amount of formula needed based on a Breastfeeding Review.

**For fully formula fed infants**, the CPA must:

1. Enter the amount of formula offered in the Breastfeeding section of the non-breastfeeding postpartum participant's Health Information screen.
2. Cascades will assign the default formula prescription for fully formula feeding infants.
3. Review the assigned type and amount and adjust as appropriate.

**Note:** For infants from the age of 9 months to 11 months the CPA has the option to add a Cash Value Benefits (CVB) to the infant's benefits.

**PROCEDURE:**

A. For breastfeeding infants, the CPA:

1. Provides breastfeeding support to meet the needs of the breastfeeding participant and infant.

2. Completes a Breastfeeding Review when the breastfeeding participant asks for formula.
  3. If formula is needed, the CPA:
    - a. Documents the Breastfeeding Review in the Nutrition Assessment section of the Care Plan Summary in Cascades.
    - b. Explains food benefits for the breastfeeding participant are reduced when they receive formula for their infant.
    - c. Enters the amount of formula offered in the Breastfeeding section of the breastfeeding participant's Health Information screen.
      - Cascades will suggest an amount of formula based on the amount entered.
- Note:** Partially breastfeeding infants fall into one of two categories:
- Partially Breastfeeding  $\leq$  Half Package, need no more than half the amount of a full formula food prescription.
  - Partially Breastfeeding  $>$  Half Package, need more than half the amount of a full formula food prescription.
- d. Reviews the suggested amount and adjust as appropriate.
- B. For infants who receive formula, the CPA:
1. Tells the caregiver how to store, mix, and keep the formula safe after it's prepared.
  2. Determines the appropriate formula and infant foods and amounts to prescribe.
  3. Issues appropriate food prescription.
  4. Offers one can of formula if the caregiver isn't sure what formula to use or is trying a new formula, explaining that WIC can't replace opened, returned formula.
- C. For infants who receive the Cash Value Benefit, the CPA:

1. Discusses the needs of the family.
2. Determines if the CVB is an appropriate option.
3. Adjusts the fruit and vegetable benefits as preferred by the family.
4. Reviews and issues the appropriate prescription.

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**POLICY: Food for Infants in the Month They Turn One Year Old**

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In the month a participant turns 12 months old, Cascades suggests the standard food prescription for the participant's age and category.

1. For infants who haven't reached their first birthday, an infant food prescription is assigned.
2. On or after the child's first birthday a child food prescription is assigned.

Children must have a completed WIC [Medical Documentation Form](#) from a medical provider to receive formula.

- See [Volume 1, Chapter 24 - Medical Documentation for Formulas and Foods](#).

**PROCEDURE:**

The CPA:

- A. Determines the needs of the participant before issuing benefits.
- B. Explains to the fully or partially breastfeeding ≤ half package participant that when the child turns one and receives a food prescription for a 1-year-old child, the breastfeeding participant will no longer receive WIC benefits.
- C. Before the first birthday, discuss food prescription options with the caregiver to determine which food prescription to issue when the birth date is after the family issuance date. When benefits are issued before the first birthday formula and infant foods will be issued.

**Note:** The eligibility period for breastfeeding participants and infants goes through the day before the infant turns one.

**Food Prescriptions in the Month the Child Turns One Year Old**

In the month the child turns one year old	Food prescription	Comments
Before the infant's first birthday		
Infant's receiving formula: Fully <u>formula</u> feeding	Formula 6 to 11 Months	The breastfeeding participant receives benefits.
Partially breastfeeding ≤ Half Package	Partially breastfeeding ≤ Half Package 6 to 11 Months	
Partially breastfeeding > Half Package	Partially breastfeeding > Half Package 6 to 11 Months	
Fully Breastfeeding	Fully Breastfeeding 6 to 11 Months	The breastfeeding participant receives benefits.
On or after the infant's first birthday*		
Fully formula feeding	Child 12 to 23 Months	
Partially breastfeeding ≤ Half Package	Child 12 to 23 Months	The breastfeeding participant <u>doesn't</u> receive benefits.
Fully Breastfeeding	Child 12 to 23 Months	The breastfeeding participant <u>doesn't</u> receive benefits.

\* A medical provider must complete a WIC Medical Documentation Form with a qualifying medical diagnosis for any child requiring formula.

- See [Volume 1, Chapter 24 - Medical Documentation for Formulas and Foods](#).

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**POLICY: Food for Children Ages Twelve Through Twenty-Three Months**

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The CPA must assess the nutritional needs of the child and assign the appropriate foods.

Soy beverage can be provided to children 12-23 months of age without medical documentation.

When there is a concern about overweight or obesity 2% milk is allowed.

- Refer the participant to the WIC Registered Dietitian (RD) for an assessment.
- See the “[Providing 2% Milk to a Twelve to Twenty-Three Month Old Child](#)” policy in this chapter.

Children 12-23 months of age must have a qualifying medical diagnosis and a completed WIC Medical Documentation Form from a medical provider when needing any of the following:

1. Standard or therapeutic formula.
2. Medical foods or medical formula.
3. Any food when a medical provider prescribes a standard formula, therapeutic formula, or medical food or medical formula.
  - See [Volume 1, Chapter 24 - Medical Documentation for Formulas and Foods](#) for more information.
  - Refer to table “[Maximum Monthly Amount of Supplemental Foods for Children 1 to 5](#)” for default food prescription for children.

