

# Level I:

WIC Certification Program



## Food Package Module

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# LEARNING OBJECTIVES

After completing the module, the learner will be able to:

## 1. Identify:

- The reasons why breastfeeding is considered to be the best way to feed young infants;
- The reasons why iron-fortified infant formula is the best alternative to breast milk;
- The reasons why powdered formula is recommended for partially-breastfed infants;
- The circumstances under which ready-to-feed formula may be issued;
- Which WIC formulas and supplemental foods require a physician's prescription for issuance;
- The required medical documentation and correct procedure for issuing WIC-eligible nutritionals;
- The reasons why iron-fortified infant cereal is a good first solid food for babies;
- The reasons why issuance of cereal on the WIC program is delayed until the infant is at least 6 months of age;
- The criteria for authorized WIC juices and cereals;
- Why there is a 1-pound monthly limit for cheese;
- The major food group to which each WIC food belongs;
- The major nutrients supplied by each WIC food;
- The WIC cereals highest in iron and folic acid;
- The supporting nutrition principles behind each aspect of the allowable WIC foods for children and women;
- Specific examples of how WIC foods can be incorporated into providing nutrition education;
- Appropriate suggestions for a participant with lactose intolerance;
- The correct procedures for assigning food packages;
- Advantages to food package tailoring and participant characteristics that should be considered when assigning food packages;
- Appropriate tailoring measures when given a case study and the ability to correctly document these.

## 2. Recognize:

- That the foods provided by the WIC Program are supplemental and thus don't necessarily provide all the nutrients needed;
- That the federal maximum amounts of WIC foods can never be exceeded.
- That the purpose of providing WIC foods is to help meet the specific nutrient needs of participants, and to encourage and teach, through example, principles of good nutrition;
- That the WIC Program encourages all pregnant women to breastfeed except when health reasons would prevent it.

## SECTION I: INTRODUCTION

Pregnant, breastfeeding, and postpartum women and infants and young children have particularly high nutrient needs and are vulnerable to nutrition problems. This is especially true if they are from low-income families whose diets are typically inadequate in certain nutrients. This is why these individuals are targeted to receive WIC benefits.

Two of the important benefits provided by the WIC Program are the supplemental WIC foods and nutrition education. These benefits are aimed at preventing nutrition problems or correcting those that may be present. The particular types and amounts of WIC foods were chosen:

- To help meet the specific nutrient needs of each type of WIC participant, and
- To encourage and teach, through example, the principles of good nutrition.

Assigning food packages and issuing WIC food instruments or checks are extremely important functions that you perform as a WIC staff member. It is important to understand the reasons why the food packages are designed as they are. This module presents detailed information on the nutrition principles underlying the WIC foods. Also presented is information on food package tailoring and how to best select the food package to meet the special needs and preferences of individual participants.

After completing the module, you should have a thorough knowledge of the WIC foods and of their appropriateness and importance to WIC participants. Good luck!

## SECTION II: COLORADO WIC ALLOWABLE FOODS

Each staff person should have a copy of the *Allowable Foods List*. Locate the Foods List and refer to as you complete this module.

When the national WIC Program was created in the early 1970's, the WIC food package was considered a food "prescription" intended to supplement the participant's diet with nutrients that are often lacking in the diets of low income women, infants and children. Nutritional studies at that time indicated that pregnant women and children's diets were often low in vitamins A & C, calcium, iron and protein. The WIC food packages provided those 5 key nutrients.

**Since then, the following changes have occurred.**

The major health and nutrition risks of the WIC population changed, including:

- Low intake of whole grains, fruits and vegetables
- Increase in overweight and obesity
- Short duration of breastfeeding

There has been a substantial shift in the ethnic composition of the WIC population. The WIC foods didn't appeal as much to the diverse population.

New advances in nutritional science: The WIC food packages needed to change in order to meet the Dietary Guidelines for Americans and the infant feeding practice guidelines of the American Academy of Pediatrics. As a result, USDA published the interim food rules in 2007 and the final food rule in 2014 that improves the overall nutritional quality of the food packages. Since the October 2014 implementation of the final food rules, the Colorado WIC food packages are now more consistent with the nutritional messages WIC staff provide to participants:

- Eat more fruits and vegetables
- Lower saturated fat
- Increase whole grains and fiber
- Drink less sweetened beverages and juice
- Babies are meant to be breastfed

Following is information about each of the Colorado WIC allowable foods.

## Milk, Cheese, Soy milk, Tofu

### Why is milk provided?

Milk is a WIC food for women and children. It is provided to supply calcium, protein, vitamins A and D, and is also a good source of riboflavin (a B vitamin). Calcium is needed to build strong bones and teeth and to prevent osteoporosis (fragile, brittle bones).

### How much milk is provided?

The maximum amount of milk provided per month for each category of participant is shown below:

<b>Participant Category</b>	<b>Quarts of milk</b>
Children (12-59 months)	16
Non breastfeeding/Novel breastfeeding women	16
Pregnant/Partially breastfeeding women	22
Exclusively breastfeeding women	24
Women exclusively breastfeeding multiples	36

The daily recommended amount of milk to meet calcium needs is 2 cups for children and 3 cups for women. The American Academy of Pediatrics recommends that milk intake should not be much higher than 3 cups per day for children once the intake of solids has been well established. Milk is a highly nutritious food, but when fed in excess, it can prevent children from learning to eat a variety of solid foods and may result in an inadequate diet. Milk is a particularly poor source of iron and vitamin C. Excess milk intake, coupled with an inadequate intake of solid foods, may lead to iron-deficiency anemia in young children. The WIC amount of 16 quarts per month for children provides a little more than 2 cups a day; enough to meet nutrient needs without supplying an excess amount which might spoil the appetite for other foods.

### What size containers are approved?

Participants must purchase milk in the size of container listed on the check, such as gallons, half-gallons, quarts, 12-oz cans or specific size boxes of powdered milk. Shelf-stable milk is also provided for participants who lack refrigeration. Additional information about tailoring and guidelines for issuing homeless food packages is provided in the Food Package Tailoring section under Homeless Food Package Guidelines.

### **What types of milk are provided?**

Whole milk is provided for children less than two years of age (toddlers). One percent and fat free milks are provided for women and children two years of age and older. Fortified soy milk, acidophilus, buttermilk, canned milk, powdered milk and lactose-reduced milks that meet the specified fat content are also allowed (i.e., whole milk buttermilk for children less than two years of age and 1% and fat free buttermilk for women and children two years of age and older.)

### **Why is 1% or fat free milk not routinely given to children under 2 years of age?**

Young children are growing rapidly and need the fat from whole milk to provide sufficient calories and essential fatty acids to help with growth and development. Fat is necessary for myelination (development of the protective sheath) for nerves. If fat free or low fat milk is used during this period when the child is growing rapidly, it may result in a diet that is too low in needed fat. Since the calorie content of lower fat milk is significantly less than that of whole milk (see table) it takes more milk to feel full and satisfied. This may reinforce habits of overeating.

### **For children under 2 years of age (12 through 23 months) where overweight is a concern there is an option to provide reduced fat milk (2%, 1%, or fat free)?**

Reduced fat milks (2%, 1%, or fat free) may be issued to children under two years of age (12-23 months) meeting these criteria:

- Overweight: Child's weight for length is at or above the 98<sup>th</sup> percentile.
- Rapid weight gain: A child whose weight for length, initially at or above the 50<sup>th</sup> percentile crossed two percentile curves. For example, a child going from the 50<sup>th</sup> to the 90<sup>th</sup> percentile, or going from the 75<sup>th</sup> to the 95<sup>th</sup> percentile.

Reinforcing the recommendation of about 2 cups of milk per day for children (approximately what the child's WIC food package provides) is an important nutritional message to prevent excessive calorie intake from milk, and help the child to maintain an appetite for other healthy foods while ensuring adequate calcium intake. The lower calorie content of 2%, 1% or fat free milk may help overweight young children gain weight at a slower rate. Determination of the appropriate milk fat content must be made through an individual nutritional assessment and, if necessary, consultation with the child's health care provider.

### **Why are only 1% or fat free milk provided for women and children two years and older?**

By two years of age, a child's growth has slowed, and the need for fat in the diet decreases. The American Academy of Pediatrics recommends that infants and children younger than 2 years of age should get half of their calories from fat. By two years of age, the diet should be gradually modified until children are getting only about one third of their calories from fat.

One percent and fat free milk contains just as much protein, calcium, vitamins and minerals as whole and 2% milk, but has significantly less fat and cholesterol. Lower levels of fat and cholesterol in the diet are associated with a reduced risk of chronic diseases such as coronary heart disease and obesity. Choosing 1% or fat free milk is a healthy lifelong eating habit that benefits the entire family.

**Can whole or 2% milk be given to 2-5 year old children who need additional calories because of growth faltering or to women with insufficient weight gain?**

The WIC High Risk Counselor may determine the type and amount of supplemental foods (including the fat content of milk) that are provided to participants who are receiving an approved special medical formula prescribed by a health care provider. Additional information is provided in the Special Dietary Needs section.

**Fat and Calorie Levels of Different Milks**

A comparison of calories, fat, protein, calcium and cholesterol levels in 1 cup whole, 2%, 1%, buttermilk, skim milk, reconstituted nonfat dry milk, and soy milk

	<b>Calories (kcal)</b>	<b>Fat (gm)</b>	<b>Protein (gm)</b>	<b>Calcium (mg)</b>	<b>Cholesterol (mg)</b>
<b>Whole Milk</b>	149	7.93	7.69	276	24
<b>2% Milk</b>	125	4.70	8.53	314	20
<b>1% Milk</b>	105	2.38	8.53	314	10
<b>Butter-milk (1%)</b>	98	2.16	8.11	284	10
<b>Fat Free Milk</b>	91	0.61	8.75	316	5
<b>Nonfat dry Milk</b>	109	0.23	10.85	377	6
<b>Soy Milk</b>	104	3.57	6.32	299	0

Source: USDA National Nutrient Data Base for Standard Reference (compiled September 2014) <http://ndb.nal.usda.gov/>

**What forms of milk are allowed?**

A participant may choose powdered or canned, evaporated milk as a substitute for fluid milk. One quart of reconstituted powdered milk may be substituted for each quart of fresh milk. Participants may not be familiar with using powdered milk, so it is helpful to give them suggestions for using it, such as:

- Making yogurt
- Extending the fresh milk supply by mixing it half and half with reconstituted powdered milk
- Using it in cooking - especially cream soups, custards, puddings, or cheese sauce
- Making “milk shakes” with powdered milk, crushed ice, and any variety of fruits, fruit juices, and flavorings (e.g., vanilla or cinnamon)

Canned evaporated milk can be used in ways similar to powdered milk. One 12-oz can of evaporated milk may be substituted for 24 ounces of fluid milk (see table for conversion amounts).

**Can participants purchase kosher milk or organic milk?**

Participants who follow kosher dietary laws can be issued food packages specifying kosher milk and kosher cheese. Some store-brand milk is also certified kosher. Organic milk is not WIC-approved.

<b>Guidelines for Substituting Canned Evaporated Milk for Fresh Milk</b>			
Fresh Milk Quarts	Evaporated Milk 12-oz cans	Fresh Milk Quarts	Evaporated Milk 12-oz cans
1	1	13	17
2	2	14	18
3	4	15	20
4	5	16	21
5	6	17	22
6	8	18	24
7	9	19	25
8	10	20	26
9	12	21	28
10	13	22	29
11	14	23	30
12	16	24	32

**Did you know . . .**

Kosher laws dictate what kinds of animal products can be eaten and also set rules on which foods can be eaten together. Kosher laws separate foods into three different categories:

Meat foods: all kosher four legged animals and poultry

Dairy foods: any food made from milk, including yogurt, cheese, and butter.

Pareve foods: foods that contain neither milk nor meat, including fruits, vegetables, nuts, grains, fish and eggs.

Kosher laws prohibit eating milk and meat together at the same meal. Therefore someone keeping kosher would not eat a meat sandwich with cheese. Pareve foods, however, may be eaten with either milk or meat.

Since soy milk is pareve (see “Did you know. . .” sidebar), it may also be offered for women and children following kosher dietary laws. Soy milk can be substituted for cow’s milk on a quart-for-quart basis.

### Is goat milk allowed?

Goat milk is allowed for women and children and can be substituted for cow’s milk on a quart-for-quart basis. Fresh refrigerated goat milk, canned evaporated and powdered goat milk is WIC-approved. As with cow’s milk, the goat milk must meet the specified fat content for the participant category. One percent or fat free fresh goat milk is approved for women and children two years of age and older. Fresh whole goat milk, canned (whole) and powdered (whole) goat milk is approved for children less than two years of age.



### What provision is made for participants who are lactose intolerant, allergic to milk, or vegan?

Lactose-reduced or lactose-free milk (Lactaid® or Dairy Ease®) can be substituted for “regular” milk on a quart-for-quart basis for participants who are lactose-intolerant. Children under two years of age must be issued whole-milk Lactaid® or Dairy Ease®; women and children two years and older must be issued 1% or fat free Lactaid® or Dairy Ease milk®.



### Lactose Intolerance

Lactose intolerance is an inherited or acquired inability to digest lactose due to failure to produce the enzyme lactase. People vary widely in the amount of lactose they can tolerate.

### When should soy milk or tofu be given?



As a substitute for cow’s milk, soy milk and/or tofu may be issued to children and women for situations that include, but are not limited to milk allergy, lactose intolerance, vegan diets, religious (i.e. kosher diet) or participant preference. For children, the authorization must be based on an individual nutritional assessment and consultation with the child’s health care provider if necessary. Lactose-free or lactose-reduced fortified dairy products should be offered before soy milk or tofu to participants with lactose intolerance who cannot drink milk.

Refer to the *Colorado WIC Allowable Foods List* for allowed brands of soy milk and tofu.

**What is the nutritional difference between soy milk, tofu and milk?**

WIC approved soy milk brands must meet federal regulations for specific nutrient levels in amounts similar to cow’s milk. Thus, the WIC-approved fortified soymilks provide calcium, protein, and vitamins A and D in amounts similar to cow’s milk. Soy milk is low in saturated fat and does not contain cholesterol. It can be used in place of cow’s milk in recipes when cooking.

Tofu is produced from soy milk by further steps of curdling and then draining the results into soft white blocks. WIC approved tofu brands must be calcium enriched and may not contain added fats, oils, or sodium. Tofu is relatively high in protein but typically a poor source of vitamin D compared to milk and soymilk\*. For this reason, when tofu replaces milk in the diet for children, WIC endorsers/ participants should be informed that vitamin D intake may not be adequate and other sources of vitamin D should be obtained from fortified foods and/or supplements. Documentation in the child’s care plan is required to indicate that nutrition education was provided to the endorser/ participant that diets may be nutritionally inadequate when milk is replaced by other foods not fortified with vitamin D.

For more information about calcium, vitamin D and the calcium content of various foods, refer to the Basic Nutrition Module, part of Level II of the WIC Certification Training Program.

\*Actual vitamin D and calcium varies among brands of tofu. Read the labels to determine vitamin D and calcium levels in various brands.

**Maximum allowed substitution of milk for soy milk, tofu or cheese**

Category	Food	Substitutes for	Restrictions
Children	1 quart soy milk	1 quart milk	
	1 lb tofu	1 quart milk	
	1 lb cheese	3 quarts milk	Max 1 lb cheese*
Women (pregnant/ partially BF or non-BF)	1 quart soy milk	1 quart milk	
	1 lb tofu	1 quart milk	
	1 lb cheese	3 quarts milk	Max 1 lb cheese*
Women (Exclusively BF & exclusively BF multiples)	1 quart soy milk	1 quart milk	
	1 lb tofu	1 quart milk	
	1 lb cheese	3 quarts milk	Max 2 lb cheese*

\*Maximum amount of cheese that can be provided as a substitute for milk. In addition to the cheese as a substitute for milk, exclusively breastfeeding women are given 1 pound of cheese.

**Why is there a limit on cheese?**

Cheese is offered as an alternative to milk to increase the variety in the WIC food package and because cheese is a well-liked food, however cheese is not as good a source of calcium as milk and is higher in sodium (salt) and fat. Cheese is not a good source of vitamin D, either. For these reasons, it makes sense to limit cheese and for WIC participants to be taught not to rely too heavily on cheese in their diet.

**Can participants purchase low fat cheese?**

In an effort to provide lower-fat food options, reduced fat versions of the allowed type of cheese (refer to *Allowable Foods List* for complete listing of authorized cheese types) may be purchased with checks that specify “reduced fat cheese.” Reduced-fat cheese may be issued by participant preference; a prescription is not required. Another option is to purchase cheeses that are naturally lower in fat, such as part skim milk mozzarella. (See chart to compare fat content of various WIC-approved cheeses.)

**Comparisons of Nutrient Content of WIC Cheeses**

1 oz serving	Calories	Sodium mg	Fat gm
American	105	474	9
Cheddar	115	183	9.5
Colby	112	171	9
Monterey Jack	106	170	8.5
Mozzarella (part skim)	72	175	4.5
Muenster	104	178	8.5
Reduced fat (varies by kind)	50-90	130-500	2-6
Swiss	108	20	8

Reference:  
 National Nutrient Data Base for Standard Reference, Release 27. <http://ndb.nal.usda.gov/ndb>. Compiled October 2014

*SELF-CHECK: PRACTICE YOUR KNOWLEDGE*

The following begins a series of Self-Checks that occur throughout this module. As you come to each Self-Check, complete it right away. The answers are located at the end of the Self-Check.

1. True or false? The WIC food package for children supplies enough milk to meet their calcium requirements.
2. True or false? Whole milk (not 1% or skim) is the only type routinely provided to children who are less than 2 years of age.
3. True or false? Milk can be purchased in any size container the participant prefers.
4. Which of these is NOT a Colorado WIC approved milk?
  - a. Goat milk
  - b. Kosher milk
  - c. UHT packaged milk
  - d. Organic milk
5. List 2 suggestions for using powdered milk.  

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6. True or false? Lactaid milk can be issued without prescription and is a good option for women and children who are lactose intolerant.
7. True or false? Soy milk and tofu can be a substitute for milk and can be issued to women and children only with a prescription.
8. True or false? One pound of cheese is the maximum amount that can be issued to children and non-exclusively breastfeeding women.
9. True or false? Lactose-free or lactose-reduced fortified dairy products should be offered before soy milk and/or tofu to those participants with lactose intolerance that cannot drink milk.
10. True or false? For children, if tofu is provided no documentation in the care plan is required.

*ANSWERS*

1. True
2. True
3. False. Milk must be purchased in the size container listed on the check which may include gallons, and half-gallons.
4. d. Organic milk is not WIC-approved.
5. Any two of the following: 1) in cooking (custards, soups, etc.), 2) in "milk shakes," 3) to extend the fresh milk supply, 4) to make yogurt.
6. True.
7. False. A prescription is not required to issue any amount of soy milk or tofu to children and women.
8. True.
9. True.
10. False. If milk is replaced by tofu, documentation in the child's care plan is required. This indicates that nutrition education was provided to the endorser/participant since diets may be nutritionally inadequate when milk is replaced by other foods not fortified with vitamin D.

## Breakfast Cereals & Whole Grains

### Why are breakfast cereals and whole grains provided?

Breakfast cereals are provided to supply iron and folic acid. In addition, breakfast cereals can be a good source of fiber. Federal regulations require that half of the State’s authorized cereals contain at least 51% whole grains and meet health claim labeling requirements as a “whole grain food with moderate fat content.” Breakfast cereals also provide a low-sugar source of nutrition; all allowed breakfast cereals must have no more than 6 grams of sugar per one ounce serving.

Breakfast cereals can be either ready-to-eat or cooked cereals. The specific brands of allowed cereals are listed on the *Colorado WIC Allowable Foods List*. Cereals that meet the requirements for whole grain are noted with an asterisk (\*).

### Iron, Folic Acid and Fiber Content of WIC Cereals Per serving

Cereal * = whole grain cereal	Iron (%DV)	Folic Acid (%DV)	Dietary fiber (gm/svg)
<b>Kellogg’s</b>			
All Bran Complete Wheat Flakes *	100	100	5
Corn Flakes	45	25	1
Crispix	45	70	<1
Product 19	100	100	<1
Special K Original	45	100	0
<b>Post</b>			
Bran Flakes *	45	50	5
Grape Nuts *	90	50	7
Grape Nut Flakes *	45	50	3
Great Grains - Banana Nut Crunch *	90	50	7
Great Grains Protein Blend - Cinnamon Hazelnut *	90	50	7
Great Grains Protein Blend - Honey Oats and Seeds *	90	50	6
Honey Bunches of Oats w/ Almonds	60	50	2
Honey Bunches of Oats Honey Roasted	60	50	2
Honey Bunches of Oats Whole Grain Honey Crunch *	90	50	4
<b>General Mills</b>			
Cheerios *	45	50	3

Multi Grain Cheerios *	45	50	3
Corn Chex	45	50	2
<b>Cereal</b>			
* = whole grain cereal	<b>Iron (%DV)</b>	<b>Folic Acid (%DV)</b>	<b>Dietary fiber (gm/svg)</b>
Rice Chex	50	50	1
Wheat Chex *	80	100	6
Kix (regular)	45	50	3
Total Whole Grain *	100	100	3
Wheaties *	45	50	3
<b>Quaker</b>			
Life *	50	60	2
Oatmeal Squares with Cinnamon *	90	100	5
Oatmeal Squares with Brown Sugar *	45	50	2
<b>Malt-O-Meal</b>			
Malt-O-Meal Oat Blenders with Honey	45	50	2
Malt-O-Meal Oat Blenders with Honey & Almonds	45	50	2
<b>Sunbelt Bakery</b>			
Simple Granola *	100	>10	6
<b>Store brand</b>			
Crispy Rice	50	100	0
Bite Size Frosted Shredded Wheat *	90	100	6
<b>Hot Cereals</b>			
Cream of Rice	70	>1	0
Cream of Wheat	50	10	1
Cream of Wheat Whole Grain *	50	20	4
Malt-O-Meal	60	100	1
Maypo *	80	50	4

Reference: Nutritional information from product websites October 2014. Folic acid for Simple Granola and Cream of Rice not listed on label and calculated from the National Nutrient Data Base for Standard Reference, Release 27. <http://ndb.nal.usda.gov/ndb>.

Whole grains are provided to supply fiber and B vitamins. Whole grains are complex carbohydrates that contain the entire grain kernel that has fiber and more vitamins and minerals than refined grain foods (such as white bread). Fiber helps maintain a healthy colon, and reduces the risk for a variety of illnesses, including obesity, cardiovascular disease, and colorectal cancer.

Foods considered good sources of fiber contain 2.5 to 4.9 grams fiber per serving. High fiber foods have 5 or more grams of fiber per serving.

Colorado WIC authorizes brown rice, soft corn tortillas, 100% whole wheat bread, buns, and rolls, and specific brands of whole grain bread. Refer to the *Colorado WIC Allowable Foods List* for allowed brands.

**Reference Values for Nutrition Labeling**

(Based on a 2000 calorie intake; for adults and children 4 or more years of age)

Nutrient	Unit of Measure	Daily Values
Total fat	grams (g)	65
Saturated fat	grams (g)	20
Cholesterol	milligrams (mg)	300
Sodium	milligrams (mg)	2400
Total carbohydrate	grams (g)	300
Dietary fiber	grams (g)	25
Protein	grams (g)	50
Vitamin A	International Unit (IU)	5000
Vitamin C	milligrams (mg)	60
Calcium	milligrams (mg)	1000
Iron	milligrams (mg)	18
Vitamin D	International Unit (IU)	400
Folate	micrograms (ug)	400

Reference: U.S. Food and Drug Administration. Guidance for Industry: A Food Labeling Guide (14. Appendix F: Calculate the Percent Daily Value for the Appropriate Nutrients) January 2013.  
<http://www.fda.gov/Food/GuidanceRegulation/GuidanceDocumentsRegulatoryInformation/LabelingNutrition/ucm064928.htm>.  
 Compiled October, 2014.

**How much breakfast cereal and whole grains are provided?**

The maximum amount of breakfast cereal and whole grains provided for each category of participant is shown below:

Participant Category	Ounces breakfast cereals	Ounces whole grains
Children (12-59 months)	36	32
Non breastfeeding/Novel breastfeeding women	36	None
Pregnant/Partially breastfeeding women	36	16
Exclusively breastfeeding women	36	16
Women exclusively breastfeeding multiples	54	24

**Why are only certain brands of cereal allowed on the WIC Program?**

Cereals on the WIC Programs are all:

- Low in sugar. They contain no more than 6 gm of sugar per ounce.
- High in iron. They must supply at least 28 mg of iron per 100 grams of dry cereal.

In addition, most of the WIC-approved breakfast cereals are a good source of fiber. Federal regulations require that half of the State's authorized cereals contain at least 51% whole grains and meet health claim labeling requirements as a "whole grain food with moderate fat content."

