

## **Food Packages**

- I. All WIC food items are organized in food packages specific to WIC category and individual nutritional risk(s) and needs.
- II. The Utah WIC program uses online electronic food benefits. These are issued to participants at the local WIC clinic or remotely.
- III. Food benefits are issued to WIC participants to purchase WIC-allowed supplemental foods on their account at WIC-authorized stores.
- IV. WIC is a supplemental food program. The foods provided by the WIC program are not intended to provide all of the participant's food requirements.
- V. The WIC program is not a food storage program. The food items provided should be used by participants daily to help meet their nutritional needs.
- VI. The current month's food benefits start on the first day of the month and end on the last day of the month at 11:59 p.m. (midnight). Benefits cannot be carried over to future months.
- VII. Participants are assigned a food package at the time of certification. Food packages can be changed or tailored according to policy as needed during the participant's certification period.
- VIII. The Utah WIC food packages are based on the federal WIC regulations which stipulate 7 food packages as listed:
  - a. Food Packages I, II and III (for infants)
    - i. Fully Formula Fed (FF)
    - ii. Partially Breastfed (BF/FF)
    - iii. Fully Breastfed (BF)
  - b. Food Packages III, IV, V, VI and VII
    - i. Children – IV (1 through 4 years of age and including the month that the child turns 5 years of age)
    - ii. Pregnant and Partially Breastfeeding (up to 1 year postpartum) – V
    - iii. Postpartum (up to 6 months) – VI
    - iv. Fully Breastfeeding – VII

- c. The Food Package Tables (including footnotes) in this policy were taken directly from the federal WIC regulations. Refer to the policy sections “Foods that are authorized” and “Tailoring food packages” to determine what state agency options have been implemented by the Utah WIC program.

- IX. Infants who are 11 months of age must be issued an infant food package for that calendar month. Infants shall not be issued a child food package prior to the day they turn 1 year old. Children cannot be issued an infant food package after their 1st birthday.

X. Food Packages.

**Food Packages I, II, and III:** Full Nutrition Benefit (FNB) and Maximum Monthly Allowances (MMA) of Supplemental Foods for Infants by Feeding Option and Food Package Time Frame

<b>Table 1. Full Nutrition Benefit (FNB) and Maximum Monthly Allowances (MMA) of Supplemental Foods For Infants In Food Packages I, II and III</b>						
	<b>Fully Formula Fed (FF)</b>		<b>Partially (Mostly) Breastfed (BF/FF)</b>		<b>Fully Breastfed (BF)</b>	
<b>Foods <sup>1</sup></b>	<b>Food Packages I-FF &amp; III-FF</b> A: 0 through 3 months B: 4 through 5 months	<b>Food Packages II-FF &amp; III-FF</b> 6 through 11 months	<b>Food Packages IBF/FF &amp; III BF/FF</b> A: 0 through 3 months B: 4 through 5 months	<b>Food Packages II BF/FF &amp; III BF/FF</b> 6 through 11 months	<b>Food Package I-BF</b> 0 through 5 months	<b>Food Package II-BF</b> 6 through 11 months
WIC Formula <sup>2, 3, 4, 5, 6, 7, 8</sup>	A: FNB = 806 fl oz MMA= 823 fl oz reconstituted liquid concentrate, or 832 fl. oz. RTF, or 870 fl oz reconstituted powder  B: FNB = 884 fl oz MMA = 896 fl oz reconstituted liquid concentrate or 913 fl oz RTF or 960 fl oz reconstituted powder	FNB = up to 624 fl oz MMA = 630 fl oz reconstituted liquid concentrate, or 643 fl. oz RTF, or 696 fl oz reconstituted powder	A: FNB = 364 fl oz MMA = 388 fl oz reconstituted liquid concentrate or 384 fl oz RTF or 435 fl oz reconstituted powder  B: FNB = 442 fl oz MMA = 460 fl oz reconstituted liquid concentrate or 474 fl oz RTF or 522 fl oz reconstituted powder	FNB = 312 fl oz MMA = 315 fl oz reconstituted liquid concentrate, or 338 fl oz RTF, or 384 fl oz reconstituted powder		
Infant Cereal <sup>9,11</sup>		8 oz		8 oz		16 oz
Infant food fruits and vegetables <sup>9,10,11,12,13</sup>		128 oz		128 oz		128 oz

Infant food meat <sup>9, 10</sup>						40 oz
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Notes: Abbreviations in order of appearance in table: FF = fully formula fed; BF/FF = partially (mostly) breastfed; BF = fully breastfed; RTF = ready-to-feed; N/A = Not applicable (the supplemental food is not authorized in the corresponding food package).

1 Table 4 to paragraph (e)(12) of this section describes the minimum requirements and specifications for supplemental foods. The competent professional authority (CPA) is authorized to determine nutritional risk and prescribe supplemental foods in Food Packages I, II, and III (see paragraphs (e)(1), (2), and (3) of this section) (per medical documentation), as established by State agency policy. Food Package III is issued to participants with qualifying medical conditions. A WIC formula is issued to participants receiving Food Package III under the direction of a healthcare provider.

2 Amounts represent the FNB defined as the minimum amount of reconstituted fluid ounces of liquid concentrate infant formula as specified for each infant food package category and feeding variation. The FNB is based on a 13-ounce can that formed the basis of substitution rates for other physical forms of infant formula (i.e., powder and RTF infant formula).

3 Following a WIC nutrition and breastfeeding assessment of the needs of the dyad, breastfed infants, even those in the fully formula fed category, should be issued the quantity of formula needed to support any level of breastfeeding up to the FNB. This amount may be less than the FNB.

4 WIC formula means infant formula, exempt infant formula, or WIC-eligible nutritionals. Infant formula may be issued for infants in Food Packages I, II and III. Medical documentation is required for issuance of WIC formula and other supplemental foods in Food Package III. Only infant formula may be issued for infants in Food Packages I and II.

5 State agencies must issue whole containers that are all the same size of the same physical form.

6 The MMA is specified in reconstituted fluid ounces for liquid concentrate, RTF liquid, and powder forms of infant formula and exempt infant formula. Reconstituted fluid ounce is the form prepared for consumption as directed on the container. Formula provided to infants in any form may not exceed the MMA.

7 The FNB is intended to provide close to 100 percent of the nutritional needs of a non-breastfed infant from birth to 6 months. State agencies must provide at least the FNB authorized to non-breastfed infants up to the MMA for the physical form of the product specified for each food package category unless the food package is tailored to allow “up to” amounts to support breastfeeding.

8 State agencies may round up to issue whole containers of infant formula over the food package timeframe. State agencies must use the methodology described in accordance with paragraph (h)(1) of this section.

