

Breastfeeding Food Packages

A guidance document for the breastfeeding dyad package and category assignment, including unique breastfeeding scenarios



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Food Package Policy Information

- For breastfeeding dyads, the CPA must evaluate breastfeeding status at each visit and assign or change the food package as appropriate.
- Michigan's food package assignment policy information can be found [here](#).

Pregnant (PG)

Food Package Guidance



PG Client

Normal food package= PG/ BP Max

Formula Name:

Show all eligible food packages Selected food packages only Show NPP Packages

Description
PG/BP MAX (LOWFAT MILK) 2020
PG/BP MAX (LOWFAT MILK/YOGURT) 2020
PG/BP MAX (LOWFAT MILK/NO CHEESE) 2020
PG/BP MAX (LOWFAT MILK/NO CHEESE/YOGURT) 2020
PG/BP MAX (LOWFAT MILK IN QUARTS) 2020
PG/BP MAX (LOWFAT MILK IN QUARTS/YOGURT) 2020
PG/BP MAX (LOWFAT MILK/INFANT CEREAL) 2020
PG/BP MAX (LOWFAT MILK/INFANT FOODS)
PG/BP MAX (LOWFAT MILK/INFANT CEREAL/YOGURT) 2020
PG/BP MAX (LOWFAT MILK/INFANT FOODS/YOGURT)
PG/BP MAX (LACTOSE FREE MILK) 2020
PG/BP MAX (LACTOSE FREE LOWFAT MILK/YOGURT) 2020

Table E Maximum Monthly Food Package for Pregnant and Partially Breastfeeding Women

	Pregnant Women and Partially Breastfeeding Women Up to 1 Year
Juice	144 fl oz
Milk or Milk and Yogurt	19 qt* or 18 qt and 1 qt (32 oz)
Cheese	1 lb
Breakfast cereal	36 oz
Eggs	1 dozen
Fruits and vegetables	\$11.00 cash value
Whole grains	1 lb
Legumes and Peanut butter	2 of the following: 1 lb (16 oz) dry or 64 oz canned or 16-18 oz

*To remove a single quart, the maximum is 20 qts in odd months and 18 qts in even months.

Pregnant (PG)

Category and Package Assignment *Scenarios*

PG Client

Breastfeeding child *under age 1*

- Assigns risk 338.01 (pregnant woman currently breastfeeding)
- Assign BE Max food package. (The BE food package is independent of the infant's food category. – even if the infant is IFF.)
 - The BE food package should be discontinued when the infant turns one year old. **This is not auto-assigned. Verify child's birthday and manually change food package.**

Prenatal - PG:

Hx 1. Have you ever breastfed or pumped breast milk to feed any of your children?*: Yes No

Hx 2. Are you currently breastfeeding or pumping breast milk?*: Yes No

Hx a. Is the baby less than one year old?*: Yes No Infant Id:

Hx b. Are you breastfeeding or pumping milk for more than one child?*: Yes No

PG client is eligible to receive BE Packages as a child under age one is being breastfed.

Formula Name: Search

Show all eligible food packages Selected food packages only Show IFF Packages

Description
BE MAX (1# CHEESE) 2020
BE MAX (2# CHEESE/YOGURT) 2020
BE MAX 2020
BE MAX (YOGURT) 2020
BE MAX (MILK IN QUARTS) 2020
BE MAX (MILK IN QUARTS/YOGURT) 2020
BE MAX (INFANT FOODS)
BE MAX (INFANT CEREAL) 2020
PG/BP MAX (LOWFAT MILK/INFANT FOODS)
BE MAX (INFANT FOODS/YOGURT)
BE MAX (INFANT CEREAL/YOGURT) 2020
PG/BP MAX (LOWFAT MILK/INFANT FOODS/YOGURT)

Display OK Cancel

PG Client

Parent is breastfeeding a child *under* age 1, but child needs more formula than IBP package can provide

Mom

Category: PG

Package: BE Max

Infant

Category: IFF

Package: IFF (tailor to needs)

Guidance/ Rationale:

- Parent remains eligible for the BE max package (see previous slide) when parent is providing any amount of breast milk while pregnant.
- The fact that the parent is pregnant *and* breastfeeding allows us to unlink the parent and infant's food packages and categories.
- Under the infant's breastfeeding information, mark "Yes" to the question "Is this child currently breastfed or fed breast milk?"

PG Client

Exclusively breastfeeding twins *under* age 1

- Parent receives 1.5 times the BE Max food package.

Prenatal - PG:

1. Have you ever breastfed or pumped breast milk to feed any of your children?*: Yes No

2. Are you currently breastfeeding or pumping breast milk?*: Yes No

a. Is the baby less than one year old?*: Yes No Infant Id:

b. Are you breastfeeding or pumping milk for more than one child?*: Yes No

From same pregnancy (multiples)?
 From different pregnancies?

PG client is eligible to receive 1.5 times the BE food package as more than one child from the same pregnancy is breastfeeding

Formula Name:

Search

Show all eligible food packages Selected food packages only Show NPP Packages

Description
BE Max
BE MAX 2020
BE MAX (1# CHEESE) 2020
BE MAX OZ 2020
BE MAX (1# CHEESE) 2020
OLD BE MAX (2% REDUCED FAT MILK) 2020
BE MAX (2# CHEESE/YOGURT) OZ 2020
BE MAX (MILK IN HALF GALLONS) OZ 2020
BE MAX (2# CHEESE/YOGURT) 2020
BE MAX 2020
BE MAX (YOGURT) OZ 2020

49 matching records

← Prev 1 2 3 4 5 Next →



Display

Ok

Cancel

PG Client

Partially breastfeeding twins *under* age 1

- Parent receives the BE Max food package.

Prenatal - PG:

1. Have you ever breastfed or pumped breast milk to feed any of your children?*: Yes No

2. Are you currently breastfeeding or pumping breast milk?*: Yes No

a. Is the baby less than one year old?*: Yes No Infant Id:

b. Are you breastfeeding or pumping milk for more than one child?*: Yes No

From same pregnancy (multiples)? From different pregnancies?

PG client is eligible to receive 1.5 times the BE food package as more than one child from the same pregnancy is breastfeeding

Formula Name:

Show all eligible food packages Selected food packages only Show NPP Packages

Description
BE Max
BE MAX 2020
BE MAX (1# CHEESE) 2020
BE MAX OZ 2020
BE MAX (1# CHEESE) 2020
OLD BE MAX (2% REDUCED FAT MILK) 2020
BE MAX (2# CHEESE/YOGURT) OZ 2020
BE MAX (MILK IN HALF GALLONS) OZ 2020
BE MAX (2# CHEESE/YOGURT) 2020
BE MAX 2020
BE MAX (YOGURT) OZ 2020

49 matching records

PG Client

Breastfeeding child(ren) *over* age 1

- Risk code 338.01 (pregnant woman currently breastfeeding) will *not* be assigned
- Assign PG/ BP Max package. Breastfeeding status does not affect package for infants over age 1.

Prenatal - PG:

Hx 1. Have you ever breastfed or pumped breast milk to feed any of your children?*: Yes No

Hx 2. Are you currently breastfeeding or pumping breast milk?*: Yes No

Hx a. Is the baby less than one year old?*: Yes No Infant Id:

Hx b. Are you breastfeeding or pumping milk for more than one child?*: Yes No

Formula Name: Search

Show all eligible food packages Selected food packages only Show IAPP Packages

Description
PG/BP MAX (LOWFAT MILK) 2020
PG/BP MAX (LOWFAT MILK/YOGURT) 2020
PG/BP MAX (LOWFAT MILK/NO CHEESE) 2020
PG/BP MAX (LOWFAT MILK/NO CHEESE/YOGURT) 2020
PG/BP MAX (LOWFAT MILK IN QUARTS) 2020
PG/BP MAX (LOWFAT MILK IN QUARTS/YOGURT) 2020
PG/BP MAX (LOWFAT MILK/INFANT CEREAL) 2020
PG/BP MAX (LOWFAT MILK/INFANT FOODS)
PG/BP MAX (LOWFAT MILK/INFANT CEREAL/YOGURT) 2020
PG/BP MAX (LOWFAT MILK/INFANT FOODS/YOGURT)
PG/BP MAX (LACTOSE FREE MILK) 2020
PG/BP MAX (LACTOSE FREE LOWFAT MILK/YOGURT) 2020

Display OK Cancel

Non-Lactating Postpartum (NPP)

Food Package Guidance



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NPP Client

Normal food package= NPP Max

Formula Name:

Show all eligible food packages Selected food packages only Show NPP Packages

Description
NPP MAX (LOWFAT MILK) 2020
NPP MAX (LOWFAT MILK/YOGURT) 2020
NPP MAX (LOWFAT MILK/NO CHEESE) 2020
NPP MAX (LOWFAT MILK/NO CHEESE/YOGURT) 2020
NPP MAX (LOWFAT MILK IN QUARTS) 2020
NPP MAX (LOWFAT MILK IN QUARTS/YOGURT) 2020
NPP MAX (LOWFAT MILK/INFANT CEREAL) 2020
PG/BP MAX (LOWFAT MILK/INFANT FOODS)
NPP MAX (LOWFAT MILK/INFANT FOODS)
NPP MAX (LOWFAT MILK/INFANT CEREAL/YOGURT) 2020
NPP MAX (LOWFAT MILK/INFANT FOODS/YOGURT)
PG/BP MAX (LOWFAT MILK/INFANT FOODS/YOGURT)

Table F Maximum Monthly Food Package for Postpartum Women

	Non-Lactating Postpartum Women and Breastfeeding Women of Infants Receiving more than the Maximum amount of Formula for Partially Breastfed Infants (Up to 6 Months)
Juice	96 fl oz
Milk or Milk and Yogurt	13 qt* or 12 qt and 1 qt (32 oz)
Cheese	1 lb
Breakfast cereal	36 oz
Eggs	1 dozen
Fruits and vegetables	\$11.00 cash value
Legumes and Peanut butter	1 of the following: 1 lb (16 oz) dry or 64 oz canned or 16-18 oz

*To remove a single quart, the maximum is 14 qts in odd months and 12 qts in even months.

Table C1 Maximum Monthly Food Package for Fully Formula Fed Infants

	Fully Formula Fed Infants		
	0-3 months	4-5 months	6-11 months
WIC formula	823 fl oz reconstituted liquid concentrate or 832 fl oz RTF or 870 fl oz reconstituted powder	896 fl oz reconstituted liquid concentrate or 913 fl oz RTF or 960 fl oz reconstituted powder	630 fl oz reconstituted liquid concentrate or 643 fl oz RTF or 696 fl oz reconstituted powder
Infant cereal	0		24 oz
Infant fruits and vegetables	0		128 oz

Table C2 Maximum Monthly Food Package for Fully Formula Fed Infants with CVB Option

	Fully Formula Fed Infants			
	0-3 months	4-5 months	6-8 months	9-11 months
WIC formula	823 fl oz reconstituted liquid concentrate or 832 fl oz RTF or 870 fl oz reconstituted powder	896 fl oz reconstituted liquid concentrate or 913 fl oz RTF or 960 fl oz reconstituted powder	630 fl oz reconstituted liquid concentrate or 643 fl oz RTF or 696 fl oz reconstituted powder	
Infant cereal	0		24 oz	24 oz
Infant fruits and vegetables and Fresh fruits and vegetables	0		128 oz	64 oz and \$4.00 cash value

**Michigan WIC
Formula Maximums - IFF
Effective July 1, 2023**

CONTRACT FORMULAS (Require Medical Documentation only for a child ≥ 12 months)																		
Formula	Size	Form	Man. Recon. Volume (ounces)	Maximum Quantity per Month													WIC Eligible Category	
				0 mo IFF	1 mo IFF	2 mo IFF	3 mo IFF	4 mo IFF	5 mo IFF	6 mo IFF	7 mo IFF	8 mo IFF	9 mo IFF	10 mo IFF	11 mo IFF	≥ 1 yr		
Standard Infant Formulas	Similac Advance	12.4 oz can	Powd	90	9	9	9	9	10	10	7	7	7	7	7	7	10	I, C1-C4
		32 fl oz bottle	RTF	32	26	26	26	26	28	28	20	20	20	20	20	20	28	I, C1-C4
	Similac Sensitive	13 fl oz can	Conc	26	31	31	31	31	34	34	24	24	24	24	24	24	35	I, C1-C4
		12.5 oz can	Powd	90	9	9	9	9	10	10	7	7	7	7	7	7	10	I, C1-C4
	Similac Soy Isomil	32 fl oz bottle	RTF	32	26	26	26	26	28	28	20	20	20	20	20	20	28	I, C1-C4
		12.4 oz can	Powd	90	9	9	9	9	10	10	7	7	7	7	7	7	26	I, C1-C4
	Similac Total Comfort	32 fl oz bottle	RTF	32	26	26	26	26	28	28	20	20	20	20	20	20	28	I, C1-C4
		13 fl oz can	Conc	26	31	31	31	31	34	34	24	24	24	24	24	24	35	I, C1-C4
	SPECIAL FORMULAS (Require Medical Documentation)																	
Alfamino Infant	14.1 oz can	Powd	94	9	9	9	9	10	10	7	7	7	7	7	7	9	I, C1	
Alfamino Junior	14.1 oz can	Powd	62	-	-	-	-	-	-	-	-	-	-	-	-	14	C1-C4	
Boost	8 fl oz bottle	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	W	
Boost Breeze	8 fl oz drink box	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	W, C1-C4	
Boost Glucose Control	8 fl oz bottle	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	W	
Boost High Protein	8 fl oz bottle	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	W, C1-C4	
Boost Kid Essentials 1.0	8 fl oz drink box	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	C1-C4	
Boost Kid Essentials 1.5 CAL	8 fl oz drink box	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	C1-C4	
Boost Kid Ess. 1.5 CAL w/ Fiber	8 fl oz drink box	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	C1-C4	
Boost Plus	8 fl oz bottle	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	W	
Compleat Ped. Organic Blends	10.1 fl oz pouch	RTF	10.1	-	-	-	-	-	-	-	-	-	-	-	-	90	C1-C4	
Compleat Pediatric	250 ml tetra prisma	RTF	8.45	-	-	-	-	-	-	-	-	-	-	-	-	107	C1-C4	
Compleat Pediatric Reduced Cal	250 ml tetra prisma	RTF	8.45	-	-	-	-	-	-	-	-	-	-	-	-	107	C1-C4	
Compleat Pediatric Standard 1.0	250 ml tetra prisma	RTF	8.45	-	-	-	-	-	-	-	-	-	-	-	-	107	C1-C4	
Elecare Infant	14.1 oz can	Powd	95	9	9	9	9	10	10	7	7	7	7	7	7	9	I, C1	
Elecare Jr.	14.1 oz can	Powd	64	-	-	-	-	-	-	-	-	-	-	-	-	14	C1-C4	
Enfamil AR	12.9 oz can	Powd	91	9	9	9	9	10	10	7	7	7	7	7	7	10	I, C1-C4	
Enfamil Neuropro Enfacare	13.6 oz can	Powd	82	10	10	10	10	11	11	8	8	8	8	8	8	11	I, C1	
Enfamil Premature 24 CAL	2 fl oz bottle	RTF	2	403	403	403	403	442	442	-	-	-	-	-	-	-	I	
Enfaport	6 fl oz bottle	RTF	6	135	135	135	135	148	148	104	104	104	104	104	104	151	I, C1	
Ensure	8 fl oz bottle	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	W	
Ensure Plus	8 fl oz bottle	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	W	
Extensive HA	14.1 oz can	Powd	96	9	9	9	9	10	10	7	7	7	7	7	7	9	I, C1-C4	
Fortini	4 fl oz carton	RTF	4	202	202	202	202	221	221	156	156	156	156	156	156	227	I, C1 (18 mo)	