**High-iron, low-sugar cereals such as those allowed in WIC are important for young children because:**

Children's iron need is high due to their rapid growth rate. Iron deficiency is the most common nutrient deficiency among young children. A good iron source in the diet, such as cereal, can help to prevent iron-deficiency anemia. The consequences of anemia may include impaired growth, development, behavior, and intellect. Since the consequences may persist even after the anemia is resolved, it is very important to prevent it. Regular use of high-iron cereals by young children can help to ensure a diet adequate in iron.

High levels of sugar in the diet can increase the risk of dental cavities and contribute to an inadequate diet since sugar represents "empty" calories (it provides calories, but no nutrients). It is particularly important that children not eat a lot of sugar. Their nutrient need relative to their calorie need is quite high. The amount of empty calories should be limited. Issuing high-sugar cereals would not be teaching sound eating habits to participants and would not represent the best use of WIC funds to supply nutrients.

**Can infant cereal be purchased instead of the breakfast cereal listed on the children's checks?**

There may be instances where a child is not developmentally ready for breakfast cereals and needs to remain on infant cereal and formula. In those situations, within "special diet" staff can tailor the child's food package to substitute 32 ounces of infant cereal (4 8-oz boxes) for 36 ounces of breakfast cereal. The same substitution of infant cereal for breakfast cereal is allowed for women receiving WIC-eligible nutritionals or "specialty" formulas.

**Can a participant purchase more than one kind of WIC approved cereal at a time?**

Yes, a variety of WIC approved cereals may be purchased. It is important that the total amount of the cereal purchased not exceed the amount listed on the check.

**Can a participant purchase more than one kind of whole grain at a time?**

Yes. Participants have the option to combine whole grain foods to purchase up to the amount allowed on their checks. For example, if the check lists 32 ounces whole grains, the participant could choose a 24-ounce loaf of bread and an 8-ounce package of corn tortillas.

**Are any of the whole grains or WIC approved cereals gluten-free?**

Brown rice and corn tortillas are wheat-free and gluten-free whole grains. (Note that corn tortillas could contain trace amounts of wheat if they are manufactured in facilities that also make flour tortillas or process wheat.) Rice Chex, Corn Chex and Cream of Rice are WIC-approved cereals that are wheat-free and gluten-free. See the section on Special Dietary Needs for more information on gluten intolerance and Celiac disease.

**SELF-CHECK: TEST YOUR KNOWLEDGE**

Here are labels from two boxes of cereal. Which box is most likely a WIC-approved cereal:

**A**

**B**

<b>Nutrition Facts</b>		
Serving Size $\frac{3}{4}$ Cup (29g/1.1 oz.)		
Servings Per Container About 17		
Amount Per Serving	Cereal	Cereal with $\frac{1}{2}$ Cup Vitamins A&D Fat Free Milk
<b>Calories</b>	90	130
Calories from Fat	5	5
<b>% Daily Value**</b>		
<b>Total Fat</b> 0.5g*	<b>1%</b>	<b>1%</b>
Saturated Fat 0g	<b>0%</b>	<b>0%</b>
Polyunsaturated Fat 0g		
Monounsaturated Fat 0g		
Trans Fat 0g		
<b>Cholesterol</b> 0mg	<b>0%</b>	<b>0%</b>
<b>Sodium</b> 210mg	<b>9%</b>	<b>11%</b>
<b>Potassium</b> 170mg	<b>5%</b>	<b>11%</b>
<b>Total Carbohydrate</b> 23g	<b>8%</b>	<b>10%</b>
Dietary Fiber 5g	<b>20%</b>	<b>20%</b>
Soluble Fiber 1g		
Insoluble Fiber 4g		
Sugars 5g		
Other Carbohydrate 13g		
<b>Protein</b> 3g		
Vitamin A	15%	20%
Vitamin C	100%	100%
Calcium	0%	15%
Iron	100%	100%
Vitamin D	10%	25%
Vitamin E	100%	100%
Thiamin	100%	100%
Riboflavin	100%	110%
Niacin	100%	100%
Vitamin B <sub>6</sub>	100%	100%
Folic Acid	100%	100%
Vitamin B <sub>12</sub>	100%	110%
Phosphorus	15%	25%
Pantothenate	100%	100%
Magnesium	10%	15%
Zinc	100%	100%
Copper	6%	8%

<b>Nutrition Facts</b>		
Serving Size $\frac{3}{4}$ Cup (31g/1.1 oz.)		
Amount Per Serving	Cereal	Cereal with $\frac{1}{2}$ Cup Vitamins A&D Fat Free Milk
<b>Calories</b>	120	160
Calories from Fat	10	10
<b>% Daily Value**</b>		
<b>Total Fat</b> 1g*	<b>2%</b>	<b>2%</b>
Saturated Fat 0.5g	<b>3%</b>	<b>3%</b>
Trans Fat 0g		
<b>Cholesterol</b> 0mg	<b>0%</b>	<b>0%</b>
<b>Sodium</b> 150mg	<b>6%</b>	<b>8%</b>
<b>Potassium</b> 60mg	<b>2%</b>	<b>8%</b>
<b>Total Carbohydrate</b> 27g	<b>9%</b>	<b>11%</b>
Dietary Fiber less than 1g	<b>1%</b>	<b>1%</b>
Sugars 12g		
Other Carbohydrate 15g		
<b>Protein</b> 1g		
Vitamin A	25%	30%
Vitamin C	25%	25%
Calcium	4%	15%
Iron	25%	25%
Vitamin D	10%	25%
Vitamin E	25%	25%
Thiamin	25%	30%
Riboflavin	25%	35%
Niacin	25%	25%
Vitamin B <sub>6</sub>	25%	25%
Folic Acid	25%	25%
Vitamin B <sub>12</sub>	25%	35%
Phosphorus	2%	15%
Zinc	10%	15%

**ANSWER:**

A. It has less than 6 grams of sugar per ounce AND, with 5 grams fiber per serving, is also a high fiber cereal. (1 oz = approximately 28 grams)

*SELF-CHECK: TEST YOUR KNOWLEDGE*

1. Only certain types of cereal are allowed on the WIC Program because: (check all that apply)  
 a) They are fortified with Vitamin D  
 b) They are high in iron.  
 c) They are the least expensive  
 d) They are low in sugar  
 e) They are high in all major vitamins and minerals  
 f) The fiber content of at least half the cereals meets the federal requirement for being a good source of whole grain.
2. True or false? Children on formula and not developmentally ready for breakfast cereals may be issued infant cereal instead of breakfast cereal.
3. True or false? The maximum amount of whole grains for all categories of women is 16 ounces.
4. Which of these are Colorado WIC- approved whole grains? (check all that apply)  
 a) Corn tortillas  
 b) Granola bars  
 c) Brown rice  
 d) Whole wheat pasta  
 e) Any brand of 100% whole wheat bread  
 f) White rice
5. True or false? Participants can “mix and match” cereals to purchase up to the amount of ounces listed on the checks.

*ANSWERS*

1. b, d, f
2. True
3. False. Postpartum women do not receive any whole grains; women exclusively breastfeeding multiple infants receive 24 ounces of whole grains.
4. a, c, e
5. True.

## Beans, Peanut Butter, Eggs, Canned Fish

### Why are these foods provided?

The protein provided in these WIC-allowable foods is needed for growth and maintenance of body tissues. High quality protein is especially needed during the period of rapid growth in childhood and during pregnancy, lactation, and postpartum.

### How much of the protein foods are provided?

The maximum amount of beans, peanut butter, eggs, and canned fish provided for each category of participant is shown below:

Participant Category	Dry Beans* and/or Peanut butter	Dozen eggs	Ounces canned fish
Children (12-59 months)	1 lb beans <b>-or-</b> 18 oz peanut butter	1	None
Non breastfeeding/Novel breastfeeding women	1 lb beans <b>-or-</b> 18 oz peanut butter	1	None
Pregnant/Partially breastfeeding women	1 lb beans <b>-and-</b> 18 oz peanut butter	1	None
Exclusively breastfeeding women	1 lb beans <b>-and-</b> 18 oz peanut butter	2	30
Women exclusively breastfeeding multiples	1 ½ times exclusively breastfeeding woman allowance	3	45

\* Four (4) 16-oz cans beans may substitute for 1 pound dry beans

### What substitutions are allowed for beans and peanut butter?

Four (4) 16-oz cans of beans may be substituted for 1 pound of dry beans. When both beans and peanut butter are provided, beans may be substituted for peanut butter and vice versa. Possible options in that situation are:

- No peanut butter and 2 lb dry beans
- No peanut butter and 1 lb dry beans + 4 cans beans
- No peanut butter and 8 cans beans
- No beans and two (2) 18-oz peanut butter

**What beans and peanut butter substitution options are available for women exclusively breastfeeding multiples?**

Women who are exclusively breastfeeding multiples are entitled to 1 ½ times the maximum food amounts as for women exclusively breastfeeding one baby. Possible options in that situation are:

- No peanut butter and 3 lb dry beans
- No peanut butter and 2 lb dry beans + 4 cans beans
- No peanut butter and 1 lb dry beans + 8 cans beans
- No peanut butter and 12 cans beans
- 18 oz peanut butter and 2 lb dry beans
- 18 oz peanut butter and 1 lb dry beans + 4 cans beans
- 18 oz peanut butter and 8 cans dry beans
- 2 18-oz peanut butter and 1 lb dry beans
- 2 18-oz peanut butter and 4 cans beans
- 3 18-oz peanut butter and no beans

**If a pregnant woman (who receives both beans and peanut butter) chooses to substitute peanut butter for beans, can she purchase a 36-oz jar?**

No. Only 18-oz and smaller size jars are approved. In that situation the woman would need to purchase two (2) 18-oz jars.

**Can a participant decide at the store if they want to substitute peanut butter for beans or canned beans for dry beans?**

No. The participant must make the decision at the WIC clinic. WIC staff should ask the participant their preference and then assign the appropriate food package. Only the specific items listed on the WIC check may be purchased. For example, participants may not purchase canned beans if their checks specifically list only dry beans. A participant wanting to make a change on their WIC checks should be directed back to their clinic.

**If a participant doesn't want eggs, can they substitute beans or peanut butter for eggs?**

No. Federal regulations do not allow substitution of peanut butter or beans for eggs. Participants may choose to not purchase the eggs or may be issued an "allergy" food package that does not contain eggs. Note that for homeless participants, 1 dozen eggs + 1 pound dry beans can be substituted for 18 ounces of peanut butter. See the Homeless Food Package Guidelines under the Food Package Tailoring section for more information on food substitutions for homeless participants.

**Why do some participant's checks list a half-dozen eggs?**

On some of the pro-rated checks, one dozen eggs is prorated to ½ dozen. In addition, some food packages for homeless participants list eggs in half-dozen containers to accommodate those with limited refrigerated storage. Most stores carry eggs in half-dozen containers or are willing to split a dozen container.

**Why do only exclusively breastfeeding women receive canned fish?**

Cold-water fish such as salmon, sardines, and tuna are good sources of protein, some vitamins and minerals, and a healthy type of fat called omega-3 fatty acids (ALA, DHA, & EPA). Among the many health benefits of these fats, they are very beneficial for brain development, and are protective against heart disease. These types of canned fish are offered to exclusively breastfeeding women to supplement their diet to improve the nutritional value of their breast milk.

**If an exclusively breastfeeding woman doesn't want salmon, sardines or tuna, can she substitute a different type of canned fish - or - another protein food, such as beans or peanut butter or eggs?**

No. Only the types of canned fish are authorized, and federal regulations do not allow for any substitutions for canned fish. Participants may choose to not purchase the fish or may be issued an "allergy" food package that does not contain canned fish.

*SELF-CHECK: PRACTICE YOUR KNOWLEDGE*

1. Which categories of participants are allowed both beans and peanut butter each month? (check all that apply)
  - a) Children
  - b) Pregnant women
  - c) Breastfeeding women
  - d) Infants
  - e) Non-breastfeeding women
  - f) Exclusively breastfeeding women
  
2. True or false? Four (4) cans beans can be substituted for 1 pound dry beans.
  
3. True or false? When a participant is at the store with checks that list beans, they can substitute one jar of peanut butter for the beans.
  
4. True or false? Canned fish is an approved WIC food for all women.

*ANSWERS*

1. b, c, f
2. True
3. False
4. False. Only exclusively breastfeeding women are eligible to receive canned fish

## Fruits, Vegetables and Juice

### Why are these foods provided?

Fruits and vegetables are provided to help participants meet one of the Dietary Guidelines for Americans - “choose a variety of fruits and vegetables every day.” Fruits and vegetables are low in calories and fat, and high in fiber, vitamins and minerals. Different fruits and vegetables are rich in different nutrients, so choosing a variety of colors every day may reduce the risk for chronic illnesses such as heart disease, type 2 diabetes, or obesity.

Specific fruit and vegetable juices are also provided in the WIC food package. Effective June 2009 the amount of juice was reduced in the food package in order to reinforce another key nutrition message - “drink less juice and sweetened beverages.” Although eating whole fruits and vegetables instead of juice provides more vitamins, minerals and fiber, juice is still provided for women and children in order to supply an easily-consumable source of vitamin C. Vitamin C helps:

- Produce collagen, a connective tissue that gives structure by holding muscles, bones and other tissues together.
- Form and repair red blood cells, bones and other tissues.
- Keep capillary walls and blood vessels firm, and as such protects from bruising.
- The body absorbs iron from plant foods.
- Keep gums healthy.
- Heal cuts and wounds.
- Protect from infection by keeping the immune system healthy.

Juices allowed on the WIC Program must meet these guidelines:

- Be 100% real (fruit or vegetable) juice.
- Supply at least 30 mg vitamin C per 100 ml of juice - which is about 120% of the Daily Value of vitamin C per 8-oz serving.

Citrus juices, such as orange or grapefruit juice are naturally high in vitamin C and are allowable WIC juices. Other juices, such as apple, grape, tomato and vegetable that have added vitamin C are also allowed. Refer to the *Colorado WIC Allowable Foods List* for specific allowed brands. Juices that are not fortified with vitamin C do not meet the federal requirements and are not authorized for WIC. Drinks such as Tang, or Hi-C, even though they contain vitamin C, are not authorized on WIC because they are not 100% real fruit or vegetable juice.

Recommended Dietary Allowances of Vitamin C for age groups			
Life Stage Group	RDA/AI* (mg/day)	UL (Upper Level) (mg/day)	Special Considerations
Infants 0-6 months	40*	not determined	<p>Individuals who smoke require an additional 35 mg/day of vitamin C over that needed by nonsmokers.</p> <p>Nonsmokers regularly exposed to tobacco smoke are encouraged to ensure they meet the RDA for vitamin C.</p>
Infants 7-12 months	50*	not determined	
Children 1-3 years	15	400	
Children 4-8 years	25	650	
Males 9-13 years	45	1200	
Males 14-18 years	75	1800	
Males 19- > 70	90	2000	
Females 9-13	45	1200	
Females 14-18	65	1800	
Females 19- > 70	75	2000	
Pregnancy ≤ 18 years	80	1800	
Pregnancy 19-50	85	2000	
Lactating ≤ 18 years	115	1800	
Lactating 19-50	120	2000	

Reference: Institute of Medicine. Food and Nutrition Board. *Dietary Reference Intakes for Vitamin C, Vitamin E, Selenium, and Carotenoids*. Washington, DC: National Academy Press, 2000.

Recommended Dietary Allowances (RDAs) are set to meet the needs of almost all (97 to 98 percent) individuals in a group. For healthy breastfed infants, the Adequate Intake (AI) is the mean intake. The AI for other life stage and gender groups is believed to cover the needs of all individuals in the group, but lack of data or uncertainty in the data prevent being able to specify with confidence the percentage of individuals covered by this intake.

The Tolerable Upper Intake Levels (UL) is the maximum level of daily nutrient intake that is likely to pose no risk of adverse effects.

Reference: National Academy of Sciences, 2004.

### How much fruit, vegetables and juice is provided?

The maximum amount of fruits, vegetables, and juice provided monthly for each category of participant is shown below:

Participant Category	Fruit and vegetable cash value voucher	Juice (ounces)
Children (12-59 months)	\$8.00	128
Non breastfeeding/Novel breastfeeding women	\$11.00	96
Pregnant/Partially breastfeeding women	\$11.00	144
Exclusively breastfeeding women	\$11.00	144
Women exclusively breastfeeding multiples	\$16.50	216

### What size juice containers are approved?

The chart below shows the size containers and number of juice containers approved for the various categories of WIC participants:

Participant Category	12 -oz frozen	64 oz refrigerated -or- plastic containers
Children (12-59 months)		2
Non breastfeeding/Novel breastfeeding women	2	
Pregnant/Partially breastfeeding women	3	
Exclusively breastfeeding women	3	
Women exclusively breastfeeding multiples	1.5 x amount for exclusively BF women	

In addition to the above, single serving size cans of single strength juice are available for participants who are homeless. Additional information about tailoring and guidelines for issuing homeless food packages is provided in the Food Package Tailoring section under the Homeless Food Package Guidelines.

### Can participants purchase less juice or smaller size containers?

Participants can choose to purchase less juice (i.e., only 1 container of juice instead of the 2 or 3 listed on their WIC check), but must purchase the juice in the size container listed on the check. For example, if the check lists 64-oz juice, the participant may NOT substitute a 48-oz container. Only the brands of juice in the sizes listed on the *Colorado WIC Allowable Foods List* are approved.

### **Fruit and Vegetable Cash Value Voucher – Allowed items**

Fruits and vegetables are provided for women and children in the form of cash value vouchers. The vouchers may be used to purchase any combination of fresh and/or frozen fruits and/or vegetables up to the dollar amount on the check, including:

- Organic fruits and vegetables
- Salad mixes and mixed greens
- Whole or cut fruits and vegetables in bags or tubs

### **Fruit and Vegetable Cash Value Voucher – NOT Allowed items**

The intent of the cash value voucher is to provide fruits and vegetables for the individual participant. Items such as fruit or vegetable party trays are not allowed since they are intended for group consumption. Likewise, items that are considered herbs or spices are not allowed. The following items are NOT allowed to be purchased with the cash value voucher:

- French fries, hash browns, tater tots with added sugar, fat or oil
- Added ingredients that are not fruits or vegetables (such as rice, noodles, meat, cheese, dressing, croutons, sugar, salt, flavoring, etc.)
- Herbs or spices
- Items from a deli or salad bar
- Dried fruits and/or vegetables
- Fruits and vegetables in cans or jars (metal or glass containers)
- Juices or soups
- Jams, jellies or preserves
- Edible blossoms and flowers e.g., squash blossoms (broccoli, cauliflower and artichokes are allowed)
- Frozen smoothie mixes
- Ornamental and decorative fruits and vegetables such as chili peppers on a string; garlic on a string; gourds; painted pumpkins; fruit baskets and party vegetable/fruit trays
- Mature legumes (dry beans and peas) unless purchased as frozen vegetables.
- Fruit leathers and fruit roll-ups

### **Cashing the Cash Value Voucher**

The fruit and vegetable cash value voucher is listed on a separate WIC check, not with other WIC foods. At the store, the WIC customer must separate the fruit and vegetable purchases from items listed on other WIC checks. CVVs are processed as separate transactions. WIC customers may purchase up to the dollar amount listed on the check, but may not receive cash back if the purchase totals less than the dollar amount. If the purchase is more than the dollar

### **Cash Value Voucher**

The fruit and vegetable check. A WIC food instrument with a fixed-dollar amount that is used by a WIC participant to obtain authorized fruits and vegetables from a Colorado WIC-authorized retailer.

amount, the participant has the option to pay the difference. The WIC customer may use any payment option the store allows, such as cash, credit, SNAP benefits, or another WIC CVV.

*SELF-CHECK: PRACTICE YOUR KNOWLEDGE*

1. Which categories of participants are provided a \$11 cash value voucher for fruits and/or vegetables? (check all that apply)
  - a) Children
  - b) Pregnant women
  - c) Partially breastfeeding women
  - d) Infants
  - e) Non-breastfeeding women
  - f) Exclusively breastfeeding women
2. True or false? Any fresh fruit or vegetable is allowable for purchase with the Cash Value Voucher (CVV).
3. True or false? Cut up fresh fruit and mixed salad greens can be purchased with the Cash Value Voucher (CVV)
4. Which of these are NOT allowed when cashing fruit and vegetable (CVV) checks? (check all that apply)
  - a) Paying the difference if the purchase is over the dollar amount
  - b) Combining two or more vouchers in the same transaction
  - c) Receiving cash back if the purchase is less than the dollar amount on the CVV
5. Only certain juices are allowed on the WIC program because they: (check all that apply)
  - a) Have no added sugar
  - b) Supply vitamin C (at least 120% DV in 8 oz serving)
  - c) Are the least expensive
  - d) Are 100% real juice
6. True or false? Participants may choose to purchase less juice by buying smaller size cans of juice than those listed on the Allowable Foods List.

*ANSWERS*

1. b, c, e, f
2. False (fruits/vegetables from salad bars, edible blossoms & flowers, decorative gourds are not allowed)
3. True
4. c
5. a, b, d
6. False

## Infant Foods

The foods available for infants support the American Academy of Pediatrics recommendations on infant feeding and the introduction of solid foods. In particular the infant food packages:

- Promote and support breastfeeding
- Provide complementary foods at appropriate ages
- Include fruits and vegetables and limit juice consumption
- Tie formula amounts to feeding practice and age of infant

## Breastfeeding

Breastfeeding is best for babies and moms, and the WIC food packages provide incentives to both baby and mom to not only breastfeed, but also exclusively breastfeed. The WIC program feels so strongly about breastfeeding that promoting and supporting breastfeeding is part of WIC's Federal Regulations. Breast milk is the best or ideal food for young infants because: Breast milk is nutritionally superior to any alternative milk supply for the infant. It has just the right amount of protein, fat, carbohydrate, vitamins, and minerals. It is a complete food for the first 4-6 months of life and no other liquids or solids are needed. Breast milk is easy for the infant to digest.

Breast milk requires no buying, mixing, or preparation. It is not subject to incorrect mixing. It is clean and not easily contaminated.

Immunizing factors for protection from certain diseases are passed from mother to infant through breast milk.

Breastfeeding encourages close physical contact between mother and infant. It may help in developing an affectionate, trusting relationship between mother and child.

WIC can help moms successfully breastfeed! By understanding that breastfeeding is the normal, expected, and healthiest way to feed babies, WIC staff can educate moms on how to be confident and successful. Breast milk is all a young baby needs. Follow these simple guidelines to help moms and babies successfully reach their breastfeeding goals:

- Embrace breastfeeding as the natural and normal way to feed all babies.
- Educate prenatally. Discuss mom's concerns, and help her establish breastfeeding goals.
- Approach all women with the assumption that they are breastfeeding, or plan to breastfeed.
- To successfully establish milk supply, encourage moms to exclusively breastfeed and not use formula during the first 4-6 weeks postpartum.

- Do not offer formula unless medically indicated. If mom specifically asks for formula, have an enthusiastic dialogue about breastfeeding and building milk supply. Then, if mom still insists she receive formula, only provide the minimum amount needed.
- Offer support, resources, information, or a pump. Remind moms of the breastfeeding benefits for her and her baby, and the built-in incentives of the food packages: more food for herself and her baby, and she stays on the program longer!

**How does WIC help to support and protect breastfeeding?**

It takes about a month for a mom’s milk supply to be well established. Feeding formula during that time can be detrimental to successful long term breastfeeding. By not providing any supplemental formula in the infant’s first month of life WIC helps to protect and support breastfeeding.

**How can staff prepare moms to choose exclusive breastfeeding?**

Refer to the *Colorado WIC Program Concept Paper: Food Packages for Breastfeeding Participant* at the end of this section. It discusses WIC’s role in breastfeeding promotion and support, and provides detailed instructions for dialogue and discussion with moms prenatally and after delivery.

**How should staff respond to moms who request formula in the first month?**

Below are some anticipated participant question and responses.

Question	Response
WIC used to give formula to breastfed babies during the first month. Why don’t you do this anymore?	WIC wants to protect breastfeeding. It takes 4 to 6 weeks for your breastmilk supply to be fully established. Introducing formula reduces your milk supply, which isn’t good for your baby.
Can I have one can of formula for backup? Can I have formula for when I go to work/school?	Instead of using formula, consider pumping breastmilk as soon as you can and storing it in the freezer. Pumping helps establish a good milk supply, and someone else can feed this stored milk to your baby when you are away. WIC wants to protect breastfeeding, and giving formula in the first 4 to 6 weeks will reduce your milk supply. Would you like to discuss how to pump and store your milk?
What if I don’t have enough breastmilk?	It is very rare for a mom to not make enough milk to feed her baby. Why are you concerned?
Doesn’t feeding breastmilk and formula give my baby the best of both?	No, breastmilk is best for your baby. Your body makes milk that has the right balance of

Question	Response
	essential nutrients to help your baby grow. In order to make enough breastmilk, it is important to only provide breastmilk in the first 6 weeks. Introducing formula too early results in less breastmilk being produced.
My mother/sister/friend said my baby is not gaining enough weight. Shouldn't I start giving formula?	No. If the baby's growth assessment is within normal limits, then your baby is growing very well, and your breastmilk is the best food for her right now. Keep breastfeeding your baby when she is hungry, and she will get the best nutrition and continue to grow.

