Breast/chestfeeding Food Packages

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

Table of Contents & Quick Links

Food Package Policy Information

- For breast/chestfeeding dyads, the CPA must evaluate lactation 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

Standard food package= PG/BP Max

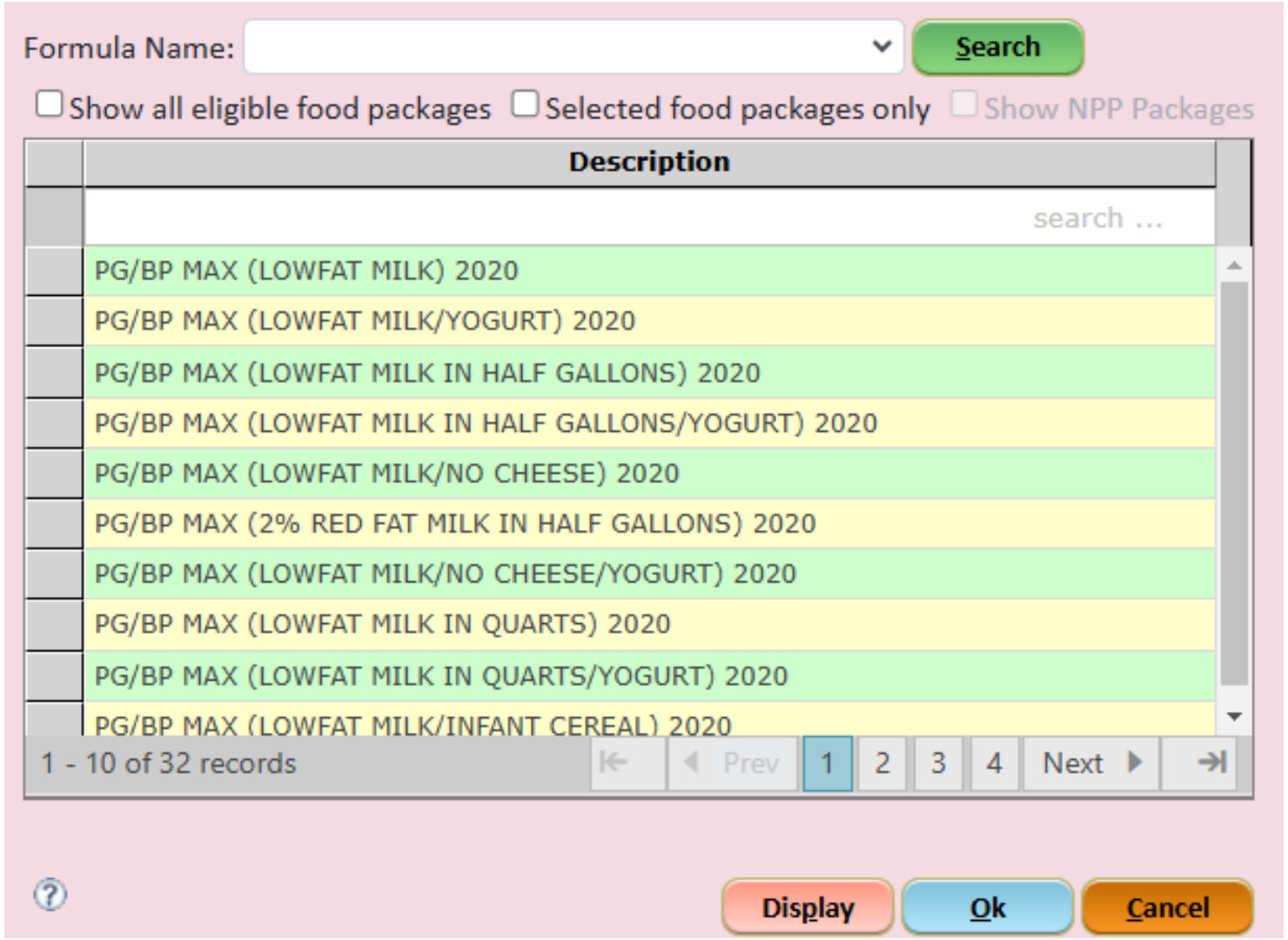


Table E Maximum Monthly Food Package for Pregnant and Partially Breastfeeding Women

	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	$47 CVB (refer to A.3.) for pregnant clients $52 CVB (refer to A.3.) for partially breastfeeding clients
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.

Reference: Policy 7.04 Maximum Food Package

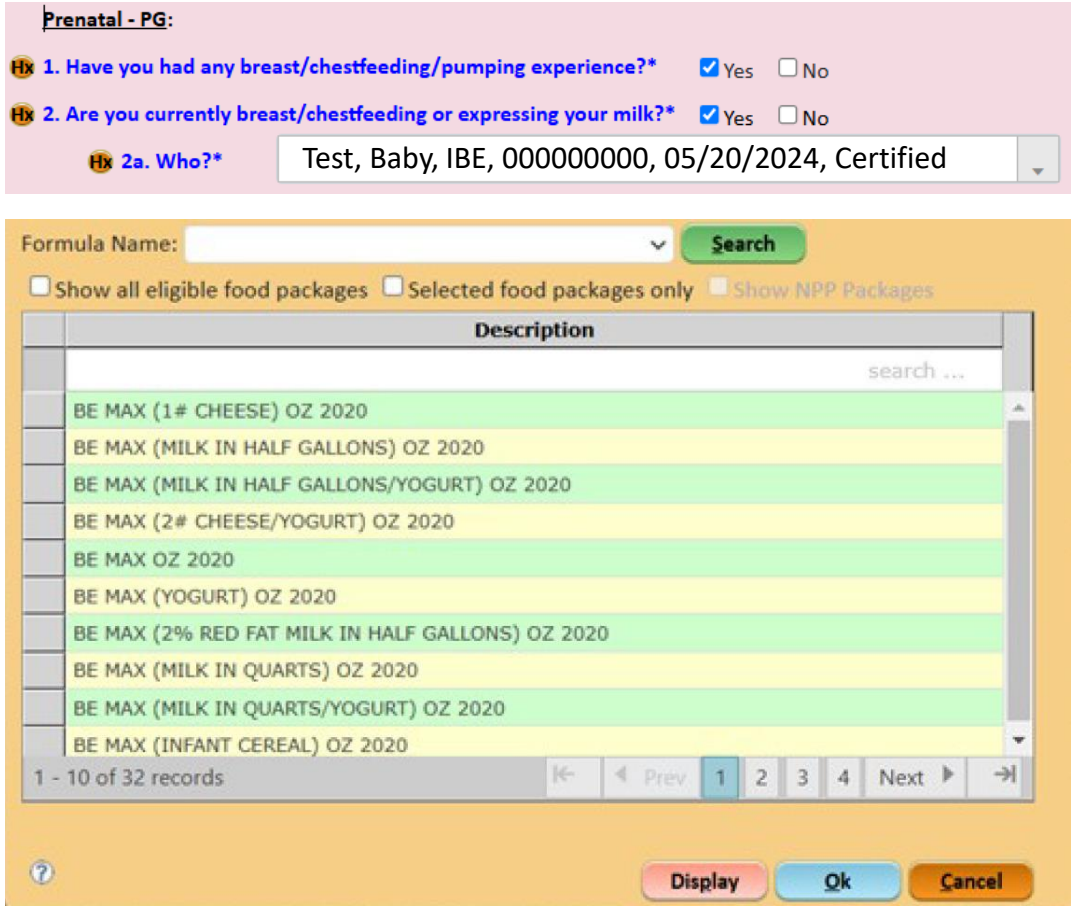
Pregnant (PG)