**PROCEDURE:**

The CPA:

- A. Determines the appropriate foods to meet the needs of the participant.
- B. Refers to the WIC RD as appropriate when the caregiver requests 2% milk for a child 12-23 months of age.
  1. Staff can’t provide 2% milk based on caregiver preference.
  2. Share information about why fat is important for brain development and rapid growth.
    - See the Information section in the “[Providing 2% Milk to a Twelve to Twenty-Three Month Old Child](#)” policy below.

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**POLICY: Providing 2% Milk to a Twelve to Twenty-Three Month Old Child**

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The WIC registered dietitian (WIC RD) may provide 2% milk for a child 12-23 months of age when there is a concern about overweight or obesity. A prescription isn't required.

1. The WIC RD must complete a nutrition assessment and determine if 2% milk is appropriate.
2. Staff can only provide 2% milk for the child after the WIC RD completes and documents the nutrition assessment or when a Medical Documentation Form is completed by their medical provider.

**PROCEDURE:**

The WIC RD:

- A. Completes a nutrition assessment that includes:
  1. Assessing the child's growth pattern.
    - Note: Often, the child will have the risk "Overweight or At Risk of Overweight," however this isn't a required diagnosis.
  2. Asking about family history of obesity, cardiovascular disease, or high cholesterol.
  3. A dietary assessment.
  4. Exploring activity level and screen time.
- B. Consults with the child's medical provider if appropriate.
- C. Has a conversation about the importance of fat in milk for brain development and rapid growth.
- D. Determines if 2% milk is appropriate and confirms the caregiver is open to this option.

**Note:** The RD will only issue 2% milk in rare cases. In this case, staff can't provide 2% milk until the RD completes a nutrition assessment.
- E. Documents the assessment.

F. Add 2% milk to the food prescription.\*

**Note:** Cascades doesn't have an "All WIC" option for 2% milk. Staff will need to add each type of 2% milk (fluid, evaporated, dry etc.) and the amount the child will need to the food prescription.

\*Cascades requires the RD to complete the medical documentation section to when the RD is issuing 2% milk.

**Information:**

Children 12-23 months of age experience rapid growth and brain development. Whole cow's milk provides the nutrients, particularly fat, to support this growth. Although rare, health care providers or dietitians may determine 2% milk is appropriate for a child 12-23 months of age when obesity or overweight is a concern.

The Institute of Medicine recommends at least 30-40% of calories from fat for children 1-3 years of age. Experts recommend only offering reduced fat milk for children 12-23 months of age after assuring the child's diet supplies this amount of fat.

Reference: [Expert Panel on Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents: Summary Report, Pediatrics, 2011; 128; S213](#)



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**POLICY: Food for Children Ages Two to Five Years, Pregnant, and Partially Breastfeeding  
≤ Half Package Participants**

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The CPA must assess the nutritional needs of the participant and assign the appropriate foods.

Participants must have a completed WIC Medical Documentation Form from a medical provider when needing any of the following:

1. 2% or whole milk.
2. Standard or therapeutic formula.
3. Medical foods or medical formula.
4. Any food when a medical provider prescribes a standard formula, therapeutic formula or medical food or medical formula.
  - See [Volume 1, Chapter 24 - Medical Documentation for Formulas and Foods](#) for more information.
  - See the table below for the default food prescription for these categories.

**PROCEDURE:**

The CPA:

- A. Determines the appropriate foods to meet the needs for **all participants**.
- B. Provides breastfeeding support and a complete Breastfeeding Review **for Partially Breastfeeding ≤ Half Package participants**.
- C. Ask partially breastfeeding participants to notify WIC staff immediately if they are no longer breastfeeding or need more infant formula.

**Maximum Monthly Amount (MMA) of Supplemental Foods for Children 1 to 5**

Foods Children 1 through 5 yrs. of Age	Amount
<b>Juice</b>	2 - 64 oz plastic bottles
<b>Milk</b> Fluid, dried, or evaporated	16 qt*
<b>Breakfast cereal</b>	36 oz
<b>Cheese</b> Remove 3 qt milk = add 1 lb cheese	No more than 1 lb
<b>Eggs</b>	1 dozen
<b>Fresh fruits and vegetables</b>	\$9.00
<b>Whole grain choices</b>	2 lb
<b>Dried or canned beans, peas, lentils</b> or <b>Peanut butter</b>	1 lb or 1 jar 16 oz

\* To remove milk for tofu or yogurt see [Substituting Cheese, Tofu, and Yogurt](#) policy in this chapter.

**Maximum Monthly Amount (MMA) of Supplemental Foods for Pregnant or Partially Breastfeeding ≤ Half Package**

<b>Foods</b> Pregnant or Partially Breastfeeding ≤ Half Package	<b>Amount</b>
<b>Juice</b>	3 - 11.5 or 12 oz frozen cans  Or 46 oz cans or plastic bottles
<b>Milk</b> Fluid, dried or evaporated	22 qt *
<b>Breakfast cereal</b>	36 oz
<b>Cheese</b> Remove 3 qt milk = add 1 lb cheese	No more than 1 lb
<b>Eggs</b>	1 dozen
<b>Fresh fruits and vegetables</b>	\$11.00
<b>Whole grain choices</b>	1 lb
<b>Dried or canned beans, peas, lentils</b> or <b>Peanut butter</b>	2 lb or 2 jars 16 oz or 1 each

\*To remove milk for tofu or yogurt see [Substituting Cheese, Tofu, and Yogurt](#) policy in this chapter.