9 Per paragraph (b)(2)(ii)(A) of this section, State agencies must make the full MMA of all foods available to participants by providing at least one package size (or combination of sizes) that add up to the full MMA. However, per paragraph (b)(1)(iii) of this section, State agencies may authorize other package sizes (excluding WIC formula) to increase participant variety and choice.

10 State agencies may round up to issue whole containers of infant foods (infant cereal, fruits and vegetables, and meat) over the food package timeframe. State agencies must use the methodology described in accordance with paragraph (h)(2) of this section.

11 In lieu of infant foods (cereal, fruit, and vegetables), infants older than 6 months of age in Food Package III may receive WIC formula (infant formula, exempt infant formula, or WIC-eligible nutritionals) at the same MMA as infants ages 4 through 5 months of age of the same feeding option.

12 At State agency option, infants 6 through 11 months in Food Packages II and III may receive a cash-value voucher (CVV) to purchase fruits and vegetables in lieu of the infant food fruits and vegetables. Fully breastfed infants, partially (mostly) breastfed infants, and fully formula fed infants may substitute half (64 oz.) or all (128 oz.) of jarred infant fruits and vegetables with a \$11 or \$22 CVV, respectively. The monthly value of the CVV substitution amounts for infant fruits and vegetables will be adjusted annually for inflation consistent with the annual inflation adjustments made to CVV values for women and children. State agencies must authorize fresh and one other form (frozen or canned). Dried fruits and vegetables are not authorized for infants. The CVV may be redeemed for any eligible fruit and vegetable (refer to table 4 of paragraph (e)(12) of this section and its footnotes).

13 State agencies may not categorically issue a CVV for infants 6 through 11 months. The CVV is to be provided to the participant only after an individual nutrition assessment, as established by State agency policy. State agencies must ensure that appropriate nutrition education is provided to the caregiver addressing developmental readiness, safe food preparation, storage techniques, and feeding practices to make certain participants are meeting their nutritional needs in a safe and effective manner.

**Food Packages IV, V, VI, and VII: The Maximum Monthly Allowances (MMA), options of Supplemental Foods for Children and Women**

<b>Table 2. Maximum Monthly Allowances of Supplemental Foods for Children and Women in Food Packages IV, V, VI and VII</b>				
<b>Foods <sup>1</sup></b>	<b>Children</b>	<b>Women</b>		
	<b>Food Package IV:</b> A: 12 through 23 months B: 2 through 4 years	<b>Food Package V:</b> A: Pregnant B: Partially (Mostly) Breastfeeding (up to 1 year postpartum) <sup>2</sup>	<b>Food Package VI:</b> Postpartum (up to 6 months postpartum) <sup>3</sup>	<b>Food Package VII: Fully Breastfeeding (up to year postpartum) <sup>4, 5</sup></b>
Juice, single strength <sup>6,7</sup>	64 fl oz	64 fl oz	64 fl oz	64 fl oz
Milk, fluid <sup>8, 9, 10, 11, 12, 13, 14, 15</sup>	A: 12 qt <sup>8, 9, 11, 12, 14</sup> B: 14 qt <sup>8, 10, 11, 12, 13, 14</sup>	16 qt <sup>8, 10, 11, 12, 13, 15</sup>	16 qt <sup>8, 10, 11, 12, 13, 15</sup>	16 qt <sup>8, 10, 11, 12, 13, 15</sup>
Breakfast cereal <sup>16</sup>	36 oz	36 oz	36 oz	36 oz
Eggs <sup>17</sup>	1 dozen	1 dozen	1 dozen	2 dozen
Fruits and vegetables <sup>18, 19</sup>	\$26.00 in cash-value benefit	A: \$47.00 in cash-value benefit B: \$52.00 in cash-value benefit	\$47.00 in cash-value benefit	\$52.00 in cash-value benefit
Whole wheat or whole grain bread <sup>20</sup>	24 oz	48 oz	48 oz	48 oz
Fish (canned) <sup>21, 22</sup>	6 oz	A: 10 oz B: 15 oz	10 oz	20 oz
Mature Legumes, dry and/or Peanut butter <sup>23</sup>	1 lb dry Or 64 oz canned Or 18 oz	1 lb Or 64 oz canned And 18 oz	1 lb Or 64 oz canned Or 18 oz	1 lb Or 64 oz canned And 18 oz

Note: Abbreviations in order of appearance in table: N/A = Not applicable (the supplemental food is not authorized in the corresponding food package); CVV = cash-value voucher.

1 Table 4 to paragraph (e)(12) of this section describes the minimum requirements and specifications for supplemental foods. Per paragraph (b)(2)(ii)(A) of this section, State agencies must make the full MMA of all foods available to participants by providing at least one package size (or combination of sizes) that add up to the full MMA. However, per paragraph (b)(1)(iii) of this section, State agencies may authorize other package sizes to increase participant variety and choice. The competent professional authority (CPA) is authorized to determine nutritional risk and prescribe supplemental foods as established by State agency policy.

2 Food Package V-A (see paragraph (e)(5) of this section) is issued to women participants with singleton pregnancies. Food Package V-B (see paragraph (e)(5)) is issued to two categories of WIC participants: breastfeeding women whose partially (mostly) breastfed infants receive formula from WIC in amounts that do not exceed the maximum formula allowances, as appropriate for the age of the infant as described in table 1 to paragraph (e)(9) of this section, and women pregnant with two or more fetuses.

3 Food Package VI is issued to two categories of WIC participants: non-breastfeeding postpartum women and breastfeeding postpartum women whose infants receive more than the maximum infant formula allowances from WIC for partially (mostly) breastfed infants, as appropriate for the age of the infant as described in table 1 to paragraph (e)(9) of this section.

4 Food Package VII is issued to three categories of WIC participants: fully breastfeeding women whose infants do not receive formula from WIC; women partially (mostly) breastfeeding multiple infants from the same pregnancy; and pregnant women who are also fully or partially (mostly) breastfeeding singleton infants.

5 Women fully breastfeeding multiple infants from the same pregnancy are prescribed 1.5 times the MMA.

6 Combinations of single-strength and concentrated juices may be issued provided that the total volume does not exceed the MMA for single-strength juice.

7 Children and women may choose to substitute a \$3 CVV for the full juice amount (64 fluid ounces). The monthly value of the CVV substitution amount for juice will be adjusted annually for inflation consistent with the annual inflation adjustments made to CVV values for women and children. A partial CVV substitution for juice is not authorized. The CVV may be redeemed for any eligible fruit and vegetable (refer to table 4 of paragraph (e)(12) to this section and its footnotes).

8 Regular and lactose-free milk must be authorized. "Regular milk" refers to milk that conforms to FDA standard of identity 21 CFR 131.110 and contains lactose exclusive of fat content (e.g., low-fat milk). State agencies have the option to authorize plant-based milk alternatives, yogurts, and cheeses, described in table 4 to paragraph (e)(12) of this section and its footnotes, as milk substitution options when individually tailoring food packages.