Category and Package Assignment *Scenarios*

PG Client

Breast/chestfeeding infant *under* age 1

- System assigns risk 338.01 (Pregnant Client Currently Breastfeeding).
- Assign BE Max food package. (The pregnant client is eligible for the BE food package if they are breast/chestfeeding, regardless of the infant's category.)
- The CPA must manually change the BE Max food package End Date to the day before the infant turns one year old and assign the PG/BP Max food package.



PG Client

Parent is breast/chestfeeding an infant *under* age 1, but infant needs more formula than IBP maximum.

Parent

Category: PG

Package: BE Max

* CPA must manually enter PG/BP Max food package after child's 1st birthday

Infant

Category: IFF

Package: IFF (tailor to needs)

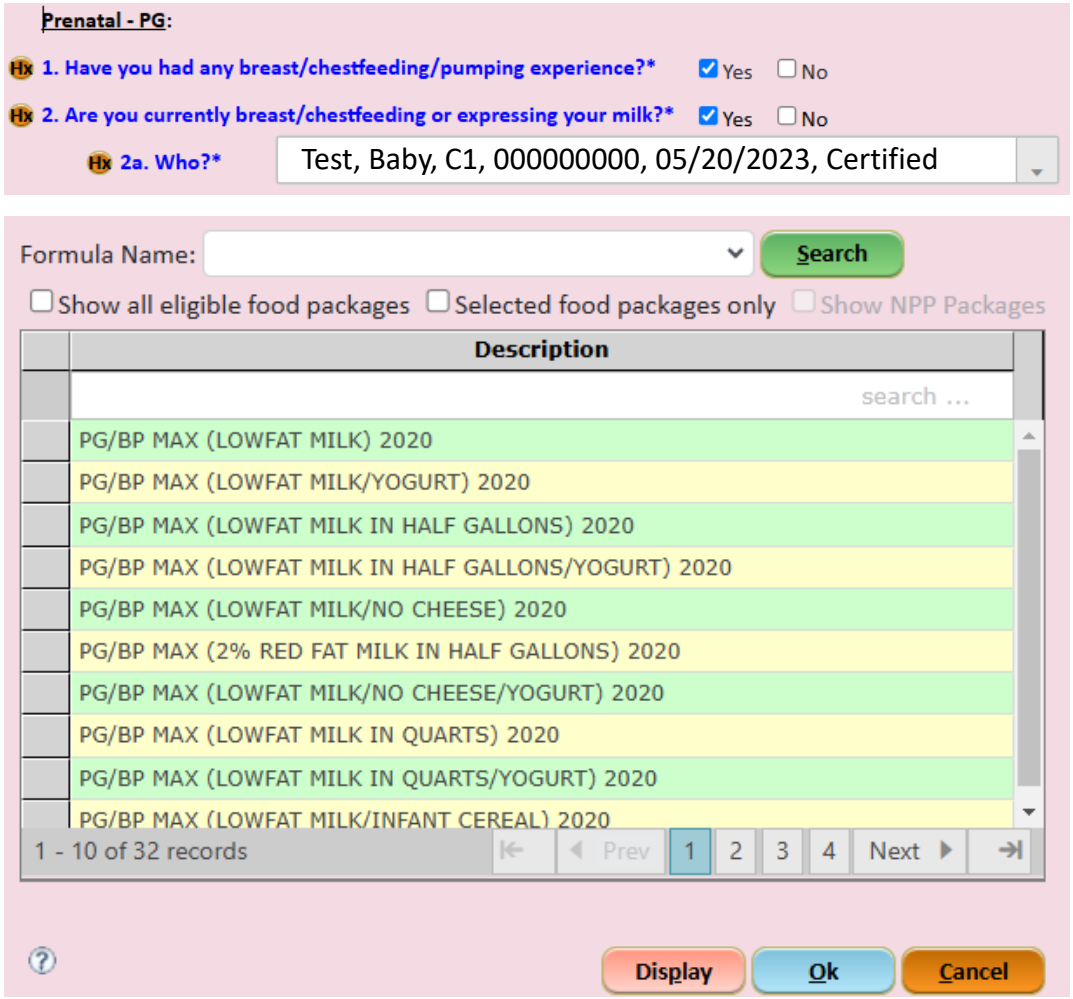
Guidance/Rationale:

- Parent remains eligible for the BE max package (see previous slide) when parent is providing any amount of human milk while pregnant.
- On the infant's BF Info screen, mark "Yes" to the question "Is this child currently being fed any human milk?" to capture BF statistics.

PG Client

Breast/chestfeeding child(ren) *over* age 1

- Risk code 338.01 (Pregnant Client Currently Breastfeeding) will be assigned.
- Assign PG/BP Max package. (Food package is not impacted if the breast/chestfed child is over age 1.)



Non-Lactating Postpartum (NPP)