**POLICY: Food for Fully Breastfeeding, Partially Breastfeeding <= Half Package Multiple Infants, Fully Breastfeeding + Pregnant, Partially Breastfeeding ≤ Half Package + Pregnant, Pregnant with Multiples**

Pregnant and breastfeeding participants receive food prescriptions according to the following:

Food prescription	Description	End date
Pregnant with Multiples	Pregnant with more than one fetus.	Until the last day of the month the participant is 6 weeks postpartum.
Breastfeeding + Pregnant	Pregnant participants who are fully breastfeeding or partially breastfeeding ≤ half package.	Until the day of the infant’s one year birthday.
Fully breastfeeding	The definition of fully breastfeeding is any breastfeeding participant whose infant receives no formula from WIC.	Until the day of the infant’s one year birthday.
Partially Breastfeeding ≤ Half Package Multiples	Participants partially breastfeeding multiples, for example twins or triplets, whose infants receive <u>no more than</u> half the amount of a full formula food prescription.	Until the day of the infants’ one year birthday.

Definitions:

**Breastfeeding:** Providing the participant’s breastmilk to the infant at least one time per day.

**Fully breastfeeding:** A breastfeeding participant whose infant receives no infant formula from WIC.

Participants must have a qualifying medical diagnosis and a completed WIC Medical Documentation Form from a medical provider when needing any of the following:

1. 2% or whole milk.
2. Standard formula.
3. Therapeutic formula.
4. Medical foods or medical formula.

5. Any food when a medical provider prescribes a standard formula, therapeutic formula or medical food or medical formula.
  - See [Volume 1, Chapter 24 - Medical Documentation for Formulas and Foods](#).
  - See the table below for the default food prescription for these categories.

**PROCEDURE:**

The CPA:

- A. Determines the appropriate foods and amounts in the food prescription based on the participant's category and amount of breastfeeding, or formula received from WIC.
  1. Fully breastfeeding participants receive the full amount of food. Participants are eligible for this food prescription if they:
    - a. Report buying formula for the infant or receiving formula from another source.
    - b. Are partially breastfeeding multiples. The participant qualifies for the Partially Breastfeeding Multiples Food Prescription which includes the same foods as in the Fully Breastfeeding Food Prescription.
    - c. Become pregnant while continuing to fully breastfeed an infant.
  2. Breastfeeding participants who receive formula for their infant receive less food.
  3. Breastfeeding participants who receive more than half the amount of a Full Formula Food Prescription for an infant age 7 to 12 months receive no food.
    - Staff continue to support breastfeeding and count them as participating.
    - See ["Food for Breastfeeding Participants Needing More Than \(>\) Half a Full Formula Food Package and Non-breastfeeding Postpartum Participants"](#) policy in this chapter.
- B. Ask the participant to tell WIC staff if infant formula, or more infant formula, is needed from WIC.
- C. Provide breastfeeding support and complete a Breastfeeding Review when a breastfeeding participant requests formula or an increase in formula.
  - See [Volume 1, Chapter 15 – Breastfeeding](#).

- D. Update the Breastfeeding Information section on the breastfeeding participant's Health Information screen in Cascades.
- E. Provide the appropriate infant formula food prescription as needed.
  - See the "[Food for Infants One Month through Eleven Months](#)" policy and determine the appropriate amount of formula needed.
- F. Allow the breastfeeding participant to keep the current month's breastfeeding benefits if the breastfeeding participant receives formula.  
  
**Note:** Allowing the participant to keep the current months' benefits standardizes clinic practice throughout the state.
- G. Void any future months' benefits if the food prescription is not appropriate for the amount of breastfeeding or the amount of formula provided.
- H. Prescribe and save the appropriate food prescription for future months.

**Maximum Monthly Amount of Supplemental Foods for Fully Breastfeeding, Partially Breastfeeding <= Package Multiple Infants, Fully Breastfeeding + Pregnant, Partially Breastfeeding ≤Half Package + Pregnant, Pregnant with Multiples (includes Fully Formula Feeding and Partially Breastfeeding > Packages)**

Foods	Amount
<b>Juice</b>	3 - 11.5 or 12 oz frozen cans or 46 oz cans or plastic bottles
<b>Milk*</b>	24 qt*
<b>Breakfast cereal</b>	36 oz
<b>Cheese</b> Remove 3 qt milk = add 1 lb cheese	1 lb (can't be replaced with milk) ** No more than 2 additional lb ***
<b>Eggs</b>	2 dozen
<b>Fresh fruits and vegetables</b>	\$11.00
<b>Whole grain choices</b>	1 lb
<b>Tuna, Sardines, or Salmon</b>	30 oz
<b>Dried or canned beans, peas, lentils or Peanut butter</b>	2 lb or 2 jars 16 oz or 1 each

\* To remove milk for tofu or yogurt see [Substituting Cheese, Tofu, and Yogurt](#) policy in this chapter.