Note also that if formula is provided, the baby needs to be at least one month old as of the first day of the month. For infants born early in the month, that means the infant may be closer to 2 months old before receiving supplemental formula. Staff need to be prepared to address the perception of seemingly inequity with participants.

## Infant Formula

WIC recognizes the fact that despite encouragement and support, not all moms choose to breastfeed. Sometimes special circumstances prevail such as illness, medical issues, baby in foster care, etc. that don't allow for the infant to be breastfed or receive breastmilk. In those situations, WIC provides the best alternative, which is iron-fortified commercial infant formula. WIC-eligible nutritionals and metabolic formulas are also provided to children and women when medically indicated. The two main types of commercial infant formula are cow's milk-based and soy-based.

Cow's milk formulas are most often given to infants and are considered to be the standard or routine formulas. Cow's milk is modified to make it easier to digest and nutritionally complete for the infant.

### Formula Definitions

#### Primary Contract Brand Infant Formula

Any standard infant formula manufactured by the company with whom Colorado WIC has a formula rebate contract. A prescription is not required to issue primary contract brand infant formula.

#### Exempt Infant Formula

Any infant formula designed for infants with special medical conditions who require a modified infant formula. Issuance is only permitted with a physician's prescription *and* approval of the WIC RD/RN.

#### WIC-Eligible Nutritionals

Enteral products that are specifically formulated to provide nutritional support for children and women with a diagnosed medical condition, when the use of conventional foods is precluded, restricted, or inadequate. Issuance is only permitted with a physician's prescription *and* approval of the WIC RD/RN.

Soy formulas are also nutritionally complete formulas and standard contract soy formula may be issued upon request from parents. Soy formulas contain no cow's milk and use soy beans as the base. Soy formulas may be fed to infants who have or are likely to develop an allergy or intolerance to cow's milk formula.

### What is a contract formula?

Federal regulations require state WIC programs to contract with infant formula companies for cost-saving purposes. WIC receives a cash refund for all the contract formula purchased via WIC checks. This rebate amount, which is used to enroll more children and women on WIC, supports approximately 25% of the Colorado WIC caseload. No other standard infant formulas are provided, as federal regulations also require formula-fed infants to use primary contract brand infant formulas except when contraindicated by a specific medical condition.

The Colorado WIC primary brand contact infant formulas are the following iron-fortified Mead Johnson Nutritionals formulas:

- **Enfamil Infant** – a milk-based formula.
- **Enfamil ProSobee** – a soy-based formula which is lactose-free and sucrose-free, and intended for infants who have a sensitivity to cow's milk-based formulas.
- **Enfamil Gentlease** – a milk-based formula that contains a reduced amount of lactose and has partially hydrolyzed (broken-down) protein. It is designed for infants who have chronic or excessive fussiness or gas. The partially broken-down protein makes it easier to digest.
- **Enfamil AR** – a milk-based formula with Added Rice starch. It is intended for infants who spit up frequently. The rice starch causes the formula to thicken in the baby's stomach, thus helping to prevent reflux.
- **Enfamil Reguline** – a milk-based formula that contains a prebiotic (nondigestible carbohydrates that act as food to promote the growth of healthy bacteria in the gut) blend and partially broken hydrolyzed protein. It is intended for infants who have perceived stooling issues, such as occasional difficult bowel movements as the formula is designed to promote soft stools.

### Are other formulas available?

Colorado WIC does not provide any other standard milk-or soy-based infant formulas; however, sometimes there is a need to issue a specialized (exempt infant) formula or (WIC-eligible) nutritionals. There are a variety of specialized formulas available, which may be issued only if there is a written authorization from the participant's physician and approval from the WIC High Risk Counselor. Medical documentation either on a *Physician Authorization Form* or a

#### **Physician Authorization Form**

A WIC form to be completed and signed by the physician that identifies the product, length of time needed, and the medical reason.

health care provider's prescription pad must be scanned to the participant's record or kept in a central file.

The specialized formulas are used for infants, children, and women who have medical or metabolic problems which affect their nutritional needs and/or their ability to digest regular formulas. It is very important that these individuals are seen by a physician who can continually reevaluate the need for the specialty formula. Additional information regarding specialty formulas is provided in the Special Dietary Needs section.

**What forms of formula can be issued?**

Powdered formula is the most often issued form of formula in Colorado and is the form required to be stocked in WIC-approved stores. Concentrate formula can also be issued to a participant upon request. Note, however, that stores are not required to keep concentrate contract formulas in stock. The benefits of using powdered formula are:

- Easy to transport (less weight than liquid formulas)
- Higher reconstituted yield than liquid formulas
- Long storage life once can is opened
- Flexibility in mixing

**When can ready-to-feed formula be issued?**

Ready-to-feed (RTF) formula means that it is ready to use as is and requires no mixing with water. The use of RTF formula is appropriate under certain circumstances. However, due to its high cost, RTF formula may only be issued under these circumstances:

- The family's water supply is contaminated and unsafe for consumption.
- The caregiver has difficulty correctly diluting concentrate or powder formula.
- For a medically fragile infant (i.e. premature).
- The formula only comes in RTF form.

**Why is iron-fortified formula required?**

Iron-fortified formula is required because The American Academy of Pediatrics, Committee on Nutrition, recommends that non-breastfed infants receive iron-fortified formula for the entire first year of life. The iron in the formula helps to prevent iron-deficiency anemia. Iron deficiency is the most common nutritional deficiency among young children. The consequences may include impaired growth, development, behavior, and intellect.

**Iron-deficiency Anemia:**

Condition in which there are small, pale blood cells resulting from an iron deficiency.

Iron RDA for Infants:  
0-6 months = 6 mg/day  
6-12 months = 10 mg/day  
Most standard formulas contain about 1.8 mg/100 calories of formula.

You may find that some physicians or parents disagree with this recommendation. Many claim that the iron in formula causes gastrointestinal problems such as constipation, colic, spitting up, vomiting, or diarrhea. Most reputable medical journals cite study after study that has found “No common medical indication exists for the use of a low-iron formula. Although some believe that iron-fortified formula increases gastrointestinal symptoms, no scientific evidence supports this belief, so using non-iron-fortified formula for healthy infants is not justified.” (*American Academy of Pediatrics Pediatric Nutrition Handbook. 5<sup>th</sup> ed.*)

Some doctors may also believe that infants simply do not need the iron-fortified formula starting at birth. This is true, in part, since a full-term infant is born with enough iron stores to last for the first 4-6 months of life. Preterm babies are born with iron stores to last about 2 months. However, the WIC Program supports starting iron-fortified formula at birth (for non-breastfed infants) for the following reasons:

- Even though the full term infant has adequate iron stores to age 4 months, the young infant is able to absorb the iron during this period and store it for later use. Thus, the iron from formula during the first 4-6 months may protect the infant from iron-deficiency anemia later in life. An infant born prematurely may have inadequate iron stores sooner than the full term infant.
- WIC is a preventive program that serves a high-risk population. The highest incidence of anemia occurs among the lower socioeconomic groups such as those served by WIC.
- WIC participants tend to be mobile and seek health care infrequently. An infant initially started on low-iron fortified formula with the intent to later change to formula with iron may be lost to follow up before the transition can occur. This could result in an inadequate intake of iron and contribute to the development of iron-deficiency anemia.

Because of these and other reasons, many formula companies no longer manufacture low-iron formulas.

**How much formula does an infant need to drink each day?**

The table below is a guide to the amount of formula infants of varying ages can be expected to drink daily. Note that this information was



**TABLE 1**

Range of Daily Intake of Formula\*

Age in Months	Low	Average	High
1	14 oz	20 oz.	28 oz.
2	23 oz.	28 oz.	34 oz.
3	25 oz.	31 oz.	40 oz.
4	27 oz.	31 oz.	39 oz.
5	27 oz.	34 oz.	45 oz.
6	30 oz.	37 oz.	50 oz.
7	30 oz.		32 oz.
8	29 oz.		31 oz.
9	26 oz.		31 oz.
10	24 oz.		32 oz.
11	24 oz.		32 oz.
12	24 oz		32 oz.

\*Adapted from: Owen, A.L.; Feeding Guide. A nutritional guide for the maturing infant. Health Learning Systems, Bloomfield, New Jersey, 1979. This information was compiled from a study of infants who were all given cereal starting at 6 months of age and other solids at 8 months of age.

compiled from a study of infants who were all given cereal at 6 months and other solids at 8 months of age. The intake of formula among health infants varies widely, and this table should only be used as an approximate guide. It is very important to monitor the growth of the infant to judge whether an appropriate amount of formula is being given. In general, an infant should be drinking an amount of formula within the range listed for his/her age.

**How much formula does WIC provide?**

The formula amounts provided by WIC vary with the infant’s age, breastfeeding status, and the form of formula provided. As you can see from Table 1, this may not be enough formula to provide for the infant’s total needs at certain ages. However, remember that WIC is a supplemental nutrition program and does not provide the total diet for any participant. Point out to WIC mothers that they may need to purchase some additional formula on their own.

**Infant formula amounts by age and feeding status**  
Maximum Monthly Amounts

<b>Age</b>	<b>Fully Formula-Fed</b>	<b>Novel Breastfeeding (out of range amount issued)</b>	<b>Partially Breastfeeding ( in range amount issued)</b>
< 1 month	870 oz - powder -or- 806 oz - concentrate -or- 832 fl oz ready-to-feed formula	Up to 870 oz - powder -or- Up to 806 oz - concentrate -or- Up to 832 fl oz ready-to-feed formula	None
1 - 3 months	870 oz - powder -or- 806 oz - concentrate -or- 832 fl oz ready-to-feed formula	436 - 870 oz - powder -or- 365 - 806 oz - concentrate -or- 385 - 832 ready-to-feed formula	435 oz - powder -or- 364 oz - concentrate -or- 384 oz ready-to-feed formula
4 - 5 months	960 oz - powder -or- 884 oz - concentrate -or- 913 oz ready-to-feed formula	523 - 960 oz - powder -or- 443 - 884 oz - concentrate -or- 475 - 913 oz ready-to-feed formula	522 oz - powder -or- 442 oz - concentrate -or- 474 oz ready-to-feed formula

Section II: Colorado WIC Allowable Foods

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6 -11 months	696 oz - powder -or- 624 oz - concentrate -or- 643 oz ready-to-feed formula	385 - 696 oz - powder -or- 313 - 624 oz - concentrate -or- 339 - 643 oz ready-to-feed formula	384 oz - powder -or- 312 oz - concentrate -or- 338 oz ready-to-feed formula
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**\*Formula amounts listed are fluid ounces of reconstituted formula**

## Formula Yields

Product	Can size	Can yield (fluid oz)
<b>Powdered</b>		
Enfamil Infant	12.5 oz	90
Enfamil ProSobee	12.9	93
Enfamil Gentlease	12.4	90
Enfamil Reguline	12.4	90
Enfamil AR	12.9	91
EleCare Infant	14.1 oz	95
Enfamil EnfaCare	12.8 oz	82
Neocate Infant	14.1 oz	97
Nutramigen with Enflora LGG	12.6 oz	87
Pregestimil	16 oz	112
PurAmino	14.1 oz	98
Similac Alimentum	16 oz / 12.1	115 / 87
Similac NeoSure	13.1 oz	87
Similac PM 60/40	14.1 oz	102
<b>Concentrate</b>		
Enfamil Infant Enfamil ProSobee Nutramigen	13 oz	26
<b>Ready to feed</b>		
Enfamil Infant Enfamil Gentlease Nutramigen Similac Alimentum Similac NeoSure	32 oz	32
<b>Ready to feed</b>		
Enfamil Infant, Enfamil ProSobee Enfamil Gentlease Enfamil Reguline Enfamil AR Enfamil EnfaCare Enfaport	8 oz      6 oz	8 oz      6 oz

**Guidelines on providing supplemental formula to partially breastfed infants**

Ideally, the breastfed infant should require no supplemental formula. When lactation is going well, supplemental formula is not needed, and when it is not going well, it may aggravate the problem. Giving formula to moms to use after a nursing session as a “top off” to the feeding

may cause lactation failure. It would be better to put the infant to the breast more often or switch back to the first breast if the baby is hungry.

Supplemental formula is not provided in the first month postpartum in order to protect breastfeeding and ensure the mom's milk supply is well established. If formula is provided after the first month, staff must carefully determine with the mother the amount of formula required. When possible, staff should provide the minimum amount of formula needed and issue powder (not concentrate) formula.

### Definitions:

- **Exclusively breastfeeding woman** – A breastfeeding woman whose infant receives no formula from WIC.
- **Partially breastfeeding woman** – A woman who is breastfeeding and also offering formula amounts *in range*.
- **Novel breastfeeding woman** – A woman who is breastfeeding and also offering formula amounts *out of range* of partially breastfeeding.
- **Exclusively breastfed infant** – A breastfed infant who receives no formula from WIC.
- **Partially breastfed infant** – Refers to two subcategories of infants:
  - Partially breastfed *in range*
  - Partially breastfed *out of range*
- **Fully formula fed infant** – An infant who is not breastfed.
- **In Range** – The amount of formula an infant can receive that allows the mother to also get a partially breastfeeding food package for herself. *In range* formula amounts are approximately half the amount of the full formula allotment.
- **Out of range** – The amount of formula greater than what is allowed for the mother to also get a partially breastfeeding food package for herself. *Out of range* formula amounts are more than half the amount of the full formula allotment.

The chart below provides guidelines in how much powdered supplemental formula to issue.

Breastfed Infant's Average Daily Formula Intake	Number of cans powder formula			
	Nutramigen with Enflora LGG Enfamil EnfaCare Similac NeoSure Similac Alimentum	Enfamil Infant Gentlease ProSobee Reguline Enfamil AR EleCare Infant	PurAmino Similac PM60/40 Neocate Infant	Pregestimil
1-3 ounces	1	1	1	1
4 ounces	2	2	2	1
5-6 ounces	2	2	2	2
7 ounces	3	2	2	2
8 ounces	3	3	3 #	2
9 ounces	3	3	3	3 * #
10 ounces	4 #	3	3	3
11-12 ounces	4	4 * #	4 *	3
13 ounces	5 *	4	4	4 +
14-15 ounces	5	5 +	5 +	4
16-17 ounces	6 +	5	5	5
18-19 ounces	6	6	6	5
20 ounces	7	6	6	6
21 ounces	7	7	6	6
22 ounces	8	7	7	6
23 ounces	8	8	7	7
24 ounces	9	8	7	7
25-26 ounces	9	9	8	7
27 ounces	10	9	8	8
28 ounces or more	11	10	9	8

\* maximum "in range" formula for 1-3 month olds  
 + maximum "in range" formula for 4-5 month olds  
 # maximum "in range" formula for 6-11 month olds

### **Additional guidelines for issuing formula to partially breastfed infants**

- Breastfeeding women should receive information about the potential impact of formula on lactation before samples or formula checks are given.
- Provide formula checks or samples only when specifically requested by the mother of the breastfed infant. Offering formula to a breastfeeding woman who has not requested it undermines her confidence that she can breastfeed successfully, particularly in the first few weeks. Also, she may find it hard to turn down the free formula even though she had not planned to use it.
- Minimize the amount of supplemental formula for breastfed infants by providing only the amount of formula that the infant is consuming at the time of check issuance.
- Issue powdered rather than concentrate formula.

### **Why is powdered formula provided instead of concentrate for breastfed infants?**

Due to its longer storage life, formula in the powdered form is more appropriate for breastfed infants than the liquid concentrate. Once opened, the liquid concentrate may only be stored (under refrigeration) for 48 hours. This means that a mother may feel “pressured” into giving her infant more formula than needed in order to use up the formula, or she may end up throwing away unused formula. The powdered formula gives her the flexibility to mix exactly the amount of formula she wants each day.

### **Complementary Infant Foods**

At 6 months of age, babies receive infant cereal, fresh bananas, and baby food fruits and vegetables. As an incentive to breastfeed, exclusively breastfed babies also receive baby food meats and twice as much baby food fruits and vegetables. At 9-11 months, a cash value voucher for purchase of fresh fruits and vegetables may be issued in lieu of some baby food fruits and vegetables. Determination of issuing a cash value voucher for fresh fruits and vegetables must be based on a thorough individual WIC nutrition assessment to ensure the infant is developmentally ready to consume foods of increased texture and consistency. The table below summarizes the amount of food provided based on baby’s breastfeeding level.

**Infant Food Packages**

Age	Feeding status	Mom's priceless breastmilk	Infant formula (12.5-oz cans powder)	Infant cereal (8-oz)	Bananas (each)	Baby food fruits & vegetables (4 oz jars)	Baby food meats (2.5 oz jars)
0-3mo	Breastfed	√					
1-3 mo	Partially BF	√	1-4 in range 5-9 out of range				
0-3 mo	Formula fed		9				
4-5 mo	Breastfed	√					
4-5 mo	Partially BF	√	1-5 in range 6-10 out of range				
4-5 mo	Formula fed		10				
6-8 mo	Breastfed	√		2-3	4	60	31
6-8 mo	Partially BF	√	1-4 in range 5-7 out of range	2-3	4	28	
6-8 mo	Formula fed		7	2-3	4	28	
9-11 mo	Breastfed	√		2-3	4	60 <b>-OR-</b> 28 jars baby food F/V + \$8 CVV fresh F/V	31
9-11 mo	Partially BF	√	1-4 in range 5-7 out of range	2-3	4	28 <b>-OR-</b> 12 jars baby food F/V + \$4 CVV fresh F/V	
9-11 mo	Formula fed		7	2-3	4	28 <b>-OR-</b> 12 jars baby food F/V + \$4 CVV fresh F/V	

**Why are complementary foods provided at 6-11 months of age?**

Around 6 months of age, babies go through developmental changes that prepare them to eat solid foods. Babies are ready for solids when *all the developmental signs of readiness are present*.

A baby's developmental signs of readiness include when baby:

- Sits up alone or with support
- Holds head steady and straight
- Opens his mouth when he sees food coming
- Keeps tongue low and flat to receive a spoon
- Closes lips over the spoon and scrapes food off as the spoon is removed from the mouth
- Keeps food in the mouth and swallows, rather than pushing it back out onto the chin (the baby has outgrown the tongue-thrust reflex)

A baby's weight or age alone does not determine readiness for solids. Each baby develops at his own rate! Around 6 months, babies show subtle signs that they are *interested* in trying food: drooling, opening their mouths, and leaning forward. They show lack of interest by leaning back, turning away, pushing food or a spoon away, and closing their mouths.

Babies fed solids before they are developmentally ready run the risk of choking, developing food allergies due to an immature digestive tract, and may consume less than needed amounts of breast milk or formula.

### **How should new foods be introduced?**

When solids are introduced, each new food should be tried one at a time and fed for about 3-5 days before another food is added. Early solid foods should be plain. Mixed or combination foods should be avoided until the infant has been introduced to a variety of different foods with no signs of intolerance or sensitivity. This approach allows parents to watch for signs of allergy or intolerance such as vomiting, diarrhea, abdominal pain, cough, running nose, wheezing and skin itching or rash. If it appears that an infant is allergic or intolerant to a food, it should be removed from the diet and tried again when the infant is older. However, if an infant has shown a very strong or severe reaction, the food should never be tried again without a physician present.

### **Infant Cereal**

Iron-fortified single-grain infant cereal is a good first food because it is well accepted, is not likely to cause an allergic reaction, and is a good source of iron.

Model food packages with 2 boxes of infant cereal are available as most caregivers find that that amount is plenty to meet the infant's needs, and it is important to avoid wasting WIC foods. At the request of the caregiver, however, 3 boxes of cereal may be provided each month.

After a child turns 1 year old, breakfast cereals are

### **First Cereals for Infants:**

Rice cereal should be the first choice since it is least likely to cause an allergic reaction. Oat or barley cereal can be tried next. Wheat cereal should be delayed until 8 months of age since wheat is more likely to cause an allergic reaction in young infants and the risk decreases by around 8 months of age.

provided. There may be instances where a child is not developmentally ready for breakfast cereals, and needs to remain on infant cereal and formula. In those situations, with an approved formula prescription, 32 ounces of infant cereal (4 8-oz boxes) may be issued instead of 36 ounces of breakfast cereal. For infants, however, breakfast cereal cannot be purchased in lieu of infant cereal.

## **Baby food fruits and vegetables**

Baby food fruits and vegetables are provided to ensure that all babies get enough fruits and vegetables. The amount provided for formula-fed infants is about one jar per day. As an incentive to breastfeed, exclusively breastfed infants receive about two jars of baby food fruits and vegetables per day. Offering fruits and vegetables around 6 months of age exposes babies to a variety of foods. These foods are nutrient dense, meaning they are high in vitamins, minerals, and fiber.

### **Bananas**

Fresh bananas are provided in lieu of some of the baby food fruits and vegetables. Four fresh bananas are offered each month. (Food instruments printed prior to 2/01/15 listed bananas as two pounds.) As babies get older, their needs change from pureed to finger foods. Providing bananas offers the caregiver the opportunity to adjust the texture as baby gets older.

### **Cash Value Voucher for Fresh Fruits and Vegetables**

In addition to fresh bananas, at 9-11 months a cash value voucher for purchase of fresh fruits/vegetables may be issued in lieu of some baby food fruits and vegetables. By this age most infants are developmentally ready to eat foods of increased texture and consistency. Consistency should progress from pureed to ground to fork-mashed and eventually to diced and finger foods. Determination of issuing a cash value voucher for fresh fruits and vegetables must be based on a thorough individual WIC nutrition assessment to ensure that appropriate nutrition education is provided to the WIC endorser/participant that addresses safe food preparation, storage techniques, and age-appropriate feeding practices.

## **Baby food meats**

As an incentive to exclusive breastfeeding, 31 (2.5 oz) jars of baby food meats are provided monthly to exclusively breastfed infants. The meats also provide iron and zinc needed by all babies.

## Purchasing Baby Foods

### Infant cereal

Infant cereal must be single-grain and cannot contain added fruit. Only the dry iron-fortified infant cereal in 8-oz boxes is allowed. Cereal in jars is not allowed.

### Baby Food Fruits and Vegetables:

WIC checks list a specific number of 4-ounce jars of fruits and vegetables a participant may buy. Multi-packs of 4-ounce jars may also be purchased. Each container counts as one jar. For example, a 4-pack of 4-oz containers (each) of baby food counts as 4 jars.

### Meats:

WIC checks list the specific number of 2.5-ounce jars of baby food meats that can be purchased.

WIC approved baby food may be Stage 1, Stage 2, 1<sup>st</sup> Foods or 2<sup>nd</sup> Foods, depending on the brand. These baby foods:

- Are simple ingredient fruits, vegetables, or meats that are free of allergens
- Provide proper nutrition for babies around 6 months of age and older
- Have simple and gentle textures, and are easy for baby to swallow
- Have no added salt or sugar

Participants are able to purchase any brand (except for organic) of plain fruits or vegetables or any plain combination of fruits or vegetables. For breastfed babies, any plain meat with or without broth or gravy may be purchased. *The following are not allowed:*

- Organic baby food
- Food with added DHA or ARA
- Stage 3 or 3<sup>rd</sup> foods
- Foods with added sugars, starches or salt
- Graduates or dinners
- Fruit or vegetable combinations with meat, rice or noodles

The simple textures of these earlier stages of baby foods are suitable for all infants, even older infants. As infants develop, they will benefit from trying new foods and textures. WIC still encourages moms to make their own baby foods using bananas and other fresh fruits, vegetables and meats!

## **Bananas**

Babies also receive 4 fresh of bananas, typically listed as 2 bananas on 2 separate WIC checks. Participants are able to purchase any brand, any variety or any size of bananas.

## **Cash Value Voucher for Fresh Fruits and Vegetables**

Participants choosing a cash value voucher in lieu of some of the baby food fruits and vegetables for 9-11 month old infants may purchase up to the total dollar amount of any *fresh* fruit or vegetables but may not receive cash back if the purchase totals less than the dollar amount. If the purchase is more than the dollar amount, the participant has the option to pay the difference. The WIC customer may use any payment option the store allows, such as cash, credit or SNAP benefits.

## **What if a participant doesn't want all that baby food?**

As with any of the WIC checks, participants can choose to buy less food than is listed on the check or none of it at all.