9 Whole milk is the standard milk for issuance to 1-year-old children (12 through 23 months). Whole fat or low-fat yogurts may be substituted for fluid milk for 1-year-old children, and both are standard issuance when substituting yogurt. Fat-reduced milks or nonfat yogurt may be issued to 1-year-old children for whom overweight or obesity is a concern. The need for fat-reduced milks or nonfat yogurt for 1-year-old children must be based on an individual nutritional assessment.

10 Low-fat (1%) or nonfat milks are the standard milk for issuance to children  $\geq 24$  months of age and women. Reduced-fat (2%) milk is authorized only for participants with certain conditions, including but not limited to, underweight and maternal weight loss during pregnancy. The need for reduced-fat (2%) milk for children receiving Food Package IV-B and women must be based on an individual nutritional assessment.

11 Evaporated milk may be substituted at the rate of 16 fluid ounces of evaporated milk per 32 fluid ounces of fluid milk (i.e., 1:2 fluid ounce substitution ratio). Dry milk may be substituted at an equal reconstituted rate to fluid milk.

12 For children and women, 1 pound of cheese (dairy and/or plant-based) may be substituted for 3 quarts of milk; 1 quart of yogurt (dairy and/or plant-based) may be substituted for 1 quart of milk with a maximum of 2 quarts of yogurt that may be substituted for 2 quarts of milk. Women receiving Food Package VII may substitute up to 2 pounds of cheese for 6 quarts of milk. For children and women in Food Packages IV through VI, no more than 1 pound of cheese may be substituted. State agencies do not have the option to issue additional amounts of cheese or yogurt beyond these maximums even with medical documentation.

13 For children  $\geq 24$  months of age (Food Package IV-B) and women, low-fat or nonfat yogurts are the only types of yogurts authorized.

14 When individually tailoring food packages for children, plant-based milk alternatives may be substituted for milk on a quart for quart basis up to the total MMA of milk; tofu may be substituted for milk for children at the rate of 1 pound of tofu per 1 quart of milk up to the MMA for milk.

15 When individually tailoring food packages for women, plant-based milk alternatives may be substituted for milk on a quart for quart basis up to the total MMA of milk; tofu may be substituted for milk at the rate of 1 pound of tofu per 1 quart of milk up to the total MMA of milk.

16 At least 75 percent of cereal on a State agency's authorized food list must meet whole grain criteria for breakfast cereal (refer to table 4 to paragraph (e)(12) of this section and its footnotes).

17 State agencies must authorize substitution of dry legumes (1 pound), canned legumes (64 ounces), and peanut butter (18 ounces) for each 1 dozen eggs when individually tailoring food packages. At State agency option, State agencies may authorize tofu (1 pound) or nut and seed butters (18 ounces) to substitute for each 1 dozen eggs when individually tailoring food packages.

18 State agencies must authorize fresh and one other form of processed (i.e., canned (shelf-stable), frozen, and/or dried) fruits and vegetables. State agencies may choose to authorize additional or all processed forms of fruits and vegetables. The CVV may be redeemed for any eligible fruit and



vegetable (refer to table 4 to paragraph (e)(12) of this section and its footnotes). Except as authorized in paragraph (b)(1)(i) of this section, State agencies may not selectively choose which fruits and vegetables are available to participants. For example, if a State agency chooses to offer dried fruits, it must authorize all WIC-eligible dried fruits.

19 The monthly value of the fruit/vegetable CVV will be adjusted annually for inflation using fiscal year 2022 as the base year as described in § 246.16(j).

20 Whole wheat or whole grain bread must be authorized. State agencies have the option to also authorize other whole grain options as described in table 4 to paragraph (e)(12) of this section and its footnotes.

21 Issuance of smaller container sizes is encouraged to reduce the likelihood of exceeding a safe weekly consumption level of methylmercury. The U.S. Food and Drug Administration (FDA) and the U.S. Environmental Protection Agency (EPA) provide joint advice regarding fish consumption to limit methylmercury exposure for children. As noted in their 2021 joint advice, depending on body weight, some women and some children should choose fish lowest in methylmercury or eat less fish than the amounts in the 2020-2025 Dietary Guidelines for Americans (DGA) Healthy US-Style Dietary Pattern. More information is available on the FDA and EPA websites at [FDA.gov/fishadvice](https://www.fda.gov/fishadvice) and [EPA.gov/fishadvice](https://www.epa.gov/fishadvice).

22 As noted in the 2021 FDA-EPA joint advice about eating fish, for some children, depending on age and caloric needs, the amounts of fish in the 2020-2025 DGA are higher than in the FDA-EPA advice. The DGA states that to consume these higher amounts, these children should consume only fish from the “Best Choices” list that are even lower in mercury—among the WIC-eligible varieties, this includes Atlantic mackerel, salmon, and sardines.

23 State agencies are required to offer both mature dry (1 pound) and canned (64 ounces) legumes. Food Packages V and VII must provide both legumes and peanut butter. However, when individually tailoring these food packages, State agencies may issue the following combinations: 1 pound dry and 64 oz. canned legumes (and no peanut butter); 2 pounds dry or 128 oz. canned legumes (and no peanut butter); or 36 oz. peanut butter (and no legumes). State agencies also have the option to authorize other nut and seed butters as a substitute for peanut butter (on a 1:1 ounce substitution ratio), as described in table 4 to paragraph (e)(12) of this section and its footnotes, when individually tailoring food packages.

## XI. Food Package III.

- a. This food package is reserved for issuance to women, infant, and children participants who have a documented qualifying condition that requires the use of a WIC formula (infant formula, exempt infant formula, or WIC-eligible nutritional) because the use of conventional foods is precluded, restricted, or inadequate to address their special nutritional needs.
- b. Participants who are eligible to receive this food package must have one or more qualifying conditions, as determined by a healthcare professional licensed to write medical prescriptions under state law. The qualifying conditions include but are not limited to: prematurity, malnutrition, weight-for-length/BMI  $\leq$  5th percentile, BMI  $\leq$  18.5 (18+ years), chronic renal failure, GERD, allergies, inborn errors of metabolism, feeding difficulties, or cancer.
- c. This food package may not be issued solely for the purpose of enhancing nutrient intake or managing body weight.
- d. This food package is not authorized for:
  - i. Infants whose only condition is a diagnosed formula intolerance or food allergy to lactose, sucrose, milk protein, or soy protein that does not require the use of an exempt infant formula or a non-specific formula.
  - ii. Women and children who have a food intolerance to lactose or milk protein that can be successfully managed with the use of one of the other WIC food packages.
  - iii. Any participant solely for the purpose of enhancing nutrient intake or managing body weight without an underlying qualifying condition.
- e. Examples of WIC participants that qualify for Food Package III:
  - i. Infants prescribed an exempt infant formula.
  - ii. Infants 6 months or older prescribed higher amounts of infant formula instead of infant solid foods.
  - iii. Children prescribed contract formula, exempt formula, or WIC-eligible nutritionals.
  - iv. Women prescribed formula or WIC-eligible nutritionals.