\*\* These food prescriptions include one pound of cheese. The CPA may remove it when appropriate. The CPA may not replace it with milk or other milk substitutes.

\*\*\* More than two additional pounds of cheese isn't an option even with a prescription

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**POLICY: Food for Participants Fully Breastfeeding Multiples and Pregnant + Fully Breastfeeding Multiples**

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A participant fully breastfeeding multiples receives a Fully Breastfeeding Multiples Food Prescription until the day of the infant’s one year birthday.

**Fully breastfeeding multiples definition:** Any participant with two or more infants from the same pregnancy who receive no formula from WIC.

If the breastfeeding participant received benefits for the Fully Breastfeeding Multiples Food Prescription and returns to the clinic for formula, staff must:

1. Complete a Breastfeeding Review.
  - Staff trained in providing breastfeeding support complete the Breastfeeding Review.
  - See [Volume 1, Chapter 15 – Breastfeeding](#) for more information.
2. Allow the participant to keep the current set of benefits.
3. Void any benefits for future months.
4. Change the breastfeeding participant’s food prescription.

See the “[Food for Infants One Month through Eleven Months](#)” policy in this chapter.

Participants fully breastfeeding multiples must have a completed WIC Medical Documentation Form from a medical provider when needing any of the following:

1. 2% or whole milk.
  2. Standard or therapeutic formula.
  3. Medical foods or medical formula.
  4. Any food when a medical provider prescribes a standard formula, therapeutic formula or medical food or medical formula.
- See [Volume 1, Chapter 24 - Medical Documentation for Formulas and Foods](#).
  - See the table below for the default food prescription for these categories.

**PROCEDURE:**

The CPA:



- A. Determines if the participant is fully breastfeeding multiples and is eligible for the Fully Breastfeeding Multiples Food Prescription.

**Note:** If the breastfeeding participant receives samples of formula, or reports buying formula for their infants, they still qualify for the Fully Breastfeeding Multiples Food Prescription.

- B. Explains that if the infant receives formula from WIC, the breastfeeding participant's food prescription will change.

1. If the breastfeeding participant is partially breastfeeding multiple infants they qualify for the Partially Breastfeeding Multiples  $\leq$  Half Package + Pregnant Food Prescription.
2. If the participant receives more than half the amount of formula in an infant food prescription for each infant, issue the Partially Breastfeeding  $>$  Half Package Food Prescription.
3. The participant receives a Pregnant Food Prescription or Non-breastfeeding Food Prescription if the infants are under 6 months of age and receive a Full Formula Food Prescription.
  - See [“Food for Breastfeeding Participants Needing More Than \( \$>\$ \) Half a Full Formula Food Prescription and Non-breastfeeding Postpartum Participants”](#) policy in this chapter.

- C. Determines the appropriate foods to meet the needs of the participant.

1. The CPA may reduce the amount of food to meet the needs of the participant.
2. The CPA may remove the one and a half pounds of cheese from the Fully Breastfeeding Multiples Food Prescription when a breastfeeding participant is unable to eat cheese.

Federal regulations prohibit staff from replacing it with milk or other foods.

- D. Follows the procedures listed below when a participant fully breastfeeding multiples received the Fully Breastfeeding Multiples Food Prescription and returns to the clinic to request formula for the infants:

1. Complete a Breastfeeding Review or work with staff trained in breastfeeding support to provide a Breastfeeding Review. See [Volume 1, Chapter 15 –](#)

[Breastfeeding](#). See the “The Breastfeeding Review” policy and determine the appropriate amount of formula needed.

2. Provide the appropriate infant formula food prescription and allow the participant to keep the current month’s Fully Breastfeeding Multiples Food Prescription benefits.

**Note:** Allowing the breastfeeding participant to keep the current month’s benefits standardizes clinic practice throughout the state. This helps prevent discrimination.

3. Void any future months’ benefits.
4. Determine the appropriate foods.

**Note:** When you certify multiple infants from the same pregnancy the Fully Breastfeeding Multiples Food Prescription benefits rotate monthly. See the table below for more details.

**Maximum Monthly Amount of Supplemental Foods for Fully Breastfeeding Multiples and Pregnant + Fully Breastfeeding Multiples**

<b>Foods</b>	<b>Amount</b> <i>Fully Breastfeeding Multiples (Even months, e.g. February, April, June, August, October, December)</i>	<b>Amount</b> <i>Fully Breastfeeding Multiples (Odd months, e.g. January, March, May, July, September, November)</i>
<b>Juice</b>	6 - 11.5 or 12 oz frozen cans or 46 oz cans or plastic bottles	3 - 11.5 or 12 oz frozen cans or 46 oz cans or plastic bottles
<b>Milk</b> Fluid, dry, evaporated	36 qt*	24qt*
<b>Breakfast cereal</b>	72 oz	36 oz
<b>Cheese</b> Remove 3 qt milk = add 1 lb cheese	Up to 5 lbs total cheese can be issued 1.5 lb (can't be replaced with milk)	Up to 4 lbs total cheese can be issued 1.5 lb (can't be replaced with milk)
<b>Eggs</b>	4 dozen	2 dozen
<b>Fresh fruits and vegetables</b>	\$16.50	\$16.50
<b>Whole grain choices</b>	2 lb	1 lb
<b>Tuna, Sardines, or Salmon</b>	60 oz	30 oz
<b>Dried or canned beans, peas, lentils or Peanut butter</b>	4 lb or 4 jars 16 oz or Combination	2 lb or 2 jars 16 oz or 1 each

\*To remove milk for tofu or yogurt see [Substituting Cheese, Tofu, and Yogurt](#) policy in this chapter.