## **Can baby food fruits and vegetable be given to special needs children or women?**

With medical documentation, children and women whose special dietary needs, such as prematurity, developmental delays, and dysphasia (swallowing disorders) require the use of pureed foods (in addition to requiring the use of special formula or WIC eligible nutritionals) may receive jarred baby food fruits and vegetables in lieu of the cash value voucher. Children may receive 32 (4 oz) jars; women may receive 40 (4 oz) jars. Additional information about special needs babies who are not developmentally ready for solid foods by 6 months of age is covered in the Special Dietary Needs section.

## **Selecting, Serving, and Storing Commercially Prepared Baby Foods**

This is a basic review of what new parents should know about using commercially prepared baby food.

### **When selecting commercial baby food:**

- Do not buy sticky or stained jars or containers. Sticky or stained jars of baby food may be cracked, which exposes the food to bacteria, or they may have glass particles on them from being packed with other cracked jars.
- Throw away jars with chipped glass or rusty lids.
- Wash or wipe off the jar or container before opening.
- Follow "Use By" dates for buying and storing unopened baby food. If the Use By date has passed, throw away the food.

- Check the container's vacuum seal. Baby food jars have a button or depressed area on the lid that indicates if the vacuum seal has been broken. Do not buy or use any jar of baby food if the vacuum seal has been broken (the button is popped out).

**When serving and storing commercial baby food:**

- Always start by washing hands!
- Check the container's vacuum seal. A popping or "whoosh" sound should be heard when the jar is opened and the vacuum seal is broken. If a jar is difficult to open, run it under warm water for a few minutes. Do not tap the lid with a utensil or bang it on a hard surface; this could chip glass into the food. If a grating sound is heard when opening the jar, check if there are any glass particles under the lid. Also, always check the food for any strange particles (glass, etc.).
- Serve food from a bowl. Avoid feeding baby directly from the container. Babies usually don't finish a whole jar of food in one feeding. If a spoon used for feeding is put back into the jar, bacteria from the baby's mouth can enter the food and spoil it. Instead, take out small amounts of food from the jar with a clean spoon, and put it into a bowl for serving.
- Throw away leftover food. Always throw away any leftover food from a bowl used to feed a baby; do not put it back into the container.
- Immediately store an open jar of unused food, and then use it quickly. After a jar of baby food is opened, immediately store it in a refrigerator and use the food within 48 hours. The exceptions are baby food meats and egg yolks, which should be used within 24 hours. If not used within these time limits, throw away the food.
- Do not microwave containers of baby food. Although some baby food containers say that they can be heated in a microwave, it is not recommended. This is because the food may heat unevenly and some parts of the food may burn baby's mouth. Instead, remove food from the jar, and warm on a stove, in a food warmer, or a microwave. Then stir the food and test the temperature before feeding. If heated in a microwave, let the food sit a few minutes, then stir well and check the temperature.

*SELF-CHECK: PRACTICE YOUR KNOWLEDGE*

1. Breastfeeding is considered the ideal way to feed young infants because: (check all that apply)
  - a) It provides immunizing protection against certain diseases.
  - b) It is clean and not easily contaminated.
  - c) It promotes a close, affectionate relationship between mother and infant.
  - d) It is a nutritionally complete food for the infant's first 4-6 months.
  
2. Which of the following are ways WIC staff can help moms be confident and successful with breastfeeding? (check all that apply)
  - a) Embrace breastfeeding as the natural and normal way to feed all babies.
  - b) Educate moms prenatally; discuss her concerns and help her establish breastfeeding goals.
  - c) Approach all women with the assumption that they are breastfeeding or plan to breastfeed.
  - d) Offer formula "just in case" breastfeeding doesn't work.
  - e) Offer support, resources, information; remind moms of the breastfeeding benefits to herself and her baby.
  
3. True or false? WIC supports and protects breastfeeding by not providing supplemental formula to a breastfed infant in the first month of life.
  
4. True or false? In situations where moms choose to not breastfeed or when circumstances prevail that don't allow for breastfeeding, WIC provides iron-fortified commercial formula.
  
5. True or false? Federal regulations require WIC programs to contract with infant formula companies for cost-saving purposes.
  
6. True or false? If a participant doesn't want the contract infant formula, they can purchase another standard formula with their WIC checks.
  
7. Which of these formulas require a physician's prescription (and approval of the WIC High Risk Counselor) before they can be provided to WIC participants? (check all that apply)
  - a) Contract soy formula
  - b) Exempt infant formula
  - c) WIC-eligible nutritionals
  
8. Under what circumstances can ready-to-feed formula be given? (check all that apply)
  - a) The family's water supply is contaminated
  - b) The caregiver doesn't want to mix the formula
  - c) The participant is medically fragile and needs a sterile ready-to-feed formula
  - d) The store is out of powdered formula but has ready-to-feed

9. Looking at the table on page 33 (Range of Daily Intake of Formula), what would you think about a 2 month old formula-fed baby who is drinking 20 oz of formula per day?
- a) The amount of formula is probably OK as long as it is iron fortified.
  - b) The amount is probably too low and the infant's weight gain and growth should be checked.
  - c) The amount is definitely too low and the infant needs at least 28 oz per day.
10. True or false? The formula amounts provided to a WIC participant vary with the infant's age, breastfeeding status, and the form of formula provided.
11. A mom of a 7 month old calls you to say that it has only been 3 weeks since she picked up her last WIC checks and she is already out of formula. She thinks there must have been a mistake in the amount of formula on her WIC checks. What would you tell her?
- a) She's right. The amount of formula on the WIC checks was probably too low.
  - b) She is probably feeding her infant too much formula and needs to cut back.
  - c) WIC is a supplemental nutrition program and does not provide the total diet for any participant, including infants. She may need to purchase some additional formula on her own.
12. A woman who is partially breastfeeding a 3 month old and also giving her baby 3 (4-oz) bottles of formula a day (which she receives from WIC) is classified as:
- a) Exclusive breastfeeding.
  - b) Partial breastfeeding - in range
  - c) Novel breastfeeding - out of range
13. Which type of formula is best suited to give a partially breastfed 6 month old infant?
- a) Powdered
  - b) Concentrate
  - c) Ready-to-feed
14. Why is that type of formula more appropriate? \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
15. Which complementary infant foods are provided to formula-fed 6-8 month old infants?
- a) Iron fortified infant cereal
  - b) Fresh bananas
  - c) Baby food fruits & vegetables
  - d) Cash value voucher for fresh fruits and vegetables
  - e) Baby food meats
16. List two developmental signs of readiness that indicate an infant is ready to start eating solid foods.

1. \_\_\_\_\_
2. \_\_\_\_\_

17. True or false? A fruit and vegetable cash value voucher is provided for 9-11 month olds in lieu of some of the baby food fruits and vegetables, which gives the caregiver the opportunity to offer different textures as baby gets older.
18. Breakfast cereals can be substituted for infant cereals for infants who don't like baby cereal.

### ANSWERS

1. a, b, c, d
2. a, b, c, e
3. True
4. True
5. True
6. False
7. b, c
8. a, c
9. b
10. True
11. c
12. b
13. a;
14. Due to its longer storage life, powdered formula is more appropriate for breastfed infants. It gives the mother the flexibility to mix exactly the amount needed each day and will avoid wasting the formula or encouraging her to give more formula to the baby than needed.
15. a, b, c
16. Any two of the following:
  - Sits up alone or with support
  - Holds head steady and straight
  - Opens his mouth when he sees food coming
  - Keeps tongue low and flat to receive a spoon
  - Closes lips over the spoon and scrapes food off as the spoon is removed from the mouth
  - Keeps food in the mouth and swallows, rather than pushing it back out onto the chin (the baby has outgrown the tongue-thrust reflex)
17. True
18. False

## REFERENCES

### Colorado WIC Program Concept Paper Food Packages for Breastfeeding Participants

Key messages

WIC policy states that all WIC staff have these responsibilities:

- Promoting and supporting breastfeeding is the responsibility of all WIC staff.
- Educating all mothers throughout the prenatal and early postpartum period about the benefits of exclusive breastfeeding.
- Not routinely providing formula to breastfed babies during the first four weeks of life while mother is establishing her milk supply.
- Performing assessments, providing education and using participant centered approaches to understanding each individual request for formula from a breastfeeding mother, and to determine the appropriateness of supplementation.
- Documenting a mother’s plan for breastfeeding in her nutrition education record.

Medical situations exist for appropriate use of supplements (short-term and long-term) to breastfeeding in the first month.

When formula is issued to breastfeeding infants, staff should provide the minimum amount needed remembering that WIC is a supplemental program and mothers will have greater breastfeeding success if they continue to empty their breasts.

Highlight the value of the exclusive breastfeeding food package.

Infant food package are based on the infant’s breastfeeding description (Excl BF, Prim Excl/No F Pkg, Prim Excl/Comp, Part BF, No Longer BF, Never BF).

## Background

### Purpose

The WIC program is federally mandated to promote and support long term breastfeeding. Extensive research, especially in recent years, documents diverse and compelling advantages to infants, mothers, families, and society due to breastfeeding and the use of human milk. In accordance with all major medical organizations and the American Academy of Pediatrics Policy Statement, *Breastfeeding and the Use of Human Milk*, each woman enrolled in the WIC Program will be encouraged to breastfeed exclusively for the first six months after birth, at which point gradual introduction of iron-enriched solid foods should complement the breast milk diet. The academy also recommends that breastfeeding continue for at least 12 months,

and thereafter for as long as mutually desired between mother and infant. **In order for mother and infant to receive the greatest health benefits from breastfeeding, breastfeeding should be exclusive and continue over time.** The longer the time, the greater the protection breastfeeding provides mother and infant. Colorado WIC Program staff will promote breastfeeding as the norm and will recommend every woman breastfeed, unless breastfeeding is contraindicated for health reasons. WIC staff must support the goal to have the majority of participants breastfeed exclusively.

The majority (over 75%) of Colorado WIC mothers start breastfeeding. Breastfeeding success is dependent upon the protection of a mother's milk supply. The amount of milk a mother produces depends on the frequency and effectiveness of the infant's suckling at the breast. When a mother is able to adequately nourish her growing infant, she will develop confidence in her ability to feed. Early supplements of formula are associated with breastfeeding complications and early weaning. Giving formula supplements during the first four weeks of life is generally detrimental to successful long-term breastfeeding.

### **Policy Statement**

Promoting and supporting breastfeeding is the responsibility of all WIC staff. To ensure a mother's milk supply is fully established and to support exclusive breastfeeding, formula will not be routinely provided to breastfed babies before they complete four weeks of age. All pregnant and breastfeeding participants will be made aware of this policy. This message will be part of a broader effort that educates mothers throughout pregnancy, and provides support and follow-up after delivery. There will be some mothers who choose not to breastfeed and they will continue to be treated with respect.

Any request for formula by a breastfeeding mother, regardless of infant's age, requires readily available breastfeeding support and advice from WIC staff. In situations where staff is unable to determine if formula is necessary, the situation must be appropriately assessed by a specially trained staff member to determine the appropriateness of supplementation for the infant. All current employees and applicants for positions with WIC must agree that they understand and will support this policy.

### **Procedures**

During the prenatal period all pregnant women, and during the postpartum period all breastfeeding women will be made aware of the policy that Colorado WIC does not routinely provide formula to breastfed infants who are younger than one month of age. At a minimum, this message will be given during the prenatal enrollment, during the last WIC prenatal (individual or group) visit before the expected delivery date, and during the first postpartum contact.

Staff will document a mother's plan for breastfeeding in her nutrition education plan. In those few instances that formula is provided to supplement breast milk during the first month of life, staff will document reasons in the infant's nutrition education plan.

## **Infant Food Package Issuance Based on Age of Infant and Breastfeeding Assessment**

### **Infant younger than 4 weeks of age**

1. Infant is exclusively breastfed: The mother should receive either a model or tailored food package appropriate for an exclusively breastfeeding woman. No food package is needed for the infant.
2. Infant not breastfed: A fully formula-fed infant should receive a formula food package, and the mother should get a model or tailored food package for postpartum, non-breastfeeding women. Mothers who choose not to breastfeed will continue to be treated with respect.
3. Feeding breast milk and formula: An infant who is being breastfed and formula-fed will *not* receive a food package for formula *unless* medically indicated (examples below) or staff conducts a thorough assessment and determines that the mother will not be breastfeeding long-term. If the mother reports she is breastfeeding and offering formula, staff must find out why formula is being used or requested, and consider the age of the infant and amount of formula being routinely offered. The counseling may be done by the educator or passed on to a WIC High Risk Counselor or Lactation Management Specialist depending on the situation.

Medical indication: Described below are medical indications that may pose a temporary or long term problem for breastfeeding and require supplementation of formula or banked human milk (although not available through WIC). Staff must work with mothers to determine the amount of formula that the food package shall contain. Staff should provide the minimum amount of formula that is needed, remembering that WIC is a supplemental program and that mothers will have greater breastfeeding success when maintaining milk production by emptying their breasts. Based on the amount of formula given, the mother will receive a model or tailored food package for novel breastfeeding women since she is not exclusively breastfeeding.

#### **Maternal medical indications:**

- Breast anatomical challenges (e.g., tubular breasts or marked breast asymmetry, inverted nipples for which shields and pumping alone will not suffice)
- Breast surgery (e.g., reduction, augmentation, abscesses, cancer)

- Endocrine abnormality (e.g., diabetes, pituitary insufficiency – noted as a lack of noticeable breast enlargement during pregnancy, failure of lactogenesis stage 2 – milk did not noticeably come in)
- Polycystic ovary syndrome (PCOS). Many mothers with PCOS have no problems with breastfeeding, but recent research shows that mothers with PCOS are at greater risk for insufficient milk supply. On the other hand, about one-third of women with PCOS report problems with oversupply.
- Perinatal complications (e.g., hypertension, hemorrhage, retained placental fragments)
- Contraindicated medication
- Severe obesity

**Infant medical indications:**

- Premature (<37 weeks) or very low birth weight
- Excessive weight loss (not regained birth weight by 10 days of age or loss of more than 10% of birth weight)
- Acute dehydration not responsive to routine breastfeeding
- Breast milk jaundice
- Hypoglycemia
- Inborn errors of metabolism (e.g., PKU)
- Special formula needed
- Not feeding well at discharge and sent home pumping with a formula supplement (should be followed by a physician within 24-72 hours after discharge).

WIC staff will ask mothers of infants who are receiving medically-indicated temporary supplementation what length of time the doctor recommended the supplement, particularly if the need is for a standard formula and there is no prescription. If the mother does not know, staff will recommend she contact her infant's provider.

No medical indication: If there is no medical indication, provide information and troubleshoot with the mother in order for the mother to receive the Exclusively Breastfeeding food package. Find out mother's plan or goal for breastfeeding. Inform mother of alternatives to formula such as expressing breast milk by hand or with a manual or electric breast pump. Lack of confidence in her ability to breastfeed may be a key factor explaining early formula supplementation. Address mothers' issues by suggesting ways to handle them. For example, if "baby acts hungry," then staff should offer ways to increase milk supply. If "baby is doing great with combined formula feedings and breastfeeding," then staff should educate about full breastfeeding to establish a milk supply.

Situations in which mothers choose not to receive a food package for exclusively breastfeeding women should be rare, and should occur only after extensive evaluation and counseling by the WIC High Risk Counselor or Lactation Management Specialist. Some non-medical reasons mothers may present could include:

- Returning to work within one week and has no desire/ability to pump
- Intent to wean over the next couple of weeks

If after counseling and education the mother insists she receive formula, determine if the infant is already receiving formula, then change the infant's breastfeeding status to "part BF" and **provide only the minimum amount of formula needed**. Remember that WIC is a supplemental program and that mothers will have greater breastfeeding success when they continue to empty their breasts. The amount of formula the infant receives will determine which food package the mother receives.

The mother will receive a model or tailored food package for novel breastfeeding women since she is not exclusively breastfeeding. Work with the mother to create food packages for the following months that best support her breastfeeding plan, explaining that smaller formula packages may enable her to receive more food for herself with a food package for partially breastfeeding women.

### Infants over 1 month of age

1. Infant is exclusively breastfed: The mother should receive either a model or tailored food package appropriate for an exclusively breastfeeding woman. Congratulate and praise the mother for her breastfeeding efforts, and encourage her to continue exclusively breastfeeding through her infants first six months of life. No food package is needed for the infant until he/she is 6 months old.
2. Feeding breast milk and formula: If the mother reports that she is breastfeeding and offering formula, find out why formula is being used or requested. Inquire what the mother's breastfeeding plan or goal is. Depending on the situation, counseling may be done by the educator or can be passed on to a WIC High Risk Counselor or Lactation Management Specialist. Discuss with mother the alternatives to formula, such as breast milk collected by hand, or manual or electric breast pump expression. After counseling and education if the mother insists she receive formula, verify that the infant's breastfeeding status is "part BF" and **provide only the minimum amount of formula needed**,\* Remember WIC is a supplemental program and that mothers will have greater breastfeeding success when they continue to empty their breasts. The amount of formula the infant receives will determine which food package the mother receives. Explain that smaller formula packages may enable her to receive more food for herself with a food package for partially breastfeeding women.

\*Refer to the references ranges in the Breastfeeding Section of the Mini-Manual, *Providing Supplemental Formula for Non-Exclusively Breastfed Infants*.

## Women's Food Packages

### Women's Food Package Issuance Based on Breastfeeding Assessment

A mother's food package is based on breastfeeding assessment, the age of her infant, and how much, if any, supplemental formula her infant receives from WIC. A mother's food package is reduced if she accepts formula supplements. Food package options for breastfeeding women are:

- Exclusively Breastfeeding. These food packages are also issued to 3 other categories of women:
  - Women pregnant with two or more fetuses
  - Women partially breastfeeding (*in range*) multiple infants from the same pregnancy
  - Pregnant women who are also partially (*in range*) breastfeeding one infant
- Partially Breastfeeding with a quantity of formula received *in range* of partially breastfeeding. These food packages are also issued to pregnant women.
- Novel Breastfeeding, *not in range* of partially breastfeeding. These food packages are also used for *postpartum, non-breastfeeding* woman receiving a full formula package for infant.
- Exclusively Breastfeeding Multiples. Women who exclusively breastfeed multiple infants, such as twins, receive 1.5 times the normal exclusively breastfeeding package.

We have covered a lot of information about the foods provided by the Colorado WIC Program, and the women's, children's and infant's food packages.

The charts on the following pages summarize the Colorado WIC Foods and the components and corresponding nutrition principles of the food packages for each category of participant.

Take a few minutes to review the charts before proceeding to the next section.

## Summary Of Colorado WIC's Food Packages

### Infants

	Infant 0-3 mo	Infant 4-5 mo	Infant 6-8 mo	Excl BF Infant 6-8 mo <sup>a</sup>	Infant 9-11 mo	Excl BF Infant 9-11 mo
<b>Infant Formula <sup>c</sup></b>	870 oz pwd 806 oz conc -or- 832 oz RTF	960 oz pwd 884 oz conc -or- 896 oz RTF	696 oz pwd 624 oz conc -or- 640 oz RTF	696 oz pwd 624 oz conc -or- 640 oz RTF	696 oz pwd 624 oz conc -or- 640 oz RTF	696 oz pwd 624 oz conc -or- 640 oz RTF
<b>Infant Cereal</b>			2 or 3 8-oz boxes	2 or 3 8-oz boxes	2 or 3 8-oz boxes	2 or 3 8-oz boxes
<b>Bananas</b>			4	4	4	4
<b>Baby Food Fruit/Veg.</b>			28 4-oz jars	60 4-oz jars	28 4-oz jars -or- 12 (4-oz) jars V + \$4 CVV	60 4-oz jars -or- 28 (4-oz) jars V + \$8 CVV
<b>Baby Food Meat</b>				31 2.5-oz jars		31 2.5-oz jars

### Children and Women

	Child 1 year	Child 2-4 yr	Pregnant/ Part BF Woman	Postpartum/ Novel BF Woman	Excl BF Woman <sup>b</sup>	Excl BF Multiples
<b>Milk <sup>d, e</sup></b>	16 qt. whole	16 qt. 1%/fat free	22 qt. 1%/fat free	16 qt. 1%/fat free	24 qt. 1%/fat free	36 qt. 1%/fat free
<b>Cheese <sup>f</sup></b>	1 lb may replace 3 qt. milk	1 lb may replace 3 qt. milk	1 lb may replace 3 qt. milk	1 lb may replace 3 qt. milk	1 lb - <i>and</i> 2 lb may replace 6 qt. milk	1 ½ lb - <i>and</i> 2 lb may replace 6 qt. milk
<b>Eggs</b>	1 dozen	1 dozen	1 dozen	1 dozen	2 dozen	3 dozen
<b>Juice</b>	2 64-oz containers	2 64-oz containers	3 12-oz fz conc	2 12-oz fz conc	3 12-oz fz conc	4 ½ 12-oz fz conc <sup>g</sup>
<b>Breakfast Cereal</b>	36 oz	36 oz	36 oz	36 oz	36 oz	54 oz
<b>Whole Grains</b>	32 oz	32 oz	16 oz		16 oz	24 oz
<b>Dry Beans and/or Peanut Butter</b>	1 lb beans or 18 oz peanut butter	1 lb beans or 18 oz peanut butter	1 lb beans and 18 oz peanut butter	1 lb beans or 18 oz peanut butter	1 lb beans and 18 oz peanut butter	1 ½ times excl BF allowance <sup>h</sup>
<b>F/V CVV</b>	\$8.00	\$8.00	\$11.00	\$11.00	\$11.00	\$16.50
<b>Canned Fish</b>					30 oz.	45 oz.

<sup>a</sup> Exclusively BF infants 0-6 months are counted as WIC participants even though they are not issued foods or checks.

<sup>b</sup> Exclusively BF woman's package also issued to women pregnant with multiples, women partially (mostly or "in range") breastfeeding multiples from the same pregnancy, pregnant women who are also partially (mostly or "in range") breastfeeding singleton infants.

<sup>c</sup> Reconstituted ounces of infant formula.

<sup>d</sup> Soy milk may be substituted for cow's milk at the rate of 1 quart soy milk per 1 quart cow's milk. The CWA may determine and document the need for soy milk for children. Determination must be based on an individual nutritional assessment and consultation with the child's health care provider if necessary. Such determination can be made for situations that include, but are not limited to milk allergy, lactose intolerance, vegan diets or religious preference (i.e. kosher). No additional documentation is needed for women.

<sup>e</sup> Tofu may be substituted for cow's milk at the rate of 1 lb tofu per 1 quart milk. The CWA may determine and document the need for tofu for children. Determination must be based on an individual nutritional assessment and consultation with the child's health care provider if necessary. Such determinations can be made for situations that include, but are not limited to milk allergy, lactose intolerance, vegan diets or religious preference (i.e. kosher diet). No documentation is needed for women

<sup>f</sup> Maximum substitution of milk for cheese:

Children: 3 quarts (maximum 1 pound cheese)

Pregnant, Postpartum and Partially (Mostly) BF Women: 3 quarts (maximum 1 pound cheese)

Exclusively BF Women: 6 quarts (maximum 2 lb cheese).

<sup>g</sup> Foods can be divided into "even" and "odd" month packages to provide the full authorized amount of juice over a 2-month period.

<sup>h</sup> A combination of dry beans, canned beans, and peanut butter may be issued in order to provided the full authorization of beans and peanut butter.

**Allowed Substitutions:**

- Canned beans may be substituted for dry beans at the rate of 4 16-oz cans beans per 1 lb dry beans.
- When both beans and peanut butter are provided, beans may be substituted for peanut butter and vice versa (no peanut butter and either 2 lb beans or 8 cans beans or 1 lb beans and 4 cans beans -or- 36 oz peanut butter and no beans)
- Canned evaporated milk may be substituted for fresh at the rate of one 12-oz can per 24 oz fresh milk.
- Powdered milk may be substituted for fresh at an equal reconstituted rate.
- Infant cereal (32 oz) may be substituted for 36 oz breakfast cereal for women and children receiving WIC-nutritionals (formulas).

**Standard milk types:**

- Whole milk is the standard milk for one year old children (12-23 months).
- Low fat (1% or fat free) milk is the standard milk for women and 2-4 year old children (24-59 months)

**Issuing milk for overweight one-year old children**

Based on the WIC CWA (Certified WIC Authority) determination (through individual nutritional assessment and consultation with the child's health care provider if necessary) fat reduced milks (2%, 1% or fat free) may be issued to one year old children for whom obesity and overweight are a concern who meet these criteria:

- Overweight: Child's weight for length is at or above the 98<sup>th</sup> percentile.
- Rapid weight gain: A child whose weight for length, initially at or above the 50<sup>th</sup> percentile crossed two percentile curves. For example, a child going from the 50<sup>th</sup> to the 90<sup>th</sup> percentile, or going from the 75<sup>th</sup> to the 95<sup>th</sup> percentile

**Issuing milk for underweight women and 2-4 year old children**

Based on the WIC High Risk Counselor determination (through individual nutritional assessment and consultation with the participant's health care provider if necessary) whole or 2 % milk may be issued to

women with insufficient weight gain and underweight 2-4 year old children (24-59 months) only when participant is also receiving a special formula.