**Food Package III:**The Maximum Monthly Allowances (MMA) of Supplemental Foods for Children and Women with Qualifying Conditions

<b>Table 3. Maximum Monthly Allowances (MMA) of Supplemental Foods for Children and Women with Qualifying Conditions in Food Package III</b>				
<b>Foods 1</b>	<b>Children</b>	<b>Women</b>		
	A: 12 through 23 months B: 2 through 4 years	A: Pregnant B: Partially (Mostly) Breastfeeding (up to 1 year postpartum) 2	Postpartum (up to 6 months postpartum) 3	Fully Breastfeeding, (up to 1 year postpartum) 4, 5
Juice, single strength 6, 7	64 fl oz	64 fl oz	64 fl oz	64 fl oz
WIC Formula 8, 9	Up to 455 fl oz liquid concentrate	455 fl oz liquid concentrate	455 fl oz liquid concentrate	455 fl oz liquid concentrate
Milk	A: 12 qt 10, 11, 13, 14, 16 B: 14 qt 10, 12, 13, 14, 15, 16	16 qt 10, 12, 13, 14, 15, 17	16 qt 10, 12, 13, 14, 15, 17	16 qt 10, 12, 13, 14, 15, 17
Breakfast cereal 15, 16	36 oz	36 oz	36 oz	36 oz
Eggs 20	1 dozen	1 dozen	1 dozen	2 dozen
Fruits and vegetables 21, 22, 23	\$26.00 in cash- value benefit	A: \$47.00 in cash-value benefit  B: \$52.00 in cash-value benefit	\$47.00 in cash-value benefit	\$52.00 in cash-value benefit
Whole wheat or whole grain bread 24	24 oz	48 oz	48 oz	48 oz
Fish (canned) 25, 26	6 oz	A: 10 oz B: 15 oz	10 oz	20 oz
Legumes, dry 27 and/or Peanut butter	1 lb dry or 64 oz canned Or 18 oz	1 lb dry or 64 oz canned And 18 oz	1 lb dry or 64 oz canned Or 18 oz	1 lb dry or 64 oz canned And 18 oz

Note: Abbreviations in order of appearance in table: N/A = Not applicable (the supplemental food is not authorized in the corresponding food package); CVV = cash-value voucher.

1 Table 4 to paragraph (e)(12) of this section describes the minimum requirements and specifications for supplemental foods. Food Package III is issued to participants with qualifying medical conditions that require use of a WIC formula and supplementary foods under the direction of a healthcare provider. Per paragraph (b)(2)(ii)(A) of this section, State agencies must make the full MMA of all foods available to participants by providing at least one package size (or combination of sizes) that add up to the full MMA. However, per paragraph (b)(1)(iii) of this section, State agencies may authorize other package sizes (excluding WIC formula) to increase participant variety and choice. The competent professional authority (CPA) is authorized to determine nutritional risk and prescribe supplemental foods per medical documentation, as established by State agency policy.

2 Food Package III-A for women is issued to participants with singleton pregnancies. Food Package III-B for women is issued to two categories of participants: women pregnant with two or more fetuses and breastfeeding women whose partially (mostly) breastfed infants receive formula from WIC in amounts that do not exceed the maximum formula allowances, as appropriate for the age of the infant as described in table 1 to paragraph (e)(9) of this section.

3 This food package is issued to two categories of WIC participants: non-breastfeeding postpartum women and breastfeeding postpartum women whose infants receive more than the maximum infant formula allowances from WIC for partially (mostly) breastfed infants, as appropriate for the age of the infant as described in table 1 to paragraph (e)(9) of this section.

4 This food package is issued to three categories of WIC participants: fully breastfeeding women whose infants do not receive formula from WIC; women partially (mostly) breastfeeding multiple infants from the same pregnancy; and pregnant women who are also fully or partially (mostly) breastfeeding singleton infants.

5 Women fully breastfeeding multiple infants from the same pregnancy are prescribed 1.5 times the MMA.

6 Combinations of single-strength and concentrated juices may be issued provided that the total volume does not exceed the MMA for single-strength juice.

7 As determined appropriate by the healthcare provider per medical documentation, children and women may choose to substitute a \$3 CVV for the full juice amount (64 fluid ounces)—a partial CVV substitution for juice is not authorized—or use their \$3 CVV for jarred infant food fruits and vegetables. State agencies must use the conversion of \$1 CVV = 6.25 ounces of jarred infant food fruits and vegetables. The monthly value of the CVV substitution amount for juice will be adjusted annually for inflation consistent with the inflation adjustments made to women and children's CVV values.

8 WIC formula means infant formula, exempt infant formula, or WIC-eligible nutritionals. Participants may receive up to 455 fluid ounces of a WIC formula (liquid concentrate) as determined appropriate by the healthcare provider per medical documentation. The number of fluid ounces refers to the amount as prepared according to directions on the container.

9 Powder and ready-to-feed may be substituted at rates that provide comparable nutritive value.

10 Regular and lactose-free milk must be authorized. "Regular milk" refers to milk that conforms to FDA standard of identity 21 CFR 131.110 and contains lactose exclusive of fat content (e.g., low-fat milk). State agencies have the option to authorize plant-based milk alternatives, yogurts, and cheeses, described in table 4 of paragraph (e)(12) of this section and its footnotes, as determined appropriate by the healthcare provider per medical documentation.

11 Whole milk is the standard milk for issuance to 1-year-old children (12 through 23 months). Whole fat or low-fat yogurts may be substituted for fluid milk for 1-year-old children, and both are standard issuance when substituting yogurt. Fat-reduced milks or nonfat yogurt may be issued to 1-year-old children as determined appropriate by the healthcare provider per medical documentation.

12 Low-fat (1%) or nonfat milks are the standard milk for issuance to children  $\geq 24$  months of age and women. Whole milk or reduced-fat (2%) milk may be substituted for low-fat (1%) or nonfat milk for children  $\geq 24$  months of age and women as determined appropriate by the healthcare provider per medical documentation.

13 Evaporated milk may be substituted at the rate of 16 fluid ounces of evaporated milk per 32 fluid ounces of fluid milk (a 1:2 fluid ounce substitution ratio). Dry milk may be substituted at an equal reconstituted rate to fluid milk.