Formula	Size	Form	Man. Recon. Volume (ounces)	Maximum Quantity per Month													WIC Eligible Category
				0 mo IFF	1 mo IFF	2 mo IFF	3 mo IFF	4 mo IFF	5 mo IFF	6 mo IFF	7 mo IFF	8 mo IFF	9 mo IFF	10 mo IFF	11 mo IFF	≥ 1 yr	
Hypoallergenic Store Brand	12.6 oz can	Powd	89	10	9	9	9	10	10	8	7	7	7	7	7	10	I, C1-C4
Kate Farms Pediatric Peptide 1.0	250 ml tetra prisma	RTF	8.45	-	-	-	-	-	-	-	-	-	-	-	-	107	C1-C4
Kate Farms Pediatric Peptide 1.5	250 ml tetra prisma	RTF	8.45	-	-	-	-	-	-	-	-	-	-	-	-	107	C1-C4
Kate Farms Pediatric Standard 1.2	250 ml tetra prisma	RTF	8.45	-	-	-	-	-	-	-	-	-	-	-	-	107	C1-C4
Kate Farms Standard 1.0	325 ml tetra prisma	RTF	11	-	-	-	-	-	-	-	-	-	-	-	-	82	W, C1-C4
Neocate Infant	400 g (14.1 oz) can	Powd	97	9	9	8	8	10	9	7	7	7	7	7	7	9	I, C1
Neocate Syneo Infant	400 g (14.1 oz) can	Powd	95	9	9	9	9	10	10	7	7	7	7	7	7	9	I, C1
Neocate Junior (w/ or w/out Prebiotics)	400 g (14.1 oz) can	Powd	64	-	-	-	-	-	-	-	-	-	-	-	-	14	C1-C4
Neocate Splash	8 fl oz tetra prisma	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	C1-C4
Nutramigen	13 fl oz can	Conc	26	31	31	31	31	34	34	24	24	24	24	24	24	35	I, C1-C4
	32 fl oz bottle	RTF	32	26	26	26	26	28	28	20	20	20	20	20	20	28	I, C1-C4
Nutramigen with Probiotic LGG	12.6 oz can	Powd	87	10	10	10	10	11	11	8	8	8	8	8	8	10	I, C1-C4
Nutren Junior	250 ml tetra prisma	RTF	8.45	-	-	-	-	-	-	-	-	-	-	-	-	107	C1-C4
Nutren Junior Fiber	250 ml tetra prisma	RTF	8.45	-	-	-	-	-	-	-	-	-	-	-	-	107	C1-C4
Pediasure (Retail)	8 fl oz bottle	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	C1-C4
Pediasure with Fiber (Retail)	7.4 fl oz bottle	RTF	7.4	-	-	-	-	-	-	-	-	-	-	-	-	122	C1-C4
Pediasure 1.5	8 fl oz can	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	C1-C4
Pediasure 1.5 with Fiber	8 fl oz can	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	C1-C4
Pediasure Peptide 1.0	8 fl oz bottle	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	C1-C4
Pediasure Peptide 1.5	8 fl oz bottle	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	C1-C4
Peptamen Junior	250 ml tetra prisma	RTF	8.45	-	-	-	-	-	-	-	-	-	-	-	-	107	C1-C4
Peptamen Junior Fiber	250 ml tetra prisma	RTF	8.45	-	-	-	-	-	-	-	-	-	-	-	-	107	C1-C4
Peptamen Junior 1.5	250 ml tetra prisma	RTF	8.45	-	-	-	-	-	-	-	-	-	-	-	-	107	C1-C4
Pregestimil	16 oz (1 lb) can	Powd	112	8	7	7	7	8	8	6	6	6	6	6	6	8	I, C1-C4
	2 fl oz bottle	RTF	2	408	408	408	408	444	444	312	312	312	312	312	312	455	I, C1-C4
Puramino	14.1 oz can	Powd	99	9	8	8	8	9	9	7	7	7	7	7	7	9	I, C1
Puramino Jr	14.1 oz can	Powd	66	-	-	-	-	-	-	-	-	-	-	-	-	13	C1-C4
Similac Alimentum	12.1 oz can	Powd	87	10	10	10	10	11	11	8	8	8	8	8	8	10	I, C1-C4
	32 fl oz bottle	RTF	32	26	26	26	26	28	28	20	20	20	20	20	20	28	I, C1-C4
Similac Neosure	13.1 oz can	Powd	87	10	10	10	10	11	11	8	8	8	8	8	8	10	I, C1
	32 fl oz bottle	RTF	32	26	26	26	26	28	28	20	20	20	20	20	20	28	I, C1
Similac PM 60/40	14.1 oz (400 g) can	Powd	102	8	8	8	8	9	9	7	6	6	6	6	6	8	I, C1
Similac Special Care 24	2 fl oz bottle	RTF	2	403	403	403	403	442	442	-	-	-	-	-	-	-	I

Non-Lactating Postpartum (NPP)

Category and Package Assignment *Scenarios*

NPP Client

Parent stops breastfeeding *prior to 6 months*

Mom

Category: NPP

Package: NPP Max

Infant

Category: IFF

Package: IFF

Guidance/ Rationale:

- Parent's eligibility will not be affected prior to 6 months.
- Ensure food benefits are not over-issued
 1. Prorate new food packages
 2. Void and re-issue benefits for future months

NPP Client

Parent stops breastfeeding *after* 6 months

Mom

Terminate

Infant

Category: IFF

Package: IFF

Rationale

Once notified, LA must remove the parent from the program as they are no longer eligible to participate after the infant turns 6 months old if NPP.

NPP Client

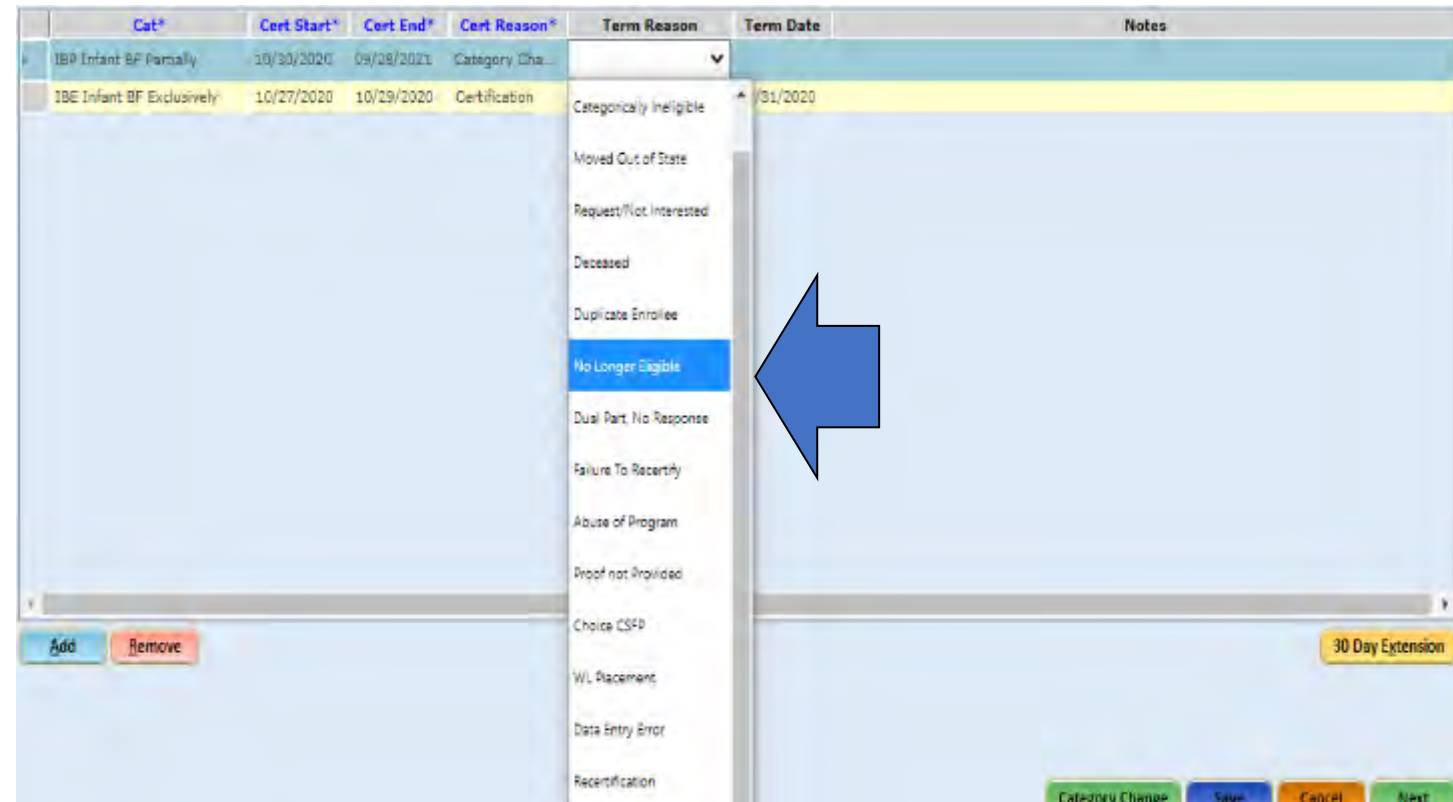
How to term a parent who is no longer breastfeeding

1. Void benefits
 - Per Policy 2.20 [Notification of Ineligibility, Mid-Certification Termination and Expiration of Certification](#), benefits shall be issued if the benefit start date precedes the termination/ certification end date.
2. Terminate NPP client in Cert Action screen
3. Print Termination & Right to Fair Hearing Notice for parent
4. Change infant category from IBE/IBP to IFF
5. Update Breastfeeding Statistics in infant's record
6. Select new IFF food package
7. Re-issue benefits for infant

NPP Client

How to term a parent who is no longer breastfeeding

1. Select term reason
“No Longer Eligible”
2. System will calculate
termination date
3. Add term reason
note: (ex: no longer
breastfeeding)



The screenshot displays a software interface for managing parent information. A table lists parent records with columns for 'Cat*', 'Cert Start*', 'Cert End*', 'Cert Reason*', 'Term Reason', 'Term Date', and 'Notes'. The second row is highlighted in yellow and shows 'IBE Infant BF Exclusively' with a 'Certification' reason and a 'Term Date' of 10/29/2020. A dropdown menu is open over the 'Term Reason' column, listing various reasons such as 'Categorically Ineligible', 'Moved Out of State', and 'No Longer Eligible'. The 'No Longer Eligible' option is highlighted in blue, and a large blue arrow points to it from the right. At the bottom of the interface, there are buttons for 'Add', 'Remove', 'Category Change', 'Save', 'Cancel', 'Next', and a '30 Day Extension' button.

Cat*	Cert Start*	Cert End*	Cert Reason*	Term Reason	Term Date	Notes
IBP Infant BF Partially	10/30/2020	09/28/2021	Category Cha...			
IBE Infant BF Exclusively	10/27/2020	10/29/2020	Certification	Categorically Ineligible	10/31/2020	

NPP Client

How to term a parent who is no longer breastfeeding

- Once termed, any breastfeeding-related notes should be documented in the Breastfeeding Tab under the red notepad in Mom's chart (for example: pump follow up, peer contacts, awards, etc.)

The screenshot displays the NPP Client software interface. At the top, there are four tabs: "Alert*", "Family*", "Client*", and "Breastfeeding*". The "Breastfeeding*" tab is highlighted with a red rectangular border. Below the tabs is a large, empty text area for notes. At the bottom of the interface, there are several buttons: "Add" (light blue), "Remove" (pink), "Save" (blue), "Cancel" (orange), and "Close" (green).

Date	Staff ID	Breastfeeding Note
------	----------	--------------------

NPP Client

Parent resumes breastfeeding after the 6-month termination date

- When would this scenario be applicable?
 - Infant is between 6 to 11 months of age
 - Parent switched to NPP and was terminated after infant turned 6 months (term date will be in the past)
 - Parent may be working toward re-lactation due to personal preference, goals to provide breast milk for its additional benefits, infant is showing signs of formula or food intolerance/ allergies, etc.
 - After the infant evaluation or Breastfeeding Peer follow-up, a termed NPP parent indicates infant is still receiving breast milk.

NPP Client

Parent resumes breastfeeding after the 6-month termination date

1. Recertify parent
2. Assign breastfeeding category (BE/BP)
3. Change infant category to breastfeeding (IBE/IBP)
4. Update Breastfeeding Statistics in infant's record
5. Assign packages
 - Refer to [Ghost Package](#) guidance if infant needs a full formula package
6. Re-issue benefits

Breastfeeding Partial (BP)

Food Package Guidance



BP Client

Normal food package= PG/ BP Max

Formula Name:

Show all eligible food packages Selected food packages only Show NPP Packages

Description
PG/BP MAX (LOWFAT MILK) 2020
PG/BP MAX (LOWFAT MILK/YOGURT) 2020
PG/BP MAX (LOWFAT MILK/NO CHEESE) 2020
PG/BP MAX (LOWFAT MILK/NO CHEESE/YOGURT) 2020
PG/BP MAX (LOWFAT MILK IN QUARTS) 2020
PG/BP MAX (LOWFAT MILK IN QUARTS/YOGURT) 2020
PG/BP MAX (LOWFAT MILK/INFANT CEREAL) 2020
PG/BP MAX (LOWFAT MILK/INFANT FOODS)
PG/BP MAX (LOWFAT MILK/INFANT CEREAL/YOGURT) 2020
PG/BP MAX (LOWFAT MILK/INFANT FOODS/YOGURT)
PG/BP MAX (LACTOSE FREE MILK) 2020
PG/BP MAX (LACTOSE FREE LOWFAT MILK/YOGURT) 2020

Table E Maximum Monthly Food Package for Pregnant and Partially Breastfeeding Women

	Pregnant Women and Partially Breastfeeding Women Up to 1 Year
Juice	144 fl oz
Milk or Milk and Yogurt	19 qt* or 18 qt and 1 qt (32 oz)
Cheese	1 lb
Breakfast cereal	36 oz
Eggs	1 dozen
Fruits and vegetables	\$11.00 cash value
Whole grains	1 lb
Legumes and Peanut butter	2 of the following: 1 lb (16 oz) dry or 64 oz canned or 16-18 oz

*To remove a single quart, the maximum is 20 qts in odd months and 18 qts in even months.