**Information:** Participants fully breastfeeding multiple infants from the same pregnancy are prescribed 1.5 times the maximum allowances.

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**POLICY: Food for Breastfeeding Participants Needing More Than (>) Half a Full Formula Food Package and Non-breastfeeding Postpartum Participants**

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**Postpartum participants who don't breastfeed** receive a Non-breastfeeding Postpartum food prescription through the day the infant turns six months old.

**Breastfeeding participants whose infants age 1 through 6 months** receive more than half the amount of formula in an infant food prescription; receive a Partially Breastfeeding > Half Package Food Prescription through the day the infant turns 6 months old.

**Note:** The standard food prescription includes one pound of cheese. The CPA has the option to remove one pound of cheese and add 3 quarts of milk or other milk substitutes.

Participants must have a qualifying medical diagnosis and a completed WIC Medical Documentation Form from a medical provider when needing any of the following:

1. 2% or whole milk.
2. Standard or therapeutic formula.
3. Medical foods or medical formula.
4. Any food when a medical provider prescribes a standard formula, therapeutic formula or medical food or medical formula.

See [Volume 1, Chapter 24 - Medical Documentation for Formulas and Foods](#).

See the table below for the default food prescription for the categories.

**Partially breastfeeding participants, whose infant age 6 to 12 months** receives more than half the amount of formula in an infant food prescription, don't receive WIC food benefits.

Based on the breastfeeding information provided on the Health Information screen in the breastfeeding participant's file, Cascades will:

1. Assign a Partially Breastfeeding > Half Package 6 to 12 Months Food Prescription.
2. Count these participants as participating on WIC.
3. Staff will provide ongoing breastfeeding support and other WIC services.

**Note:** Assigning the Partially Breastfeeding > Half Package 6 to 12 Months Food Prescription includes these participants in the participation rates.

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See the “The Breastfeeding Review” policy in this chapter and [Volume 1, Chapter 15 – Breastfeeding](#), for more information.

**PROCEDURE:**

For Partially Breastfeeding > Half Package or Non-breastfeeding Postpartum participants, the CPA:

- A. Reminds a partially breastfeeding participants to tell WIC staff when they:
  - 1. Need additional breastfeeding support;
  - 2. Are no longer breastfeeding.

**Information:**

In all cases, encourage the breastfeeding participants to continue breastfeeding.

**Maximum Monthly Amount (MMA) of Supplemental Foods for Non-breastfeeding Postpartum, and Partially Breastfeeding > Half Package Participants with Infants age 1 through 6 Months Food Prescription**

Foods	Amount
<b>Juice</b>	2- 11.5 or 12 oz frozen cans or 46 oz cans or plastic bottles
<b>Milk</b> Fluid, dry or evaporated	16 qt*
<b>Breakfast cereal</b>	36 oz
<b>Cheese</b> Remove 3 qt milk = add 1 lb cheese	No more than 1 lb
<b>Eggs</b>	1 dozen
<b>Fresh fruits and vegetables</b>	\$11.00
<b>Dried or canned beans, peas, lentils</b> or <b>Peanut butter</b>	1 lb or 1 jar 16 oz

\*To remove milk for tofu or yogurt see [Substituting Cheese, Tofu, and Yogurt](#) policy in this chapter.

**Information:** More than one pound of cheese isn't an option even with a prescription

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## Section 2: Policies on Infant Formula

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### **POLICY: Ready-To-Feed (RTF) Infant Formula**

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The CPA assigns ready-to-feed formula when one of the following reasons below applies:

1. Lack of clean and safe water supply.
2. Poor refrigeration.
3. Caregiver unable to correctly mix formula.
4. The WIC approved formula is only available as ready-to-feed.
  - a. This may include a formula shortage or during a formula recall.
5. The medical provider documents the need for a ready-to-feed prescribed formula because:
  - a. Of the participant's medical diagnosis.
  - b. The ready-to-feed formula helps the participant consume the right amount of formula.

The CPA must document the reason for providing ready-to-feed formula. The caregiver may self-report reasons 1, 2, and 3.

### **PROCEDURE:**

The CPA:

- A. Determines that ready-to-feed formula is necessary for one of the reasons listed within the policy.
- B. Documents in Cascades in the Dietary and Health notes the reason(s) ready-to-feed formula is necessary.
- C. Assures the medical provider documents the need for ready-to-feed prescribed formula when:
  1. It's necessary due to the participant's medical diagnosis.
  2. It improves the participant's ability to consume the formula.

- D. Assures that the caregiver understands:
1. Ready-to-feed formula requires no additional water.
  2. How to store the formula in order to keep it safe.