14 For children and women, 1 pound of cheese (dairy- and/or plant-based) may be substituted for 3 quarts of milk and 1 quart of yogurt (dairy- and/or plant-based) may be substituted for 1 quart of milk as determined appropriate by the healthcare provider per medical documentation. A maximum of 2 quarts of yogurt that may be substituted for 2 quarts of milk for both children and women. Fully breastfeeding women may substitute up to 2 pounds of cheese for 6 quarts of milk. Children and pregnant, partially breastfeeding, and postpartum women may substitute no more than 1 pound of cheese. State agencies do not have the option to issue additional amounts of cheese or yogurt beyond these maximums even with medical documentation.

15 For children  $\geq 24$  months of age and women, low-fat or nonfat yogurts are the only types of yogurts authorized. Whole or reduced-fat yogurt may be substituted for low-fat or nonfat yogurt for children  $\geq 24$  months of age and women as determined appropriate by the healthcare provider per medical documentation.

16 For children, issuance of tofu and plant-based milk alternatives may be substituted for milk as determined appropriate by the healthcare provider per medical documentation. Plant-based milk alternatives may be substituted for milk for children on a quart for quart basis up to the total MMA of

milk. Tofu may be substituted for milk for children at the rate of 1 pound of tofu per 1 quart of milk up to the MMA of milk, as determined appropriate by the healthcare provider per medical documentation.

17 For women, plant-based milk alternatives may be substituted for milk on a quart for quart basis up to the total MMA of milk. Tofu may be substituted for milk at the rate of 1 pound of tofu per 1 quart of milk up to the MMA of milk, as determined appropriate by the healthcare provider per medical documentation.

18 32 dry ounces of infant cereal may be substituted for 36 ounces of breakfast cereal as determined appropriate by the healthcare provider per medical documentation.

19 At least 75 percent of cereals authorized on a State agency's authorized food list must meet whole grain criteria for breakfast cereal (refer to table 4 to paragraph (e)(12) of this section and its footnotes).

20 State agencies must authorize substitution of dry legume (1 pound), canned legumes (64 ounces), and peanut butter (18 ounces) for each 1 dozen eggs and, at State agency option, State agencies may authorize tofu (1 pound) or nut and seed butters (18 ounces) to substitute for each 1 dozen eggs as determined appropriate by the healthcare provider per medical documentation.

21 State agencies must authorize fresh and one other form (i.e., canned (shelf-stable), frozen, and/or dried) of fruits and vegetables. State agencies may choose to authorize additional or all processed forms of fruits and vegetables. The CVV may be redeemed for any eligible fruit and vegetable (refer to table 4 to paragraph (e)(12) of this section and its footnotes). Except as authorized in paragraph (b)(1)(i) of this section, State agencies may not selectively choose which fruits and vegetables are available to participants. For example, if a State agency chooses to offer dried fruits, it must authorize all WIC-eligible dried fruits.

22 Children and women whose special dietary needs require the use of pureed foods may receive commercial jarred infant food fruits and vegetables in lieu of the CVV. For children and women who require jarred infant food fruits and vegetables in place of the CVV, State agencies must use the conversion of \$1 CVV = 6.25 ounces of jarred infant food fruits and vegetables. Infant food fruits and vegetables may be substituted for the CVV as determined appropriate by the healthcare provider per medical documentation.

23 The monthly value of the fruit/vegetable CVV will be adjusted annually for inflation as described in § 246.16(j).

24 Whole wheat or whole grain bread must be authorized. State agencies have the option to also authorize other whole grain options as described in table 4 to paragraph (e)(12) of this section and its footnotes.

25 Issuance of smaller container sizes is encouraged to reduce the likelihood of exceeding a safe weekly consumption level of methylmercury. The U.S. Food and Drug Administration (FDA) and the U.S. Environmental Protection Agency (EPA) provide joint advice regarding fish consumption to

limit methylmercury exposure for children. As noted in their 2021 joint advice, depending on body weight, some women and some children should choose fish lowest in methylmercury or eat less fish than the amounts in the 2020-2025 DGA Healthy US-Style Dietary Pattern. More information is available on the FDA and EPA websites at [FDA.gov/fishadviceandEPA.gov/fishadvice](https://www.fda.gov/fishadviceandEPA.gov/fishadvice).

26 As noted in the 2021 FDA-EPA joint advice about eating fish, for some children, depending on age and caloric needs, the amounts of fish in the 2020-2025 DGA are higher than in the FDA-EPA advice. The DGA states that to consume these higher amounts, these children should consume only fish from the “Best Choices” list that are even lower in mercury—among the WIC-eligible varieties, these include Atlantic mackerel, salmon, and sardines.

27 State agencies are required to offer both mature dry (1 pound) and canned (64 ounces) legumes. For food packages that provide both legumes and peanut butter, State agencies may issue the following combinations: 1 pound dry and 64 oz. canned legumes (and no peanut butter); 2 pounds dry or 128 oz. canned legumes (and no peanut butter); or 36 oz. peanut butter (and no legumes). State agencies have the option to authorize other nut and seed butters as a substitute for peanut butter (on a 1:1 ounce substitution ratio), as described in table 4 of paragraph (e)(12) of this section and its footnotes, as determined appropriate by the healthcare provider per medical documentation.

See Appendix A at the end of this section for an additional formula table.

XII. Issuance criteria for form of formula.

- a. Powdered formula is the standard form of formula to be issued to WIC participants. Documentation is required when issuing concentrate or ready-to-feed (RTF) forms of formula.
- b. In VISION, the CPA will assign or tailor a food package for each WIC participant. This food package will continue to be issued by VISION until a new food package is created or until a milestone is reached. If an infant or child does not reach a milestone by the first day of the month, then they will continue to receive the same benefits until the next month.
- c. Issuance criteria for concentrated formula.
  - i. Refer to Appendix A below.
  - ii. The CPA must determine that the powder form is not appropriate for the participant.
  - iii. RTF formula is the preferred choice to be issued when a sterile liquid formula is needed.
  - iv. Concentrated formula may be issued if the needed product is only available in concentrate form.
- d. Issuance criteria for RTF formula.
  - i. Refer to Appendix A below.
  - ii. The CPA must determine that the powder form is not appropriate for the participant.
  - iii. RTF formula may be issued in the following situations:
    - I. There is an unsanitary or restricted water supply.
    - II. There is poor refrigeration.
    - III. A caretaker has difficulty correctly diluting concentrated or powdered formula.
    - IV. The product is only available in RTF form.
    - V. A Food and Formula Authorization Form (FAFAF) states RTF is necessary.
- e. Issuance criteria for premature infants.
  - i. Premature infants are defined as an assignment of risk factor 142A (infants born < 37 weeks gestation).
  - ii. For premature infants < 3 months of age:
    - I. The default formula issued shall be a sterile liquid formula if produced by the manufacturer.
      - a. Sterile liquid formula is either concentrate or RTF.
    - II. If the participant's healthcare provider specifically prescribes powder, the WIC clinic may provide powder.