Table B1 Maximum Monthly Food Package for Partially Breastfed Infants

	Partially Breastfed Infants			
	Birth up to 1 month	1-3 months	4-5 months	6-11 months
WIC formula	Closest to 104 fl oz reconstituted powder	388 fl oz reconstituted liquid concentrate or 384 fl oz RTF or 435 fl oz reconstituted powder	460 fl oz reconstituted liquid concentrate or 474 fl oz RTF or 522 fl oz reconstituted powder	315 fl oz reconstituted liquid concentrate or 338 fl oz RTF or 384 fl oz reconstituted powder
Infant cereal	0			24 oz
Infant fruits and vegetables	0			128 oz

Table B2 Maximum Monthly Food Package for Partially Breastfed Infants with CVB Option

	Partially Breastfed Infants				
	Birth up to 1 month	1-3 months	4-5 months	6-8 months	9-11 months
WIC formula	Closest to 104 fl oz reconstituted powder	388 fl oz reconstituted liquid concentrate or 384 fl oz RTF or 435 fl oz reconstituted powder	460 fl oz reconstituted liquid concentrate or 474 fl oz RTF or 522 fl oz reconstituted powder	315 fl oz reconstituted liquid concentrate or 338 fl oz RTF or 384 fl oz reconstituted powder	
Infant cereal	0			24 oz	24 oz
Infant fruits and vegetables and Fresh fruits and vegetables	0			128 oz	64 oz and \$4.00 cash value

Michigan WIC
Formula Maximums - IBP
Effective July 1, 2023

CONTRACT FORMULAS (Require Medical Documentation only for a child ≥ 12 months)																	
Formula	Size	Form	Man. Recon. Volume (ounces)	Maximum Quantity per Month													WIC Eligible Category
				0 mo IBP	1 mo IBP	2 mo IBP	3 mo IBP	4 mo IBP	5 mo IBP	6 mo IBP	7 mo IBP	8 mo IBP	9 mo IBP	10 mo IBP	11 mo IBP	≥ 1 yr	
Standard Infant Formulas	Similac Advance	12.4 oz can	Powd	90	1	5	4	4	5	5	4	4	4	4	4	10	I, C1-C4
		32 fl oz bottle	RTF	32	-	12	12	12	14	14	10	10	10	10	10	28	I, C1-C4
		13 fl oz can	Conc	26	-	14	14	14	17	17	12	12	12	12	12	35	I, C1-C4
	Similac Sensitive	12.5 oz can	Powd	90	1	5	4	4	5	5	4	4	4	4	4	10	I, C1-C4
		32 fl oz bottle	RTF	32	-	12	12	12	14	14	10	10	10	10	10	28	I, C1-C4
	Similac Soy Isomil	12.4 oz can	Powd	90	1	5	4	4	5	5	4	4	4	4	4	26	I, C1-C4
		32 fl oz bottle	RTF	32	-	12	12	12	14	14	10	10	10	10	10	28	I, C1-C4
		13 fl oz can	Conc	26	-	14	14	14	17	17	12	12	12	12	12	35	I, C1-C4
	Similac Total Comfort	12.6 oz can	Powd	90	1	5	4	4	5	5	4	4	4	4	4	10	I, C1-C4
SPECIAL FORMULAS (Require Medical Documentation)																	
Alfamino Infant	14.1 oz can	Powd	94	1	4	4	4	5	5	4	4	4	4	4	9	I, C1	
Alfamino Junior	14.1 oz can	Powd	62	-	-	-	-	-	-	-	-	-	-	-	14	C1-C4	
Boost	8 fl oz bottle	RTF	8	-	-	-	-	-	-	-	-	-	-	-	113	W	
Boost Breeze	8 fl oz drink box	RTF	8	-	-	-	-	-	-	-	-	-	-	-	113	W, C1-C4	
Boost Glucose Control	8 fl oz bottle	RTF	8	-	-	-	-	-	-	-	-	-	-	-	113	W	
Boost High Protein	8 fl oz bottle	RTF	8	-	-	-	-	-	-	-	-	-	-	-	113	W, C1-C4	
Boost Kid Essentials 1.0	8 fl oz drink box	RTF	8	-	-	-	-	-	-	-	-	-	-	-	113	C1-C4	
Boost Kid Essentials 1.5 CAL	8 fl oz drink box	RTF	8	-	-	-	-	-	-	-	-	-	-	-	113	C1-C4	
Boost Kid Ess. 1.5 CAL w/ Fiber	8 fl oz drink box	RTF	8	-	-	-	-	-	-	-	-	-	-	-	113	C1-C4	
Boost Plus	8 fl oz bottle	RTF	8	-	-	-	-	-	-	-	-	-	-	-	113	W	
Compleat Ped. Organic Blends	10.1 fl oz pouch	RTF	10.1	-	-	-	-	-	-	-	-	-	-	-	90	C1-C4	
Compleat Pediatric	250 ml tetra prisma	RTF	8.45	-	-	-	-	-	-	-	-	-	-	-	107	C1-C4	
Compleat Pediatric Reduced Cal	250 ml tetra prisma	RTF	8.45	-	-	-	-	-	-	-	-	-	-	-	107	C1-C4	
Compleat Pediatric Standard 1.0	250 ml tetra prisma	RTF	8.45	-	-	-	-	-	-	-	-	-	-	-	107	C1-C4	
Elecare Infant	14.1 oz can	Powd	95	1	4	4	4	5	5	4	4	4	4	4	9	I, C1	
Elecare Jr.	14.1 oz can	Powd	64	-	-	-	-	-	-	-	-	-	-	-	14	C1-C4	
Enfamil AR	12.9 oz can	Powd	91	1	4	4	4	5	5	4	4	4	4	4	10	I, C1-C4	
Enfamil Neuropro Enfacare	13.6 oz can	Powd	82	1	5	5	5	6	6	4	4	4	4	4	11	I, C1	
Enfamil Premature 24 CAL	2 fl oz bottle	RTF	2	-	182	182	182	221	221	-	-	-	-	-	-	I	
Enfaport	6 fl oz bottle	RTF	6	-	61	61	61	74	74	52	52	52	52	52	151	I, C1	
Ensure	8 fl oz bottle	RTF	8	-	-	-	-	-	-	-	-	-	-	-	113	W	
Ensure Plus	8 fl oz bottle	RTF	8	-	-	-	-	-	-	-	-	-	-	-	113	W	
Extensive HA	14.1 oz can	Powd	96	1	4	4	4	5	5	4	4	4	4	4	9	I, C1-C4	
Fortini	4 fl oz carton	RTF	4	-	91	91	91	111	111	78	78	78	78	78	227	I, C1 (18 mo)	

Formula	Size	Form	Man. Recon. Volume (ounces)	Maximum Quantity per Month													WIC Eligible Category
				0 mo IBP	1 mo IBP	2 mo IBP	3 mo IBP	4 mo IBP	5 mo IBP	6 mo IBP	7 mo IBP	8 mo IBP	9 mo IBP	10 mo IBP	11 mo IBP	≥ 1 yr	
Hypoallergenic Store Brand	12.6 oz can	Powd	89	1	5	4	4	5	5	4	4	4	4	4	4	10	I, C1-C4
Kate Farms Pediatric Peptide 1.0	250 ml tetra prisma	RTF	8.45	-	-	-	-	-	-	-	-	-	-	-	-	107	C1-C4
Kate Farms Pediatric Peptide 1.5	250 ml tetra prisma	RTF	8.45	-	-	-	-	-	-	-	-	-	-	-	-	107	C1-C4
Kate Farms Pediatric Standard 1.2	250 ml tetra prisma	RTF	8.45	-	-	-	-	-	-	-	-	-	-	-	-	107	C1-C4
Kate Farms Standard 1.0	325 ml tetra prisma	RTF	11	-	-	-	-	-	-	-	-	-	-	-	-	82	W, C1-C4
Neocate Infant	400 g (14.1 oz) can	Powd	97	1	4	4	4	5	5	4	4	3	3	3	3	9	I, C1
Neocate Syneo Infant	400 g (14.1 oz) can	Powd	95	1	4	4	4	5	5	4	4	4	4	4	4	9	I, C1
Neocate Junior (w/ or w/out Prebiotics)	400 g (14.1 oz) can	Powd	64	-	-	-	-	-	-	-	-	-	-	-	-	14	C1-C4
Neocate Splash	8 fl oz tetra prisma	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	C1-C4
Nutramigen	13 fl oz can	Conc	26	-	14	14	14	17	17	12	12	12	12	12	12	35	I, C1-C4
	32 fl oz bottle	RTF	32	-	12	12	12	14	14	10	10	10	10	10	10	28	I, C1-C4
Nutramigen with Probiotic LGG	12.6 oz can	Powd	87	1	5	5	5	6	6	4	4	4	4	4	4	10	I, C1-C4
Nutren Junior	250 ml tetra prisma	RTF	8.45	-	-	-	-	-	-	-	-	-	-	-	-	107	C1-C4
Nutren Junior Fiber	250 ml tetra prisma	RTF	8.45	-	-	-	-	-	-	-	-	-	-	-	-	107	C1-C4
Pediasure (Retail)	8 fl oz bottle	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	C1-C4
Pediasure with Fiber (Retail)	7.4 fl oz bottle	RTF	7.4	-	-	-	-	-	-	-	-	-	-	-	-	122	C1-C4
Pediasure 1.5	8 fl oz can	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	C1-C4
Pediasure 1.5 with Fiber	8 fl oz can	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	C1-C4
Pediasure Peptide 1.0	8 fl oz bottle	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	C1-C4
Pediasure Peptide 1.5	8 fl oz bottle	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	C1-C4
Peptamen Junior	250 ml tetra prisma	RTF	8.45	-	-	-	-	-	-	-	-	-	-	-	-	107	C1-C4
Peptamen Junior Fiber	250 ml tetra prisma	RTF	8.45	-	-	-	-	-	-	-	-	-	-	-	-	107	C1-C4
Peptamen Junior 1.5	250 ml tetra prisma	RTF	8.45	-	-	-	-	-	-	-	-	-	-	-	-	107	C1-C4
Pregestimil	16 oz (1 lb) can	Powd	112	1	4	3	3	4	4	3	3	3	3	3	3	8	I, C1-C4
	2 fl oz bottle	RTF	2	-	186	186	186	222	222	156	156	156	156	156	156	455	I, C1-C4
Puramino	14.1 oz can	Powd	99	1	4	4	4	5	5	4	3	3	3	3	3	9	I, C1
Puramino Jr	14.1 oz can	Powd	66	-	-	-	-	-	-	-	-	-	-	-	-	13	C1-C4
Similac Alimentum	12.1 oz can	Powd	87	1	5	5	5	6	6	4	4	4	4	4	4	10	I, C1-C4
	32 fl oz bottle	RTF	32	-	12	12	12	14	14	10	10	10	10	10	10	28	I, C1-C4
Similac Neosure	13.1 oz can	Powd	87	1	5	5	5	6	6	4	4	4	4	4	4	10	I, C1
	32 fl oz bottle	RTF	32	-	12	12	12	14	14	10	10	10	10	10	10	28	I, C1
Similac PM 60/40	14.1 oz (400 g) can	Powd	102	1	4	4	4	5	5	4	3	3	3	3	3	8	I, C1
Similac Special Care 24	2 fl oz bottle	RTF	2	-	182	182	182	221	221	-	-	-	-	-	-	-	I

Breastfeeding Partial (BP)

Category and Package Assignment *Scenarios*

BP Client

When IBP needs more formula than MI-WIC will allow (Ghost Package)

- A partially BF infant (IBP) can only receive 1 can of formula in the 1st month so if they want *more* than that they must be categorized as a formula fed infant (IFF).
- After the 2nd month, they can be changed back to an IBP.
 - It is possible to capture if a formula-fed infant is receiving any breast milk to help with our statistics.

The screenshot shows a web application interface for infant feeding assessment. The interface is divided into several tabs: "BF Info", "IFF Assessment", "IFF Support", and "All Web". The "IFF Assessment" tab is active. The form contains the following questions and fields:

- 1. Was this child ever breastfed or fed breast milk, even for a short period of time? (Radio buttons: Yes, No, Unknown)
- 2. Is this child currently breastfed or fed breast milk? (Radio buttons: Yes, No) - This question is highlighted with a red box.
- 3. Was this child given any formula in the hospital? (Radio buttons: Yes, No, Unknown)
- 4. How old was this child when he/she was first fed something other than breast milk? (i.e., formula, water, infant cereal, etc.) (Fields: Months, Weeks, Days, Unknown)
- 5. How old was this child when he/she completely stopped breastfeeding or being fed breast milk?: (Fields: Months, Weeks, Days, Unknown)

At the bottom of the form, there is a "Reason Breastfeeding Ended:" text area and a "Notes:" text area. The "IFF" dropdown menu at the top is highlighted with a red box. The "save", "cancel", and "next" buttons are visible at the bottom right.

BP Client

Ghost Package



< 1 month

Mom

Category: NPP

Package: NPP Max

Infant

Categories: IFF

Packages: IFF (tailor to needs)

1-5 months

Mom

Category: BP

Package: NPP Max

Infant

Categories: IBP

Packages: IFF (tailor to needs)

6-11 months (Ghost Package)

Mom

Category: BP

Package: IBE/ IBP/ NPP (No Food benefits)

Infant

Categories: IBP

Packages: IFF (tailor to needs)

For information on Ghost Package when breastfeeding twins, click [here](#).

BP Client

Ghost Package

- Parent will remain certified (although they won't receive a food package) after 6 months postpartum.
- Benefits include:
 - Breastfeeding Peers to continue scheduling call-backs for follow-up support.
 - Parent to continue to receive other WIC benefits such as nutrition education and health care referrals.
 - Eligibility for parent to receive a multi-user breast pump.
 - Parent may decide her infant needs less formula after introduction to solids and her package could be changed to the BP food package.
 - Parent to remain eligible to receive Project Fresh.

BP Client

Ghost Package

- Can infant's full formula package be "tailored down" to meet the specific needs of the infant?
 - Yes. WIC staff are expected to assess and assign the minimal amount of formula that does not exceed the infant's nutritional needs.
 - Providing the minimal formula supplementation helps mothers maintain milk production.
 - Breastfeeding support and counseling should be provided to minimize infants receiving full formula packages.

BP Client

Ghost Package

- Documentation

- Under the parent's BF Support tab, include documentation on breastfeeding and formula use under Breastfeeding Notes.
- Copy and paste these notes into the infant's Breastfeeding Notes.

The screenshot displays a software interface with four tabs: 'BF Info', 'BF Assessment', 'BF Support', and 'BF Arch'. The 'BF Support' tab is active. Below the tabs, there is a 'Contact History' table with the following data:

Date*	Provider*	Provl... Init	Method*	Contact Made	Topic/No Contact*	Populate to NE	Call Back Date	Achieved Date	Eval	Link Child
08/09/20..	SAKPALM		Individual	<input checked="" type="checkbox"/>	Breastfeeding: Basics	<input type="checkbox"/>				heathcliff, Inton (IBP)

Below the 'Contact History' table are 'Add' and 'Remove' buttons. Underneath is a section titled 'Breastfeeding Notes' (highlighted with a red box), which contains a table with the following data:

Date*	Staff*	P.C. SUPPORT*	Note*
08/09/2022	SAKPALM	No	Breast comp education given
08/09/2022	SAKPALM	Yes	Re-Test WTC 330

At the bottom of the 'Breastfeeding Notes' section are 'Add' and 'Remove' buttons.