Food Package Guidance

NPP Client

Standard food package= NPP Max

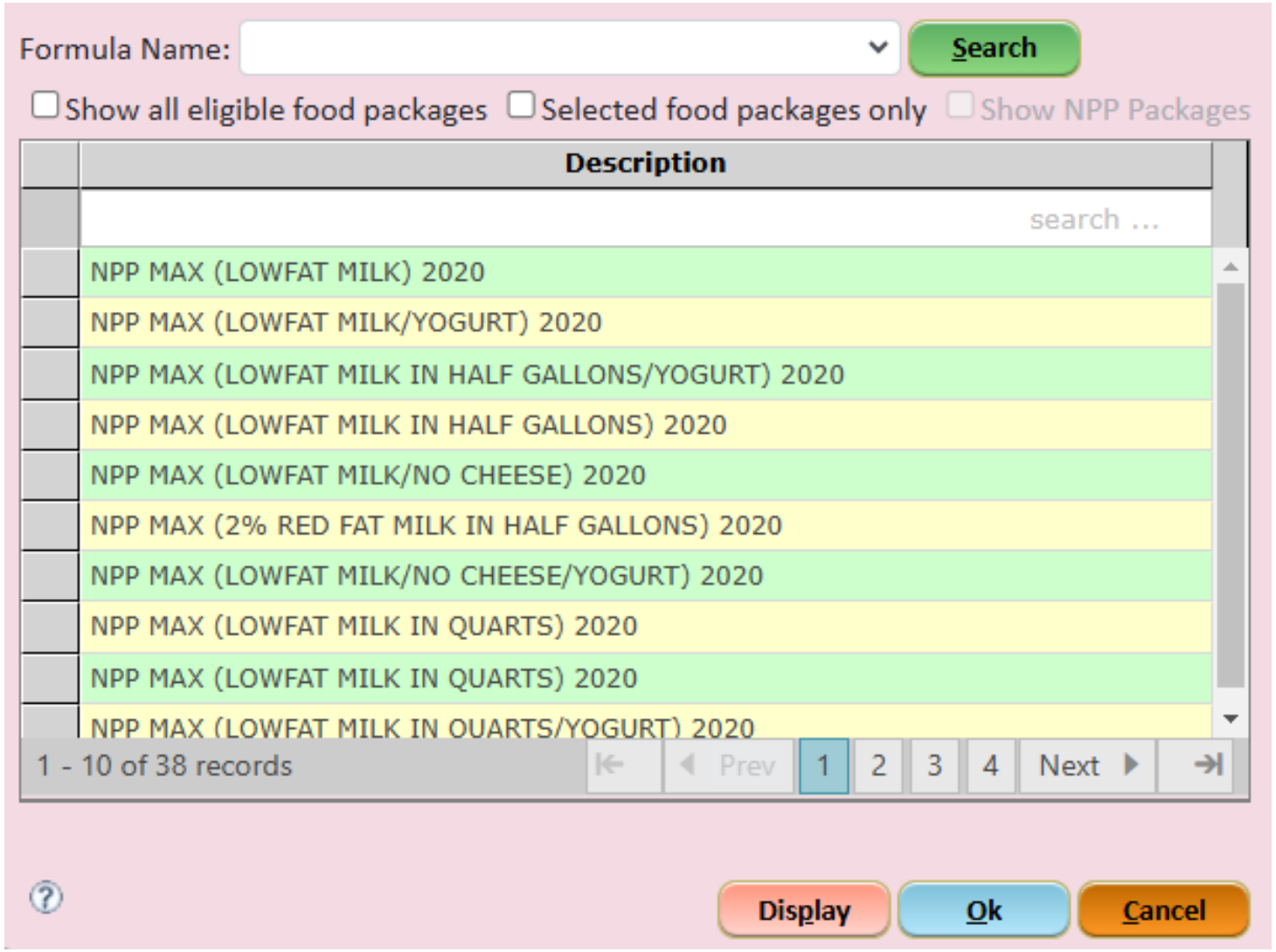


Table F Maximum Monthly Food Package for Postpartum Women

	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	$47 CVB (refer to A.3.)
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.

Reference: Policy 7.04 Maximum Food Package

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

Reference: Policy 7.04 Maximum Food Package

Michigan WIC
Formula Maximums - IFF
Effective February 1, 2025

CONTRACT/STANDARD INFANT 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	
Class I 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
		13 fl oz can	Conc	26	31	31	31	31	34	34	24	24	24	24	24	24	35	I, C1-C4
	Similac Sensitive	12.5 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 Soy Isomil	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
		13 fl oz can	Conc	26	31	31	31	31	34	34	24	24	24	24	24	24	35	I, C1-C4
	Similac Total Comfort	12.6 oz can	Powd	90	9	9	9	9	10	10	7	7	7	7	7	7	10	I, C1-C4
SPECIAL FORMULAS (Require Medical Documentation)																		
Class II Formulas	Enfamil AR	12.9 oz can	Powd	91	9	9	9	9	10	10	7	7	7	7	7	7	10	I, C1-C4
	Extensive HA	14.1 oz can	Powd	96	9	9	9	9	10	10	7	7	7	7	7	7	9	I, 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
		19.8 oz can	Powd	139	6	6	6	6	7	6	5	5	5	5	5	5	6	I, C1-C4
	Pepticate	13.2 oz can	Powd	86	10	10	10	10	11	11	8	8	8	8	8	8	10	I, 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
	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
Class III Formulas	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	8 fl oz drink box	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	C1-C4
	Boost Kid Essentials 1.5 w/ Fiber	8 fl oz drink box	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	C1-C4
	Boost Plus	8 fl oz bottle	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	W
	Compleat Pediatric	250 ml tetra prisma	RTF	8.45	-	-	-	-	-	-	-	-	-	-	-	-	107	C1-C4
	Compleat Pediatric Organic Blends	10.1 fl oz pouch	RTF	10.1	-	-	-	-	-	-	-	-	-	-	-	-	90	C1-C4
	Compleat Pediatric Reduced Calorie	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