## Unauthorized Foods in the Colorado WIC Program

### Infant Formula

- Any formula not specified on the Colorado WIC Physician Authorization Form.

### Infant Cereal

- Cera Meal
- Dry Pack with fruit or sweeteners
- Wet Pack (jars)
- Dry Pack with formula-Milupa

### Fruit Juice

- Fruit Punch
- Tang
- Hi-C
- Fruit Punch
- Non-fortified fruit juices (except orange, grapefruit, and orange-grapefruit blend)
- Hawaiian Punch
- Fruit Nectars
- Lemonade
- Sweetened Juice

### Milk

- Raw milk or non-pasteurized milk
- Yogurt
- Half and Half
- Hot Chocolate Mix
- Chocolate Drink
- Chocolate Milk
- Powdered Buttermilk
- Milnot
- Sweetened condensed Milk

### Cheese

- Deli cheese
- Shredded cheese
- Individually wrapped cheese

- Cheese foods
- Cheese spreads
- Cheese products
- Flavored cheese
- Cream cheese
- Cottage cheese
- Imported cheese
- Sliced cheese (except American)
- String Cheese

### **Cereals**

- Any hot or cold cereal except those specified on WIC checks

### **Canned Beans**

- With added flavoring, fat, oil or meat
- Baked beans, refried beans or chili beans
- Soup or soup mix

### **Fruits and Vegetables**

- French fries, hash brown, tater tots with added sugar, fat or oil
- Dried or canned fruits or vegetables
- Fruits or vegetables with added sugars, fats, oils, sauces, or any added ingredients (i.e. salad dressing, croutons, cheese, nuts, meat, pasta, rice, noodles)
- Items from deli or salad bar
- Herbs/spices i.e. anise, basil, bay leaves, caraway, chervil, chives, cilantro, dill, fenugreek, mint, horseradish, lemon grass, marjoram, oregano, parsley, rosemary, sage, savory, tarragon, thyme
- Fruit baskets and party trays
- Decorative fruits and vegetables

### **Baby Food Fruit and Vegetables**

- With added sugar, starch or salt

### **Baby Food Meat**

- With added sugar or salt

## Summary of the WIC Food Packages

### Pregnant and Partially Breastfeeding Women

Food Package	Nutrition Principle
1. The food package contains milk, eggs, cereals, whole grains, juice, fruits and vegetables and beans <b>and</b> peanut butter.	These foods are high in protein, iron, calcium, vitamin A, vitamin C; they represent servings from each of the major foods groups and can be used to supplement a well-balanced diet.
2. The milk allotment is 22 quarts per month.	This amount is adequate to meet nutrient needs, especially calcium, without supplying an excess amount, which may spoil the appetite for other foods.
3. One pound of cheese may be substituted for 3 quarts fresh milk.	Limits the use of this relatively expensive food item that is also higher in fat, but still allows variety in the food package.
4. One percent or fat free milk is provided for all pregnant women.	1% or fat free milk contains the equivalent vitamins and minerals found in whole milk. Use of 1% or fat free milk helps reduce the overall fat and cholesterol level in the diet, which is associated with a reduced risk of chronic diseases such as coronary heart disease and cancer. Encouraging 1% or fat free milk is a positive nutrition education message.
5. Cereals on the WIC Program are limited to those high in iron and low in sugar.	The iron requirement for pregnancy is very high and iron-deficiency anemia is a common and significant problem; low sugar foods reinforce principles of good nutrition and dental health.
6. One pound of whole grains is provided for pregnant and partially-breastfeeding women	Whole grains are complex carbohydrates containing the entire grain kernel that has fiber and more vitamins and minerals than refined grain foods. Fiber helps maintain a healthy digestive system, and reduces the risk of obesity and diseases such as coronary heart disease and type 2 diabetes.
7. A \$11 cash value voucher is provided for purchasing fruits and/or vegetables	Fruits and vegetables are low in calories and high in fiber, vitamins and minerals. Eating more fruits and vegetables reduces the risk of certain chronic diseases.
8. Juices on the WIC program are limited to those high in vitamin C and with no sugar added. Three (3) 12 oz. cans frozen concentrate or 48 oz. single strength juice may be given.	Foods without added sugar reinforce principles of good nutrition and dental health; juices, which are highest in vitamin C, can best help meet the daily nutrient needs.

## Exclusively Breastfeeding Women

Food Package	Nutrition Principle
<p>1. Exclusively breastfeeding women receive 30 oz. canned salmon, sardines or tuna fish.</p>	<p>Cold water fish such as salmon, sardines and tuna are good sources of protein and healthy omega-3 fatty acids that is beneficial for brain development, and is protective against heart disease. The addition of fish in the food package provides an extra incentive to continue exclusively breastfeeding.</p>
<p>2. The food package contains milk, cheese, eggs, cereals, whole grains, juice, fruits and vegetables, canned fish, and beans <b>and</b> peanut butter.</p>	<p>These foods are high in protein, iron, calcium, vitamin A, vitamin C; they represent servings from each of the major foods groups and can be used to supplement a well-balanced diet.</p>
<p>3. The milk allotment is 24 quarts per month, plus one pound of cheese.</p>	<p>This amount is adequate to meet nutrient needs, especially calcium, without supplying an excess amount, which may spoil the appetite for other foods.</p>
<p>4. One percent or fat free milk is provided for all exclusively breastfeeding women.</p>	<p>1% or fat free milk contains the equivalent vitamins and minerals found in whole milk. Use of 1% or fat free milk helps reduce the overall fat and cholesterol level in the diet, which is associated with a reduced risk of chronic diseases such as coronary heart disease and cancer. Encouraging 1% or fat free milk is a positive nutrition education message.</p>
<p>5. Two pound of additional cheese may be substituted for 6 quarts of fresh milk.</p>	<p>Limits the use of this relatively expensive food item that is also higher in fat, but still allows variety in the food package.</p>
<p>6. Cereals on the WIC Program are limited to those high in iron and low in sugar.</p>	<p>The iron requirement for breastfeeding is high and iron-deficiency anemia is a common and significant problem; low sugar foods reinforce principles of good nutrition and dental health.</p>
<p>7. One pound of whole grains is provided for exclusively breastfeeding women</p>	<p>Whole grains are complex carbohydrates containing the entire grain kernel that has fiber and more vitamins and minerals than refined grain foods. Fiber helps maintain a healthy digestive system, and reduces the risk of obesity and diseases such as coronary heart disease and type 2 diabetes.</p>
<p>8. A \$11 cash value voucher is provided for purchasing fruits and/or vegetables</p>	<p>Fruits and vegetables are low in calories and high in fiber, vitamins and minerals. Eating more fruits and vegetables reduces the risk of certain chronic diseases.</p>
<p>9. Juices on the WIC program are limited to those high in vitamin C and with no sugar added. Three (3) 12 oz. cans frozen concentrate or 48 oz. single strength juice may be given.</p>	<p>Foods without added sugar reinforce principles of good nutrition and dental health; juices, which are highest in vitamin C, can best help meet the daily nutrient needs.</p>

## Postpartum and “Novel” Breastfeeding Women

Food Package	Nutrition Principle
1. Postpartum women receive less food than pregnant or breastfeeding women.	In general, the nutrient needs of postpartum women are less than for pregnant or breastfeeding women.
2. The food package contains milk, eggs, cereals, juice, fruits and vegetables and beans or peanut butter (no whole grains).	These foods are high in protein, iron, calcium, vitamin A, vitamin C; they represent servings from each of the major foods groups and can be used to supplement a well-balanced diet.
3. The milk allotment is 16 quarts per month.	This amount is adequate to meet nutrient needs, especially calcium, without supplying an excess amount, which may spoil the appetite for other foods.
4. One pound cheese may be substituted for 3 quarts fresh milk.	Limits the use of this relatively expensive food item that is also higher in fat, but still allows variety in the food package.
5. One percent or fat free milk is provided for all women.	1% or fat free milk contains the equivalent vitamins and minerals found in whole milk. Use of 1% or fat free milk helps reduce the overall fat and cholesterol level in the diet, which is associated with a reduced risk of chronic diseases such as coronary heart disease and cancer. Encouraging 1% or fat free milk is a positive nutrition education message.
6. Cereals on the WIC Program are limited to those high in iron and low in sugar.	The iron requirement for postpartum women is not as high as pregnancy, however, iron-deficiency anemia is a significant common in the WIC population and low sugar foods reinforce principles of good nutrition and dental health.
7. A \$11 cash value voucher is provided for purchasing fruits and/or vegetables	Fruits and vegetables are low in calories and high in fiber, vitamins and minerals. Eating more fruits and vegetables reduces the risk of certain chronic diseases.
8. Juices on the WIC program are limited to those high in vitamin C and with no sugar added. Two (2) 12 oz. cans frozen concentrate or 48 oz. single strength juice may be given.	Foods without added sugar reinforce principles of good nutrition and dental health; juices, which are highest in vitamin C, can best help meet the daily nutrient needs.

## Child Food Packages

Food Package	Nutrition Principle/Rationale
1. The food package contains milk, eggs, cereals, whole grains, juice, fruits and vegetables, and beans <b>or</b> peanut butter.	These foods are high in protein, iron, calcium, vitamin A, vitamin C; they represent servings from each of the major foods groups and can be used to supplement a well-balanced diet.
2. The milk allotment is 16 quarts per month.	This amount is adequate to meet nutrient needs, especially calcium, without supplying an excess amount, which may spoil the appetite for other foods.
3. One pound of cheese may be substituted for 3 quarts fresh milk.	Limits the use of this relatively expensive food item that is also higher in fat, but still allows variety in the food package.
4. Whole milk is required for children under two years of age to supply essential fats needed for growth. One percent or fat free milk is required for children after 2 years of age.	1 to 2 years of age: Whole milk is given to provide adequate fats to support growth and development in the age group. After two years of age: 1% or fat free milk contains the equivalent vitamins and minerals found in whole milk. Use of 1% or fat free milk helps reduce the overall fat and cholesterol level in the diet, which is associated with a reduced risk of chronic diseases such as coronary heart disease and cancer. Encouraging 1% or fat free milk is a positive nutrition education message.
5. Cereals on the WIC Program are limited to those high in iron and low in sugar.	The iron requirement for young children is very high and iron-deficiency anemia is a common and significant problem; low sugar foods reinforce principles of good nutrition and dental health.
6. Two pounds of whole grains are provided for children.	Whole grains are complex carbohydrates containing the entire grain kernel that has fiber and more vitamins and minerals than refined grain foods. Fiber helps maintain a healthy digestive system, and reduces the risk of obesity and diseases such as coronary heart disease and type 2 diabetes.
7. An \$8 cash value voucher is provided for purchasing fruits and/or vegetables	Fruits and vegetables are low in calories and high in fiber, vitamins and minerals. Eating more fruits and vegetables reduces the risk of certain chronic diseases.
8. Juices on the WIC program are limited to those high in vitamin C and with no sugar added. Two 64-oz containers of refrigerated or bottled juice is provided.	Foods without added sugar reinforce principles of good nutrition and dental health; juices, which are highest in vitamin C, can best help meet the daily nutrient needs.

## Infant Food Packages

Nutrition Principle	Rationale
1. Breastfeeding is encouraged for all WIC infants.	Breast milk is nutritionally complete, easy to digest, requires no mixing or preparation so it is clean and not easily contaminated or subject to incorrect mixing; it provides immunizing protection, and it encourages a close relationship between mother and baby.
2. For non-breastfed infants, iron-fortified commercially prepared formula is provided.	These formulas are the best alternative to breast milk. They are nutritionally complete for the first 4-6 months. The iron in the formula is important to help prevent iron-deficiency anemia.
3. Formula in the powdered form is issued for breastfed infants if supplemental formula is needed.	Powdered formula provides the flexibility to mix exactly the amount of formula wanted; it is less apt to lead to waste or over supplementation of formula.
4. Ready-to-feed (RTF) formula may only be issued under special circumstances.	RTF formula is considerably more expensive than powdered or concentrated formula; because WIC serves low-income families, it is important to teach economic shopping habits.
5. Food packages with infant foods can be issued when the infant is 6 months of age.	Infants have no nutrition need for solids until around 6 months of age; developmentally, they are not ready for solids until around 6 months of age.
6. Cereal issued to infants must be plain, single grain, and iron-fortified.	When introducing solids to infants, plain (not mixed or combination) foods should be used to make it easier to identify intolerances or allergies; food iron sources in the diet are important for infants.
7. Jarred baby food fruit and vegetables are issued when the infant is 6 months of age.	Jarred baby foods provide a good variety of ready-to-serve fruits and vegetables for babies. The small size of the containers allows the food to be consumed within the safe storage period for refrigerated opened baby foods.
8. Infants 9-11 months old may be issued a cash value voucher in lieu of some commercial jarred infant foods	Providing fresh fruits & vegetables for older infants is an opportunity to provide developmentally appropriate textures as infants progress in their feeding skills and transitioning to table foods.
9. Four (4) fresh bananas can be substituted for 16 ounces of baby food fruit and vegetables.	Providing fresh bananas allows the caregiver to prepare baby food in a texture suitable to baby's developmental needs.
10. Exclusively breastfed babies receive twice as much baby food fruit and vegetables and 31 (2.5-oz) jars of baby food meat.	Baby meats provide a good source of zinc, needed by all babies. Fully breastfed babies receive more food as an incentive to continue breastfeeding.

## SECTION III: ASSIGNING FOOD PACKAGES

When assigning food packages in the Compass computer system, model food packages (specific combinations of foods that are most frequently issued to participants) meeting the participant's specific category and "profile" (i.e., breastfeeding status or formula range) will display in a drop down box. From the food package screen staff have the ability to:

- Assign one of the displayed model food packages
- Select a model and then tailor it, or
- Create a new food package

This section gives general information about food packages and assigning model food packages; tailoring and creating new food packages will be discussed in section IV: Food Package Tailoring

When infant packages are assigned, Compass will automatically "update" the food package to add baby foods when the infant is 6 months old, and to change the amount of formula at 4 and 6 months of age. Issuing food packages with the infant CVV for 9-11 month olds is an option that requires a thorough nutritional assessment, and thus is not automatically updated. With breastfeeding mom/baby pairs, Compass looks at the amount of formula provided – if any- to determine the appropriate package for the mom. Edits in the Compass system ensure that the types of foods issued (i.e., whole milk vs. 1% or fat free milk) are appropriate for the category and age of participant and that the amounts issued do not exceed the federal maximum amounts.

The participant's age or category at the first day of the month is used to determine the appropriate package. For example, an infant who turns 4 months old July 5 will receive a "0-3 month" package for July and "4-5 month" packages for August and September. Starting in October the infant will receive "6-11 month" packages.

A participant's return appointment may not necessarily coincide with when they run out of WIC checks.

For example, a participant may be given a July 11 appointment even though they already have checks valid until July 31.

Compass checks are valid from the first day of the month to the last day of the month, regardless of when they were issued, with one exception. The first month check for newly enrolled participants will have a "first date to use" corresponding to the actual day of enrollment.

Participants who pick up checks mid-to-late month will receive prorated amounts of food for that month. Proration means that a participant's food package is decreased to meet the participant's needs for a shorter period of time – typically when the participant enrolls on the WIC program after the 10<sup>th</sup> of the month, or if they are 10 or more days late in picking up WIC checks for that month. The food in the prorated food package is to supplement the participant's diet in the days remaining in the month. There are two levels of proration, a 20-day (2/3 the full amount) and a 10-day (1/3 the full amount) proration. When 11-20 days

remain until the first day of the next month, the computer system will automatically issue a 20-day (2/3 amount) prorated food package. If 1-10 days remain, the computer will issue a 10-day (1/3 amount) prorated food package.

Colorado is on a tri-monthly food instrument (FI) issuance system which means that the majority of WIC participants are issued checks for 3 months at one time. Prorated checks are considered one month of issuance; therefore participants receiving prorated checks may be issued two months of full benefits in addition to the prorated food package.

### Cashing Checks

Colorado WIC checks are designated "open vendor." This means that WIC participants may redeem Colorado WIC checks at any Colorado WIC-authorized store.

#### *SELF-CHECK: PRACTICE YOUR KNOWLEDGE*

1. True or false? The monthly WIC food package provides foods to supplement the participant's diet for a period of 30 days, and will be prorated if there are only 25 days left before the next set of checks are valid.
2. True or false? A prorated check counts as a one month of food issuance.
3. True or false? Model food packages contain the maximum amount of WIC foods in the most commonly used combinations.
4. True or false? When an infant turns 6 months old, the computer system automatically changes the food package to add baby foods.
5. True or false? When an infant turns 9 months old, the computer system automatically changes the food package to add the infant cash value voucher.
6. True or false? Participants may cash WIC checks at any approved store in Colorado.

#### *ANSWERS*

1. False – proration occurs when there are 20 or fewer days left before the next set of benefits are valid
2. True
3. True
4. True
5. False
6. True

## Section IV: Food Package Tailoring

Food package tailoring means assigning a specific WIC food package to meet the special needs and preferences of participants. The food packages as described in the previous sections are already highly tailored according to federal and state guidelines. That is, the types (e.g., dry beans vs. peanut butter); the forms (e.g., powdered milk vs. fresh); and quantities of foods provided to WIC participants are tailored generally to meet the needs of participant groups. These federal and state guidelines are general rules for developing food packages. They are based on nutrition principles that apply in a broad sense to certain types of participants.

An equally important part of food package tailoring is **individual tailoring**. Individual food package tailoring involves development of a unique food prescription based on individual factors about a participant. This approach helps ensure that the types and amounts of WIC foods issued are the best suited to the needs, preferences, and home environment of the participant. Staff may choose a couple options when assigning food packages:

- Select a model, (easiest)
- Select a model and tailor it by modifying selected food items, or
- Create a food package “from scratch.”

Note that when tailoring or creating a new food package, the federal and state maximums apply; participants may never be issued food amounts in excess of the federal maximum allotments.

Advantages to food package tailoring include the following:

- Reinforces nutrition education and counseling provided to participants;
- Helps to best meet the specific nutrition needs of participants and may better contribute to alleviating the participants’ specific nutrition risk factors;
- Prevents food waste and represents a responsible use of WIC funds.

Factors to consider when individually tailoring a participant’s food package include:

- Participant category
- Personal preferences
- Living situation
- Nutrition risk factors
- Special dietary needs

We will look at the first four factors in detail; special dietary needs will be discussed in Section V.

## Participant Category

The category and profile (i.e., breastfeeding status, formula range) of the participant defines which food package to assign. Some of the variations allowed by federal regulation are described below.

**Women pregnant with multiples** (twins, triplets or more) are eligible to receive a food package that is equal to that of exclusively (fully) breastfeeding women.

**Category change after delivery.** When a woman's category changes from pregnant to fully breastfeeding, she becomes eligible for the exclusively breastfeeding food package. Typically staff will complete a recertification first, thus changing the woman's category to breastfeeding. Model food packages appropriate for the women's category will display.

**Breastfeeding women and infants.** As discussed in the Infant Foods section, the amount of breastfeeding determines the food packages for breastfeeding women and infant pairs. The WIC foods packages help to support and protect breastfeeding. WIC's goal is that all babies are breastfed. WIC staff need to do a thorough assessment, select the baby's breastfeeding description (i.e., Excl BF, part BF), and assign the baby's food package before Compass will display the appropriate model food packages for the breastfeeding mom. Refer to the table on the following page showing descriptions of food packages for mother/baby pairs. Some food package combinations are:

- Exclusively breastfeeding mom and baby pair.
  - Issue mom an exclusively breastfeeding food package until her baby turns one year old.
  - At 6 months of age, issue the baby a food package containing infant cereal, baby food fruits and vegetables (twice the amount for formula-fed infants), fresh bananas, and baby food meats.
- Partially breastfeeding mom and baby pair.
  - Encourage mom to exclusively breastfeed in the first month, and issue an exclusively breastfeeding package.
  - After the first month (when baby is one month old as of the first day of the month), assess the amount of formula the baby is taking and identify the baby's breastfeeding description in Compass. As long as baby is receiving no more than the "in range" amount of formula, Compass will allow the mom to be issued a "pregnant and partially breastfeeding" food package.
  - Assign the baby an "infant - partially BF" food package. The formula amounts listed in the model food packages are the maximum "in range" amount. Staff can tailor to decrease the formula amount as appropriate.
  - Assign the mom a "pregnant and partially breastfeeding" food package and continue issuing it until her baby turns one year old or she stops breastfeeding.

- Novel breastfeeding mom and baby pair.
  - Assess the amount of formula the baby is taking, and identify the baby's breastfeeding description in Compass (documented in the Nutrition Interview section). Select an "infant - partially BF" model food package and tailor as needed to provide no more formula than the amount needed (which, in this example, will be "out of range"). Compass will then allow the mom to be issued a "novel breastfeeding/postpartum" food package.
  - Assign mom a "novel breastfeeding/postpartum" food package. When her baby turns 6 months old Compass will no longer issue a food package but will count the woman as a participant until her baby turns one year old or she stops breastfeeding.

**Exclusively breastfeeding multiple babies.** Women who are exclusively breastfeeding multiple babies are entitled to 1 ½ times the amount of food as for exclusively breastfeeding women. Women exclusively breastfeeding multiples babies receive the "exclusively breastfeeding multiples" food packages.

**Partially breastfeeding multiple babies.** Women who are partially breastfeeding twins (or triplets or more) may be issued an "exclusively breastfeeding" food package as long as the total amount of formula provided for both babies is "within range" for one baby. That is, as long as at least one baby could be considered exclusively breastfeeding. If the mom receives more than the "in range" amount of formula, but at least one baby is considered partially breastfed "in range," she may receive a "pregnant and partially breastfeeding" food package.

**Pregnant woman and breastfeeding an infant.** Women who are pregnant and either exclusively or partially ("in range") breastfeeding an infant are entitled to the "exclusive breastfeeding" food package. Women who are pregnant and exclusively breastfeeding multiple infants are entitled to the "exclusively breastfeeding multiples" food package. Women who are pregnant and partially breastfeeding an infant out of range are entitled to the "pregnant and partially breastfeeding" food package.

### **Why does WIC not provide food benefits for Novel Breastfeeding women > 6 month postpartum?**

In an effort to promote exclusive breastfeeding, all women who choose to breastfeed are encouraged to breastfeed exclusively in the first month after delivery, and thus receive the exclusively breastfeeding food package. After the first month postpartum, partially breastfeeding women may receive up to half the maximum amount of formula for a fully formula-fed infant of the same age. Moms requesting more than that amount of formula are no longer eligible for the "partially breastfeeding" food packages. If the request for additional formula is made prior to 6 months postpartum, moms can receive a "postpartum/novel breastfeeding" food package. If the request is made after 6 months postpartum, the moms remain on the WIC Program and are eligible to receive education and breastfeeding support, but are not provided any WIC foods for themselves. Whenever possible, WIC staff should encourage the mom to breastfeed more, accept less WIC formula, and thus be eligible to continue receiving WIC food benefits for herself.