**Information:**

Many retailers don't keep enough ready-to-feed formula in stock. Best practice is to help the caregiver find a retailer. Tell the retailer the:

- Name of a specific formula.
- Amount needed each month.
- Number of months the participant will need the formula.

Check the "Links to Find Formulas" on the Washington WIC website at:  
[www.doh.wa.gov/WICfoods/infantformula](http://www.doh.wa.gov/WICfoods/infantformula)



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**POLICY: Returned WIC Food**

---

Staff must inform participants and caregivers that:

1. Selling WIC food or attempting to sell it is against program rules.
2. State WIC staff can disqualify participants or caregivers found breaking this program rule for up to one year and require repayment for food and formula received.
  - See [Volume 1, Chapter 2 – Program Compliance](#), and
  - [Volume 1, Chapter 7 - Rights and Responsibilities](#) for more information.

Staff must:

1. Instruct participants and caregivers to return any unused WIC foods to the clinic.
2. Accept all unopened and undamaged containers of returned WIC food purchased with WIC benefits unless one of the following is true:
  - The food is expired.
  - The food container is opened or damaged.
  - The food needs refrigeration, for example, milk, soymilk, tofu, or frozen juice.
3. Document a brief note in the participant’s Family Demographics noting the following:
  - The participant returned the food to the clinic.
  - How staff handled the returned food.
4. Have a written policy on donating returned foods.

**PROCEDURE:**

Staff:

- A. Tell the participant or caregiver to return any unused foods purchased with WIC benefits to the clinic.
  - Inform the participant or caregiver the food must be unopened, undamaged and not past the expiration date.
- B. Tell the participant or caregiver that selling WIC food, or attempting to sell it, is against program rules.

- Breaking this program rule could result in being taken off WIC for one year.
- State WIC office staff may ask the participant or caregiver to repay the program for food the participant received.

**Note:** Tell the participant or caregiver they don't have to purchase all the food in their WIC benefits. Assess the need to modify the food prescription before issuing benefits.

- C. Accept unopened and undamaged containers of returned food participants or caregivers purchased with WIC benefits unless they meet one of the following:
1. Food with expired dates.
  2. Opened or damaged containers of food.
  3. Food needing refrigeration, for example, milk, soymilk, tofu, or frozen juice.
- D. Replace WIC benefits when appropriate.
- See [Volume 1, Chapter 22 – Issue WIC Food Benefits](#) for more information.
- E. Destroy all expired food.
- F. Follow the local agency's policy for donating returned food.
1. The policy must:
    - a. Provide options where to donate returned foods:
      - Local food bank.
      - Community service organization.
      - Nonprofit emergency feeding program.
    - b. Adhere to Chapter 246-215 Washington Administrative Code (WAC), Subpart D - Donated Food Distributing Organizations (aka the [Washington State Retail Food Code](#)):
      - Part 3: Subpart B 03200 & 03205 (pg 25)
      - Part 3: Subpart B 03255 (pg 28).

- 
- c. Link to the [Washington State Department of Health Charity Food Donations Guidelines](#), and
  - d. Link to the [Washington State Department of Agriculture Map of Hunger Relief Organizations](#)
  - e. Include a returned WIC food donation record that includes:
    - 1) Instructions for use
    - 2) Instructions on where and how long to retain.

Note: The agency may choose to use the sample [Returned WIC Food Donation Record](#) forms in the appendix of this chapter.
  - f. Be reviewed by the local agency legal authority and have written confirmation that:
    - The donation policy is approved.
    - The donation policy doesn't place any WIC staff in a position that may result in a liability claim.

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**POLICY: Returned WIC Formula**

---

Staff must inform participants and caregivers that:

1. Selling WIC formula or attempting to sell it is against program rules.
2. State WIC staff can disqualify participants or caregivers found breaking this program rule for up to one year and require repayment for food and formula received.
  - See [Volume 1, Chapter 2 – Program Compliance](#), and
  - [Volume 1, Chapter 7 - Rights and Responsibilities](#) for more information.

Staff must:

1. Instruct participants and caregivers to return any unused WIC formula to the clinic.
2. Accept all unopened and undamaged containers of returned WIC formula purchased with WIC benefits.
3. Document a brief note in Family Demographics noting the participant returned the formula to the clinic.
4. Destroy all returned formula. Don't donate or redistribute due to quality and safety concerns.

**Note:** Staff, their family, and their friends must not use the returned formula.

**PROCEDURE:**

Staff:

- A. Tell the participant or caregiver to return any unused formula purchased with WIC benefits to the clinic.
  - Inform the participant or caregiver the formula must be unopened, undamaged and not past the expiration date.
- B. Tell the participant or caregiver that selling WIC formula, or attempting to sell it, is against program rules.
  - Breaking this program rule could result in being taken off WIC for one year.

- State WIC office staff may ask the participant or caregiver to repay the program for formula the participant received.

**Note:** Tell the participant or caregiver they don't have to purchase all the formula in their WIC benefits. Assess the need to modify the food prescription before issuing benefits.

C. Accept unopened and undamaged containers of returned formula participants or caregivers purchased with WIC benefits.

D. Replace WIC benefits when appropriate.

- See [Volume 1, Chapter 22 – Issue WIC Food Benefits](#) for more information.

E. Destroy all returned formula.

a. Open the containers before discarding to ensure it is unusable.