BP Client

Ghost Package

- Parent and infant must be linked:
 - Under Infant's Client Information screen

Client Information		Additional Information	
Authorized Person Testeri, CHRISTIAN		Family ID 2469778	
Client ID	Last Name* Testeri	First Name* Pear	MI
Birth Date* 5/5/2015	Age 6 months, 0 weeks		Proof of Identity*: Birth Certificate
Gender*: <input type="radio"/> Male <input checked="" type="radio"/> Female		Proof of Pregnancy*: Not Applicable	
Medicaid Number:		Education Level*: Not Applicable	
<input type="checkbox"/> Adjunct Eligibility <input checked="" type="checkbox"/> Income Eligibility		Marital Status*: Not Applicable	
<input type="checkbox"/> Foster Care		Reason for Ineligibility:	
<input type="checkbox"/> Mother Not in Family		Physician Name: Phone: () --	
Mother's ID: 300		Testeri, CHRISTIAN	

BP Client

Ghost Package: Package Change Steps

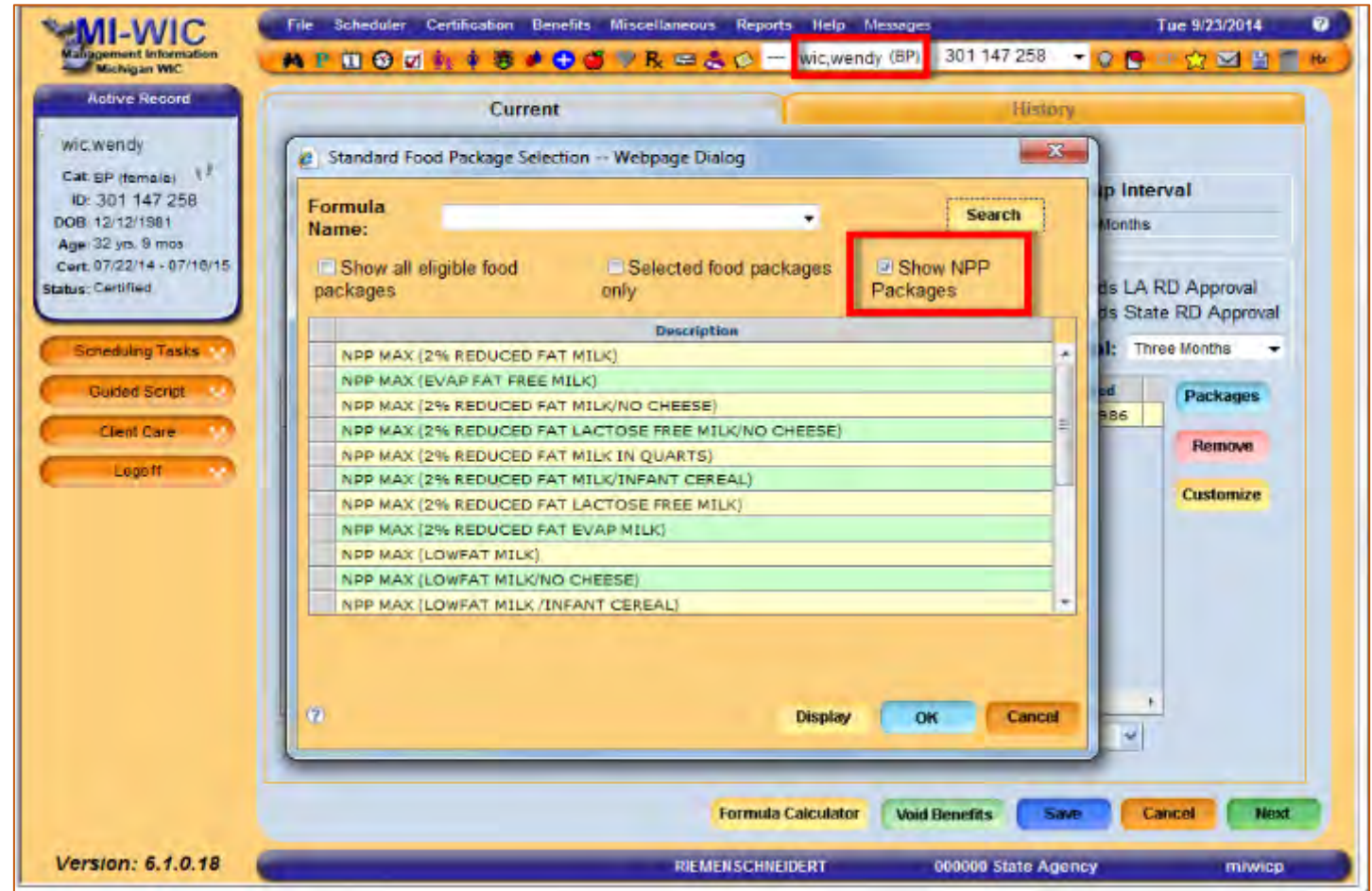
1. Select BP/ IBP categories. (If already BP, do not change the category)
2. Void current and future benefits for both parent and infant
3. Change parent's food package *FIRST*.
4. Assign infant's food package.
5. Re-issue benefits.
 - Refer to [Mid-Month Benefit Changes](#) for benefit issuance guidance when changes occur mid-month.

BP Client

Ghost Package: Package Change Steps 1-6 months

- Parent's food package screen:

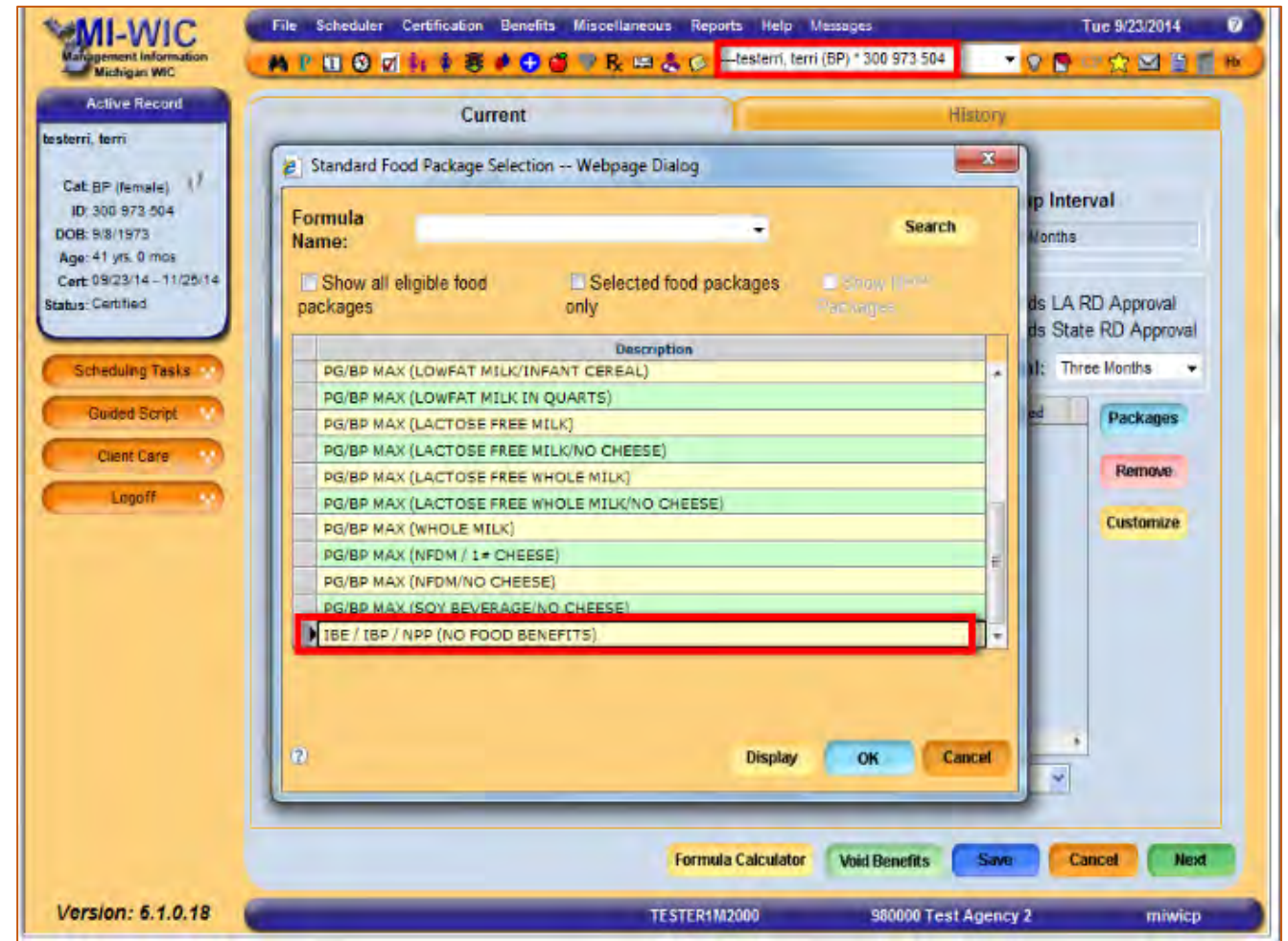
1. Select "Show NPP packages:
2. Assign NPP food package



BP Client

Ghost Package: Package Change Steps 6-11 months

- Change parent's package **FIRST**.
- Parent will not receive food benefits
 - Assign "IBE/ IBP/ NPP (No Food Benefits)"
- Selecting this package will generate the IFF package.



BP Client

Ghost Package: Package Change Steps 6-11 months

- IBP food package screen:
 - Assign “IFF package”

IBP client is eligible to receive IFF food package since BP client (mom) is not receiving any food package.

MI-WIC Management Information Michigan WIC

Active Record
testerra, tabitha
Cat: IBP (female)
ID: 301 302 744
DOB: 11/15/2013
Age: 10 mos, 1 wk
Cert: 09/23/14 - 11/25/14
Status: Certified

Scheduling Tasks
Guided Script
Client Care
Logout

Standard Food Package Selection -- Webpage Dialog

IBP client is eligible to receive IFF food package since BP client (mom) is not receiving any food package.

Formula Name: Search

Show all eligible food packages
 Selected food packages only
 Show IFF Packages

Description
IFF ENFAMIL PROSOBEE POWD (6-11 MOS)
IFF ENFAMIL PREM INFANT POWD (6-11 MOS)
IFF PREGESTIMIL POWD (6-11 MOS)
IFF SIMILAC NEOSURE POWD (6-11 MOS)
IFF ELECARE INFANT POWD (6-11 MOS)
IFF ENFAMIL GENTLEASE POWD (6-11 MOS)
IFF ENFACARE POWD (6-11 MOS)
IFF NUTRAMIGEN ENFLORA LGG (6-11 MOS)
IFF SIMILAC ALIMENTUM POWD (6-11 MOS)
IFF ENFAMILAR POWD (6-11 MOS)
IFF GENTLEASE RTF (6-11 MOS)

Display OK Cancel

Formula Calculator Void Benefits Save Cancel Next

Version: 6.1.0.18 TESTER1M2000 980000 Test Agency 2 mivwcp

BP Client

Partially breastfeeding more than one child from the *same* pregnancy (twins)

Mom

- Category: BP
- Package: BE Max

Infants

- Categories: IBP
- Packages: IBP

Rationale

- Parent may be eligible for BE food package (if the infant is not receiving IFF food package)

Postpartum - BE/BP:

Hx 10. Are you breastfeeding or pumping milk for more than one child? Yes No

From same pregnancy (multiples)?

From different pregnancies?

BP Client is eligible to receive BE Packages as more than one child from the same pregnancy is being breastfed.

Formula Name: Search

Show all eligible food packages Selected food packages only Show NPP Packages

Description
BE MAX (1# CHEESE) 2020
BE MAX (2# CHEESE/YOGURT) 2020
BE MAX 2020
BE MAX (YOGURT) 2020
BE MAX (MILK IN QUARTS) 2020
BE MAX (MILK IN QUARTS/YOGURT) 2020
BE MAX (INFANT FOODS)
BE MAX (INFANT CEREAL) 2020
PG/BP MAX (LOWFAT MILK/INFANT FOODS)
BE MAX (INFANT FOODS/YOGURT)
BE MAX (INFANT CEREAL/YOGURT) 2020
PG/BP MAX (LOWFAT MILK/INFANT FOODS/YOGURT)

Display OK Cancel

BP Client

Breastfeeding twins that need more formula than the maximum IBP package provides (ghost package)

Mom

Category and food package depends on the age of the infants. Refer to [Ghost Package](#) scenario.

When assigning the ghost package after the infants turn 1 month old, note that the food package pop-up will still say “BP Client is eligible to receive BE Packages as more than one child from the same pregnancy is being breastfed”. In order for both infants to receive full formula packages, you must select “Show NPP Packages” and assign an NPP food package.

Postpartum - BE/BP:

Hx 10. Are you breastfeeding or pumping milk for more than one child?* Yes No

From same pregnancy (multiples)?

From different pregnancies?

Standard Food Package Selection - Google Chrome

miwic-prod.state.mi.us/MIWICP/Clinic/WebForms/Intake/FoodPackage_StdDlg.aspx?fiFA...

BP Client is eligible to receive BE Packages as more than one child from the same pregnancy is being breastfed.

Formula Name:

Show all eligible food packages Selected food packages only Show NPP Packages

Description
NPP MAX (LOWFAT MILK) 2020
NPP MAX (LOWFAT MILK/YOGURT) 2020
NPP MAX (LOWFAT MILK IN HALF GALLONS) 2020
NPP MAX (LOWFAT MILK IN HALF GALLONS/YOGURT) 2020
NPP MAX (LOWFAT MILK/NO CHEESE) 2020
NPP MAX (2% RED FAT MILK IN HALF GALLONS) 2020
NPP MAX (LOWFAT MILK/NO CHEESE/YOGURT) 2020
NPP MAX (LOWFAT MILK IN QUARTS) 2020
NPP MAX (LOWFAT MILK IN QUARTS/YOGURT) 2020
NPP MAX (LOWFAT MILK/INFANT CEREAL) 2020

1 - 10 of 36 records

BP Client

Breastfeeding twins that need more formula than the maximum IBP package provides (ghost package)

Infants

Category and food package depends on the age of the infants. Refer to [Ghost Package scenario](#) (applies to both infants).

The food package must be assigned for each infant according to what they *actually* need. If the infant needs a full formula package, and the parent is providing any amount of breast milk, the ghost package scenario is the most appropriate.

Be sure under both infant's BF Info Screen that "Yes" is selected for question #2 "Is this child currently breastfed or fed breast milk".

1. Was this child ever breastfed or fed breast milk, even for a short period of time?* Yes No Unknown

2. Is this child currently breastfed or fed breast milk?* Yes No

3. Was this child given any formula in the hospital?* Yes No Unknown

4. Is this child being fed anything other than breast milk? Yes No

Standard Food Package Selection - Google Chrome

miwic-prod.state.mi.us/MIWICP/Clinic/WebForms/Intake/FoodPackage_StdDlg.aspx?fiFA...

IBP client is eligible to receive an IFF food package since the BP client (mom) is receiving an NPP food package.

Formula Name:

Show all eligible food packages Selected food packages only Show NPP Packages

Description
IFF STANDARD INFANT FORMULA POWD (0-3 MOS)
IFF ENFAMIL AR POWD (0-3 MOS)
IFF NUTRAMIGEN POWD (0-3 MOS)
IFF SIMILAC ALIMENTUM POWD (0-3 MOS)
IFF GOOD START EXT HA POWD (0-3 MOS)
IFF HYPOALLERGENIC STORE BRAND POWD (0-0 MOS)
IFF PURAMINO POWD (0-0 MOS)
IFF SIMILAC NEOSURE POWD (0-3 MOS)
IFF NEUROPRO ENFACARE POWD (0-3 MOS)
IFF ELECCARE INFANT POWD (0-3 MOS)

1 - 10 of 22 records

BP Client

Breastfeeding more than one child from *different* pregnancies

- Assign PG/ BP Max package.
- Breastfeeding status does not affect package when breastfeeding infants from different pregnancies.

Postpartum - BE/BP:

Hx 10. Are you breastfeeding or pumping milk for more than one child?* Yes No

From same pregnancy (multiples)?

From different pregnancies?

Formula Name: Search

Show all eligible food packages Selected food packages only Show NPY Packages

Description
PG/BP MAX (LOWFAT MILK) 2020
PG/BP MAX (LOWFAT MILK/YOGURT) 2020
PG/BP MAX (LOWFAT MILK/NO CHEESE) 2020
PG/BP MAX (LOWFAT MILK/NO CHEESE/YOGURT) 2020
PG/BP MAX (LOWFAT MILK IN QUARTS) 2020
PG/BP MAX (LOWFAT MILK IN QUARTS/YOGURT) 2020
PG/BP MAX (LOWFAT MILK/INFANT CEREAL) 2020
PG/BP MAX (LOWFAT MILK/INFANT FOODS)
PG/BP MAX (LOWFAT MILK/INFANT CEREAL/YOGURT) 2020
PG/BP MAX (LOWFAT MILK/INFANT FOODS/YOGURT)
PG/BP MAX (LACTOSE FREE MILK) 2020
PG/BP MAX (LACTOSE FREE LOWFAT MILK/YOGURT) 2020

Display OK Cancel

BP Client

Infant is receiving breast milk, but is *not* receiving WIC formula

Mom

Category: BE

Package: BE Max

Infant

Category: IBE

Package: IBE

Rationale:

As long as the parent is providing some amount of breast milk, parent and infant may be categorized as BE/IBE in this situation.

BP Client

Infant is receiving breast milk, but is *not* receiving WIC formula

- Infant's Nutrition History Screen
 - #4 will be greyed out when the IBE category is assigned

Hx 1. Infant has/had*:

Jaundice

A weak suck

Poor weight gain

Good weight gain

Has inadequate bowel movements for age

None apply

Hx 2. If breastfeeding, who ends the nursing session: Mom Child

Hx 3. Expressed breast milk: Tell me how you store breast milk after pumping?