Section IV: Food Package Tailoring

Table III

Descriptions of Food Packages	Infant Age:					
	Each month	Birth - 1 month	1 - 3 months	4 - 5 months	6 - 8 months	9-11 months
Exclusively Breastfeeding (Infant does not receive WIC formula) Woman's eligibility category: <b>Breastfeeding</b> Infant's BF Description: <b>Excl BF</b> <b>Prim Exc/No Pkg</b> -or- <b>Prim Excl/ Comp</b> Infant's food pkg status: <b>No WIC Formula</b>	Mom gets	Exclusively BF Package	Exclusively BF Package	Exclusively BF Package	Exclusively BF Package	Exclusively BF Package
	Baby gets	Mom's Priceless Breastmilk! No formula			Priceless Breastmilk!/no formula 2-3 (8oz) boxes baby cereal 4 fresh bananas 31 2.5oz jars baby food meat 60 (4oz) jars baby fruits/vegetables	Priceless Breastmilk!/no formula 2-3 (8oz) boxes baby cereal 4 fresh bananas 31 2.5oz jars baby food meat 60 (4oz) jars baby fruits/vegetables -OR- 28 (4-oz) jars baby food F/V + \$8 CVV fresh F/V
Partially Breastfeeding - in Range (Infant receives amount of formula in specific range for partially breastfeeding; also called <b>IN RANGE</b> ) Woman's eligibility category: <b>Breastfeeding</b> Infant's BF Description: <b>Part BF</b> Infant's food pkg status: <b>Partial BF in range</b>	Mom gets	N/A	Partially BF Package	Partially BF Package	Partially BF Package	Partially BF Package
	Baby gets	N/A	Priceless Breastmilk! <b>1 to 4</b> cans formula	Priceless Breastmilk! <b>1 to 5</b> cans formula	Priceless Breastmilk! <b>1 to 4</b> cans formula 2-3 (8oz) boxes baby cereal 4 fresh bananas 28 4oz jars baby fruits/vegetables	Priceless Breastmilk! <b>1 to 4</b> cans formula 2-3 (8oz) boxes baby cereal 4 fresh bananas 28 4oz jars baby fruits/vegetables -OR- 12 (4-oz) jars baby food F/V + \$4 CVV fresh F/V
Novel Breastfeeding - out of Range (Infant receives more formula than in range for partially breastfeeding, also called <b>Out of RANGE</b> ) Woman's eligibility category: <b>Breastfeeding</b> Infant's BF description: <b>Part BF</b> Infant's food pkg status: <b>Partial BF Out of Range</b>	Mom gets	Novel BF Package	Novel BF Package	Novel BF Package	Continues to be eligible for WIC	Continues to be eligible for WIC
	Baby gets	Priceless Breastmilk! <b>1 to 9</b> cans formula	Priceless Breastmilk! <b>5 to 9</b> cans formula	Priceless Breastmilk! <b>6 to 10</b> cans formula	Priceless Breastmilk! <b>5 to 7</b> cans formula 2-3 (8oz) boxes baby cereal 4 fresh bananas 28 4oz jars baby fruits/vegetables	Priceless Breastmilk! <b>5 to 7</b> cans formula 2-3 (8oz) boxes baby cereal 2 pounds fresh bananas 28 4oz jars baby fruits/vegetables -OR- 12 (4-oz) jars baby food F/V + \$4 CVV fresh F/V
Postpartum / Non-Breastfeeding (Infant receives <b>only</b> formula and is NOT breastfed) Woman's eligibility category: <b>Not Breastfeeding</b> Infant's BF description: <b>No Longer BF</b> -or- <b>Never BF</b>	Mom gets	Postpartum Package	Postpartum Package	Postpartum Package	No longer eligible for WIC No food package	No longer eligible for WIC No food package
	Baby gets	9 cans formula	9 cans formula	10 cans formula	7 cans formula 2-3 (8oz) boxes baby cereal 4 fresh bananas 28 (4oz) jars baby fruits/vegetables	7 cans formula 2-3 (8oz) boxes baby cereal 4 fresh bananas 28 (4oz) jars baby fruits/vegetables -OR- 12 (4-oz) jars baby food F/V + \$4 CVV fresh F/V

The “Exclusively Breastfeeding” food package for babies is only for those babies who are identified with a description of “Excl BF,” “Prim Excl/No F Pkg,” or “Prim Excl/Comp” and is the only category of participant that may receive baby food meats and twice the amount of baby food fruits and vegetables. Babies with the above breastfeeding descriptions are not routinely receiving any formula from WIC or an outside source. (Refer to the table on the previous page for the infant’s breastfeeding descriptions.) Note that if a baby is formula fed, even if the mom does not receive any formula from WIC (i.e., mom buys formula on her own or formula is provided through Medicaid) the baby is NOT eligible for the baby food meats or extra baby food fruits and vegetables. Nor is the mom entitled to an exclusively breastfeeding food package, as the breastfeeding food packages exist to support the unique nutritional requirements for breastfeeding mothers and babies. In those situations, the baby’s breastfeeding description in Compass should be “Part BF,” “No Longer BF” or “Never BF” and the mom will then be assigned a “Preg/Part BF or “PP/Novel BF” food package and the infant should be assigned a food package with infant cereal, fresh bananas, and baby food fruits and vegetables.

#### **WIC foods are for participants only**

The foods WIC provides are for the participant only and are not intended for the rest of the family. If a participant doesn’t want all the foods in their food package, do not recommend that they purchase the food and give it to other family members.

Children between the age of 12 and 23 months are assigned “toddler” packages that contain whole milk. Children 24 months up to 5 years of age are assigned “child” packages that contain 1% or fat free milk. An infant who is close to a year old - at least 11 months old as of the first day of that month - can be issued either an infant food package or a “toddler” package.

## **Personal Preference**

Participants may not always want all the foods or the amounts that are available in the standard food packages. Or they may have limited cooking and storage facilities or have religious or cultural concerns about specific foods. In those situations, WIC staff have several options to offer:

- Use the foods list to suggest an option that works for their situation (i.e, cold cereal instead of hot cereal; buttermilk along with regular milk)
- Suggest that the participant only purchase what they will need or use.
- Select a different model food package (i.e., beans instead of peanut butter)
- “Tailor” the food package to substitute other allowed WIC foods or remove ones that are unwanted.

The option staff choose depends on how strongly the participant feels about the food. Below are some participant preferences and possible solutions.

**Participant wants only organic foods**

- Explain to the participant that due to the higher cost, WIC does not provide organic foods except for fruits and vegetables. The Cash Value Voucher (CVV) may be used to purchase organic fruits and vegetables.

**Participant requests kosher foods**

- Tailor the food package to replace milk and cheese with kosher milk and kosher cheese.

**Participant requests a vegetarian or vegan food package**

- With the exception of canned fish and baby food meats for exclusively breastfeeding mom/baby pairs, all of the WIC foods are vegetarian.
- A participant who wants vegan foods could be offered a food package with soy milk and tofu as substitutions for milk and cheese. No vegan substitution is provided for eggs. WIC staff can remove the eggs from the food package.

**Participant can't use all the food (i.e., can't use all the baby food)**

- Either suggests that the participant only purchase the amount of foods that they can use - or- reduce the amount of food per the participant's request. (Remind them that they must purchase everything that they want with the voucher at the time it is cashed - they cannot go back to the store later to buy the additional items).
- Offer alternate suggestions as appropriate. For example, a participant who has too much peanut butter may be given a food package with beans; a participant with too much brown rice may choose to purchase corn tortillas or whole wheat bread.
- Offer an infant CVV for fresh fruit and vegetables for 9-11 month old infants in lieu of half of the baby food fruits and vegetables. Model food packages containing the infant CVV are available for 9-11 month olds. Assignment of these food packages do not require additional documentation.

**Participant doesn't like certain foods in the package and won't buy them (i.e. eggs or cheese).**

- Start with a model food package and tailor out the foods that the participant doesn't want or need.
- If the participant doesn't want cheese, tailor a food package to remove the cheese and offer additional milk. Three additional quarts of milk may be provided in lieu of 1 pound of cheese.

## Living Situation

Some participants live in situations where they may have unsafe water, or limited refrigeration or food storage capabilities. Below are food package options in those specific situations.

### **Participant has an unsafe water supply.**

- For women and children, assign food packages with fluid milk and suggest purchasing single-strength juice instead of frozen concentrate.
- Offer food package options that do not require water for preparation (i.e., peanut butter instead of dry beans, canned beans instead of dry beans.)
- Encourage participant to purchase foods that do not require water for preparation. (i.e., bread instead of brown rice, cold cereal instead of hot cereal.)
- For infants on formula, assign food packages with ready-to-feed formula.

### **Participant is institutionalized in (i.e., hospital or jail).**

- If a participant is in an institution that is responsible for feeding them, such as a hospital, long term care facility or jail, a WIC food package cannot be provided until they are discharged. In those situations, document why no foods are being provided to the participant.

### **Participant is going to be out of the country for several months and requests purchasing food (i.e., infant formula) in advance of leaving.**

- WIC provides food instruments (checks) for participants that are valid on a monthly basis. Staff may issue 3 months of checks at a time, however, the participant may only cash the checks within the valid period.

### **Participant is homeless, in a shelter, or has limited storage capabilities.**

- Assess the living situation to determine the best food package options. Refer to the Homeless Food Package Guidelines below.

## Homeless Food Package Guidelines

WIC Food	Refrigeration, dry storage, and cooking	<u>NO</u> refrigeration and <u>NO</u> cooking facilities with dry storage
Milk	Fluid, in quarts, half-gallons or gallons, -or- powdered or evaporated. Issue additional checks if refrigeration storage is limited.	Powder or UHT
Cheese	Substitute for milk -same as regular food package	Substitute for milk-same as regular food package
Eggs	Dozen or half-dozen containers	Do not issue
Juice	Same as regular package -or- issue single serving cans of juice	Single serving cans
Breakfast cereal & infant cereal	Same as regular package	Same as regular package
Whole grains	Same as regular package	Same as regular package
Beans	Dry or canned beans -or- substitute peanut butter for beans	Canned beans -or- substitute peanut butter for beans
Peanut butter	Same as regular package	Same as regular package
Canned fish	Encourage purchase of single serving size cans	Encourage purchase of single serving size cans
Fruit & Vegetable voucher	Same as regular package	Encourage purchase of less perishable items such as apples and carrots
Formula	Powder <u>or</u> liquid conc. or ready-to-feed	Powder <u>or</u> liquid conc. or ready-to-feed

- The participant's living arrangements must be considered when assigning the food package. Information regarding storage, transportation, ability to access the grocery store, and use of specific food items should be obtained when certifying the participant. If the person is residing in a shelter, the WIC foods must be kept separate from the general inventories and be used by the participant only.
- If proper refrigeration is not available, food packages containing eggs and fluid milk, including evaporated, may not be issued to the participant. Food packages containing powdered or UHT milk should be issued instead. The participant should be instructed to

mix one glass of milk at a time. Nonfat dry milk should not be used for children between 12-24 months of age.

- Food packages containing eggs may not be issued if refrigeration and cooking facilities are not available. A food package substituting one 18 ounce jar of peanut butter for a combination of 1 dozen eggs + 1 pound legumes may be issued.
- Participants may choose to purchase bottled single strength juice instead of frozen or refrigerated. Opened bottled juice can be held for 1 week in the refrigerator. The taste and smell may be altered after the container is opened if it is not refrigerated. Encourage the participant to drink the juice as soon as possible. Single serving cans of juice may also be issued. If storage space is limited, staff may tailor the food package to issue more checks per month and divide the food onto additional checks.
- Breastfeeding should be encouraged as the easiest and safest way to feed the infant. Formula-fed infants should receive powder formula, mixed one bottle at a time. Ready-to-feed formula may be issued according to Colorado WIC Food Package Tailoring Guidelines.
- The decision to provide monthly or tri-monthly FIs will be determined by the local agency. The average stay in a homeless or battered woman's shelter is usually less than one month. It is recommended because of the limited amount of time the participant may stay in an area that a homeless individual be issued checks on a month-to-month basis. Factors to consider when determining FI issuance include: length of time the individual plans to stay in the area, length of time it is possible to stay in the shelter, ability to store and safeguard FIs, nutritional risk factors, and access to transportation.

## Nutrition Risk Factors

Participants' nutrition risk factors should be taken into account when assigning their food packages. In fact, this is the most clear-cut link between the nutrition education you provide and the food packages. Dietary recommendations made to participants based on their NRFs should be reflected and reinforced by the WIC foods they receive.

Because there are so many risk factors and so many different combinations of risk factors seen among our participants, there are no blanket rules for the types and amounts of foods that should be issued. However, below are examples of alterations that may be considered. Many others may occur to you as you work with the individual participants.

### Underweight or inadequate weight gain

- An underweight participant needs a high-quality diet as well as additional calories. Provide counseling on ways to prepare foods which increase calories.
- Offer a food package with peanut butter rather than beans.

- The WIC high risk counselor may authorize whole or 2% milk for women and children over the age of two IF they are on a special medical formula AND the WIC high risk counselor determines a need for higher calorie whole or 2%.

**Overweight or excessive weight gain**

Overall, WIC foods are fairly low in calories and options for lowering the calories come more from food preparation methods than from the specific WIC food choices. Provide counseling on ways to prepare foods that do not add extra calories.

- Encourage participants to choose lower-calorie foods (i.e., 1% or fat free milk instead of 2%).
- Offer a food package with beans instead of peanut butter.
- Offer a food package with reduced fat cheese. (Tailor the package if necessary).
- Offer 2%, 1% or fat free milk to children less than two years of age who meet certain criteria (refer to the Milk, Cheese, Soy Milk, Tofu section of this module). Staff should assess the diet and provide counseling on other ways to limit excessive calories.

**Anemia**

- Participants should be encouraged to purchase the WIC cereals that are highest in iron. (see chart on pages 13 and 14).
- Offer a food packages with beans instead of peanut butter since most beans are higher in iron than peanut butter (see sidebar).
- Provide counseling on ways to increase dietary iron. Encourage participants to have WIC juice and cereal at the same meal, because the vitamin C in the juice will enhance the absorption of the iron in the cereal.

**Comparison of calorie, protein, fat, and iron content of peanut butter versus pinto beans:**

	Calories (kcal)	Protein (gm)	Fat (gm)	Iron (mg)
¼ cup peanut butter	383	14	33	1.1
1 cup pinto beans*	245	15	1.1	3.6

\*Different versions of dry beans are very similar in nutrient content.

Source: National Nutrient Data Base for Standard Reference, Release 27. <http://ndb.nal.usda.gov/ndb>. Compiled October 2014

Peanut butter is similar in total protein content, but is higher in calories and lower in iron than dry beans and legumes.

This is why you may want to encourage beans rather than peanut butter for overweight or anemic

## Food Allergies

Special considerations may be given to participants with allergies or intolerances to certain WIC foods. In some situations, dietary recommendations are needed but the food package doesn't need to be altered. In other situations, staff will need to alter the food package to provide an appropriate substitute. In still other situations, staff will need to remove one or more allergy-causing foods.

### Food Intolerance

A reaction to food that generally does not involve the body's immune system. Intolerance reactions are generally localized and transient.

Examples when dietary recommendations are needed for food allergies but the food package doesn't need to be altered.

- If a participant is allergic to wheat, has celiac disease or is gluten intolerant, (see sidebar), advise the participant to purchase Rice Chex, Corn Chex or Cream of Rice cereal, and brown rice or corn tortillas (instead of whole wheat bread) which are wheat-free and gluten-free.
- If a participant is allergic to citrus juice, encourage the purchase of non-citrus juices such as apple or grape juice.

Examples when dietary recommendations are needed for food allergies and substitutes need to be provided.

- If a participant is allergic to peanuts, provide a food package with beans.
- If a woman or child is allergic to milk and dairy products, issue a food package with soy milk and tofu. A prescription is not needed.
- If an infant is allergic to cow's milk, a food package with a soy-based formula may be issued.
- If an infant is allergic to standard contract formulas, with a prescription and approval from the WIC High Risk Counselor, a food package with an exempt infant formula may be issued.

Examples when dietary recommendations are needed for food allergies and one or more food must be removed from the food package.

- If a participant is allergic to eggs, issue a food package without eggs (remove the eggs from a model food package).
- If a 6-11 month infant is allergic to bananas, issue a package without bananas (tailor a model food package to remove the bananas and add 4 (4-oz) jars of baby food fruits and vegetables).
- If a woman or child is unable to eat conventional foods, with an approved prescription, the participant may be issued a food package with exempt infant formula or WIC-eligible nutritionals, and any additional supplemental foods prescribed by the physician or authorized by the WIC High Risk Counselor.

## **Celiac Disease Gluten Intolerance**

Celiac disease is an inherited, autoimmune disease in which the lining of the small intestine is damaged from eating gluten and other proteins found in wheat, barley, rye, and to some degree, oats.

When affected individuals ingest foods containing gluten, the lining (mucosa) of the intestine becomes damaged due to the body's immune reaction. Because the lining of the intestine contains essential enzymes for digestion and absorption, its destruction leads to difficulty in absorption of food and essential nutrients.

Persons with celiac disease experience improvement in the condition when on a strict, gluten-free diet. **Rice Chex, Corn Chex and Cream of Rice are the only Colorado WIC-approved cereals that are wheat-free and gluten-free.**

Certain other WIC cereals, although they may appear to be wheat-free, actually contain traces of gluten. Examples are:

Corn Flakes - contains malt flavoring, which is typically made from barley.

Store-brand Crispy Rice - contains malt flavoring, which is typically made from barley.

Additionally, products that appear to contain no wheat or gluten ingredients could contain traces of wheat if they are manufactured in facilities that process wheat. The words "Gluten Free" on the label ensure that the product is wheat free and gluten free.

## **Lactose Intolerance**

Lactose is the name for milk sugar (or the type of carbohydrate present in both human and cow's milk). Some people do not tolerate or digest lactose well because they do not have enough of the special enzyme (lactase) that is needed to digest and absorb lactose. More than two-thirds of non-white and 5 to 20 percent of white American adults have trouble digesting lactose. This is a problem that primarily affects adults and is not commonly found in young children.

Individuals may experience symptoms such as gas, cramps, bloating, or diarrhea when they consume lactose-containing foods such as milk. Participants who exhibit a severe response to lactose should be referred to their doctor. A tailored food package may be assigned according to the degree of intolerance exhibited.

Individuals display varying degrees of lactose intolerance and many can consume up to a cup of milk at a time without experiencing unpleasant symptoms. Using milk in smaller amounts in recipes or with meals can reduce the likelihood and/or severity of symptoms.

Lactose-reduced milks such as Lactaid® and Dairy Ease® have been processed to reduce the amount of lactose and can be well tolerated by lactose-intolerant individuals. Food packages containing the milk allotment as Lactaid® or Dairy Ease® milk may be issued to women and children upon request. (Whole Lactaid or Dairy Ease milk is provided for children less than two years of age.)

Examples of food package tailoring for participants with lactose intolerance are:

- For women and children, issue food packages with Lactaid® or Dairy Ease® milk.
- Offer a food package with soy milk and tofu.

### Dental or Chewing Problems

- Participants with dental or chewing problems may not be able to handle foods of certain textures or consistencies. Consult with them on a regular basis to determine what foods they are able to eat. Suggestions for participants who have trouble chewing are:
  - Suggest they purchase a hot cereal, such as Cream of Wheat, instead of the harder, crunchier cold cereals.
  - Suggest they purchase the softer whole grain bread instead of brown rice or corn tortillas.
  - Offer a package with more milk and no cheese.

### Tips to recommend to the lactose-intolerant participant

Use the milk provided by the WIC Program to make yogurt. Yogurt is a fermented milk product that is generally better tolerated than milk.

Use other fermented (or “cultured”) dairy products such as hard cheeses like cheddar and Swiss.

Try using milk in cooking (pudding, soup, white sauce, hot cereal) since this is often better tolerated than drinking fresh milk.

Try drinking small amounts of milk ( $\frac{1}{4}$  -  $\frac{1}{2}$  cup) and gradually increase the quantity until a tolerance level is determined. In general, small amounts of milk taken frequently with meals are better tolerated than drinking a large amount at one sitting.

It is important for participants to receive the nutrients provided by dairy products especially protein, calcium, and riboflavin (a B vitamin). Help participants who are intolerant to milk find alternative ways of consuming dairy products.

### SELF-CHECK: PRACTICE YOUR KNOWLEDGE

1. Individual food package tailoring takes into account a participant’s: (check the correct answers)
  - \_\_\_ a) Category
  - \_\_\_ b) Personal preferences
  - \_\_\_ c) Living situation
  - \_\_\_ d) Nutrition risk factors
  - \_\_\_ e) Special dietary needs

2. True or false? Exclusively breastfeeding babies are the only category of participant that receives baby food meats.
3. True or false? If a participant can't use all the WIC food, staff should encourage the endorser to purchase it anyway to share with the rest of the family.
4. Check the best food package option for a breastfeeding woman who is vegan.
  - a) Tailor the food package to remove all dairy products and eggs.
  - b) Provide soy milk and tofu in lieu of dairy products.
  - c) Provide soy milk and tofu in lieu of dairy products and remove the eggs.
  - d) Provide soy milk and tofu in lieu of dairy products and extra beans in lieu of the eggs.
  - e) Advise her to drink milk to provide the needed calcium and protein.
5. Check the foods that could be provided to a participant who has no refrigeration and no cooking facilities.
  - a) Powdered eggs
  - b) Powdered milk
  - c) Single serving juice
  - d) Breakfast cereals
  - e) Canned fruit
6. Check appropriate food package options for an overweight child (over 2 years of age).
  - a) Issue beans instead of peanut butter
  - b) Issue low fat cheese
  - c) Remove the fruit and vegetable voucher
  - d) Encourage purchasing 1% or skim milk
  - e) Replace some of the milk with additional cheese
7. Refer to the table on pages 13 and 14. Check (✓) the WIC cereals listed below which are the highest in iron:
  - Kellogg's Corn Flakes
  - Cream of Wheat
  - Multi Grain Cheerios
  - Malt-O-Meal
  - Whole Grain Total
8. True or false? Most dried beans or legumes are higher in iron than peanut butter.
9. Name two WIC cereals that might be best suited to a participant with a chewing problem.
  - a) \_\_\_\_\_
  - b) \_\_\_\_\_

10. True or false? Crispy Rice is not wheat-free since it contains wheat starch.
11. True or false? If a WIC participant does not like eggs, it would be acceptable to issue a tailored food package that does not contain eggs.
12. Check nutrition education tips that could be given to a participant with lactose intolerance:
  - a) Drink a large amount of milk with lunch and dinner.
  - b) Use yogurt, cheese, or buttermilk.
  - c) Try milk in cooking rather than fresh milk.
  - d) Try Lactaid or Dairy Ease milk.
  - e) Drink very small amounts of milk at a sitting and see if this is tolerated.

### ANSWERS

1. All answers are correct (a, b, c, d, and e )
2. True
3. False
4. c
5. b, c, d
6. a,b,d
7. Multi Grain Cheerios and Whole Grain Total
8. True
9. Any two of the following: Cream of Rice, Cream of Wheat, Cream of Wheat Whole Grain, Malt-O-Meal, or Maypo (the hot cereals require no chewing)
10. True
11. True
12. b, c, d, e

## Section V: Special Dietary Needs–Food Packages Requiring Medical Documentation

When a participant has a qualifying medical condition which requires a special diet, WIC can provide the special medical formula if the participant has an approved prescription from a health care provider. In addition, it is the responsibility of the WIC High Risk Counselor to ensure that the appropriate type and amounts of supplemental foods prescribed by the participant’s health care provider or authorized by the WIC High Risk Counselor are issued in the participant’s food package.

**How much exempt infant formula or WIC-eligible nutritionals and supplemental foods can WIC provide?**

Monthly Maximum Amounts					
	Infant 0-3 mo	Infant 4-5 mo	Infant 6-11 mo	Child 1-4 years	Women
Formula (reconstituted ounces) (Exempt infant formula or WIC-eligible nutritionals only)	870 oz powder -or- 806 oz concentrate -or- 832 oz RTF	960 oz powder -or- 884 oz concentrate -or- 913oz RTF	696 oz powder -or- 624 oz concentrate -or- 643 oz RTF		
Formula (Infant formula, Exempt infant formula or WIC-eligible medical food)				910 ounces reconstituted formula (powdered, concentrate or ready-to feed)	910 ounces reconstituted formula (powder, concentrate or ready-to feed)
Supplemental foods *	None	None	** Supplemental infant foods may be issued as determined by the WIC High Risk Counselor.	Supplemental age-appropriate foods may be issued as determined by the WIC High Risk Counselor.	Supplemental category-appropriate foods may be issued as determined by the WIC High Risk Counselor.

\* The WIC High Risk Counselor may determine the type and amount of supplemental foods (including the fat content of milk) that are provided to participants who are receiving an approved special medical formula prescribed by a health care provider. The WIC High Risk Counselor must document the allowed foods on the *Physician Authorization Form*.

\*\* With an approved medical prescription , in lieu of infant foods (infant cereal, bananas, baby fruits and vegetables), infants 6-11 months of age may receive the same amount of contract formula, exempt infant formula or WIC-eligible nutritionals as 4-5 month old infants.

### **What are medical formulas?**

Medical formulas, classified as “exempt infant formula” and “WIC-eligible nutritionals” provide nutrition in a form or in a combination that meets the unique feeding and/or nutrient needs of participants with medical conditions. They are prescribed by a health care provider when a normal diet is not adequate or appropriate for the participant due to their medical condition. Participants using these medical formulas usually require special follow-up and counseling by the WIC high-risk counselor.

### **When does WIC provide special medical formulas?**

To receive medical formulas from WIC, the health care provider must have diagnosed a qualifying condition. (See list of qualifying medical conditions on page 85.) Qualifying conditions are typically risk factors and should be documented in Compass as Nutrition Risk Factors (NRFs). These risk factors often make the participant high risk, which requires counseling by the WIC High Risk Counselor.

Participants who are eligible to receive a food package with special formula must have one or more qualifying conditions that impair ingestion, digestion, absorption or the utilization of nutrients that could adversely affect the participant’s nutrition status as determined by a health care professional licensed under State law to write medical prescriptions.