**Note:** To reduce the number of returned cans:

- Offer only one or two cans of formula to allow the caregiver to try the formula before they buy an entire month's worth.
- Continue to talk to caregivers about how to appropriately prepare and store formula and how to identify signs of hunger and fullness in infants.

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**POLICY:        Formula Recall**

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Staff must inform participants and caregivers of the following:

1.     Which formulas are recalled.
2.     Mark the recalled cans as “Do Not Use” and store formula in a safe location.
  - a.     Wait for guidance from the State WIC office about returning the recalled formula.
3.     It is safe to use non-recalled formula.

**PROCEDURE:**

Staff:

- A.     Discuss with the caregiver appropriate alternative formulas for the recalled formula. If needed:
  - Start a new prescription with an appropriate alternative formula.
  - Exchange current formula benefits.
  - Void future formula benefits and reissue formula as needed.
- B.     If caregivers can’t find issued formula instruct them to:
  - Check the Formula Locator for formula availability. Go to the [WIC Authorized Infant Formula webpage](#) and scroll down to “Find Formulas in Local Stores”. Select the appropriate product link (Abbott, Mead Johnson, or Gerber).
  - Look outside of their regular shopping locations.
  - Call stores first to check supply of issued formula.
- C.     If the issued formula isn’t available within a reasonable distance from the participant’s location, staff contact the State Foods Team with:
  - WIC Clinic name and location.
  - Name of formula.

- Stores that have been contacted for availability.

D. The State Foods Team will discuss options with clinic staff to ensure the participant receives formula.

**Note:** If the participant is currently on a formula that requires a Medical Documentation Form (MDF), the participant will need a MDF to change to an alternate formula.

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### Section 3: Customizing Food Prescriptions

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#### **POLICY: Cash Value Benefit (CVB) Substitution for 9 to 11 Month Old Infants**

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The CPA has the option to substitute half of the baby food fruits and vegetables benefit for the fresh fruits and vegetables CVB based on the need and preference of the participant and caregiver.

The following options are available for infants 9 – 11 months of age:

1. Baby food fruits and vegetables only, or
2. Baby food fruits and vegetables AND a CVB for fresh fruits and vegetables

#### **PROCEDURE:**

The CPA:

- A. Assesses the participant’s cultural dietary practices, needs and preference to receive the CVB substitution for infant baby foods.
- B. Creates a new food prescription if the participant wasn’t certified on the current day.
- C. Verifies there is a CVB Substitution Icon.
- D. Doesn’t change the category max quantity for baby food fruits and vegetables before completing a substitution.
- E. Selects the CVB Substitution Icon.
- F. Save the Prescribe food Screen and issue benefits.

**Note:** The CPA can revert to baby food fruit and vegetables by selecting the CVB Substitution Icon again.



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**POLICY: Substituting Cheese, Yogurt, and Tofu**

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The CPA has the option to assign a combination of milk, cheese, yogurt, and tofu based on the need and preference of the participant.

**Cheese:** The CPA must remove three quarts of milk for each pound of cheese.

1. No more than one pound of cheese is allowed for:
  - Pregnant
  - Partially breastfeeding
  - Non-breastfeeding postpartum
  - Children
2. One pound of cheese is included in the federally defined food prescription for:
  - Fully breastfeeding
  - Partially breastfeeding multiples,
  - Pregnant with multiples
  - Pregnant partially breastfeeding an infant
3. The CPA can remove this pound of cheese if the participant doesn't want it. Federal regulations don't allow the CPA to replace it with milk or other foods.
4. The CPA can remove six quarts of milk and add two additional pounds of cheese. (This is a total of three pounds of cheese.)

**Yogurt:** The CPA must remove one quart of milk for one quart of yogurt.

1. The CPA can substitute one quart of low-fat or nonfat yogurt for participants age two and older.

**Note:** No more than a total of 6 quarts milk may be substituted for a combination of cheese or yogurt for the Fully Breastfeeding, Partially Breastfeeding Multiples ≤ Half Package, Pregnant with Multiples, and Pregnant Partially Breastfeeding an infant Food Prescriptions.

2. The CPA can substitute one quart of whole milk yogurt for participants 12 to 23 months of age.

3. When participants age two years and older have a prescription for whole milk and would like yogurt, the medical provider must mark it as an approved food. Additionally, if foods were deferred to the RD, the RD can approve it.

**Tofu:** The CPA must remove one quart of milk for each pound of tofu.

1. The CPA can substitute tofu using all the quarts of milk available in a food prescription.

**PROCEDURE:**

The CPA:

- A. Assesses the participant's cultural dietary practices, need and preference to receive cheese, yogurt, tofu, or some of each, instead of milk.
- B. Removes three quarts of milk for every pound of cheese.
- C. Removes one quart of milk for yogurt.
- D. Removes one quart of milk for every pound of tofu.

**Information:**

Additional cheese isn't an option even with a prescription.

Medical Documentation isn't required to issue tofu.

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**POLICY: Reducing Food Prescriptions**

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The CPA can remove or reduce the amount of food and formula in WIC food prescriptions to better meet the needs of WIC participants for the following reasons:

1. Participant request. For example, the participant can't use the maximum monthly amount of the food or formula allowed.
2. Medical or nutritional reasons. For example, participant has a food allergy.
3. Another program provides the food. The other program is able to provide more than the maximum monthly amounts allowed by WIC.