Hx 4. Formula now: Formula Name:

BP Client

Infant is receiving breast milk, but is *not* receiving WIC formula

- Infant's Breastfeeding Screen
 - Formula feeding status can be captured here.

Hx 1. Was this child ever breastfed or fed breast milk, even for a short period of time?*

Yes No Unknown

Hx 2. Is this child currently breastfed or fed breast milk?*

Yes No

Hx 3. Was this child given any formula in the hospital?*

Yes No Unknown

Hx 4. Is this child being fed anything other than breast milk?*

Yes No

Hx 4. How old was this child when he/she was first fed something other than breast milk? (i.e., formula, water, infant cereal, etc.)

Months: Weeks: Days: Unknown

Age:

Hx 5. How old was this child when he/she completely stopped breastfeeding or being fed breast milk?:

Months: Weeks: Days: Unknown

Age:

Reason Breastfeeding Ended:

select...

Notes:

BP Client

Infant is receiving breast milk, but is *not* receiving WIC formula

- Documentation

- Under the parent's BF Support tab, include documentation on breastfeeding and formula use under Breastfeeding Notes.
- Copy and paste these notes into the infant's Breastfeeding Notes.

The screenshot displays a software interface with four tabs: 'BF Info', 'BF Assessment', 'BF Support', and 'BF Aids'. The 'BF Support' tab is active, showing two tables. The first table, 'Contact History', has columns for Date, Provider, Provi... Tnit, Method, Contact Made, Topic/No Contact, Populate to NE, Call Back Date, Achieved Date, Eval, and Link Child. It contains two rows of data. Below this table are 'Add' and 'Remove' buttons. The second table, 'Breastfeeding Notes', has columns for Date, Staff, P.C. SUPPORT, and Note. It contains three rows of data. A red box highlights the 'Breastfeeding Notes' table header. Below this table are 'Add' and 'Remove' buttons.

Date*	Provider*	Provi... Tnit	Method*	Contact Made	Topic/No Contact*	Populate to NE	Call Back Date	Achieved Date	Eval	Link Child
08/30/20...	DOYLEK0413	kd	Individual	<input checked="" type="checkbox"/>	Breastfeeding: Com...	<input type="checkbox"/>	09/02/2022		Needs Review	
08/09/20...	SAKPALM		Individual	<input checked="" type="checkbox"/>	Breastfeeding: Basics	<input type="checkbox"/>				heathdlf, lnton (JBP)

Date*	Staff*	P.C. SUPPORT*	Note*
08/30/2022	DOYLEK0413	No	Assigned BE/IBE as non-WIC formula preferred. Nursing q 2hrs, formula after pm. Referred to BFPC.
08/09/2022	SAKPALM	No	Breast pump education given.
08/09/2022	SAKPALM	Yes	Re-Test WIC-310

BP Client

IBP stops breastfeeding and is *not* receiving WIC formula

0-6 months

Mom

Category: NPP

Package: NPP Max

Infant

Category: IFF

Package: IBE/ IBP/ NPP (no food benefits)

Rationale:

A parent whose infant is receiving non-WIC formula must also receive some amount of breast milk in order to be categorized as BE/ IBE and receive BE Max/ IBE packages.

Formula Name: Search

Show all eligible food packages Selected food packages only Show NPP Packages

Description
IBE / IBP / NPP (NO FOOD BENEFITS)
IBP ENFAMIL INFANT PWD (0-0MOS, 1-1MOS, 2-3MOS, 4-5MOS)
IBP ENFAMIL GENTLEASE PWD (0-0MOS, 1-1MOS, 2-3MOS, 4-5MOS)
IBP ENFAMIL AR PWD (0-0 MOS, 1-3 MOS, 4-5 MOS)
IBP ENFAMIL PROSOBEE PWD (0-0 MOS, 1-3 MOS, 4-5 MOS)
IBP ENFAMIL REGULINE PWD (0-0MOS, 1-1MOS, 2-3MOS, 4-5MOS)
IBP NUTRAMIGEN ENFLORA PWD (0-0 MOS, 1-3 MOS, 4-5 MOS)
IBP SIM ALIMENTUM PWD (0-0 MOS, 1-1 MOS, 2-3 MOS, 4-5 MOS)
IBP PURAMINO PWD (0-0 MOS, 1-3 MOS, 4-5 MOS)
IBP SIMILAC NEOSURE PWD (0-0 MOS, 1-3 MOS, 4-5 MOS)
IBP NEUROPRO ENFACARE PWD (0-0 MOS, 1-3 MOS, 4-5 MOS)
IBP ENFAMIL INFANT PWD (0-0 MOS, 1-3 MOS, 4-5 MOS)

Display OK Cancel

BP Client

IBP stops breastfeeding and is *not* receiving WIC formula

6-11 months

Mom

Terminate

Infant

Category: IFF

Package: IBP/IFF (infant cereal, fruit/ veg only)

Rationale:

A parent whose infant is receiving non-WIC formula must also receive some amount of breast milk in order to be categorized as BE/ IBE and receive BE Max/ IBE packages. Otherwise, parent is termed after 6 months postpartum.

Formula Name: Search

Show all eligible food packages Selected food packages only Show NPP Packages

Description
IBP ENFAMIL INFANT CONC CVB (9-11 MOS)
IBP PROSOBEE CONC CVB (9-11 MOS)
IBP NUTRAMIGEN CONC CVB (9-11 MOS)
IBP ENFAMIL INFANT 32 OZ RTF CVB (9-11 MOS)
IBP ENFAMIL NEUROPRO INFANT 8 OZ RTF (6-11 MOS)
IBP ENFAMIL NEUROPRO INFANT 8 OZ RTF CVB (9-11 MOS)
IBP NEUROPRO GENTLEASE 8 OZ RTF (6-11 MOS)
IBP NEUROPRO GENTLEASE 8 OZ RTF CVB (9-11 MOS)
IBP NUTRAMIGEN RTF CVB (9-11 MOS)
IBP SIMILAC ALIMENTUM RTF CVB (9-11 MOS)
IBP SIMILAC NEOSURE RTF CVB (9-11 MOS)
IBP/IFF (INFANT CEREAL, FRUIT/VEG ONLY)
IBP/IFF CVB (INFANT CEREAL, FRUIT/VEG ONLY 9-11 MOS)

Display OK Cancel

Breastfeeding Exclusive (BE)

Food Package Guidance



BE Packages

Formula Name:

Show all eligible food packages Selected food packages only Show NPP Packages

Description
BE MAX (1# CHEESE) 2020
BE MAX (2# CHEESE/YOGURT) 2020
BE MAX 2020
BE MAX (YOGURT) 2020
BE MAX (MILK IN QUARTS) 2020
BE MAX (MILK IN QUARTS/YOGURT) 2020
BE MAX (INFANT FOODS)
BE MAX (INFANT CEREAL) 2020
PG/BP MAX (LOWFAT MILK/INFANT FOODS)
BE MAX (INFANT FOODS/YOGURT)
BE MAX (INFANT CEREAL/YOGURT) 2020
PG/BP MAX (LOWFAT MILK/INFANT FOODS/YOGURT)

Table G Maximum Monthly Food Package for Fully Breastfeeding Women

	Exclusively Breastfeeding Women and Partially Breastfeeding Women of Multiple Infants from the same pregnancy Up to 1 Year Postpartum, Women who are both Breastfeeding and Pregnant and Pregnant Women with two or more Fetuses
Juice	144 fl oz
Milk or Milk and Yogurt	18 qt or 17 qt* and 1 qt (32 oz)
Breakfast cereal	36 oz
Cheese	3 lb
Eggs	2 dozen
Fruits and vegetables	\$11.00 cash value
Whole grains	1 lb
Fish (canned)	30 oz
Legumes and Peanut butter	2 of the following: 1 lb (16 oz) dry or 64 oz canned or 16-18 oz



*To remove a single quart, the maximum is 18 qts in odd months and 16 qts in even months.

BE Package

BE Max 2020

Food Package:

	Quantity	Package Size	Description
	2	JAR	16-18ozPnutBtr,lb Dry,15-16ozCnBean
	6	CAN	5oz Chunk Lt Tuna or Pink Salmon
	36	OZ	CEREAL
	3	LB	CHEESE (\$8.00 MAX PER LB.)
	2	DOZ	EGGS
	11	\$\$\$	FRUITS AND VEGETABLES
	3	CAN	JUICE 48 OZ OR 11.5-12 OZ CONC
	4	GAL	Skim, 1/2% or 1% Milk
	1	HGL	Skim, 1/2%, 1% or Buttermilk
	1	LB	WHOLE GRAINS

BE Package


BE Max (1# Cheese) 2020 Package

Compared to BE Max
2020 package:

- 1.5 gallons more milk
- 2 lbs. less cheese

Food Package:

Quantity	Package Size	Description
2	JAR	16-18ozPnutBtr,lb Dry,15-16ozCnBean
6	CAN	5oz Chunk Lt Tuna or Pink Salmon
36	OZ	CEREAL
1	LB	CHEESE (\$8.00 MAX PER LB.)
2	DOZ	EGGS
11	\$\$\$	FRUITS AND VEGETABLES
3	CAN	JUICE 48 OZ OR 11.5-12 OZ CONC
6	GAL	Skim, 1/2% or 1% Milk
1	LB	WHOLE GRAINS




BE Package

BE Max (Yogurt) 2020

Food Package:

Quantity	Package Size	Description
2	JAR	16-18ozPnutBtr,lb Dry,15-16ozCnBean
6	CAN	5oz Chunk Lt Tuna or Pink Salmon
36	OZ	CEREAL
3	LB	CHEESE (\$8.00 MAX PER LB.)
2	DOZ	EGGS
11	\$\$\$	FRUITS AND VEGETABLES
3	CAN	JUICE 48 OZ OR 11.5-12 OZ CONC
32	OZ	Low Fat or Non Fat Yogurt
4	GAL	Skim, 1/2% or 1% Milk
0.5	HGL	Skim, 1/2%, 1% or Buttermilk
1	LB	WHOLE GRAINS



BE Package

BE Max (2# Cheese/ Yogurt) 2020 Package

- Compared to BE Max (Yogurt) 2020
 - Half gallon more milk
 - 1lb less cheese
 - No change in yogurt amount

Food Package:

	Quantity	Package Size	Description
	2	JAR	16-18ozPnutBtr,lb Dry,15-16ozCnBean
	6	CAN	5oz Chunk Lt Tuna or Pink Salmon
	36	OZ	CEREAL
	2	LB	CHEESE (\$8.00 MAX PER LB.)
	2	DOZ	EGGS
	11	\$\$\$	FRUITS AND VEGETABLES
	3	CAN	JUICE 48 OZ OR 11.5-12 OZ CONC
	32	OZ	Low Fat or Non Fat Yogurt
	5	GAL	Skim, 1/2% or 1% Milk
	1	LB	WHOLE GRAINS

?

Cancel

BE Package

1.5 times the BE Max package

- Generated for clients breastfeeding more than one child from the *same* pregnancy.

BE Client is eligible to receive 1.5 times the BE food package as more than one child from the same pregnancy is being breastfed.

Formula Name: Search

Show all eligible food packages Selected food packages only Show NPP Packages

Description
BE MAX (1# CHEESE) 2020
BE MAX (2# CHEESE/YOGURT) 2020
BE MAX 2020
BE MAX (YOGURT) 2020
BE MAX (MILK IN QUARTS) 2020
BE MAX (MILK IN QUARTS/YOGURT) 2020
BE MAX (INFANT FOODS)
BE MAX (INFANT CEREAL) 2020
PG/BP MAX (LOWFAT MILK/INFANT FOODS)
BE MAX (INFANT FOODS/YOGURT)
BE MAX (INFANT CEREAL/YOGURT) 2020
PG/BP MAX (LOWFAT MILK/INFANT FOODS/YOGURT)

Display OK Cancel

- If the package selected does not show 1.5 times the BE Max food package when “display” is selected in the food prescription screen, you will need to go to either benefit inquiry...

1/25/2021		2/24/2021				
Package Size	Food Item	Issued	Redeemed	Voided	Remain	
GAL	Skim, 1/2% or 1% Milk	64	0	56	8	
HGL	Skim, 1/2%, 1% or Buttermilk	10.75	0	10.75	0.00	
LB	CHEESE (\$8.00 MAX PER LB.)	33	0	30	3	
DOZ	EGGS	26	0	23	3	
CAN	JUICE 48 OZ OR 11.5-12 OZ CONC	33	0	28	5	
OZ	CEREAL	576	0	522	54	
JAR	16-18ozPnutBtr,lb Dry,15-16ozCnBean	26	0	23	3	
CAN	5oz Chunk Lt Tuna or Pink Salmon	60	0	51	9	
LB	WHOLE GRAINS	25	0	23	2	
\$\$\$	FRUITS AND VEGETABLES	164	0	147.50	16.50	
OZ	Low Fat or Non Fat Yogurt	416	0	352	64	
BTL	64 OZ JUICE	12	0	12	0	

2/25/2021		3/24/2021				
Package Size	Food Item	Issued	Redeemed	Voided	Remain	
GAL	Skim, 1/2% or 1% Milk	61	0	54	7	
HGL	Skim, 1/2%, 1% or Buttermilk	0.75	0	0.75	0.00	
LB	CHEESE (\$8.00 MAX PER LB.)	30	0	27	3	
DOZ	EGGS	26	0	23	3	
CAN	JUICE 48 OZ OR 11.5-12 OZ CONC	27	0	23	4	
OZ	CEREAL	576	0	522	54	
JAR	16-18ozPnutBtr,lb Dry,15-16ozCnBean	26	0	23	3	
CAN	5oz Chunk Lt Tuna or Pink Salmon	26	0	51	9	
LB	WHOLE GRAINS	19	0	18	1	
\$\$\$	FRUITS AND VEGETABLES	164	0	147.50	16.50	
OZ	Low Fat or Non Fat Yogurt	224	0	192	32	
BTL	64 OZ JUICE	12	0	12	0	

... or the shopping list.

You can anticipate receiving the following WIC foods for January 25, 2021 to February 24, 2021.

However, if the WIC status of a family member changes before the benefits are available, the foods you receive may also change.

8	GAL	SKIM, 1/2% OR 1% MILK
3	LB	CHEESE (\$8.00 MAX PER LB.)
3	DOZ	EGGS (\$3.00 MAX PER DOZ.)
5	CAN	JUICE 48 OZ OR 11.5-12 OZ CONC
54	OZ	CEREAL
3	JAR	16-18OZPNUTBTR, LB DRY, 15-16OZCNBEAN
9	CAN	5OZ CHUNK LT TUNA OR PINK SALMON
2	LB	WHOLE GRAINS
16.50	\$\$\$	FRUITS AND VEGETABLES
64	OZ	LOW FAT OR NON FAT YOGURT

You can anticipate receiving the following WIC foods for February 25, 2021 to March 24, 2021.

However, if the WIC status of a family member changes before the benefits are available, the foods you receive may also change.