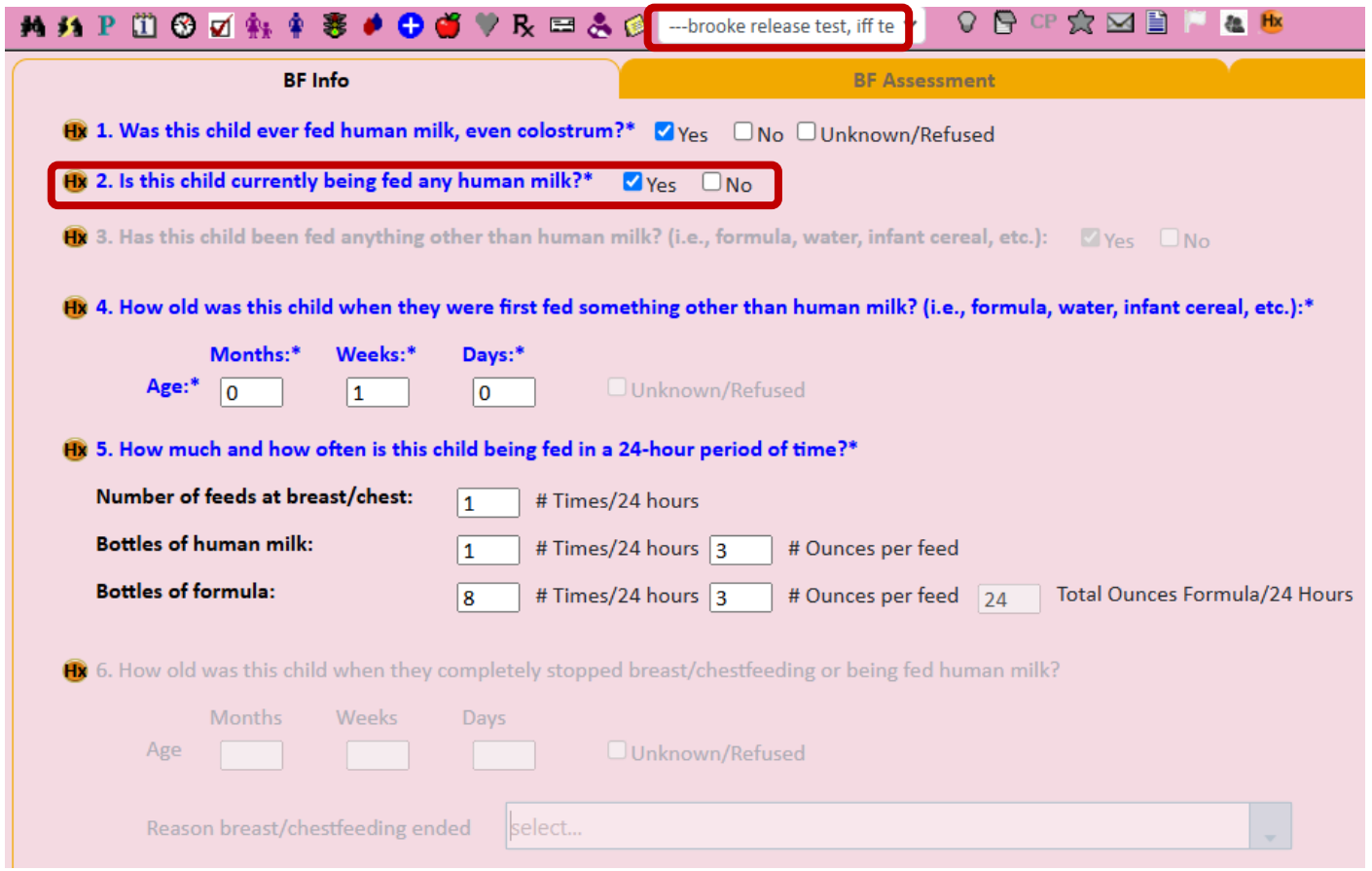
	Formula	Size	Form	Man. Recon. Volume (ounces)	Maximum Quantity per Month													WIC Eligible Category
					0 mo IFF	1 mo IFF	2 mo IFF	3 mo IFF	4 mo IFF	5 mo IFF	6 mo IFF	7 mo IFF	8 mo IFF	9 mo IFF	10 mo IFF	11 mo IFF	≥ 1 yr	
Class III Formulas	Elecare Infant	14.1 oz can	Powd	95	9	9	9	9	10	10	7	7	7	7	7	7	9	I, C1
	Elecare Jr	14.1 oz can	Powd	64	-	-	-	-	-	-	-	-	-	-	-	-	14	C1-C4
	Enfamil Neuropro Enfacare	13.6 oz can	Powd	82	10	10	10	10	11	11	8	8	8	8	8	8	11	I, C1
	Enfaport	6 fl oz bottle	RTF	6	138	138	138	138	150	150	108	108	102	102	102	102	151	I, C1
	Ensure	8 fl oz bottle	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	W
	Ensure Plus	8 fl oz bottle	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	W
	Fortini	4 fl oz carton	RTF	4	202	202	202	202	221	221	156	156	156	156	156	156	227	I, C1 (18 mo)
	Kate Farms Pediatric Blended Meals	250 ml pouch	RTF	8.45	-	-	-	-	-	-	-	-	-	-	-	-	107	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 Junior (w/ or w/out Prebiotics)	400 g (14.1 oz) can	Powd	64	-	-	-	-	-	-	-	-	-	-	-	-	14	C1-C4
	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 Syneo Junior	400 g (14.1 oz) can	Powd	62	-	-	-	-	-	-	-	-	-	-	-	-	14	C1-C4
	Neocate Splash	8 fl oz tetra prisma	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	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	8 fl oz bottle	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	C1-C4
	Pediasure with Fiber	8 fl oz bottle	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	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
	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 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

Non-Lactating Postpartum (NPP)

Category and Package Assignment *Scenarios*

Assessing for NPP/IFF Status

IFF infants receiving any human milk (as documented in BF Info Question #2) should be categorically changed to IBP.



NPP Client

Parent stops breast/chestfeeding *prior to* 6 months

<u>Parent</u>

Category: NPP

Package: NPP Max

<u>Infant</u>

Category: IFF

Package: IFF

<u>Guidance/ Rationale:</u>

- 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 breast/chestfeeding *after* 6 months

Parent

Terminate

Infant

Category: IFF

Package: IFF

Rationale

Once notified, LA must terminate the parent as they are no longer eligible to participate after their IFF infant turns 6 months old.

NPP Client

Parent experienced a poor pregnancy outcome but is *exclusively* breast/chestfeeding an older infant from a previous pregnancy who is *under* age 1.

Parent

Category: NPP

Package: BE Max

* CPA must manually enter NPP food package after child's 1st birthday

Older infant

Category: IBE

Package: IBE

Rationale

NPP clients who experienced a poor pregnancy or birth outcome (such as stillbirth or neonatal death) but are currently exclusively breast/chestfeeding their older IBE baby are eligible for the BE Max food package.

NPP Client

Parent experienced a poor pregnancy outcome but is *partially* breast/chestfeeding an older infant from a previous pregnancy who is *under* age 1.

Parent

Category: NPP

Package: BP Max

* CPA must manually enter NPP food package after child's 1st birthday

Older infant

Category: IBP

Package: IBP

Rationale

NPP clients who experienced a poor pregnancy or birth outcome (such as stillbirth or neonatal death) but are currently partially breast/chestfeeding their older IBP baby are eligible for the BP food package.