The CPA must replace removed or reduced foods and formula when a participant or caregiver makes a request while the benefits are valid, that is while they are within the first and last date to spend.

**PROCEDURE:**

The CPA:

- A. Talks about the foods in a food prescription and how they relate to a healthy diet.
- B. Assesses the need to remove or reduce food and formula in a WIC food prescription.
- C. Determines the appropriate foods to meet the participant's needs.
- D. Reduces the food and formula from the participant's food prescription, as appropriate.
- E. Documents the reason in Cascades in the Dietary and Health sticky notes.
- F. Replaces previously reduced or removed foods and formula when the participant makes the request while the benefits are still valid.

**Example:**

On June 28 staff remove eggs from the WIC benefits at the participant's request. On July 5 the participant changes her mind and asks staff to add eggs back to the June food prescription. Staff use the Replace Current Benefits quick link in the Issue Benefits screen to add eggs back to the current food benefits. Staff may need to update future food prescriptions.

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**POLICY: Food for Participants with Inadequate Cooking Facilities, Storage or Refrigeration**

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Staff must assign foods and issue benefits that meet the needs of a participant's living situation.

Staff must issue adjusted benefits to participants with no access to:

1. Cooking facilities.
2. Storage.
3. Refrigeration.

**PROCEDURE:**

The CPA:

- A. Assesses the participant's access to adequate cooking, storage, and refrigeration.
- B. Determines what foods the participant is able to use when cooking, storage, and refrigeration are inadequate.
- C. Assesses the need to reduce or adjust the participant's foods to better meet the participant's needs.
- D. Determines and prescribes appropriate foods and amounts.
- E. Discusses WIC foods quantities, container types and sizes participants can buy to meet their needs (for example, quarts of milk or canned milk, canned beans instead of dry beans, fresh produce instead of frozen).

Section 4: Appendix

**Washington State WIC Approved Formulas Listed by Formula Company**

Abbott Nutrition	Nestlé Gerber	Mead Johnson Nutritionals
Similac Advance	Gerber Extensive HA	Enfamil NeuroPro EnfaCare
Similac Soy Isomil		Enfamil Nutramigen
Similac Sensitive		
Similac Spit-Up		
Similac Total Comfort		
Similac NeoSure		
Similac Alimentum		
PediaSure or PediaSure with Fiber		

**Website Addresses for Washington State WIC Approved Formulas:**

Abbott Nutrition

[abbottnutrition.com/brands/abbott-brands](http://abbottnutrition.com/brands/abbott-brands)

Mead Johnson Nutritionals

[www.mjn.com/app/iwp/MJN/guestHome.do?dm=mj&ls=0&csred=1&r=3412115456](http://www.mjn.com/app/iwp/MJN/guestHome.do?dm=mj&ls=0&csred=1&r=3412115456)

Gerber

[www.gerber.com/products/formula](http://www.gerber.com/products/formula)

Additional formula information is available on the Washington State WIC website:

[www.doh.wa.gov/WICfoods/infantformula](http://www.doh.wa.gov/WICfoods/infantformula)

**Washington State WIC Approved Formulas**

Milk-based Formulas Kosher and Halal	Soy-based Formulas Kosher and Halal Processed with <u>no</u> animal based ingredients	Milk-based Formulas Non-Kosher, non-Halal
Similac Advance	Similac Soy Isomil	Similac Alimentum
Similac Sensitive		Enfamil Nutramigen
Similac Spit-Up		Gerber Extensive HA
Similac Total Comfort		
Similac NeoSure		
PediaSure or PediaSure with Fiber		
Enfamil NeuroPro EnfaCare (Kosher only)		

People of the Islamic faith (Muslims) and Jewish faith have similar dietary restrictions. Kosher refers to Jewish religious law. Halal refers to Muslim religious law.

Participants who follow strict halal or kosher practices should consult their religious leader before selecting an infant formula.

**Returned WIC Food Donation Record**



**Returned WIC Food Donation Record**

Name of organization where WIC food was donated:		
Address of organization:		
Phone number of organization: (    )		
Food Description	Food Amount	Comments
<input type="checkbox"/> Infant cereal <input type="checkbox"/> Infant fruits or vegetables <input type="checkbox"/> Infant meats <input type="checkbox"/> Breakfast cereal <input type="checkbox"/> Dried beans, peas, lentils <input type="checkbox"/> Fish <input type="checkbox"/> Juice – bottled or canned <input type="checkbox"/> Dry milk <input type="checkbox"/> Evaporated milk <input type="checkbox"/> Peanut butter <input type="checkbox"/> Soy beverage – shelf stable <input type="checkbox"/> Tofu – shelf stable <input type="checkbox"/> Brown rice <input type="checkbox"/> Bulgur <input type="checkbox"/> Oatmeal <input type="checkbox"/> Other		
Organization representative's printed name and signature		
WIC staff signature		
Date organization received formula: _____ / _____ / _____ <div style="display: flex; justify-content: space-around; width: 100%;"> <span>Month</span> <span>Day</span> <span>Year</span> </div>		