7	GAL	SKIM, 1/2% OR 1% MILK
3	LB	CHEESE (\$8.00 MAX PER LB.)
3	DOZ	EGGS (\$3.00 MAX PER DOZ.)
4	CAN	JUICE 48 OZ OR 11.5-12 OZ CONC
54	OZ	CEREAL
3	JAR	16-18OZPNUTBTR, LB DRY, 15-16OZCNBEAN
9	CAN	5OZ CHUNK LT TUNA OR PINK SALMON
1	LB	WHOLE GRAINS
16.50	\$\$\$	FRUITS AND VEGETABLES
32	OZ	LOW FAT OR NON FAT YOGURT

Table H Maximum Monthly 1.5X Food Package for Fully Breastfeeding Women

	Exclusively Breastfeeding Women Breastfeeding Multiple Infants from the same pregnancy Up to 1 Year Postpartum	
	➔ Odd Month	➔ Even Month
Juice	230 fl oz	184 fl oz
Milk or Milk and Yogurt	28 qt or 26 qt and 2 qt (64 oz)	26 qt or 25 qt and 1 qt (32 oz)
Breakfast cereal	54 oz	54 oz
Cheese	5 lb	4 lb
Eggs	3 dozen	3 dozen
Fruits and vegetables	\$16.50 cash value	\$16.50 cash value
Whole grains	2 lb	1 lb
Fish (canned)	45 oz	45 oz
Legumes and Peanut butter	3 of the following: 1 lb (16 oz) dry or 64 oz canned or 16-18 oz	3 of the following: 1 lb (16 oz) dry or 64 oz canned or 16-18 oz

WIC E-Notice #2017-87: BE Food Package Update

- Staff should no longer assign the yogurt food packages below for a BE parent exclusively breastfeeding more than one child from the same pregnancy. The system issues unredeemable quantities of milk in half gallons.
- Do Not select
 - BE MAX (YOGURT) 2020
 - BE MAX (INFANT CEREAL/YOGURT) 2020
 - BE MAX (INFANT FOODS/YOGURT)
- Do select
 - BE MAX (2# CHEESE/YOGURT) 2020
 - BE MAX (MILK IN QUARTS/YOGURT) 2020
 - BE MAX (LACTOSE FREE LOWFAT MILK/YOGURT) 2020

BE Client is eligible to receive 1.5 times the BE food package as more than one child from the same pregnancy is being breastfed.

Formula Name: Search

Show all eligible food packages Selected food packages only Show NFP Packages

Description
BE MAX (1# CHEESE) 2020
BE MAX (2# CHEESE/YOGURT) 2020
BE MAX 2020
BE MAX (YOGURT) 2020
BE MAX (MILK IN QUARTS) 2020
BE MAX (MILK IN QUARTS/YOGURT) 2020
BE MAX (INFANT FOODS)
BE MAX (INFANT CEREAL) 2020
PG/BP MAX (LOWFAT MILK/INFANT FOODS)
BE MAX (INFANT FOODS/YOGURT)
BE MAX (INFANT CEREAL/YOGURT) 2020
PG/BP MAX (LOWFAT MILK/INFANT FOODS/YOGURT)

Display OK Cancel

Table A1 Maximum Monthly Food Package for Fully Breastfed Infants

	Fully Breastfed Infants	
	0 - 5 months	6 - 11 months
WIC formula	0	0
Infant cereal	0	24 oz
Infant fruits and vegetables	0	256 oz
Infant meat	0	77.5 oz

Table A2 Maximum Monthly Food Package for Fully Breastfed Infants with CVB Option

	Fully Breastfed Infants		
	0 - 5 months	6 - 8 months	9 - 11 months
WIC formula	0	0	0
Infant cereal	0	24 oz	24 oz
Infant fruits and vegetables and Fresh fruits and vegetables	0	256 oz	128 oz and \$8.00 cash value
Infant meat	0	77.5 oz	77.5 oz



Breastfeeding Exclusive (BE)

Category and Package Assignment
Scenarios



BE Client

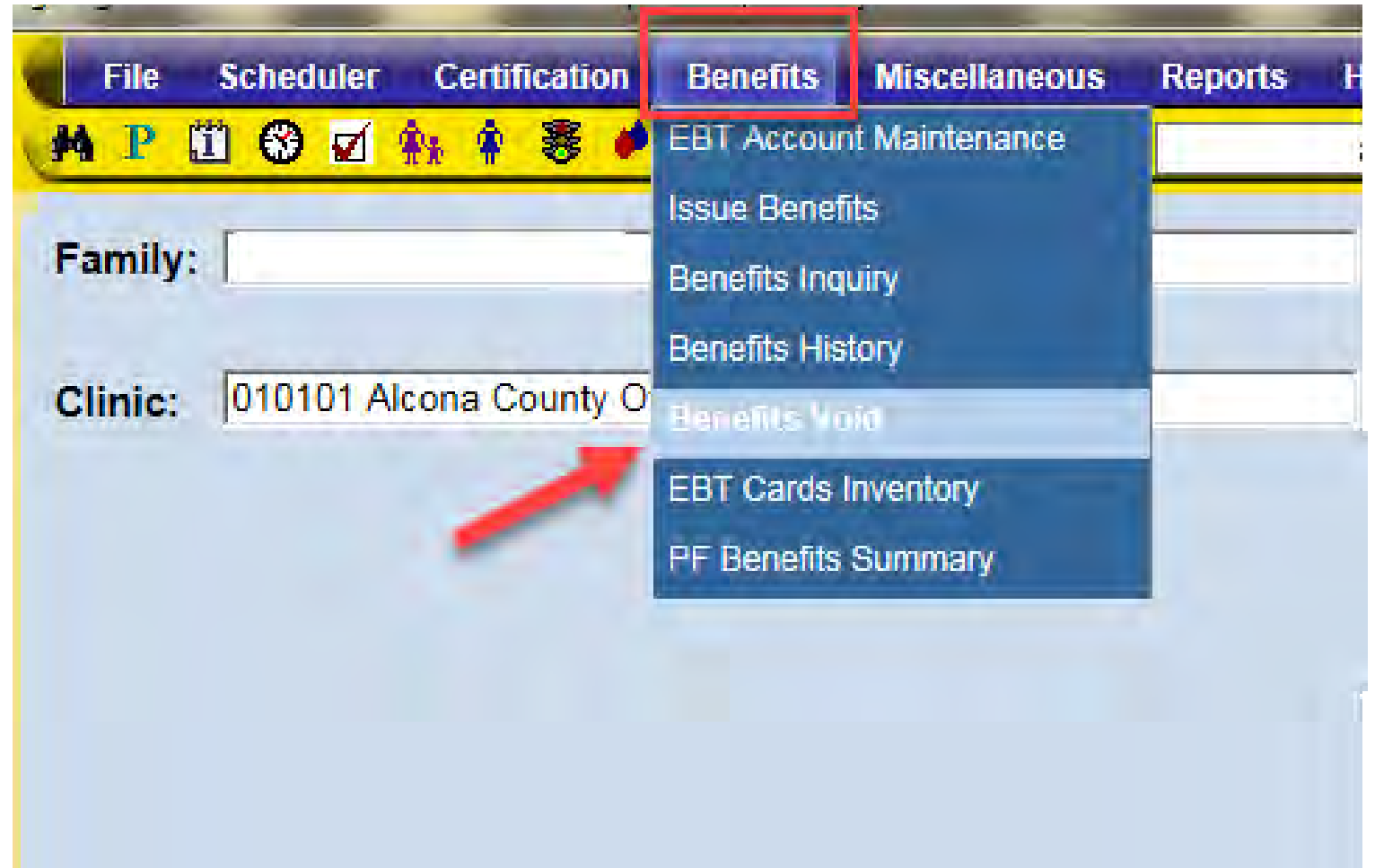
Parent would like formula for their infant

1. Void benefits
2. Change categories for *both* parent and infant to partially breastfeeding
3. Update breastfeeding statistics
4. Assign food packages
5. Re-issue benefits

BE Client

Parent would like formula: Voiding Benefits

1. Go to Benefits drop down
2. Select "Benefits Void"



BE Client

Parent would like formula: Voiding Benefits

- Void ALL current & future benefits

Benefits:		<input checked="" type="radio"/> Current	<input type="radio"/> Future					Void all benefits
Start Date			End Date					
Package Size	Food Item	Issued	Redeemed	Voided	Remain	Void All		
LB	CHEESE (\$8.00 MAX PER LB.)	3	0	0	3	<input checked="" type="checkbox"/>		
DOZ	EGGS	2	0	0	2	<input checked="" type="checkbox"/>		
CAN	JUICE 48 OZ OR 11.5-12 OZ CONC	3	0	0	3	<input checked="" type="checkbox"/>		
OZ	CEREAL	36	0	0	36	<input checked="" type="checkbox"/>		
JAR	16-18ozPnutBtr,lb Dry,15-16ozCnB...	2	0	0	2	<input checked="" type="checkbox"/>		
CAN	5oz Chunk Lt Tuna or Pink Salmon	6	0	0	6	<input checked="" type="checkbox"/>		
QT	Skim, 1/2% 1% or Buttermilk	18	0	0	18	<input checked="" type="checkbox"/>		
LB	WHOLE GRAINS	1	0	0	1	<input checked="" type="checkbox"/>		
\$\$\$	FRUITS AND VEGETABLES	11	0	0	11	<input checked="" type="checkbox"/>		
300873523 - IBE FEMALE IBE FEMALE		97011010941133						
Package Size	Food Item	Issued	Redeemed	Voided	Remain	Void All		
OZ	INFANT CEREAL	24	0	0	24	<input checked="" type="checkbox"/>		
JAR	4 oz INFANT FRUIT OR VEGETABLES	64	0	0	64	<input checked="" type="checkbox"/>		
JAR	2.5 OZ INFANT MEATS	31	0	0	31	<input checked="" type="checkbox"/>		

BE Client

Parent would like formula: Parent Category Change

1. Always start with the parent.
2. Go to parent's Cert Action screen.
3. Select the "BE" category line, then "Category Change"

Last Menstrual Period(LMP): Present for Cert:
Expected Delivery Date(EDD)*: 9/30/ Reason not present:
Actual Delivery Date(ADD)*: 9/30/

Cat*	Cert Start*	Cert End*	Cert Reason*	Term Reason	Term Date	Notes
BE Woman BF Exclusively	10/6/	9/29/	Certification			

1.

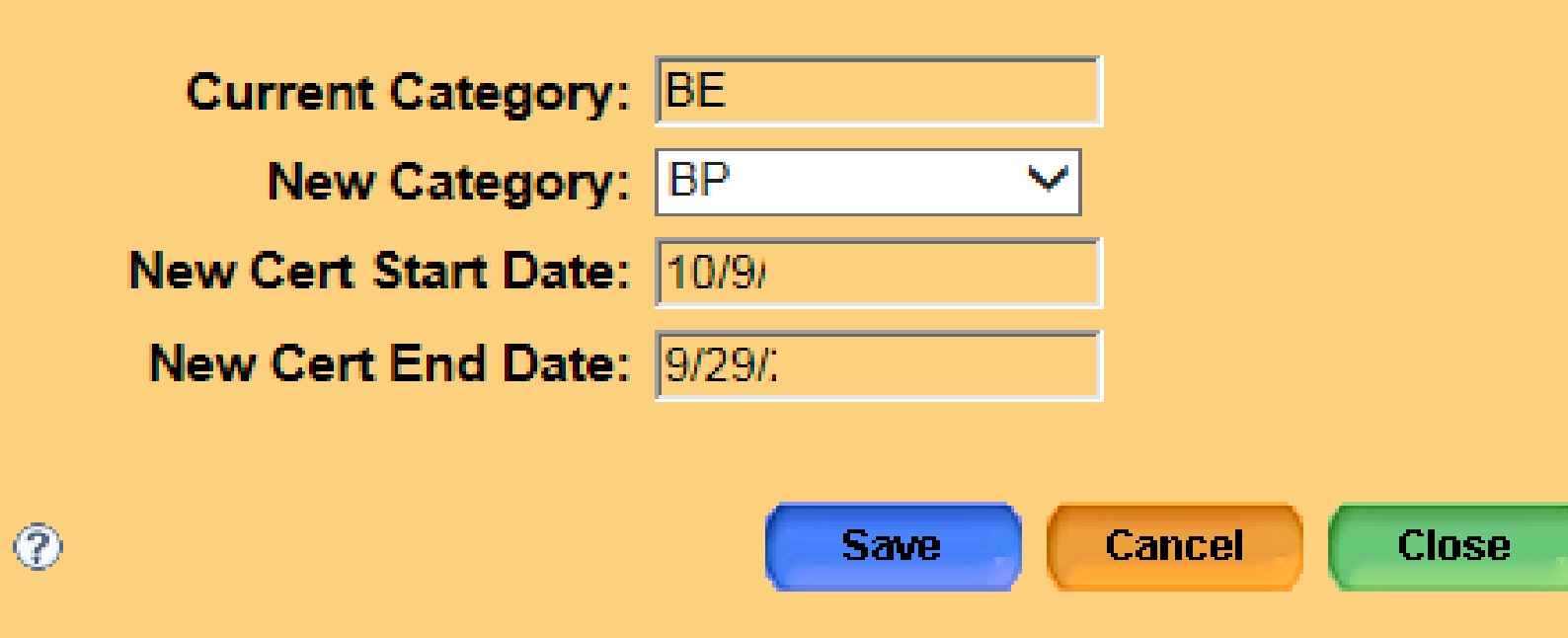
2.

Add Remove **Category Change** Save Cancel Next 30 Day Extension

BE Client

Parent would like formula: Parent Category Change

1. Change BE to BP
(from dropdown)
2. Save



The screenshot shows a form with a yellow background. It contains four input fields and three buttons. The first field is labeled 'Current Category:' and contains the text 'BE'. The second field is labeled 'New Category:' and contains a dropdown menu with 'BP' selected and a downward arrow. The third field is labeled 'New Cert Start Date:' and contains the date '10/9/'. The fourth field is labeled 'New Cert End Date:' and contains the date '9/29/'. At the bottom left is a help icon (a question mark in a circle). At the bottom right are three buttons: 'Save' (blue), 'Cancel' (orange), and 'Close' (green).

Current Category:	BE
New Category:	BP
New Cert Start Date:	10/9/
New Cert End Date:	9/29/

Buttons: Save, Cancel, Close

BE Client

Parent would like formula: Parent Package Change

- Old food package will be sent to history
- Under parent's food prescription screen:
 1. Select "Packages"

✓ Certification Complete* Completed By*: RAJAKUMAR, ILAKKIYA Pickup Interval: Three Months

Description	Effect Date	End Date	Disable	Note	Created
No Records Exist in Data Source					

Buttons: Packages, Remove, Customize

Buttons: Display, Formulary, Approved, Not Approved, Expiration Date, Formula Calculator, Void Benefits, Save, Cancel, Next

BE Client

Parent would like formula: Parent Package Change

2. Select PG/ BP Max package
3. Click OK, then Save

Formula Name:

Show all eligible food packages Selected food packages only Show NPP Packages

Description
PG/BP MAX (LOWFAT MILK) 2020
PG/BP MAX (LOWFAT MILK/YOGURT) 2020
PG/BP MAX (LOWFAT MILK/NO CHEESE) 2020
PG/BP MAX (LOWFAT MILK/NO CHEESE/YOGURT) 2020
PG/BP MAX (LOWFAT MILK IN QUARTS) 2020
PG/BP MAX (LOWFAT MILK IN QUARTS/YOGURT) 2020
PG/BP MAX (LOWFAT MILK/INFANT CEREAL) 2020
PG/BP MAX (LOWFAT MILK/INFANT FOODS)
PG/BP MAX (LOWFAT MILK/INFANT CEREAL/YOGURT) 2020
PG/BP MAX (LOWFAT MILK/INFANT FOODS/YOGURT)
PG/BP MAX (LACTOSE FREE MILK) 2020
PG/BP MAX (LACTOSE FREE LOWFAT MILK/YOGURT) 2020

BE Client

Parent would like formula: Infant Category Change

1. Start with infant's Cert Action screen.
2. Select the "IBE" category line, then "Category Change"

Cat*	Cert Start*	Cert End*	Cert Reason*	Term Reason	Term Date	Notes
IBE Infant BF Exclusively	10/6/	9/29/	Certification			

Buttons: Add, Remove, 30 Day Extension, Category Change, Save, Cancel, Next

BE Client

Parent would like formula: Infant Category Change

3. Change IBE to IBP
(from dropdown)
4. Save

Category Change - Internet Explorer

Current Category: IBE

New Category: IBP

New Cert Start Date:

New Cert End Date:

Save Cancel Close


BE Client

Parent would like formula: Infant Category Change

- Today's date will display the new IBP category

Present for Cert:

Reason not present:

	Cat*	Cert Start*	Cert End*	Cert Reason*	
	IBP Infant BF Partially	Today's Date	9/29/.	Category Change	
	IBE Infant BF Exclusively	10/6/.	Yesterday	Certification	

BE Client

Parent would like formula: Update Breastfeeding Statistics

1. Select infant's record
2. Select Breastfeeding tab, then BF Info
3. Update screen
4. Click Save

The screenshot shows the 'BF Assessment' tab in the BE Client interface. The form contains the following questions and options:

- 1. Was this child ever breastfed or fed breast milk, even for a short period of time?*
 Yes No Unknown
- 2. Is this child currently breastfed or fed breast milk?* Yes No
- 3. Was this child given any formula in the hospital?* Yes No Unknown
- 4. Is this child being fed anything other than breast milk?* Yes No
- 4. How old was this child when he/she was first fed something other than breast milk? (i.e., formula, water, infant cereal, etc.)
Months: Weeks: Days: Unknown
- 5. How old was this child when he/she completely stopped breastfeeding or being fed breast milk?:
Months: Weeks: Days: Unknown

Below question 5, there is a dropdown menu for 'Reason Breastfeeding Ended:' with 'select...' as the current selection, and a text area for 'Notes:'.