The qualifying conditions include but are not limited to premature birth, low birth weight, failure to thrive, inborn errors of metabolism and metabolic disorders, gastrointestinal disorders, malabsorption syndromes, immune system disorders, severe food allergies that require an elemental formula, and life threatening disorders, diseases and medical conditions that impair ingestion, digestion, absorption or the utilization of nutrients that could adversely affect the participant’s nutrition status.

Participants requiring medical formulas or foods can also receive appropriate supplemental foods as long as they are not contraindicated. Because special medical formulas are only authorized in situations where conventional foods are precluded, restricted, or inadequate to meet the participant’s nutritional needs it is appropriate that the physician or WIC High Risk Counselor provide documentation regarding which if any specific foods (in addition to the special formula) can be tolerated. If the participant can eat all the regular foods, he/she may not need the special formula. A WIC High Risk Counselor identifying appropriate supplemental foods must document the appropriate allowed foods on the same *Physician Authorization Form* that included documentation for the prescription formula, medical reason, signature of medical provider and the statement that “the WIC RD/RN will determine appropriate supplemental foods unless the health care provider indicates otherwise.

### **When does WIC NOT provide special medical formulas?**

WIC wants to ensure that all participants receive the foods and/or formula packages that best meets their medical needs. Because of the cost of the special medical formulas, it is important to ensure that they truly are necessary for the health of the participant. WIC does not provide special medical formulas if other food package options meet the needs of the participant. Some examples of when special medical formulas cannot be provided are:

- If the participant's condition can be managed with one of the other WIC food packages. For example, Lactaid milk for lactose intolerance.
- Solely for the purpose of enhancing nutrient intake. For example, providing PediaSure because the mom is worried that the child doesn't eat very well.
- To manage body weight if there is not an underlying qualifying condition. For example, providing a low-calorie formula because the woman wants to lose weight.
- Infants whose condition can be managed with the use of a standard formula. For example, soy formula for an infant who is allergic to milk.
- Personal preference.

## Qualifying conditions for issuance of specialty formulas

Participant category	Qualifying conditions Not limited to the following:	Non-qualifying conditions
Infants	Premature birth Low birth weight Failure to thrive Inborn errors of metabolism/metabolic disorders Gastrointestinal disorders Malabsorption syndromes Immune system disorders Severe food allergies requiring an elemental formula Life threatening disorders, disease and medical conditions that impair ingestion, digestions, absorption, or the utilization of nutrients that could adversely affect the participant's nutritional status	Non-specific formula or food intolerance 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 (1-4 years)	Premature birth Failure to thrive Inborn errors of metabolism/metabolic disorders Gastrointestinal disorders Malabsorption syndromes Immune system disorders Severe food allergies requiring an elemental formula Life threatening disorders, disease and medical conditions that impair ingestion, digestions, absorption, or the utilization of nutrients that could adversely affect the participant's nutritional status	Food intolerance to lactose or milk protein that can be successfully managed with the use of one of the other WIC food packages Solely for the purpose of enhancing nutrient intake or managing body weight without an underlying qualifying condition
Women	Inborn errors of metabolism/metabolic disorders Gastrointestinal disorders Malabsorption syndromes Immune system disorders Severe food allergies requiring an elemental formula Life threatening disorders, disease and medical conditions that impair ingestion, digestions, absorption, or the utilization of nutrients that could adversely affect the participant's nutritional status	Food intolerance to lactose or milk protein that can be successfully managed with the use of one of the other WIC food packages Solely for the purpose of enhancing nutrient intake or managing body weight without an underlying qualifying condition

## Role of the physician in providing medical documentation

A health care professional licensed to write medical prescriptions under Colorado law must determine that the participant has a qualifying medical condition that requires the use of a special formula and that conventional foods are inadequate or inappropriate to meet the participant's special nutritional needs.

The health care provider selects the medical formula from the list of Colorado WIC approved formulas, educates the participant/family on its use, and monitors tolerance and continued use.

The health care provider completes the *Physician Authorization Form* (PAF) (see form on next page) or provides the required information on a medical prescription pad. Written documentation must include:

- The name of the authorized WIC formula prescribed, including amount needed per day;
- Length of time the prescribed WIC formula is required by the participant;
- The qualifying medical reason / diagnosis for issuance of the WIC formula;
- Authorized supplemental foods (unless deterred to WIC High Risk Counselor); and
- Signature, date and contact information.

Health Care providers who are licensed to write medical prescriptions under Colorado law:

**MD** – medical doctor / physician

**PA** – physician assistant

**DO** – doctor of osteopathy

**NP** – nurse practitioner

## Medical documentation provided by telephone.

The collection of the required information by telephone for medical documentation purposes may only be used **until written confirmation is received from a health care professional** licensed to write medical prescriptions and used only when absolutely necessary on an individual participant basis. The local clinic must obtain written confirmation of the medical documentation within a reasonable amount of time (i.e. one or two week's time) after accepting the initial medical documentation by telephone.

## Requirements for written medical documentation

Medical documentation must be written and may be provided as an original written document, an electronic document, by facsimile or by telephone to a CWA until written confirmation is received. Medical documentation can be written on the *Colorado WIC Physician Authorization Form* or a health care provider's prescription pad.



**COLORADO**  
Department of Public Health & Environment

**Colorado WIC Program  
Physician Authorization Form  
For Specialty Formulas and WIC Supplemental Foods**

Medical documentation is federally required to ensure that the patient under your care has a medical condition that requires the use of specialty formula and that conventional foods are precluded, restricted, or inadequate to meet their special nutritional needs.

- Instructions: Complete sections A and D for all patients.**  
 ♦ Complete Section B to approve specialty formula.  
 ♦ Complete Section C to approve supplemental foods -or- leave blank to allow WIC RD/RN to determine appropriate supplemental foods.

<b>WIC clinic:</b>
<b>WIC fax #:</b>
<b>Attention:</b>

Fax form to WIC clinic or have WIC participant return form to clinic.

**A. Patient information**

<b>Patient's Name:</b> (Last, First, MI):	<b>DOB:</b>
<b>Parent/Caregiver's Name:</b>	
<b>Medical Reason/Diagnosis:</b>	
<b>Time needed:</b> <input type="checkbox"/> 1 month <input type="checkbox"/> 2 months <input type="checkbox"/> 3 months <input type="checkbox"/> 4 months <input type="checkbox"/> 5 months <input type="checkbox"/> 6 months	

**B. Specialty formula**

<b>Formula requested</b> (see approved list on back):
<b>Prescribed amount:</b> <input type="checkbox"/> maximum allowable <b>-OR-</b> <input type="checkbox"/> _____ oz/day
<b>Special instructions/comments:</b>
<input type="checkbox"/> Issue additional formula for 6-11 month infant not developmentally ready for solid foods.
<input type="checkbox"/> Issue infant food fruits and vegetables for 1-4 year old child (only authorized if child is also receiving specialty formula).

**C. WIC Supplemental Foods**

WIC RD/RN will determine appropriate supplemental foods unless health care provider indicates otherwise.  
 Issue full provision of age-appropriate supplemental foods.  
 No WIC supplemental foods; provide formula only.  
 Issue a modified food package omitting the supplemental foods checked below:

WIC Participant Category	WIC Supplemental Foods (check contraindicated foods)	Special Instructions
<b>Infant</b> 6- 11 months	<input type="checkbox"/> Infant cereal	<input type="checkbox"/> Infant fruits/vegetables <input type="checkbox"/> Fresh bananas
<b>Child</b> 1 - 4 years -and- <b>Woman</b>	<input type="checkbox"/> Milk <input type="checkbox"/> Cheese <input type="checkbox"/> Eggs <input type="checkbox"/> Juice <input type="checkbox"/> Breakfast cereals <input type="checkbox"/> Legumes <input type="checkbox"/> Peanut butter <input type="checkbox"/> Fruits and vegetables <input type="checkbox"/> Whole grains <input type="checkbox"/> Fish (exclusively breastfeeding women only)	

**D. Health care provider information**

<b>Signature of health care provider:</b>		
<b>Provider's name:</b> (please print)	<input type="checkbox"/> MD <input type="checkbox"/> PA <input type="checkbox"/> DO <input type="checkbox"/> NP	
<b>Medical office/clinic:</b>		
<b>Phone #:</b>	<b>Fax#:</b>	<b>Date:</b>

<b>WIC USE ONLY</b>	<b>Approved by:</b>	<b>Date:</b>
		<b>Rx exp. date:</b>

## COLORADO WIC PROGRAM APPROVED FORMULAS

### Standard Contract Infant Formulas

These formulas will be given unless a physician diagnoses a medical condition that warrants a specialty formula.

- ◆ No prescription is needed for infants.\*
- ◆ A prescription is needed for adults and children over one-year of age and is valid for up to six (6) months.

Enfamil Infant  
Enfamil ProSobee  
Enfamil Gentlease  
Enfamil AR

\*A prescription is required to issue additional formula to 6-11 month old infants who are not developmentally ready for solid foods.

### Specialty Formulas

Medical documentation is required for issuance of these formulas. Reasons such as "colic," "spitting up," or "constipation" will NOT be accepted as a substitute for a medical diagnosis.

Boost High Protein	Nutren 1.0 with Fiber
Boost Kid Essentials 1.5 cal	Nutren 1.5
Boost Kid Essentials 1.5 cal with fiber	Nutren 2.0
Bright Beginnings Soy Pediatric Drink	Osmolite 1 Cal
Compleat Pediatric	PediaSure (any flavor)
EleCare Infant	PediaSure with Fiber (any flavor)
EleCare Junior	PediaSure Enteral
(only for children over 1 year)	PediaSure Enteral with Fiber and scFOS
Enfagrow Toddler Transitions Soy	PediaSure 1.5 cal
(only for children over 1 year)	PediaSure 1.5 cal with Fiber
Enfamil EnfaCare	Peptamen
Enfaport	Peptamen Junior
Ensure	Peptamen Junior with Fiber
Ensure Plus	Portagen
Neocate Infant with DHA & ARA	Pregestimil
Neocate Junior	PurAmino
Neocate Junior with Prebiotics	Similac Expert Care Alimentum
Neocate Splash	Similac Expert Care NeoSure
Nutramigen	Similac PM 60/40
Nutramigen with Enflora LGG	Tolerex
Nutren Junior	Vivonex Pediatric
Nutren Junior with Prebio Fiber	Vivonex T.E.N.
Nutren 1.0	

### Formulas for Inherited Metabolic Diseases

Calcilo-XD	Pheny-Free HP
Cyclinex-1 & 2	Pro-Phree
Glutarex-1 & 2	ProViMin
Hominex-1 & 2	Propimex-1 & 2
I Valex-1 & 2	RCF
Ketonex-1 & 2	Tyrex-1 & 2
MSUD Analog, Maxamaid & Maximum	TYROS-1 & 2
Periflex Infant	XLeu Analog, Maxamaid & Maxamum
Periflex Junior	XLys, XTrp Analog, Maxamaid & Maxamum
Periflex Junior Plus	XMet Analog, Maxamaid & Maxamum
Phenex-1 & 2	XMTVI Analog, Maxamaid & Maxamum
PhenylAde Essential Drink Mix	XPhe Maxamaid & Maximum
Phenyl-Free 1 & 2	XPhe, XTyr Analog & Maxamaid

## Role of the WIC High Risk Counselor in medical documentation

### The WIC High Risk Counselor

- Contacts the physician when more information is needed or when the product is not available and makes recommendations as appropriate.
- Reviews the prescription for completeness and appropriateness for the participant's needs using the *Colorado WIC Formula Guide and WIC-Eligible Medical Food Product Guide*.
- When the *Physician Authorization Form (PAF)* indicates the "maximum allowable" amount of formula the WIC High Risk Counselor can make the determination to individually tailor the food packages to provide smaller quantities of formula or supplemental foods based on the following:
  - Medically or nutritionally warranted (e.g., to eliminate a food due to a food allergy)
  - The participant refuses or cannot use the maximum monthly allowance
  - The participant is also receiving supplemental formula from another source (i.e., Medicaid) and doesn't need the maximum allowable amount from WIC.
- When the medical provider has not prescribed supplemental foods or noted any contraindicated foods, the WIC High Risk Counselor determines the appropriate supplemental food and documents the foods on the PAF (completes section "C" on the PAF).
- Determines the length of time the medical formula or food will be issued and when a new prescription will be needed. The time limit may not exceed the limit on the PAF.
- Signs (in the *WIC Use Only* section) and dates the PAF or prescription and scans it to the participant's chart.
- Ensures completion of the "Documentation" pop-up on the Food Package screen in Compass.
- Reinforces the physician's recommendations for use of the medical formula or food.
- If high risk, provides additional counseling and documents in the participant's care plan.
- When the prescribed product is not readily available in grocery stores, grocery store pharmacies, or the retailer is unwilling to break cases for highly specialized formulas, contacts a State WIC nutrition consultant to order the formula from Ward Road Pharmacy to be shipped directly to the clinic. (See *Ordering Instructions for Products Not on Retail Shelves* at the end of this section)

## Role of the WIC educator when medical documentation is presented

- Responsible for obtaining approval from the WIC High Risk Counselor for the medical formula or foods.
- Assigns the correct food package, enters the correct medical documentation on the “Documentation” pop-up in the Compass Food Package screen (unless completed by the WIC High Risk Counselor) and prints the participant’s checks.
- Assists the participant in locating the products; as appropriate contacts the WIC retailer to arrange for the product to be stocked, gives timelines for expected use, and determines when it will be available.
- Completes growth and hemoglobin measurements at certification, recertification, and mid-certification following the guidelines for all participants.

## What criteria should the WIC High Risk Counselor use to evaluate the appropriateness of the prescribed medical formula or food?

**Appropriateness:** Evaluate the appropriateness of the medical formula or food (if the medical provider has chosen to authorize supplemental foods instead of allowing issuance by the WIC High Risk Counselor) for the participant’s age, development, symptoms, and diagnosis. For assistance, refer to the *Colorado WIC Formula Guide and WIC-Eligible Medical Food Product Guide*, or call your nutrition consultant.

**Intended use:** What is the intended use? Can the participant’s medical nutritional needs be met with another food package (i.e., Lactaid milk for a participant with lactose intolerance). Formulas to manage body weight or used solely for the purpose of enhancing nutrient intake (without an underlying medical condition) are not allowed by federal regulations.

**Timelines for use:** Does it seem reasonable, in light of the child’s status, to use the product for the prescribed time period? Is there a reasonable likelihood the child will return to the MD for appropriate follow up? Will safety and tolerance be concerns if the product is issued?

**Availability:** If the formula is authorized for use by WIC, arrange with the retailer to obtain it (or work with the State nutrition consultant to order from Ward Road Pharmacy). The physician or hospital may be able to provide a small supply of formula until the retailer gets stock. Almost all participants who are discharged by, or were treated by a hospital will be given a starter supply of formula.

**Safety:** Is there assurance the family can offer the formula safely? Can the MD provide the ongoing needed follow up? Formula exceeding 24 calories per ounce is usually not recommended for use in public health/at home without close supervision. While formula issuance should not be refused due to safety concerns, any concerns should be discussed with, and referred to, the physician.

## Frequently Asked Questions (FAQs)

- 1. Can the WIC High Risk Counselor authorize one month of “special” formula, based on his/her professional judgment, before obtaining verbal or written approval from the MD?**

At a minimum the High Risk Counselor must have verbal approval from the physician before issuing any specialty formula – and must receive the follow-up written authorization within a reasonable amount of time (i.e., a week or two).

- 2. Can WIC accept a prescription on a prescription pad in lieu of the Colorado WIC Program’s Physician Authorization Form?**

Yes – as long as it contains all the required information, which includes:

- Name and prescribed amount of formula
- Authorized supplemental foods –or- authorization for the WIC High Risk Counselor to issue supplemental foods.
- Length of time formula and/or supplemental foods are prescribed
- Medical diagnosis or qualifying medical condition that warrants prescription.
- Signature, date and contact information.

- 3. If a child is receiving specialty formula from a non-WIC source (i.e., Medicaid) can WIC staff disregard the fact that the child is on formula and give a regular food package?**

No. Even though the formula is not provided by WIC, complete documentation from the physician or the WIC High Risk Counselor is required in order for WIC to issue any supplemental foods. A food package containing only the approved food items can then be issued.

- 4. Must the prescription for supplemental food also include the name of the formula?**

Yes. As noted in Question #2 above, the name of the formula must be included in addition to the medical diagnosis and authorized supplemental foods (or authorization for the WIC High Risk Counselor to issue supplemental foods). Even if the formula is not provided by WIC, complete documentation is required in order for the WIC High Risk Counselor to fully assess the situation and determine if the requested foods are appropriate for the participant’s medical condition.

- 5. Is a prescription needed in order to give baby foods to a 6-month month old that is on a special formula?**

Either the medical provider or the WIC High Risk Counselor may prescribe the supplemental foods, prescribed amounts, and length of time supplemental foods are required by the participant who is also receiving special formula. The approved foods

must be documented on the prescription by either the medical provider or the WIC High Risk Counselor.

**6. If the parent requests more formula in lieu of baby foods can I give more formula?**

Additional **formula** in lieu of baby foods for 6-11 month olds can **only** be issued when there is documentation by the medical provider that supplemental foods are contraindicated. The *Physician Authorization Form* must be completed by the medical provider, approved by the WIC High Risk Counselor and scanned to the participant's chart.

**7. What food package should I issue if the MD has prescribed the formula but not indicated any supplemental foods for a 6-11 month old?**

Refer to the High Risk Counselor to complete a nutrition assessment to determine appropriate supplemental foods to issue to the participant. The High Risk Counselor must indicate the approved supplemental foods on the prescription form, sign, and scan it into Compass. The food package issued must match the specific foods prescribed (i.e., not include any contraindicated foods.)

**8. Can a "special needs" child (i.e., tube fed one year old) get baby foods and baby cereal instead of the regular children's or toddler's foods?**

Along with a prescription for a special formula, the medical provider can prescribe (or defer to the WIC High Risk Counselor to prescribe) baby food cereal and jarred baby foods. Four boxes (32 ounces) of baby cereal may be issued in lieu of 36 ounces breakfast cereal and 32 (4 oz) jars baby food fruits and vegetables may be issued in lieu of the \$8 cash value voucher for fruits/vegetables,

**9. If I have a PAF from a physician authorizing the "maximum allowable" amount of formula and the "full provision of age-appropriate supplemental foods" for a woman or child, what is the scope of practice for the WIC High Risk Counselor to tailor those prescribed foods?**

The WIC High Risk Counselor can make the determination to individually tailor the package based on the following:

- a. Medically or nutritionally warranted (e.g., to eliminate a food due to a food allergy)
- b. The participant refuses or cannot use the maximum monthly allowance; or
- c. The quantities necessary to supplement another program's contribution to fill a medical prescription are less than the maximum monthly allowance.

Based on the High Risk Counselor's assessment, it may be appropriate to provide a food package without a certain food or with smaller quantities of milk or formula. Documentation of the tailoring should be made in the "Details" field on the Food Package Screen or in the participant's care plan.

**10. Can I issue whole or 2% milk to a 2-5 year old child?**

If the child is on an approved special or therapeutic formula and also requires the additional calories from whole or 2% milk, the medical provider can prescribe (or defer to the WIC High Risk Counselor to prescribe) the specific supplemental foods, including the appropriate milk fat content. The prescription noting the formula and the supplemental foods (including the specific milk type) must be signed by both the medical provider and the WIC High Risk Counselor (if he/she is prescribing the supplemental foods) and scanned into Compass. Completion of the "Documentation" pop-up on the Food Package screen in Compass is also required.

**11. If I have a prescription for whole or 2% milk for a thin 2-5 year old and the parent is purchasing some PediaSure on their own, can I issue whole milk to the child?**

No. As noted in question #10, a prescription for a special or therapeutic formula along with a prescription for the additional calories from whole or 2% milk (or the medical provider's deference to the WIC High Risk Counselor to prescribe the supplemental foods) is required in order to issue whole milk or 2% milk for a child over two years of age, regardless of whether the formula is provided by WIC or through another source (i.e., Medicaid/OPTION 1/ Shield). Unless approval for whole or 2% milk is provided by the medical provider or the WIC High Risk Counselor, WIC staff may not issue whole milk or 2% milk and should counsel the family on other ways to increase calories.

## **Ordering Instructions for Products Not on Retail Shelves**

**March 2013 revision**

**Policy:**

Local Agency WIC staff may special order exempt infant formulas and WIC-eligible nutritionals when a special formula is not locally available within the required time or in the quantities needed, or is excessively priced. No more than one month's issuance of special formula may be ordered at a time. Ward Road Pharmacy is the Colorado WIC Program's retail source for special formulas not available locally.

Procedures to issue Food Instruments (FIs) and order/receive special formulas for participants with special nutritional needs require modification from those established for routine food benefit issuance.

One necessary modification is that WIC FIs for special formulas may be printed immediately prior to creating and emailing the special formula order to State Office. Once printed, these FIs must be maintained in a secure place accessible only to WIC staff until the participant/endorser/proxy picks up the formula at the WIC clinic and the FIs are forwarded to Ward Road Pharmacy as payment.

A second necessary modification is that, in those instances when the special formula is not picked up at the WIC clinic by the endorser/participant/proxy, WIC staff signs their own name to the FIs and mails them to Ward Road Pharmacy.

**Procedure:**

Perform the following steps when a prescription is approved for a new participant or for a reoccurring order:

1. **Prior to placing the special formula order, local agency WIC staff is responsible to ensure (within reason) that the formula is the correct issuance for that month and will be picked up by the endorser/participant.**
2. **Print the food instruments (FIs) at the proper time so that the FIs specify the correct amount of formula.**
  - a. In order to print a full month's issuance in Compass, printing must occur between the last few days of the previous month and before the 10<sup>th</sup> day of the issuance month. Proration occurs when FIs are printed after the 10<sup>th</sup> day of the issuance month. In Compass, it is not necessary to bring the participants/endorser in during the first 10 days of the month. Their appointment schedule need not be disrupted as long as FIs are printed within the time frame specified above. When feasible, print the next month's FIs at the same time the endorser is picking up the current month's formula.
  - b. When the endorser/participant is present during the check printing, capture her signature on the signature pad to acknowledge issuance of the FIs. When the endorser/participant is not present, WIC staff clicks the "No signature available" checkbox.
  - c. Maintain the next month's FIs in a secure place accessible only to WIC staff.
3. Create one email order per participant.

Email contents:

From: Person sending the email order  
To: [CDPHE.WICFormula@state.co.us](mailto:CDPHE.WICFormula@state.co.us)  
Subject: Participant's first name.clinic name.email date  
(example: Joe.Englewood.06.24.12)

NOTE: For agencies that prohibit emailing of participant first name, the subject line can list "WIC order" followed by the clinic name and email date.

Provide all the information in the order as listed below:

- Participant first name:
- Family WIC ID number:

- Date of birth:
- Formula:
- Order amount:
- Amount in clinic:
- Valid check date:
- Appointment date:
- WIC Clinic name:
- Attention:
- Email address of person placing the order

Additional clarifications:

- “Name” - the participant’s first name only. Those local agencies that prohibit the emailing of participant first name can leave this field blank.
- “Family WIC ID Number” as printed on the FI.
- “Formula” - the complete formula name. Specify added ingredients, fiber or flavors, such as “Neocate Jr. – tropical fruit” or “Peptamen Jr. with fiber.” The Ward Road Pharmacy Ordering Guide posted on the CO WIC web page indicates the available options and whether the formula is available by the can or by the case.
- “Order amount” refers to the amount of formula requested from Ward Road Pharmacy.
- “Amount in clinic” refers to the amount of formula (number of cans or cases) already in the clinic. Often this is WIC-purchased formula that was not picked up by the endorser/participant or was “leftover” when Ward Road Pharmacy would not break cases.
- “Appointment Date” must fall within the FI’s valid date range.
- “Attention” - name of clinic person to receive the formula shipment.

4. **Email the special formula order** to State Office’s central mailbox:

[CDPHE.WICFormula@state.co.us](mailto:CDPHE.WICFormula@state.co.us)

5. **Staff ordering the formula will receive two emails:** 1) Copied on the order State Office places to Ward Road Pharmacy; 2) email from Ward Road Pharmacy with the date the formula should arrive at the clinic.

6. **Formula pick-up: Endorser picks up the formula on a day within the FI’s valid date range.**

- a. **WIC staff writes in the total invoice amount** (sum of the formula cost and shipping fees) into the *Actual Amount of Sale* box on the WIC FI. Divide the shipping costs between the FIs. On the back of the FIs, WIC staff writes the **date the formula is picked up** in the space above “For Deposit Only.”

Example #1: *Number of cans specified on invoice exceeds the number of cans stated on the FI and issued to the participant (as may happen when Ward Road does not split cases):*

WIC staff always writes in the total invoice amount (sum of the formula cost and shipping fees) into the *Actual Amount of Sale* box on the WIC FI. The formula that's paid for but not issued to the endorser can be part of the next month's issuance.