NPP Client

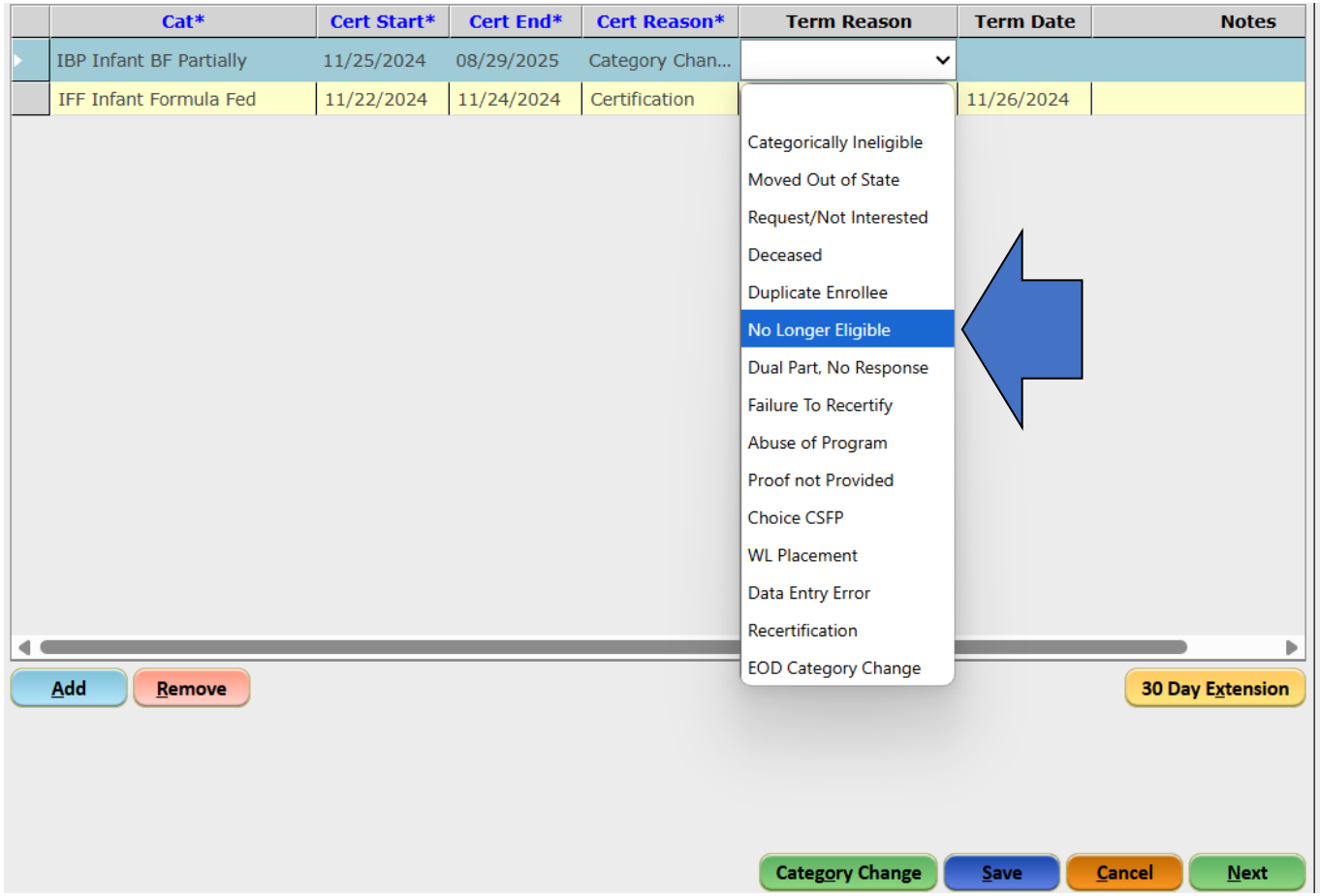
How to terminate a parent & re-issue infant's benefits for a dyad who is no longer breast/chestfeeding

1. Select "No Longer Eligible" as Term Reason on Cert Action screen.
2. Void future 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.
3. Print Ineligibility Notice & Fair Hearing Notice for parent.
4. Change infant category from IBE/IBP to IFF.
5. Update BF Info screen in infant's record.
6. Select new IFF food package.
7. Re-issue benefits for infant.

NPP Client

How to terminate a parent & re-issue infant's benefits for a dyad who is no longer breast/chestfeeding

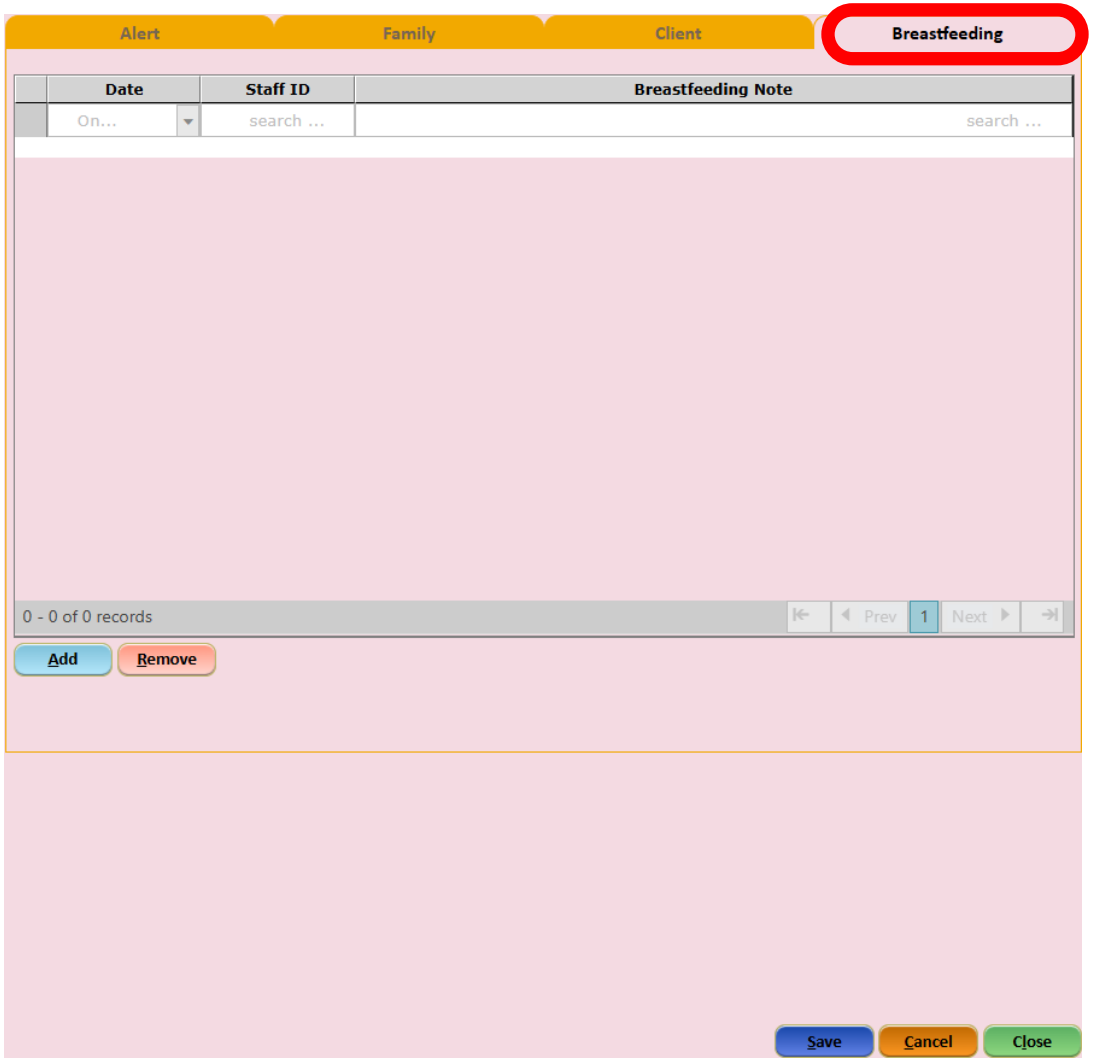
1. Select term reason "No Longer Eligible".
2. System will calculate termination date 15 days from today.
3. Add a note (Ex: no longer breast/chestfeeding).