BE Client

Parent would like formula: Infant Package Change

- Old food package will be sent to history
- Under infant's food prescription screen:
 1. Select "Packages"

The screenshot displays the BE Client software interface. At the top, there is a checkbox labeled "Certification Complete*" which is checked, followed by a text field "Completed By:" containing the name "RAJAKUMAR, ILAKKIYA". To the right is a dropdown menu for "Pickup Interval:" set to "Three Months". Below this is a table with columns: "Description", "Effect Date", "End Date", "Disable", "Note", and "Created". The table content is empty, with the text "No Records Exist in Data Source" displayed. To the right of the table, three buttons are stacked vertically: "Packages" (highlighted with a red box), "Remove", and "Customize". At the bottom of the table area, there are buttons for "Display" and "Formulary", along with checkboxes for "Approved" and "Not Approved", and a text field for "Expiration Date:". At the very bottom of the screen, there is a "Formula Calculator" button on the left and a row of four buttons: "Void Benefits", "Save", "Cancel", and "Next".

BE Client

Parent would like formula: Infant Package Change

2. Select the desired IBP package

Formula Name: Search

Show all eligible food packages Selected food packages only Show NPP Packages

Description
IBE / IBP / NPP (NO FOOD BENEFITS)
IBP ENFAMIL INFANT PWD (0-0MOS, 1-1MOS, 2-3MOS, 4-5MOS)
IBP ENFAMIL GENTLEASE PWD (0-0MOS, 1-1MOS, 2-3MOS, 4-5MOS)
IBP ENFAMIL AR PWD (0-0 MOS, 1-3 MOS, 4-5 MOS)
IBP ENFAMIL PROSOBEE PWD (0-0 MOS, 1-3 MOS, 4-5 MOS)
IBP ENFAMIL REGULINE PWD (0-0MOS, 1-1MOS, 2-3MOS, 4-5MOS)
IBP NUTRAMIGEN ENFLORA PWD (0-0 MOS, 1-3 MOS, 4-5 MOS)
IBP SIM ALIMENTUM PWD (0-0 MOS, 1-1 MOS, 2-3 MOS, 4-5 MOS)
IBP PURAMINO PWD (0-0 MOS, 1-3 MOS, 4-5 MOS)
IBP SIMILAC NEOSURE PWD (0-0 MOS, 1-3 MOS, 4-5 MOS)
IBP NEUROPRO ENFACARE PWD (0-0 MOS, 1-3 MOS, 4-5 MOS)
IBP ENFAMIL INFANT PWD (0-0 MOS, 1-3 MOS, 4-5 MOS)

? Display OK Cancel

BE Client

Parent would like formula: Infant Package Change

3. Customize each line generated by selecting “Customize”

Description	Effect Date	End Date	Disable	Note	Created
IBP ENFAMIL GENTLEASE PWD (6-11 MO...	7/6/2018	11/13/2018	<input type="checkbox"/>		

Packages

Remove

Customize

BE Client

Parent would like formula: Infant Package Change

4. Manually customize formula to meet the needs of the infant, but not to exceed the formula maximums for [IBP](#).

Food Package:

	Quantity	Package Size	Description
	4	CAN	12.4 oz PWD Gentlease
	32	JAR	4 oz INFANT FRUIT OR VEGETABLES
	24	OZ	INFANT CEREAL

Formulary Search Remove Calculate **Assign** Cancel

BE Client

Parent would like formula: Re-issue Benefits

- Re-issue infant's current and future benefits
 - Current benefits will be issued in full within 10 days of the current month's Benefit Start Date (BSD).
 - When issued 11 or more days after BSD, benefits will be prorated
 - Don't adjust the infant's formula issuance based upon the food the parent has already redeemed in the current benefit month.
- Re-issue parent's future benefits

BE Client

Infant needs formula, but parent has already redeemed all of current benefits

Mom

Category: BP

Package: PG/ BP Max

Issue future benefits only

Infant

Category: IBP

Package: IBP (tailor to not exceed needs)

Issue current (prorated) and future benefits

Rationale:

If parent has used all their food benefits for the current month, parent may not receive another package until the next benefit cycle.

BE Client

Infant needs formula, but parent has already redeemed some of their current benefits

Mom

Category: BP

Package: PG/ BP Max

Don't touch current benefits. Void future benefits. Issue new benefits starting on the next month. Don't take food away from the mom's current month's benefits.

Infant

Category: IBP

Package: IBP (tailor to not exceed needs)

Change the infant's package immediately. Even if mom has used all her food, the infant can still get all desired formula (prorated for the month)

BE Client

Fully breastfeeding more than one child from the *same* pregnancy (twins)

- Assign BE Max package
- System will assign 1.5 times the BE Max package

Postpartum - BE/BP:

Hx 10. Are you breastfeeding or pumping milk for more than one child?* Yes No

From same pregnancy (multiples)?
 From different pregnancies?

BE Client is eligible to receive 1.5 times the BE food package as more than one child from the same pregnancy is being breastfed.

Formula Name: Search

Show all eligible food packages Selected food packages only Show IEP Packages

Description
BE MAX (1# CHEESE) 2020
BE MAX (2# CHEESE/YOGURT) 2020
BE MAX 2020
BE MAX (YOGURT) 2020
BE MAX (MILK IN QUARTS) 2020
BE MAX (MILK IN QUARTS/YOGURT) 2020
BE MAX (INFANT FOODS)
BE MAX (INFANT CEREAL) 2020
PG/BP MAX (LOWFAT MILK/INFANT FOODS)
BE MAX (INFANT FOODS/YOGURT)
BE MAX (INFANT CEREAL/YOGURT) 2020
PG/BP MAX (LOWFAT MILK/INFANT FOODS/YOGURT)

Display OK Cancel

BE Client

Breastfeeding more than one child from *different* pregnancies

- Assign BE Max package.
- Breastfeeding status does not affect package when breastfeeding infants from different pregnancies.

Postpartum - BE/BP:

Hx 10. Are you breastfeeding or pumping milk for more than one child?* Yes No

From same pregnancy (multiples)?

From different pregnancies?

Formula Name: Search

Show all eligible food packages Selected food packages only Show NPP Packages

Description
BE MAX (1# CHEESE) 2020
BE MAX (2# CHEESE/YOGURT) 2020
BE MAX 2020
BE MAX (YOGURT) 2020
BE MAX (MILK IN QUARTS) 2020
BE MAX (MILK IN QUARTS/YOGURT) 2020
BE MAX (INFANT FOODS)
BE MAX (INFANT CEREAL) 2020
PG/BP MAX (LOWFAT MILK/INFANT FOODS)
BE MAX (INFANT FOODS/YOGURT)
BE MAX (INFANT CEREAL/YOGURT) 2020
PG/BP MAX (LOWFAT MILK/INFANT FOODS/YOGURT)

Display OK Cancel

BE Client

Parent is breastfeeding twins. One exclusively and the other partially.

Mom

Category: BE

Package: BE Max

BF exclusive Infant

Category: IBE

Package: IBE

BF partial infant

Category: IBP

Package: IBP

Rationale:

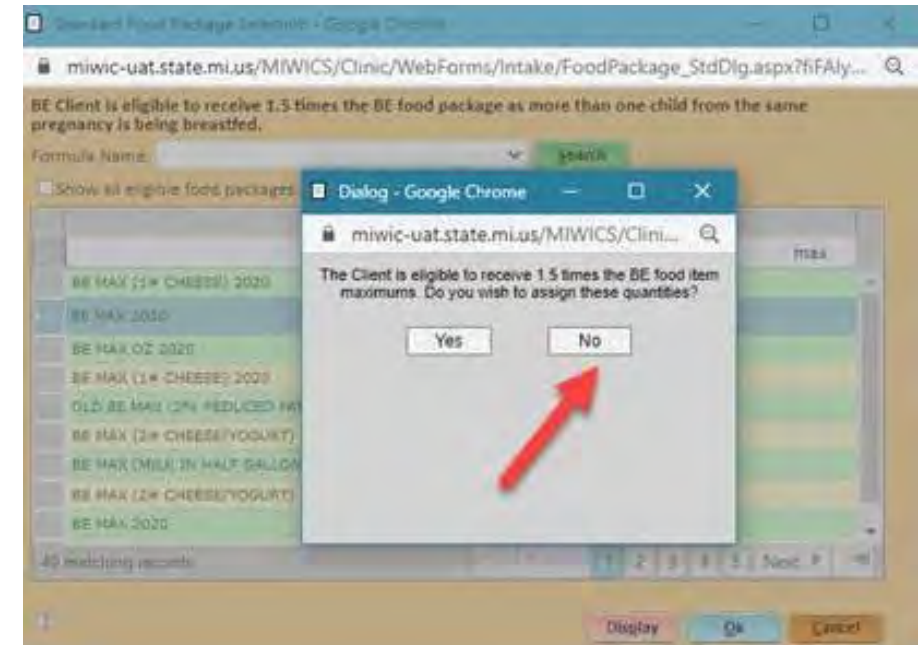
As long as at least one of the infants is fully breastfed (does not receive formula from WIC), parent may receive the BE Max package. Parent may not receive 1.5 times the BE Max food package in this case as parent is only eligible when *both* babies are exclusively breastfed.

BE Client

Parent is breastfeeding twins. One exclusively and the other partially.

MI-WIC does not make a differentiation based on the client category of the infants but rather looks at question 10 in the BF Info screen for the BE category. If parent has been documented as breastfeeding multiple children from the same pregnancy the system offers the BE 1.5 food packages.

In this scenario, the BE client is *not* eligible for the increased amounts since one infant is receiving formula. WIC staff need to select “No” on the pop-up “Client is eligible to receive 1.5 times the BE food item maximums. Do you wish to assign these quantities?”.



Same Sex Couples

Category and Package Assignment *Scenarios*



Same Sex Couples

Both partners are breastfeeding partially so infant is exclusively breastfed

Parent A

Category: BE

Package: BE Max

*This parent must be linked with infant

Parent B

Category: NPP

Package: NPP Max

Infant

Category: IBE

Package: IBE

Rationale:

Only one parent may be certified as breastfeeding the infant. The other parent must be certified as NPP.

Same Sex Couples

Birth parent is not breastfeeding. The non-birth parent is either breastfeeding or attempting to start lactation.

Lactating Parent

Category: BE or BP

Package: BE Max or BP Max

*This parent must be linked with infant

Birth Parent

Category: NPP

Package: NPP Max

Infant

Category: IBE or IBP

Package: IBE or IBP

Rationale:

Both parents may be certified, if eligible. The birth parent would be certified as NPP up to 6 months and the non-birth parent as breastfeeding (up to 1 year).

Same Sex Couples

Both parents are breastfeeding partially so their adopted infant can be exclusively breastfed

Parent A

Category: BE

Package: BE Max

*This parent must be linked with infant

Parent B

Cannot be certified

Infant

Category: IBE

Package: IBE

Rationale:

When neither parent is the birth mother, only one parent can be certified as breastfeeding and receive benefits. The second parent cannot be certified based on the infant's breastfeeding status.

Breast Milk Donation

Parents who either donate or receive pumped breast milk



Breast milk Donation

Parent is not breastfeeding, but infant is receiving donor milk exclusively

Mom

Category: NPP

Package: NPP

Infant

Category: IBE

Package: IBE

Rationale:

If parent is not providing any breast milk, they cannot be categorized as BP/BE. This unique situation necessitates mismatched categories.

Breast milk Donation

Parent lost her infant at birth and wants to donate her pumped milk to a milk bank

Mom

Category: NPP

Package: NPP Max

Rationale:

In this situation, a parent must be breastfeeding their own infant who is also a WIC participant. In addition, a parent in this situation would *not* be eligible for a breast pump from WIC, but may still receive breastfeeding support if interested.

Breast milk Donation

A WIC participating parent is pumping their milk for their WIC participating infant not in their custody

Mom

Category: BE or BP

Package: BE or BP Max

*This parent must be linked with infant

Infant (separate account)

Category: IBE or IBP

Package: IBE or IBP

Rationale:

In cases of open adoption, foster care, living with grandparents, surrogacy, etc. where the parent is pumping to provide their own milk for their infant and both are WIC participants, the parent may be certified as breastfeeding.

Breast milk Donation

A WIC participating parent is pumping their milk for their WIC participating infant not in their custody

- Parent and Infant must be linked under the infant's Client Information screen

The screenshot shows a WIC client information form with two tabs: "Client Information" and "Additional Information". The "Client Information" tab is active. The form contains the following fields and options:

- Authorized Person:** Edge, PG
- Family ID:** 9345459
- Client ID:** 300 875 540
- Last Name*:** Edge
- First Name*:** IBP
- MI:** [Empty]
- Birth Date*:** 6/15/2020
- Age:** 7 months, 2 weeks
- Gender*:** Male Female
- Medicaid Number:** [Empty]
- Adjunct Eligibility:**
- Income Eligibility:**
- Foster Care:**
- Mother Not in Family:** (highlighted with a red box)
- Mother's ID:** 000 000 000 (highlighted with a red box)
- Proof of Identity*:** [Dropdown menu]
- Proof of Pregnancy*:** Not Applicable
- Education Level*:** Not Applicable
- Marital Status*:** Not Applicable
- Reason for Ineligibility:** [Dropdown menu]
- Physician Name:** [Text field]
- Physician Phone:** () -- [Text field]

Buttons for "Save", "Cancel", and "Print" are visible at the bottom right.

Breast milk Donation

A WIC participating parent is pumping their milk for a *non-WIC* infant not in their custody

Mom

Category: NPP

Package: NPP Max

Rationale:

In this situation, a parent must be breastfeeding their own infant who is also a WIC participant. In addition, a parent in this situation would *not* be eligible for a breast pump from WIC, but may still receive breastfeeding support if interested.

Mid-Month Benefit Changes

as outlined in [Policy 8.01 Benefit Issuance](#)

Mid-Month Benefit Changes

When a category and food package change occur from an IBE/IBP to an IBP/IFF mid-benefit month

- The full benefit month formula and food quantity cannot exceed the [maximum monthly allowances](#) for the new client category. Staff shall void benefits to prevent over-issuance, if applicable.
- The infant is eligible to receive formula for the current month regardless of the parent's benefit redemption.