Example #2: Monthly issuance includes two or more FIs:

Invoice indicates \$288.00 for 9 cans of formula and \$10.00 for shipping.

To determine the cost per can, divide 9 into \$288.00. Each can costs \$32.00.

- FI #1 is for 4 cans (4 multiplied by \$32.00) = \$128  
Half of the shipping cost = \$5.00  
Write \$133 into the *Actual Amount of Sale* box on WIC FI #1.
- FI #2 is for 5 cans (5 multiplied by \$32.00) = \$160  
Half of the shipping cost = \$5.00.  
Write \$165 into the *Actual Amount of Sale* box on WIC FI #2.

**b. Endorser/participant signs the FIs and leaves the clinic with the formula.**

**c. WIC staff person mails the signed FIs along with copy of the invoice to:**

Ward Road Pharmacy  
5656 Ward Way, Unit A  
Arvada, CO 80002

**7. Maintain the original invoice** in a central file within the clinic.

**8. Staff may print the next month's FIs** at the same time the endorser picks up the special formula. Securely store these FIs at the clinic until the endorser/participant arrives to pick up that month's issuance. As a double check, when the formula arrives at the clinic, staff should check to ensure checks have been printed. If checks have not been printed, checks should be printed at this time.

**9. Staff orders formula** for the next month.

Example:

**On 7/25:** Mom signs the July formula FIs. WIC staff confirms with mom that August formula will be needed and prints the August FIs. Mom's signature is captured in Compass during August FI issuance. Mom takes the July formula home.

**Soon after the 7/25 visit:** the WIC staff person writes the invoice amount and the 7/25 redemption date on the July FIs and mails them to Ward Road Pharmacy. WIC staff person securely stores the August FIs in the clinic.

**About a week before the next appointment:** WIC staff person places the August order with State Office, who then forwards the order to Ward Road Pharmacy.

**On 8/25:** Mom returns to sign the August FIs and takes the August formula home. If no changes in the formula order, repeat this process for September.

## 10. When endorser/participant does not pick up the special formula:

- **Make every effort to contact the endorser/participant** to learn whether the formula will be picked up. If formula will not be picked up, learn why and document details in the participant's care plan.
- Once established that the formula will not be issued to the participant for whom it was originally intended, the local agency WIC staff person signs his/her own name on the FIs and sends the FIs to Ward Road Pharmacy. Best practice: whenever possible, the WIC High Risk Counselor signs the FIs.

The WIC High Risk Counselor decides what to do with the unissued formula. The allowable options are:

### Option #1: Issue this special formula to another WIC participant

- All assurances must be made to ensure that the formula is consistently maintained at a safe temperature. Mailing of formula is prohibited.
- Print the FIs (for the receiving participant) and have the endorser/participant/proxy sign the Compass signature pad.
- WIC Staff Person manually writes "VOID" on each of the FIs. Do **not** mail these FIs to Ward Road since WIC has already paid for the formula. Maintain voided FIs in a clinic file for 3.5 years.

### Option #2: Donate to a local hospital or medical clinic (when appropriate)

Option #3: **Dispose of the formula.** Open each can and discard it in such a way that it cannot be ingested.

### **Additional details:**

1. WIC Nutritionists from the Denver, Tri County and El Paso WIC clinics may directly order the following formulas from Ward Road Pharmacy.
  - Elecare Infant
  - Elecare Junior (unflavored or vanilla)
  - Neocate Infant with DHA and ARA
  - Neocate Jr.(unflavored, tropical fruit, or chocolate)
  - Neocate Jr. with Prebiotics (unflavored or vanilla)

Exceptions to the Ordering Instructions for Products not on Retail Shelves are:

- The Denver, Tri-County or El Paso WIC Nutritionist emails Ward Road directly at [TMakelky@wardroadrx.com](mailto:TMakelky@wardroadrx.com) to place the order.
- Email orders to Ward Road may only be placed by the Denver, Tri County or El Paso WIC Nutritionist. Orders placed by other WIC staff will not be accepted.

All other formulas will be ordered according to the general procedure outlined in the *Ordering Instructions for Products Not on Retail Shelves*.

2. Jefferson County WIC staff may continue to send the endorser/participant directly to Ward Road Pharmacy, as presently established.
3. The box on the FI is designated for Ward Road's stamp only.
4. During the bank's edit process, the bank will reject all FIs that appear to be altered. For example, the bank rejects those FIs where the number of cans have been altered and those where white-out was used.
5. Local agency staff can direct questions regarding the special formula order to Ward Road Pharmacy. Email Theresa [TMakelky@wardroadrx.com](mailto:TMakelky@wardroadrx.com). Their phone number is (303)420-7979.

*SELF-CHECK: PRACTICE YOUR KNOWLEDGE*

1. True or false? An approved prescription from a health care provider is required in order to issue special formula.
2. True or false? The WIC educator may choose the appropriate supplemental foods for participants receiving special formula.
3. True or false? A women or child who has lactose intolerance should be issued a special medical formula.
4. True or false? WIC parents can choose to receive additional formula for their 6-11 month old babies instead of receiving baby foods.
5. True or false? The WIC High Risk Counselor must approve the prescription before a special formula is issued to the participant.
6. True or false? The "Documentation" pop-up on the Food Package screen in Compass must be completed in order to issue low-fat milk to 1 year old children.

*ANSWERS*

1. True
2. False
3. False
4. False
5. True
6. True

## Section VI: Encouraging the Use of WIC Foods

One of the simplest and most important messages you can give to your WIC participants is to EAT THEIR WIC FOODS. Don't underestimate the importance of this message or assume that participants will automatically eat the foods on their own. Remember, the WIC foods were chosen because they are nutritious and are high in nutrients that our WIC participants especially need. Having participants eat their WIC foods is vitally important to our success at helping them. In most cases, use of the WIC foods may help resolve the participant's nutrition risk factors. Clearly emphasize this with each participant.

How can WIC foods be incorporated into the nutrition education you provide?

There are several ways the WIC foods can be incorporated:

The WIC food package for children and women includes choices from each of the food groups. To summarize:

When discussing nutrition practices with a participant, specific examples of ways to increase the intake of certain food groups can be given. For example, if a participant consumes few protein-rich foods, suggest that they try eggs for breakfast, peanut butter or egg salad sandwiches for lunch, peanut butter and crackers for snacks or bean soups for lunch or dinner. If they indicate eating limited calcium-rich foods, suggest a cheese omelet for breakfast, cheese sandwiches for lunch, powdered milk in soups, milk shakes, cheese sauces in baking, or milk with meals and snacks.

When discussing nutrition practices, you may also notice that the pattern of meals and snacks is not appropriate. Again, with WIC foods you can provide specific suggestions for improving the diet. For example, if the participant skips breakfast because they don't have time, suggest some breakfast ideas that can be prepared to go such as:

- Some dry WIC cereal in a bag with a cup of milk or juice, or
- Peanut butter sandwich with juice or milk

The nutrient benefits of the WIC foods should be mentioned.

For example, participants can be told that iron is an important nutrient and that WIC cereals are high in iron. Or, that low-sugar snacks should be given to children and that WIC cereals

### Education Tip:

Use the Nutrition Guide to show where the WIC foods fit into the participant's diet.

### Education Tip:

Keep easy recipes on hand to share.

### Education Tip:

Keep copies of nutrition labels from WIC foods, or the actual container, to educate participants on where to find and how to read the nutrient information.

### Education Tip:

Find out if there are foods that are new to the participant. Some participants may have never tried brown rice or tofu before.

are low in sugar. Or, that we all need a source of vitamin C each day and that WIC juices are high in vitamin C.

The food package can be used to reinforce many principles of infant nutrition. Examples are: Telling parents that solids should be delayed until around 6 months and that’s why the WIC Program does not provide baby foods until 6 months.

Encouraging exclusive breastfeeding, helping moms establish an abundant milk supply and that’s why supplemental formula is not provided in the first month.

Food Group	WIC Food
Vegetables & Fruits	Cash value voucher for fruits and vegetables Fruit and vegetable juice, Baby food fruits and vegetables
Milk	Milk Cheese Soy milk Tofu
Grain	Cereal Whole grains (whole grain bread, brown rice, corn tortillas) Baby cereal
Meat	Beans Peanut butter Eggs Canned fish Baby food meats

**Is it necessary to explain to participants how to use WIC foods?**

Yes, it is very important to explain to participants how to use the WIC foods. There may be certain foods such as dried beans that are unfamiliar. It is possible that they won’t use these foods unless you give them specific recipes or ideas. Even for foods such as fruits and vegetables, brown rice, fresh milk, cheese, cereal, or peanut butter that most people are very familiar with, it is helpful to give nutritious recipes and perhaps some new ways of using them. This may increase the frequency with which these foods are used and may lead to generally more nutritious meals and snacks.

**Education Tip:**

Focus on the participant’s specific needs.

Topics for possible discussion include:

- (1) use of WIC foods with an emphasis on food safety, sanitation, and storage,
- (2) fast and easy nutritious snacks, and
- (3) preparation of foods that require little or no cooking.

### **Are there special nutrition education requirements for homeless individuals?**

Yes, providing effective and appropriate nutrition education to homeless persons requires that staff have an understanding of the participant's transient lifestyle. Because a participant may only be enrolled for a short period of time, ongoing, long-term education goals may not be appropriate. Priority topics to be covered include: (1) how to use the WIC check, (2) what are WIC-allowable foods, and (3) referral to other services.

#### **Education Tip:**

Have a pamphlet ready to show the infant's caregiver development stages to cue in when baby is ready for solids.

*SELF-CHECK: PRACTICE YOUR KNOWLEDGE*

1. True or false? Most participants will eat their WIC foods and it's probably not worth staff time to encourage that they do so.
2. If a participant reports eating few meat/meat alternative foods, list 3 specific suggestions for improving the diet through use of WIC foods.
3. True or false? Participants should be given recipes for using WIC foods.

*ANSWERS*

1. False!
2. Any 3 of the following are examples:
  - Egg salad sandwich
  - Peanut butter and jelly sandwich
  - Eggs for breakfast
  - Peanut butter and crackers for snacks
  - Bean soups for lunch or supper
3. True

## Section VII: Documentation Of Food Packages

Any time a specialty formula is issued or a food package is tailored to remove or reduce food items, documentation must be provided. Documentation is critical so that all staff providing follow up can readily see that a specific tailored food package was purposefully assigned. If the tailoring is purely for participant preference, such as issuing beans instead of peanut butter, or powdered milk instead of fresh milk, additional documentation is not necessary.

### What information should be documented and where?

Medical documentation for issuance of any specialized formula must be recorded in the “Documentation” pop-up on the Food Package screen. Required information includes the following:

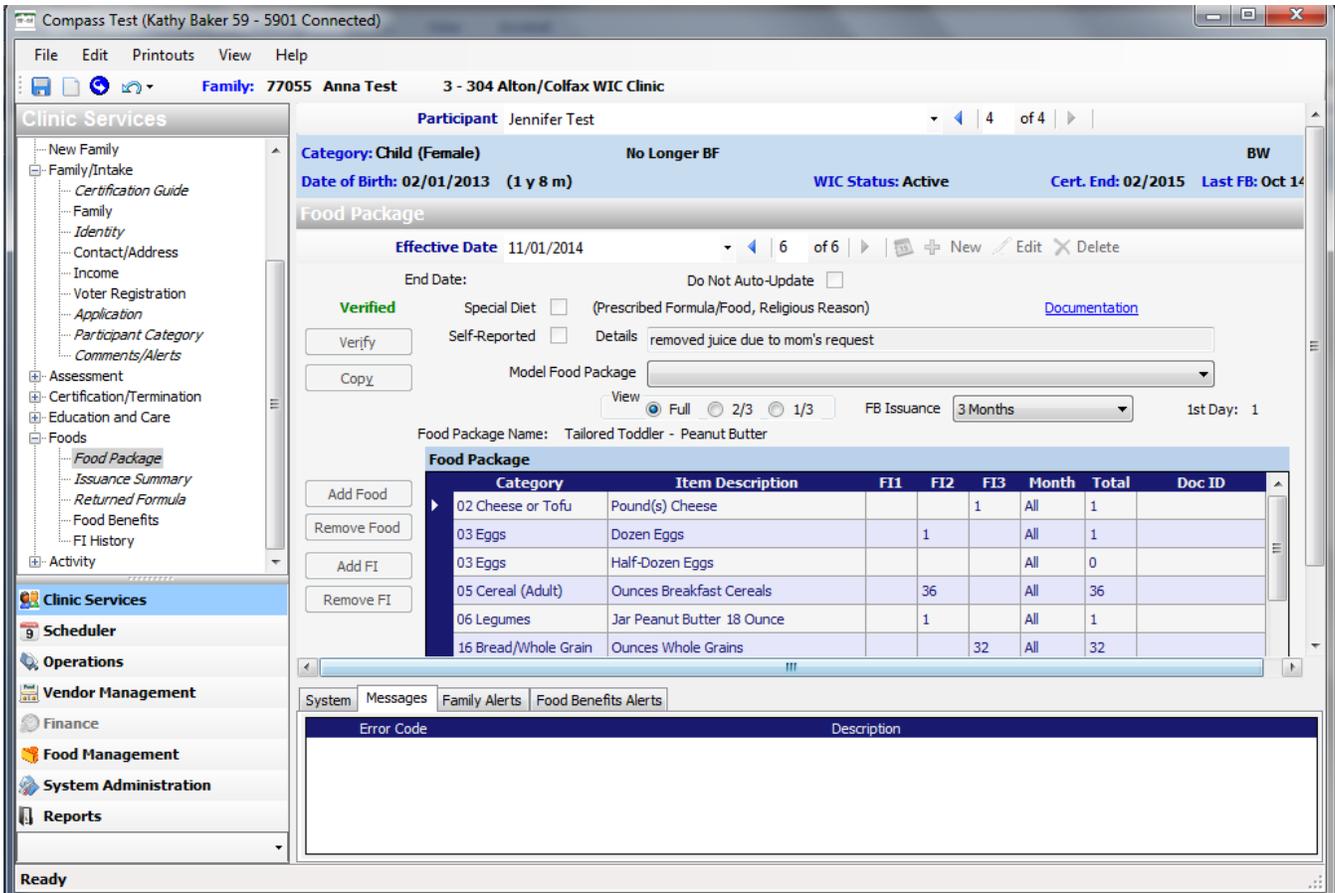
- Rx Expiration Date: the date the prescription expires
- Medical Diagnosis: staff can choose from the drop down list the following options:
  - Medical condition
  - Prematurity
  - Vegan
  - Additional nutrients needed for growth/weight gain
  - Intolerance
  - Concern for overweight/obesity
  - Other
- Additional Details: specific information describing the medical condition, intolerance or reason for “other” must be included.
- Approved by: the name and credentials of the WIC high-risk counselor who approved the specialized formula
- Authority: the name and credentials of the medical provider who prescribed the specialized formula
- Doc ID: number assigned by staff that references documentation of this prescription

The screenshot shows a web-based form titled "Food Package Documentation". At the top, it displays "Effective Date" as 10/28/2014, with navigation arrows and "1 of 1" items. Action buttons for "New", "Edit", and "Delete" are visible. Below this, there are two radio buttons: "Medical Documentation" (selected) and "Religious Reason". The form contains several fields: "\*Rx Expiration Date" with the value 03/31/2015; "\*Medical Diagnosis" with a dropdown menu showing "Medical condition"; "Additional Details" with a text input field containing "Failure to thrive"; "Approved By" with a text input field containing "Susie Dietitian, RD"; "\*Authority" with a text input field containing "Jonas Williams, MD"; and "\*Doc ID" with a text input field containing "1". A "Close" button is located at the bottom center of the form.

The reasons for removing a food item from a food package or reducing the amount of any food (other than for infant formula) should be documented on the “details” field in the Food Package screen. Documentation can be brief, such as “no eggs due to allergy” or “ppt requested only 1 gallon milk.”

Anytime a model food package is altered, the word “tailored” appears before the name of the food package, such as “Tailored Toddler-Peanut Butter”

Section VII: Documentation of Food Packages



Any additional information that is helpful in providing follow-up, such as medical information, should be documented in the participant’s care plan.

## When can food packages be tailored and what documentation is required?

The following describe regulations around food package issuance and documentation of specific conditions and situations:

### Exempt Infant Formulas, and WIC-Eligible Nutritionals

May be issued only with physician’s authorization and approval of the WIC High Risk Counselor. The “Documentation” pop up on the Food Package screen must be completed and the *Physician Authorization Form* or prescription scanned to the participant’s chart.

### **Higher Amount of Formula and no Baby Foods for 6-11 Month Olds**

May be issued with physician's authorization and approval of the WIC High Risk Counselor. The "Documentation" pop-up on the Food Package screen must be completed and there must be a *Physician Authorization Form* or prescription scanned to the participant's chart.

### **Ready-To-Feed (RTF) Formula**

May be issued only under these circumstances:

- If the family's water supply is contaminated and unsafe for consumption
- If the caregiver has difficulty correctly diluting concentrate or powder formula
- For a medically fragile infant (i.e. premature)
- If the formula only comes in RTF form only

Documentation of RTF formula issuance should be provided in the "Details" field on the Food Package screen.

### **Supplemental Foods in Addition to WIC-Eligible Nutritional for Women and Children**

Along with the prescription for the WIC-Eligible Nutritional, the medical provider may prescribe the supplemental foods, or defer the supplemental food authorization to the WIC High Risk Counselor. The approved foods must be documented on the prescription by either the medical provider or the WIC High Risk Counselor, and the *Physician Authorization Form* completed, signed and scanned into Compass. Medical documentation must be recorded in the "Documentation" pop-up on the Food Package screen. The food package issued must match the specific formula and foods prescribed (i.e., not include any of the contraindicated foods).

### **Whole or 2% Milk for Women and 2-4 Year Old Children**

May be authorized by the medical provider or deferred to the WIC High Risk Counselor for issuance only in addition to a prescription for an appropriate WIC-eligible nutritional - and determination (by either the medical provider or the WIC High Risk Counselor) that the woman or child also requires the additional calories from whole or 2% milk. The approved milk type must be documented on the prescription by either the medical provider or the WIC High Risk Counselor, and the *Physician Authorization Form* completed, signed and scanned into Compass. Medical documentation must be recorded in the "Documentation" pop-up on the Food Package screen. The food package issued must match the specific formula and foods prescribed (i.e., not include any contraindicated foods).

## **Soy Milk**

May be issued to women and children as a substitute for cow's milk. Determination for children must be based on an individual assessment and consultation with the child's health care provider if necessary. Such determination can be made for situations that include, but are not limited to milk allergy, lactose intolerance, vegan diets, religious (i.e. kosher diet) or participant preference. For children, the authorization must be based on an individual nutritional assessment and consultation with the child's health care provider if necessary. No additional assessment is required to issue soy milk to women.

## **Tofu**

May be issued to women and children as a substitute for cow's milk or cheese. Tofu is relatively high in protein but typically a poor source of vitamin D compared to milk and soy milk. For this reason, when tofu replaces milk in the diet for children, WIC endorsers/participants should be informed that vitamin D intake may not be adequate and other sources of vitamin D should be obtained from fortified foods and/or supplements. Documentation in the child's care plan is required to indicate that nutrition education was provided to the endorser/participant that diets may be nutritionally inadequate when milk is replaced by other foods not fortified with vitamin D. No additional assessment is required to issue tofu to women.

## **Lactose-Reduced Milk**

May be issued upon request; typically only issued if a participant has been diagnosed as lactose intolerant. A *Physician Authorization Form* or prescription is NOT needed.

## **Goat Milk**

May be issued to children and women only; a physician's prescription is not required.

## **Fat-reduced milks (2%, 1% or fat-free) for overweight one year old children.**

May be issued by the WIC CWA to overweight one year old children meeting the criteria described below. Determination must be based on an individual nutritional assessment and consultation with the child's health care provider if necessary.

- Overweight: Child's weight for length is at or above the 98<sup>th</sup> percentile
- Rapid weight gain: A child whose weight for length, initially at or above the 50<sup>th</sup> percentile crossed two percentile curves. For example, a child going from the 50<sup>th</sup> to the 90<sup>th</sup> percentile, or going from the 75<sup>th</sup> to the 95<sup>th</sup> percentile.

WIC staff must complete the "Documentation" pop-up on the Food Package screen in Compass, noting "concern for overweight/obesity" as the medical diagnosis reason. The

authorization period (“Rx Expiration Date”) may be up to the date in which the child turns two years old. Staff should add their own name in both the “Approved by” and “Authority” fields. A *Physician Authorization Form* is not required.

### Single Serving Juice

May be issued for participants who are homeless or have no access to refrigeration. Document food package specifics in the “details” field on the Food Package screen.

### Other

Other situations in which food package tailoring should be documented are:

- When a participant is issued less than or none of the maximum allotment of a food due to a medical condition such as allergy, food preference, food habits or living environment (such as not issuing eggs to homeless individuals who have no cooking or storage facilities). Documentation should be provided in the “details” section of the Food Package screen.

## Examples of food package tailoring documentation

1. Joe Vargas is a 3-month-old infant who is receiving RTF (ready-to-feed) formula because his family’s water supply is contaminated and unsafe to drink.

In addition to information in the Care Plan concerning the nutrition education provided, the following documentation should be included in the “details” field on the Food Package screen: “family water supply contaminated; issue RTF formula.”

2. Jane McNeil, a pregnant woman, is homeless. The shelter in which she has temporary residence has no cooking or refrigeration facilities for participants. The shelter will allow her to store nonperishable food items. Jane prefers to receive single serving juice and UHT box milk in lieu of fresh milk or cheese.

In addition to information in the Care Plan concerning the nutrition education provided, the following documentation should be included in the “details” field on the Food Package Screen: “no cooking or refrigeration: no eggs issued.”

3. Keisha Simmons is a 6-month-old infant who has a prescription for Nutramigen with Enflora LGG because of severe, multiple food allergies. The prescription states to issue “maximum allowable” amount of formula and “no WIC supplemental foods; provide formula only.”

In addition to information in the Care Plan concerning the nutrition education provided, the “Documentation” pop-up on the Food Package screen must be completed and the

following documentation included in the “details” field on the Food Package screen: “no supplemental foods; formula only.”

**NOTE:** The MD’s prescription for Nutramigen with Enflora LGG must be approved by the WIC High Risk Counselor , signed and scanned into Compass.

4. Jared Williams is a 3-year old child who has been diagnosed as failure-to-thrive. His mother brought in a prescription for 2 cans of PediaSure per day plus whole milk. In addition, the MD noted that eggs and peanut butter are contraindicated due to food allergies.

In addition to information in the Care Plan concerning the nutrition education provided, the “Documentation” pop-up on the Food Package screen must be completed, and the following included in the “details” field on the Food Package screen: “Rx for whole milk; no eggs or peanut butter due to allergies.”

5. Janet Wyler is an exclusively breastfeeding woman who is allergic to milk and dairy products. She prefers to receive soy milk and 4 pounds of tofu per month.

In addition to information in the Care Plan concerning the nutrition education provided, the following documentation should be included in the “details” field on the Food Package screen: “allergic to milk and all dairy: issue tofu & soy milk; no cheese.”

*SELF-CHECK: PRACTICE YOUR KNOWLEDGE*

Indicate appropriate documentation of food package tailoring in each of the cases below:

1. Amy Saunders is an exclusively breastfeeding woman. She dislikes drinking milk but will use it in cooking. She would like some of the milk allotment as powdered milk.
2. Bobby Andrews is a 13-month-old child. He doesn't like peanut butter; mom prefers to get canned beans instead of dry beans.
3. Carol Whitten is a 6-month-old premature infant. She has a prescription for the maximum allowable amount of Enfamil EnfaCare. The doctor also noted "no WIC supplemental foods; provide formula only."

*ANSWERS*

1. Since this is a participant preference and not related to NRFs (unless calcium intake is low due to Amy's dislike of milk) or conditions, specific documentation as to why the tailored food package was chosen is not necessary. Documenting the fact that Amy doesn't like milk is helpful, however, since it will assist in follow up.
2. This is an example of a participant preference and not related to NRFs or conditions. A regular model food package can be given. No additional food package issuance documentation is required.
3. Completion of the "Documentation" pop-up on the Food Package screen is required in order to provide a "special diet" food package with additional formula in lieu of baby foods. Documentation in the "details" field on the Food Package screen should state: "no supplemental foods; formula only."

## Training Activity

Once you have completed this module, please take the Food Package Module on-line post-test. For access instructions please visit the Colorado WIC website. **Good Luck!**

**Check for these charts in your Mini Manual**

- Maximum Monthly Amount of Formula Authorized by Colorado WIC
- Examples of Food Package Proration Amounts
- Ordering Instruction for Products Not on Retail Shelves
- Physician Authorization Form
- Infant Formula Ranges Cheat Sheet
- Guidelines for Providing Supplemental Formula to Partially Breastfed Infants