NPP Client

How to terminate a parent & re-issue infant's benefits for a dyad who is no longer breast/chestfeeding

Once terminated, any breastfeeding-related notes must be documented in the Breastfeeding Tab in the BF Notes section in the parent and/or infant's chart depending on your agency's process.



NPP Client

Parent resumes breast/chestfeeding after the 6-month termination date

- When would this scenario be applicable?
  - During the Mid-certification Health Evaluation or lactation follow-up, a terminated parent indicates infant is still receiving human milk.
  - Infant is between 6 to 11 months of age.

NPP Client

Parent resumes breast/chestfeeding after the 6-month termination date

1. Call the MI-WIC Help Desk at 1-800-942-1636, Opt. #1 to reinstate.
2. Staff change parent category (BE/BP).
3. Change infant category to breast/chestfeeding (IBE/IBP).
4. Update BF Info screen 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

Standard food package= PG/BP Max

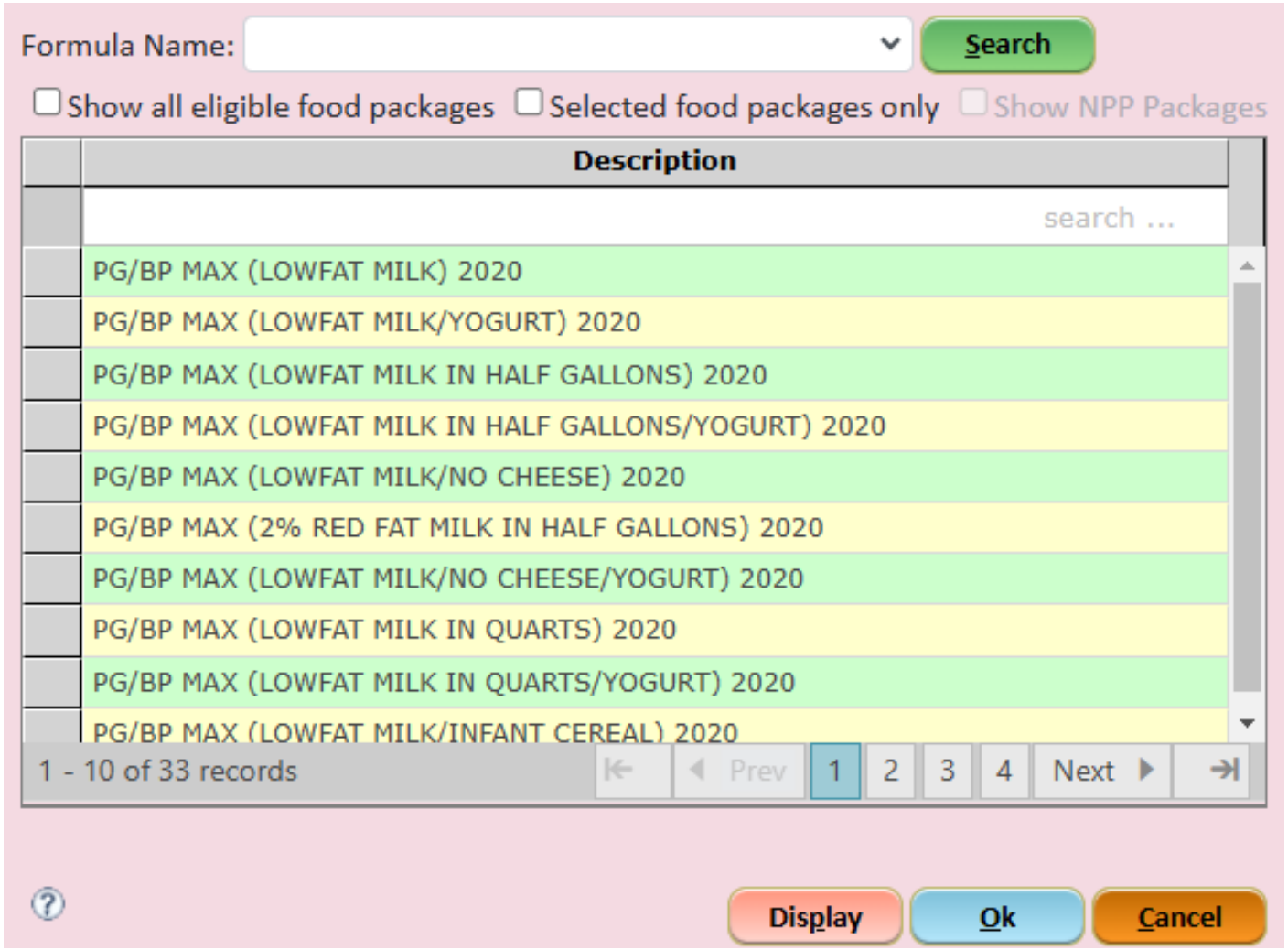


Table E Maximum Monthly Food Package for Pregnant and Partially Breastfeeding Women

	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	$47 CVB (refer to A.3.) for pregnant clients $52 CVB (refer to A.3.) for partially breastfeeding clients
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.

Reference: Policy 7.04 Maximum Food Package

Table B1 Maximum Monthly Food Package for Partially Breastfed Infants

	Partially Breastfed Infants		
	0-3 months	4-5 months	6-11 months
WIC formula	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			
	0-3 months	4-5 months	6-8 months	9-11 months
WIC formula	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