Mid-Month Benefit Changes:

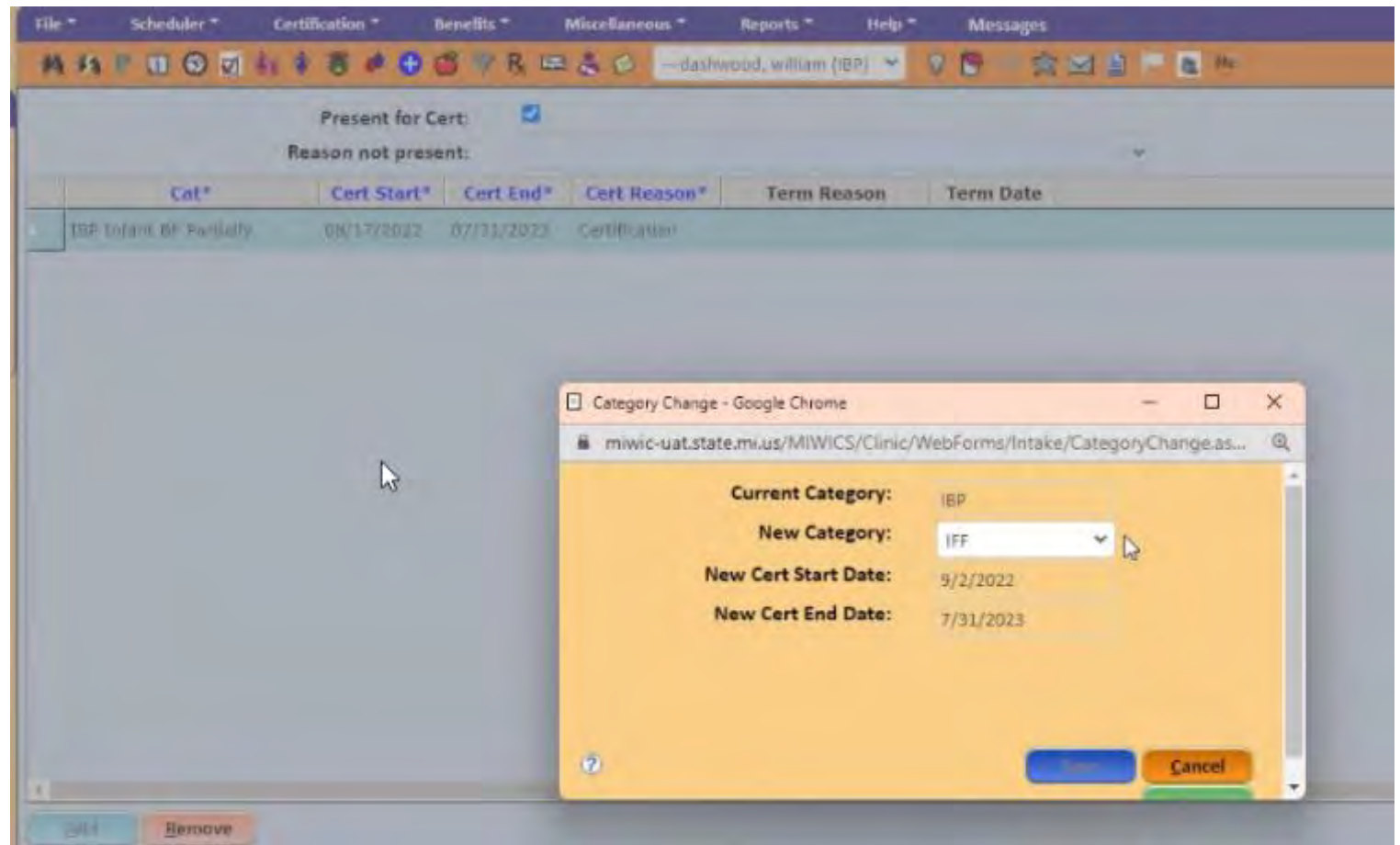
When a category and food package change occur as a result of a change in breastfeeding status or a change from PG to BE/NPP mid-benefit month

- The woman should be assigned the food package with the maximum amount of benefits available.
- The woman is eligible to receive her maximum food package regardless of the infant's formula redemption for the current benefit month.
- If the new food package contains fewer items, allow the system to implement the change with the next month's Benefit Start Date.
- If the new food package contains additional items, i.e., category change from PG to BE, the full benefit month food quantities cannot exceed the maximum monthly allowances for the new client category. (See Policy 7.04, [Maximum Food Package](#).) Staff shall void benefits to prevent over-issuance, if applicable.

Mid-Month Benefit Changes

Steps for Updating MI-WIC

1. Change the categories of parent and infant(s).
 - In the Guided Script, select Cert Action.



Mid-Month Benefit Changes

Steps for Updating MI-WIC

2. Review current and future benefits.
 - Go to Benefits > Benefits Void
 - Select the Future benefits button.
 - Hit Save to void all future benefits.
 - Select the Current benefits button and note any benefit redemption.



The screenshot shows a software interface with a menu bar at the top containing 'Scheduler', 'Certification', 'Benefits', 'Miscellaneous', 'Reports', 'Help', and 'Messages'. The date 'Fri 9/2/2022' is displayed in the top right corner. Below the menu bar, there are fields for 'Family:' and 'Clinic:'. The 'Benefits' section has two radio buttons: 'Current' and 'Future'. A red arrow points to the 'Future' button. Below this, there are two main sections for benefit details, each with a 'Start Date' and 'End Date' row. The first section has a start date of 9/6/2022 and an end date of 10/3/2022. The second section has a start date of 10/6/2022 and an end date of 11/5/2022. Each section includes a 'Client' field and a 'Benefit Issue Number' field. The first section's issue number is 1043832165, and the second's is 1043832163. Below these are tables of food items with columns for Package Size, Food Item, Issued, Redeemed, Voided, Remain, Void All, and Void Partial.

Package Size	Food Item	Issued	Redeemed	Voided	Remain	Void All	Void Partial
GAL	Skim, 1/2% or 1% Milk	3	0	0	3	<input checked="" type="checkbox"/>	
LB	CHEESE (\$8.00 MAX PER LB.)	1	0	0	1	<input checked="" type="checkbox"/>	
DOZ	EGGS	1	0	0	1	<input checked="" type="checkbox"/>	
CAN	JUICE 48 OZ OR 11.5-12 OZ CONC	2	0	0	2	<input checked="" type="checkbox"/>	
OZ	CEREAL	36	0	0	36	<input checked="" type="checkbox"/>	
JAR	16-18oz Prnl/Bt; B Div; 15-16oz Cr/Bean	1	0	0	1	<input checked="" type="checkbox"/>	
\$\$\$	FRUITS AND VEGETABLES	43	0	0	43	<input checked="" type="checkbox"/>	
OZ	Low Fat or Non Fat Yogurt	32	0	0	32	<input checked="" type="checkbox"/>	

Package Size	Food Item	Issued	Redeemed	Voided	Remain	Void All	Void Partial
CAN	13.1oz PWD SMTLAC NEASURE	11	0	0	11	<input checked="" type="checkbox"/>	

Mid-Month Benefit Changes

Steps for Updating MI-WIC

3. Assign new food packages.
 - *Always update the parent's package first!*
 - Go to Guided Script > Food Prescription.
 - Select Packages jellybean.
 - Select desired food package
 - Click OK and Save.
 - Repeat for the infant(s).
 - Refer to [Ghost Package](#) if an IBP needs more formula than MI-WIC allows

The screenshot shows the MI-WIC system interface. The main window displays a table of food packages with columns for Description, Effect Date, and End Date. The table contains three rows of data:

Description	Effect Date	End Date
IFF SIMILAC NEOSURE POWD (0-3 MOS)	5/9/2022	8/31/2022
IFF SIMILAC NEOSURE POWD (4-5 MOS)	8/1/2022	10/31/2022
IFF SIMILAC NEOSURE POWD (6-11 MOS)	11/1/2022	4/27/2023

The 'Standard Food Package Selection' dialog box is open, showing a list of food packages. The dialog box has a search bar and a 'Search' button. The list of packages includes:

- IFF SIMILAC NEOSURE POWD (6-11 MOS)
- IFF SIMILAC NEOSURE POWD CVB (9-11 MOS)
- IFF NEUROPRO ENFACARE PWD (6-11 MOS)
- IFF NEUROPRO ENFACARE PWD CVB (9-11 MOS)
- IFF ELECARE INFANT POWD (6-11 MOS)
- IFF ELECARE INFANT POWD CVB (9-11 MOS)
- IFF NEDCATE INFANT POWD (9-11 MOS)
- IFF NEDCATE SYNEO INFANT POWD CVB (9-11 MOS)
- IFF NEDCATE SYNEO INFANT POWD (6-11 MOS)

The dialog box also has a 'Display' button and a 'Cancel' button. A red arrow points to the 'OK' button in the dialog box.

Mid-Month Benefit Changes

Steps for Updating MI-WIC

4. Reissue current and future benefits.

- Select the drop down for Issue Month and select the month where the current benefit month started. Hit Go.
- On the grid, click the box in the Issue column for the package being changed
- Be sure the Prorate box stays checked.

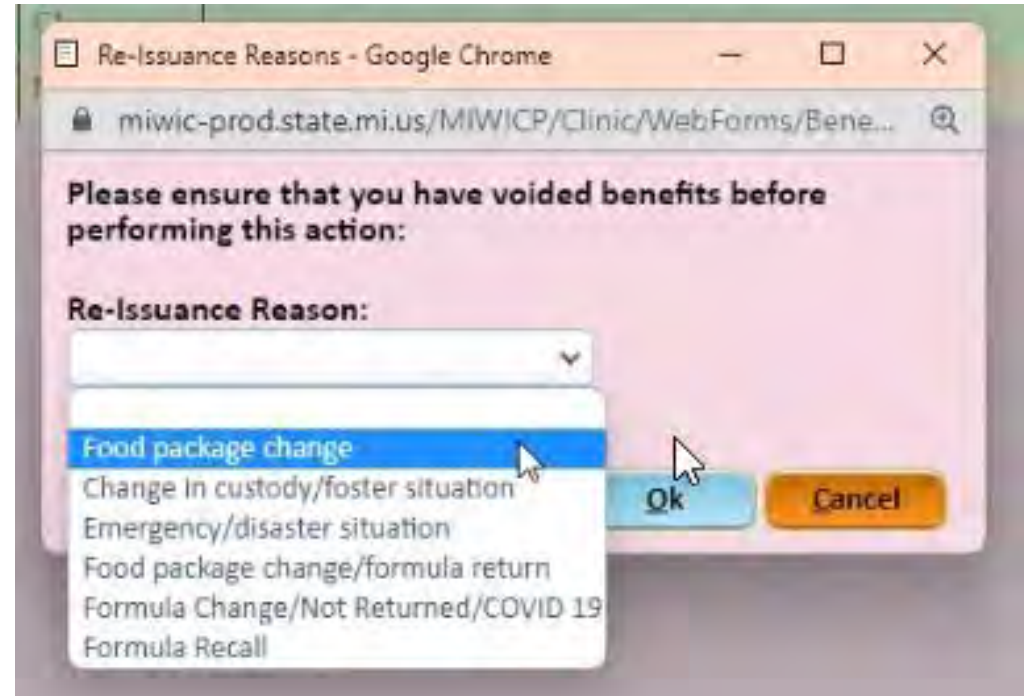
The screenshot shows a software interface for managing WIC benefits. At the top, there are navigation tabs: Scheduler, Certification, Benefits, Administration, Reports, and Messages. Below these are input fields for Family and Clinic, both containing redacted information. To the right of these fields are dropdown menus for Issue Month (currently set to August) and Issue Year (set to 2022), along with a green 'Go' button. A red arrow points to the Issue Month dropdown, which is open, showing a list of months from January to December, with August highlighted. Another red arrow points to the 'Issue' column of a data grid. The grid has columns for Client ID, Client Name, Cat., Food Package, BVT Date, Months, Issue, and Prorate. The 'Prorate' column contains checked checkboxes for all rows. The 'Issue' column contains unchecked checkboxes for all rows.

Client ID	Client Name	Cat.	Food Package	BVT Date	Months	Issue	Prorate
[REDACTED]	[REDACTED]	IFF	IFF SIMILAC NEOSURE POWD (4-5 MOS)	10/5/2022	3	<input type="checkbox"/>	<input checked="" type="checkbox"/>
[REDACTED]	[REDACTED]	IFF		8/5/2022	3	<input type="checkbox"/>	<input checked="" type="checkbox"/>
[REDACTED]	[REDACTED]	C1		10/5/2017	3	<input type="checkbox"/>	<input checked="" type="checkbox"/>
[REDACTED]	[REDACTED]	NPP	NPP MAX (LOWFAT MILK/YOGURT) 2020	11/5/2022	3	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Mid-Month Benefit Changes

Steps for Updating MI-WIC

4. Reissue future and current benefits (continued).
 - Select the Re-Issuance Reason, click Ok.
 - Select the appropriate amount of months to issue as outlined in [Policy 8.01 Benefit Issuance](#).
 - Issue benefits.



Mid-Month Benefit Changes

Steps for Updating MI-WIC

5. Check current benefits for over-issuance.
 - Go to Benefits Void and make sure that the re-issued formula and food benefits do not exceed the monthly maximums for the new packages assigned. Void down as needed.
 - Policy 7.04 [Maximum Food Package](#)
 - [IBP](#) formula maximums
 - [IFF](#) formula maximums

Benefits: <input checked="" type="radio"/> Current <input type="radio"/> Future		Start Date	End Date					
		9/29/2022	6/28/2023					
		Client	Benefit Issue Number					
		[REDACTED]	[REDACTED]					
Package Size	Food Item	Issued	Redeemed	Voided	Remain	Void All	Void Partial	
GAL	Skim, 1/2% or 1% Milk	4	2	2	0	<input type="checkbox"/>		
HGL	Skim, 1/2%, 1% or Buttermilk	1	0	1	0	<input type="checkbox"/>		
LB	CHEESE (\$8.00 MAX PER LB.)	1	0.50	0.50	0	<input type="checkbox"/>		
DOZ	EGGS	0	1	0	0	<input type="checkbox"/>		
CAN	JUICE 48 OZ OR 11.5-12 OZ COND	1	1	0	0	<input type="checkbox"/>		
OZ	CEREAL	36	36	0	0	<input type="checkbox"/>		
JAR	16-18oz Pnt/Bry, b Dry, 15-16oz Cn Bean	2	0	2	0	<input type="checkbox"/>		
LB	WHOLE GRAINS	1	1	0	0	<input type="checkbox"/>		
\$\$\$	FRUITS AND VEGETABLES	40	11.50	31.50	0	<input type="checkbox"/>		
OZ	Low Fat or Non Fat Yogurt	32	0	32	0	<input type="checkbox"/>		
		[REDACTED]	[REDACTED]					
Package Size	Food Item	Issued	Redeemed	Voided	Remain	Void All	Void Partial	
GAL	Skim, 1/2% or 1% Milk	3	0	1	2	<input type="checkbox"/>		
HGL	Skim, 1/2%, 1% or Buttermilk	1	0	0	1	<input type="checkbox"/>		
LB	CHEESE (\$8.00 MAX PER LB.)	2	0	0	2	<input type="checkbox"/>		
DOZ	EGGS	2	0	1	1	<input type="checkbox"/>		
CAN	JUICE 48 OZ OR 11.5-12 OZ COND	2	0	2	0	<input type="checkbox"/>		
OZ	CEREAL	36	0	36	0	<input type="checkbox"/>		
JAR	16-18oz Pnt/Bry, b Dry, 15-16oz Cn Bean	2	0	0	2	<input type="checkbox"/>		
OZ	FISH	20	0	0	20	<input type="checkbox"/>		
LB	WHOLE GRAINS	1	0	0	1	<input type="checkbox"/>		
\$\$\$	FRUITS AND VEGETABLES	47	0	0	47	<input type="checkbox"/>		
OZ	Low Fat or Non Fat Yogurt	32	0	0	32	<input type="checkbox"/>		

Example of PG > BE