- III. If the supervising healthcare provider has not prescribed a sterile liquid formula and the parent or guardian requests powder, then powder may be provided.
- IV. If the supervising healthcare provider has prescribed a sterile liquid formula, then powder may not be provided when requested by the parent or guardian without documented approval from the healthcare provider.
- iii. For premature infants  $\geq 3$  months of age:
  - I. The continued use of sterile liquid formula is generally not required.
  - II. All infants previously issued sterile liquid formula should be reassessed at their appointments and issued a powdered infant formula package, if appropriate.
  - III. In cases where unsanitary water supplies exist, continue to issue RTF formula.

XIII. Issuing at infant milestones.

- a. Milestones refer to age-related adjustments in the types and amounts of foods provided to participants based on their nutritional needs and developmental readiness.
- b. Issuing at the 4-5 month milestone.
  - i. VISION will automatically update the most recently issued 0-3 month infant food package to the equivalent 4-5 month infant food package unless "Do Not Auto-Update" was manually selected or the food package has been tailored.
    - I. If "Do Not Auto-Update" is manually selected, or the food package has been tailored, the CPA must create a new food package with an effective date in the month the infant turns 4 months old.
    - II. The infant will receive the 0-3 month infant food package the month they turn 4 months unless they turn 4 months on the first day of that month.
      - a. Example: An infant turns 4 months old on March 3. They will receive the 0-3 month infant food package for the month of March because they did not turn 4 months old by or on March 1.
- c. Issuing at the 6-month milestone.
  - i. VISION will automatically update the most recently issued 4-5 month infant food package to the equivalent 6 month infant food package unless "Do Not Auto-Update" was manually selected, the food package has been tailored, or the infant is designated as Exclusively Breastfeeding or Primarily Exclusive/No Food Package in the Breastfeeding Panel.

- I. If “Do Not Auto-Update” was manually selected or the food package has been tailored, the CPA must create a new food package with an effective date in the month the infant turns 6 months old.
  - II. If the infant is designated as Exclusively Breastfeeding or Primarily Exclusive/No Food Package in the Breastfeeding Panel, you must update the Breastfeeding Panel in order to issue the correct food package at the 6-month milestone.
    - a. In the infant’s record:
      - i. Go to the Breastfeeding Panel in the Breastfeeding screen.
        1. Click “Add Row.”
        2. Change the Start Date or Age(wks) to when mom introduced baby foods to the infant.
        3. Choose “Prim Excl/Comp” from the Description drop down.
        4. Choose the appropriate options from both the Formula and Foods drop downs.
        5. Save.
      - ii. Update additional breastfeeding information.
        1. Create a nutrition interview and a care plan if it’s a certification, recertification, or midcertification appointment.
        2. Create a nutrition interview if breastfeeding information changes outside of these appointments.
      - iii. Go to the Food Package screen.
        1. Assign the 6-11 month food package.
    - b. Go to the Food Benefits screen.
      - i. Review and issue benefits.
  - III. The infant will receive the 4-5 month infant food package the month they turn 6 months unless they turn 6 months on the first day of that month.
    - a. Example: An infant turns 6 months old on March 3. They will receive the 4-5 month infant food package for the month of March because they did not turn 6 months old by or on March 1.
- XIV. Not Breastfeeding to Breastfeeding category situations.
- a. Issuing for the  $\geq$  6 month old infant if mom was in the Breastfeeding category when she was terminated.
    - i. You’ll need to reinstate the mom. You do not need to do a full recertification.

- ii. In mom's record:
    - I. Go to the Certification screen.
      - a. Click "Edit" in the Termination record.
      - b. Click "Reinstate" and select "Returned for benefits."
  - iii. In the infant's record:
    - I. Go to the Breastfeeding Panel in the Breastfeeding screen.
      - a. Remove the row that says "No Longer BF."
      - b. Click "Add Row."
      - c. Complete the panel.
    - II. Update additional breastfeeding information.
      - a. Create a nutrition interview and a care plan if it's a certification, recertification, or midcertification appointment.
      - b. Create a nutrition interview if breastfeeding information changes outside of these appointments.
    - III. Go to the Food Package screen.
      - a. Assign the 6-11 month food package.
  - iv. In mom's record:
    - I. Go to the Food Package screen.
      - a. Assign mom's food package.
  - v. Go to the Food Benefits screen.
    - I. Review and issue benefits.
- b. Issuing for the < 6-month-old infant if mom is in the Not Breastfeeding category, **or** the ≥ 6-month-old infant if mom was in the Not Breastfeeding category when she was terminated.
- i. You'll need to recertify the mom. Previously used proofs can be reused if she was terminated within the last 30 days. Anthropometric data is valid for 60 days. Hematological data is valid for 90 days.
  - ii. In the mom's record:
    - I. Go to the Application screen.
      - a. Create a new application.
    - II. Go to the Participant Category screen.
      - a. Create a new record and choose "Breastfeeding" as the Participant Category.
    - III. Complete the Nutrition Interview.
    - IV. Assign risks.
    - V. Certify.
  - iii. In the infant's record:
    - I. Go to the Breastfeeding Panel in the Breastfeeding screen.
      - a. Remove the row that has "No Longer BF" selected as the Description.
      - b. Click "Add Row."
      - c. Complete the panel.
    - II. Update additional breastfeeding information.

- a. Create a nutrition interview and a care plan if it's a certification, recertification, or midcertification appointment.
      - b. Create a nutrition interview if breastfeeding information changes outside of these appointments.
    - III. Go to the Food Package screen.
      - a. Assign the 6-11 month food package.
    - iv. In the mom's record:
      - I. Go to the Food Package screen.
        - a. Assign mom's food package.
    - v. Go to the Food Benefits screen.
      - I. Review and issue benefits.
- XV. Exclusive Breastfeeding or Part BF In-Range to Part BF Out-of-Range situations.
  - a. Part BF In-Range is used to describe a breastfed infant who receives less than the "Partially (Mostly) Breastfed (BF/FF)" MMA amount of formula from WIC (see Table 1).
  - b. Part BF Out-of-Range is used to describe a breastfed infant who receives more than the "Partially (Mostly) Breastfed (BF/FF)" MMA amount of formula from WIC (see Table 1).
  - c. Mom will stay in the Breastfeeding category in these situations as long as she is partially breastfeeding—even though she'll receive the postpartum food package.
  - d. Issuing for the < 6-month-old infant changing to a Part BF out-of-range formula amount.
    - i. In the infant's record:
      - I. Go to the Breastfeeding Panel in the Breastfeeding screen.
        - a. Click "Add Row."
        - b. Complete the panel and choose "Regularly" from the Formula drop down.
        - c. Save.
      - II. Update additional breastfeeding information.
        - a. Create a nutrition interview and a care plan if it's a certification, recertification, or midcertification appointment.
        - b. Create a nutrition interview if breastfeeding information changes outside of these appointments.
      - III. Go to the Food Package screen.
        - a. Assign a new food package.
        - b. Tailor the formula amount.
        - c. Assign food packages for future milestones as needed (4-5 month or 6-11 month).\*

\*VISION will not automatically create food packages at future milestones because the food package is tailored.