Reference: Policy 7.04 Maximum Food Package

Michigan WIC
Formula Maximums - IBP
Effective February 1, 2025

	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	
CONTRACT/STANDARD INFANT FORMULAS (Require Medical Documentation only for a child ≥ 12 months)																		
Class I Formulas	Similac Advance	12.4 oz can	Powd	90	5	4	4	4	5	5	4	4	4	4	4	4	10	I ,C1-C4
		32 fl oz bottle	RTF	32	12	12	12	12	14	14	10	10	10	10	10	10	28	I, C1-C4
		13 fl oz can	Conc	26	14	14	14	14	17	17	12	12	12	12	12	12	35	I, C1-C4
	Similac Sensitive	12.5 oz can	Powd	90	5	4	4	4	5	5	4	4	4	4	4	4	10	I, C1-C4
		32 fl oz bottle	RTF	32	12	12	12	12	14	14	10	10	10	10	10	10	28	I, C1-C4
	Similac Soy Isomil	12.4 oz can	Powd	90	5	4	4	4	5	5	4	4	4	4	4	4	10	I, C1-C4
		32 fl oz bottle	RTF	32	12	12	12	12	14	14	10	10	10	10	10	10	28	I, C1-C4
		13 fl oz can	Conc	26	14	14	14	14	17	17	12	12	12	12	12	12	35	I, C1-C4
	Similac Total Comfort	12.6 oz can	Powd	90	5	4	4	4	5	5	4	4	4	4	4	4	10	I, C1-C4
SPECIAL FORMULAS (Require Medical Documentation)																		
Class II Formulas	Enfamil AR	12.9 oz can	Powd	91	4	4	4	4	5	5	4	4	4	4	4	4	10	I, C1-C4
	Extensive HA	14.1 oz can	Powd	96	4	4	4	4	5	5	4	4	4	4	4	4	9	I, C1-C4
	Nutramigen	13 fl oz can	Conc	26	14	14	14	14	17	17	12	12	12	12	12	12	35	I, C1-C4
		32 fl oz bottle	RTF	32	12	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	5	5	5	5	6	6	4	4	4	4	4	4	10	I, C1-C4
		19.8 oz can	Powd	139	3	3	3	3	4	3	3	3	2	2	2	2	6	I, C1-C4
	Pepticate	13.2 oz can	Powd	86	5	5	5	5	6	6	4	4	4	4	4	4	10	I, C1-C4
	Pregestimil	16 oz (1 lb) can	Powd	112	4	3	3	3	4	4	3	3	3	3	3	3	8	I, C1-C4
		2 fl oz bottle	RTF	2	186	186	186	186	222	222	156	156	156	156	156	156	455	I, C1-C4
	Similac Alimentum	12.1 oz can	Powd	87	5	5	5	5	6	6	4	4	4	4	4	4	10	I ,C1-C4
		32 fl oz bottle	RTF	32	12	12	12	12	14	14	10	10	10	10	10	10	28	I, C1-C4
Class III Formulas	Alfamino Infant	14.1 oz can	Powd	94	4	4	4	4	5	5	4	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	8 fl oz drink box	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	C1-C4
	Boost Kid Essentials 1.5 w/ Fiber	8 fl oz drink box	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	C1-C4
	Boost Plus	8 fl oz bottle	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	W
	Compleat Pediatric	250 ml tetra prisma	RTF	8.45	-	-	-	-	-	-	-	-	-	-	-	-	107	C1-C4
	Compleat Pediatric Organic Blends	10.1 fl oz pouch	RTF	10.1	-	-	-	-	-	-	-	-	-	-	-	-	90	C1-C4
	Compleat Pediatric Reduced Calorie	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

	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	
Class III Formulas	Elecare Infant	14.1 oz can	Powd	95	4	4	4	4	5	5	4	4	4	4	4	4	9	I, C1
	Elecare Jr	14.1 oz can	Powd	64	-	-	-	-	-	-	-	-	-	-	-	-	14	C1-C4
	Enfamil Neuropro Enfacare	13.6 oz can	Powd	82	5	5	5	5	6	6	4	4	4	4	4	4	11	I, C1
	Enfaport	6 fl oz bottle	RTF	6	66	60	60	60	78	78	54	54	54	54	54	54	151	I, C1
	Ensure	8 fl oz bottle	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	W
	Ensure Plus	8 fl oz bottle	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	W
	Fortini	4 fl oz carton	RTF	4	91	91	91	91	111	111	78	78	78	78	78	78	227	I, C1 (18 mo)
	Kate Farms Pediatric Blended Meals	250 ml pouch	RTF	8.45	-	-	-	-	-	-	-	-	-	-	-	-	107	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	4	4	4	4	5	5	4	4	3	3	3	3	9	I, C1
	Neocate Junior (w/ or w/out Prebiotics)	400 g (14.1 oz) can	Powd	64	-	-	-	-	-	-	-	-	-	-	-	-	14	C1-C4
	Neocate Syneo Infant	400 g (14.1 oz) can	Powd	95	4	4	4	4	5	5	4	4	4	4	4	4	9	I, C1
	Neocate Syneo Junior	400 g (14.1 oz) can	Powd	62	-	-	-	-	-	-	-	-	-	-	-	-	14	C1-C4
	Neocate Splash	8 fl oz tetra prisma	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	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	8 fl oz bottle	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	C1-C4
	Pediasure with Fiber	8 fl oz can	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	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
	Puramino	14.1 oz can	Powd	99	4	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 Neosure	13.1 oz can	Powd	87	5	5	5	5	6	6	4	4	4	4	4	4	10	I, C1
		32 fl oz bottle	RTF	32	12	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	4	4	4	4	5	5	4	3	3	3	3	3	8	I, C1

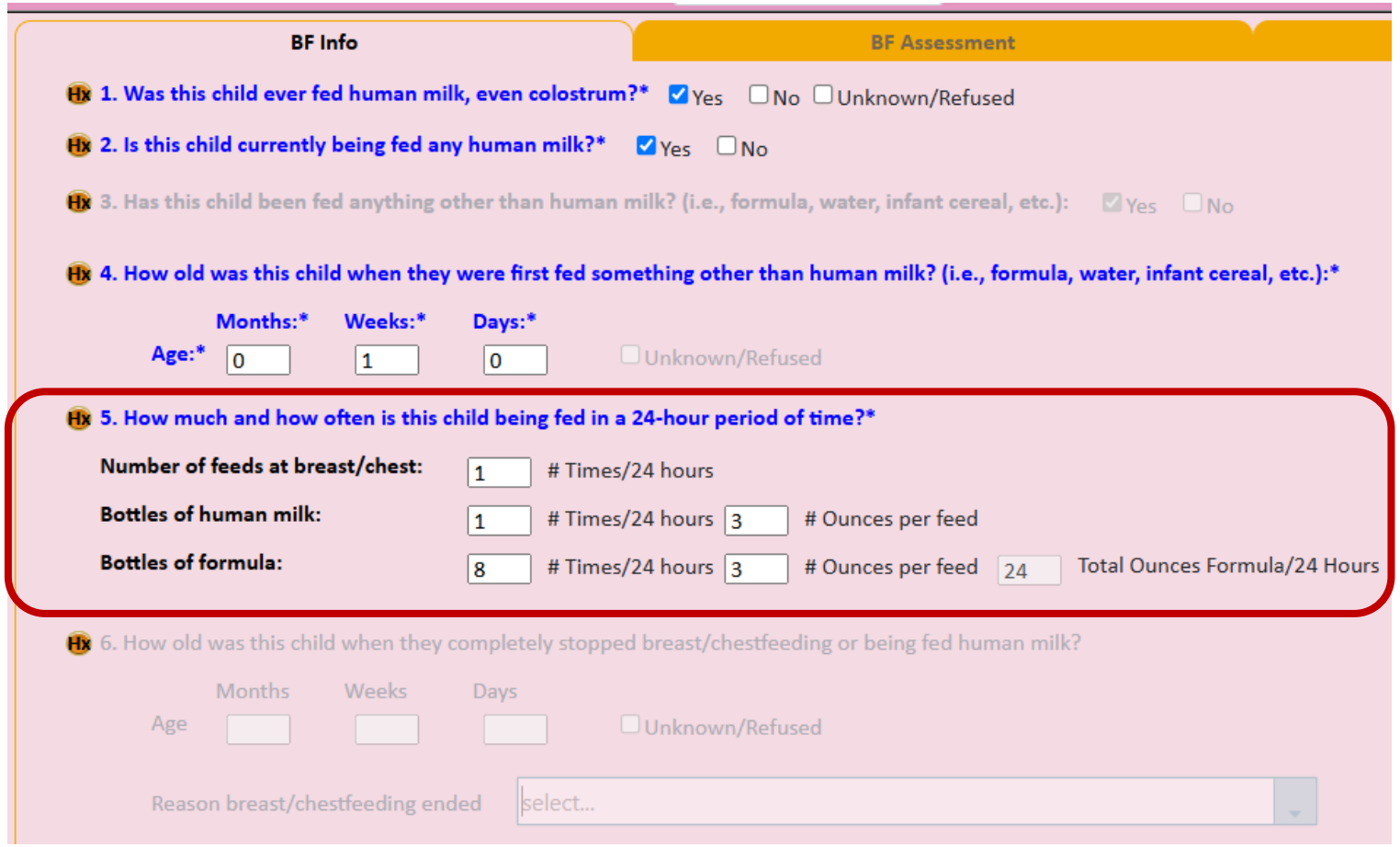
Breastfeeding Partial (BP)