- ii. In mom's record:
    - I. Go to the Food Package screen.
      - a. Assign a new food package.\*  
\*If mom was previously issued food benefits for the current month, start her postpartum food package the following month.
  - iii. Go to the Food Benefits screen.
    - I. Review then issue benefits.
  - iv. Provide verbal notice that if mom continues to partially breastfeed out of range she'll only receive food benefits through 6 months postpartum.
  - v. Reassess breastfeeding frequency at future appointments.
    - I. If mom is still partially breastfeeding out of range and the infant is  $\geq 6$  months old, print the "Notice of Termination" and give it to mom (found in VISION in the Printouts drop down).
    - II. Issuance of the "Notice of Termination" letter must be documented in VISION. This may be entered in the comments screen, the Nutrition Education screen-Pamphlets Provided, or a copy of the notice may be scanned.
- e. Issuing for the  $\geq 6$ -month-old infant changing to a Part BF out-of-range formula amount.
- i. **When a partially-breastfed infant  $\geq 6$  months of age receives an "out-of-range" amount of formula, the mother is no longer categorically eligible for the WIC program and is not authorized to receive 15 days of food benefits.**
  - ii. In the infant's record:
    - I. Go to the Breastfeeding Panel in the Breastfeeding screen.
      - a. Click "Add Row."
      - b. Complete the panel.
      - c. Save.
    - II. Update additional breastfeeding information.
      - a. Create a nutrition interview and a care plan if it's a certification, recertification, or midcertification appointment.
      - b. Create a nutrition interview if breastfeeding information changes outside of these appointments.
    - III. Go to the Food Package screen.
      - a. Assign a new food package. Tailor the formula amount.
  - iii. In mom's record:
    - I. Go to the Certification screen.

- a. Create a new Termination record.
    - b. Choose “Part BF out of range > 6 mos.” in the Termination Reason drop down.
    - c. Choose today’s date as the Effective Date.
  - iv. Go to the Food Benefits screen.
    - I. Review benefits before you issue them.
      - a. Mom should not be issued any benefits for the current or future months. She is no longer categorically eligible for the WIC program.
      - b. **If mom was previously issued food benefits for the current or future months**, uncheck them before you issue benefits. There is no penalty if mom has already purchased some or all of her food benefits for the month already.
  - v. Print the “Notice of Termination” letter and give it to mom (found in VISION in the Printouts drop down).
    - I. The issuance of the “Notice of Termination” letter must be documented in VISION. This may be entered in the comments screen, the Nutrition Education screen- Pamphlets Provided, or a copy of the notice may be scanned.

XVI. Breastfeeding to Not Breastfeeding category situations.

- a. Issuing for the < 6-month-old infant changing to No Longer BF.
  - i. In the infant’s record:
    - I. Go to the Breastfeeding Panel in the Breastfeeding screen.
      - a. Click “Add Row”
      - b. Complete the panel and choose “No Longer BF” from the Description drop down.
        - i. A pop-up window will ask if you’re sure you want to continue with the automatic participant category update for the breastfeeding woman associated with the infant. Click “Yes.”
      - c. Save.
    - II. Update additional breastfeeding information.
      - a. Create a nutrition interview and a care plan if it’s a certification, recertification, or midcertification appointment.
      - b. Create a nutrition interview if breastfeeding information changes outside of these appointments.
    - III. Go to the Food Package screen.
      - a. Assign a new food package.
  - ii. In mom’s record:
    - I. Go to the Food Package screen.
      - a. Assign a new food package.\*

\*If mom was previously issued food benefits for the current month, change the effective date of her postpartum food package to the first day of the next month.

iii. Go to the Food Benefits screen.

I. Review then issue benefits.

b. Issuing for the  $\geq$  6-month-old infant who is changing to No Longer BF.

i. **When an infant  $\geq$  6 months of age changes to “No Longer BF,” the mom is no longer categorically eligible for the WIC program and is not authorized to receive 15 days of food benefits.**

ii. In the infant’s record:

I. Go to the Breastfeeding Panel in the Breastfeeding screen.

a. Click “Add Row”

b. Complete the panel and choose “No Longer BF” from the Description drop down.

i. A pop-up window will ask if you’re sure you want to continue with the automatic participant category update for the breastfeeding woman associated with the infant. Click “Yes.”

c. Save.

II. Update additional breastfeeding information.

a. Create a nutrition interview and a care plan if it’s a certification, recertification, or midcertification appointment.

b. Create a nutrition interview if breastfeeding information changes outside of these appointments.

III. Go to the Food Package screen.

a. Assign a new food package.

iii. In mom’s record:

I. VISION automatically terminates mom 15 days from today’s date. To correct this, go to the Certification screen and manually edit the termination date to today’s date.

II. Do not assign a new food package.

iv. Go to the Food Benefits screen.

I. Review benefits before you issue them.

a. Mom should not be issued any benefits for the current or future months. She is no longer categorically eligible for the WIC program.

b. **If mom was previously issued food benefits for the current or future months**, uncheck them before you issue benefits. There is no penalty if mom has already purchased some or all of her food benefits for the month already.

v. Print the “Notice of Termination” letter and give it to mom (found in VISION in the Printouts drop down).

- I. The issuance of the “Notice of Termination” letter must be documented in VISION. This may be entered in the comments screen, the Nutrition Education screen- Pamphlets Provided, or a copy of the notice may be scanned.

XVII. Pregnant to Breastfeeding or Not Breastfeeding/Postpartum category.

- a. Go to the Certification screen.
  - i. Create a new Termination record.
  - ii. Choose the appropriate Termination Reason.
  - iii. Choose today’s date as the Effective Date.
- b. Go to the Application screen.
  - i. Create a new application.
- c. Go to the Participant Category screen.
  - i. Create a new record
  - ii. Choose the appropriate Participant Category.
- d. Complete the rest of the certification.
- e. Go to the Food Package screen.
  - i. Assign a new food package
- f. Go to the Food Benefits screen.
  - i. Review then issue benefits.

XVIII. Breastfeeding or Not Breastfeeding to Pregnant Category.

- a. Go to the Certification screen.
  - i. Create a new Termination record.
  - ii. Choose the appropriate Termination Reason.
  - iii. Choose today’s date as the Effective Date.
- b. Go to the Application screen.
  - i. Create a new application.
- c. Go to the Participant Category screen.
  - i. Create a new record.
  - ii. Choose “Pregnant” as the Participant Category.
- d. Complete the rest of the certification.
- e. Go to the Food Package screen.
  - i. Assign a new food package
- f. Go to the Food Benefits screen.
  - i. Review then issue benefits.

XIX. Issuing a food package when an infant is hospitalized.

- a. Hospitalized infant(s) are not required to be certified at the same time as their mother. However, the infant(s) must be created as a participant in VISION and linked to the mom in the Pregnancy screen in order for the correct food package to populate for the mom.



- b. The Breastfeeding Panel in the Breastfeeding screen must be completed.
- c. The infant(s) can be left in “Pending” status. The correct food package will still be issued to mom **for the current month only** as long as steps a. and b. are followed.
  - i. Benefits for future months won’t be issued correctly to mom when the infant(s) are still in “Pending” status. You will only be able to correctly issue 1 month of benefits at a time (the current month). Issue food benefits on the first day of each month to correctly provide mom’s food benefits until the baby (or babies) are certified.
  - ii. The only exception to this is when there is another active infant participant (< 12 months old) linked to the mother in the Pregnancy screen. The hospitalized newborn infant must be certified for the correct food package to populate for the mom.
- d. Hospitalized infants who don’t need formula or need an in-range amount of formula can be certified using referral data but cannot receive a food package.
  - i. Assign the correct food package but do not issue benefits.
- e. Hospitalized infants who need an out-of-range amount or full formula cannot be certified or receive a food package.
- f. In cases of hospitalized twins:
  - i. If one twin can be certified and not the other (left in pending), the mom will receive the Full BF food package.
    - I. To make sure the correct food package is issued, do not create a Nutrition Interview for the twin left in “Pending” status.
- g. Encourage the mom to contact her local WIC clinic if or when nutrition needs change.

XX. Food package for mothers breastfeeding multiples.

- a. The food rules for women breastfeeding multiple infants are:

Number of infants and breastfeeding status	Food package issued
Excl BF twins, no infant formula	1.5 Full BF package (VII)
1 Excl BF infant and 1 Part BF infant (in range)	Full BF package (VII)
1 Excl BF infant and 1 Part BF infant (out of range)	Full BF package (VII)
1 Part BF infant (in range) and 1 Part BF infant (out of range)	Part BF package (V)

2 Part BF infants (in range)	Full BF package (VII)
2 Part BF infant (in range), 1 Part BF infant (out of range)	Full BF package (VII)
2 Part BF infants (out of range)	Postpartum package (VI)

- b. If a woman is exclusively breastfeeding an infant or partially (mostly) breastfeeding multiples and becomes pregnant, recertify her in the Pregnant category.
  - i. She receives the 1.5 times full breastfeeding food package (VII).  
Contact the state office to issue food benefits on a monthly basis.
- c. A pregnant woman who is exclusively or partially (mostly) breastfeeding a singleton infant receives the full breastfeeding food package (VII).

XXI. Religious eating pattern exception.

- a. Local agencies may issue a non-contract formula that meets the definition of a category 21 infant formula without a FAFAP in order to meet religious eating patterns.
- b. If the non-contract infant formula is a category 31 exempt infant formula or category 41 WIC-eligible nutritional, a FAFAP must be provided.
- c. Documentation of the reason for the basis of the substitution must be made in the participant's record.

XXII. Exceptions for use of low iron formula.

- a. Use of low iron formulas is not a prescribed method of treatment for most infants or conditions.
- b. It is not authorized for diagnosis of vomiting, constipation, and diarrhea of the healthy infant.
- c. USDA recognizes that a small number of infants have medical conditions which necessitate restricting iron intake. These rare conditions include:
  - i. Hemolytic anemia.
    - I. Hemolytic anemia is associated with shortened red blood cell survival. Hemolytic anemia of the premature infant is usually resolved by the time the infant is discharged from the hospital. Use of low iron formulas is not a prescribed method of treatment for most infants or conditions. Classifications of hemolytic anemia include:
      - a. Congenital hemolytic anemia.

- b. Membrane defects - spherocytosis, stomatocytosis, pyropoikilocytosis, elliptocytosis.
- c. Hemoglobinopathies - sickle cell anemia, sickle syndromes, thalassemias, unstable hemoglobins.
- d. Enzyme defects.
- e. Acquired hemolytic anemias:
  - i. Autoimmune process.
  - ii. Infections.
  - iii. Toxins and drugs.
  - iv. Thermal injury.
  - v. Disseminated intravascular coagulation.
  - vi. Hemolytic anemia syndrome.
  - vii. Transfusion reactions.

### XXIII. Model Food Packages.

- a. Model Food Packages (MFPs) are a set of foods specific to each participant category. The maximum amount of foods are provided in each MFP.
- b. MFPs are designed by the state WIC office and have the most commonly issued food substitutions.
- c. To request a new MFP, it must be presented to the Utah Association of WIC Administrators (UAWA) for consensus and then submitted to the state RDs for consideration.
  - i. A new food package may be requested only if it is being used at a high frequency statewide.
  - ii. The final decision will be made by the state office.

**Appendix A:**

<b>Amount of formula provided by WIC*</b>			
	<b>0-3 months</b>	<b>4-5 months</b>	<b>6-11 months</b>
<b>Exclusively Breastfeeding</b>	None	None	None
<b>Partially (Mostly) BF In-Range</b>	<ul style="list-style-type: none"> <li>• 435 fl oz reconstituted powder (~4 cans), or</li> <li>• 384 fl oz RTF, or</li> <li>• 388 fl oz reconstituted liquid concentrate</li> </ul>	<ul style="list-style-type: none"> <li>• 522 fl oz reconstituted powder (~5 cans), or</li> <li>• 474 fl oz RTF, or</li> <li>• 460 fl oz reconstituted liquid concentrate</li> </ul>	<ul style="list-style-type: none"> <li>• 384 fl oz reconstituted powder (~ 4 cans), or</li> <li>• 338 fl oz RTF, or</li> <li>• 315 fl oz liquid concentrate</li> </ul>
<b>Partially BF Out-of-Range</b>	Any amounts exceeding the maximums listed above for in-range and less than or equal to the maximums listed below for full formula.		
<b>Full Formula (No longer breastfeeding or never breastfed)</b>	<ul style="list-style-type: none"> <li>• 870 fl oz reconstituted powder (~9 cans), or</li> <li>• 832 fl oz RFT, or</li> <li>• 823 fl oz reconstituted liquid concentrate</li> </ul>	<ul style="list-style-type: none"> <li>• 960 fl oz reconstituted powder (~10 cans), or</li> <li>• 913 fl oz RTF, or</li> <li>• 896 fl oz reconstituted liquid concentrate</li> </ul>	<ul style="list-style-type: none"> <li>• 696 fl oz reconstituted powder (~ 7 cans), or</li> <li>• 643 fl oz RTF, or</li> <li>• 630 fl oz reconstituted liquid concentrate</li> </ul>

\*Powder is the recommended form.