Category and Package Assignment *Scenarios*

BP Client

When IBP needs more formula than IBP maximum

- Question #5 on the Infant BF Info screen will help staff determine if and how much formula is needed.
- The infant should remain IBP until they are no longer fed human milk.



BP Client

Ghost Package

0-5 months

Parent
Category: BP
Package: NPP Max

Infant
Category: IBP
Package: IBP (tailor up to IFF maximum)

6-11 months (Ghost Package)

Parent
Category: BP
Package: IBE/IBP/IFF/NPP/BP (No Food Benefits)

Infant
Category: IBP
Package: IBP (tailor up to IFF maximum)

For information on Ghost Package when breast/chestfeeding multiples, click here.

BP Client

Ghost Package

- Parent will remain certified (ineligible to receive food benefits) after 6 months postpartum.

- Why is the ghost package a benefit to clients?
  - Peers can continue scheduling call-backs for follow-up support.
  - Remains eligible for other WIC benefits such as nutrition education, community referrals and Produce Connection.
  - Remains eligible to receive breast pumps/supplies.
  - Parent may decide their infant needs less formula after introduction to solids and their package could be changed to the BP food package.

BP Client

Ghost Package

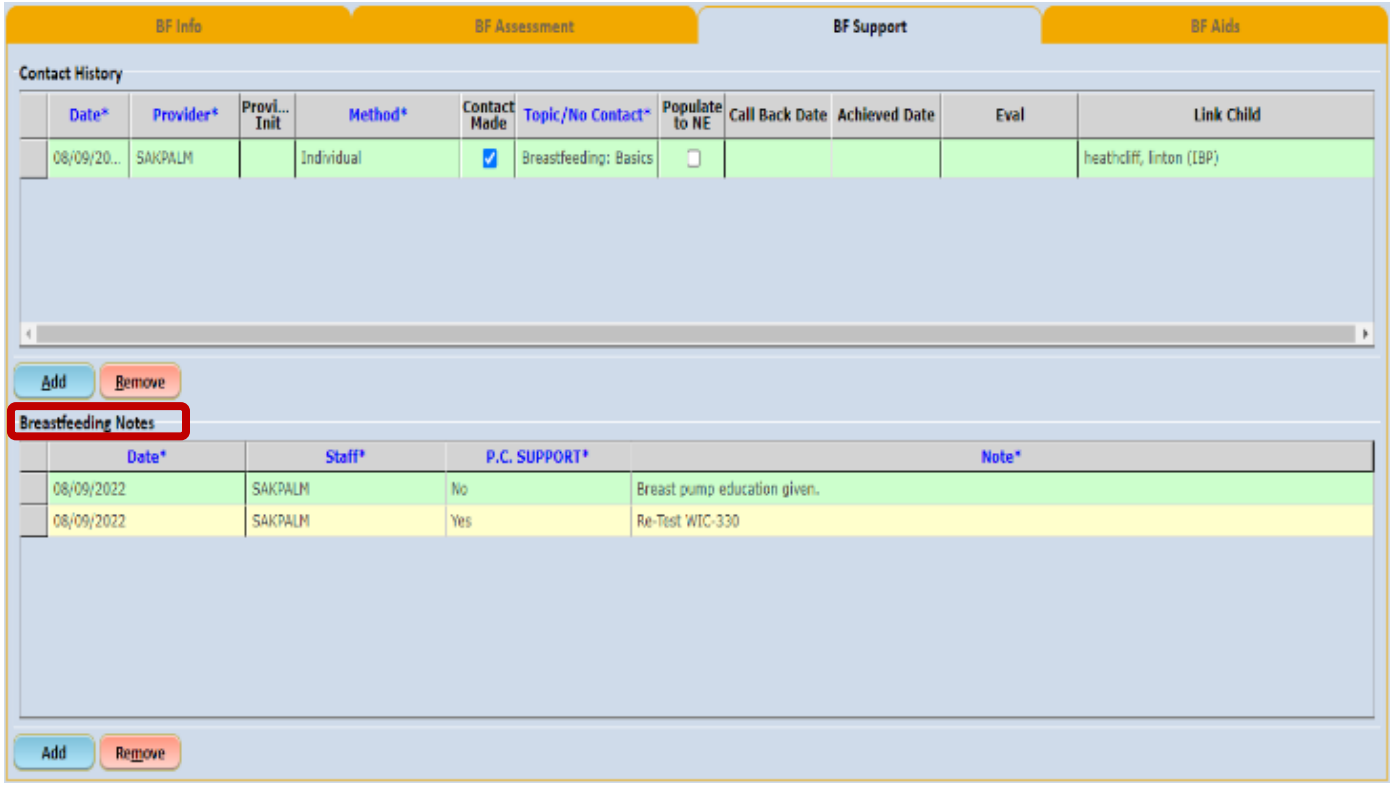
- Can infant's IBP package be "tailored up" to meet the specific needs of the infant?
  - Yes. WIC staff are expected to assess and assign the minimal amount of formula that does not exceed the infant's nutritional needs.
  - Providing the minimal formula supplementation helps parents maintain milk production.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

BP Client

Ghost Package

Documentation:

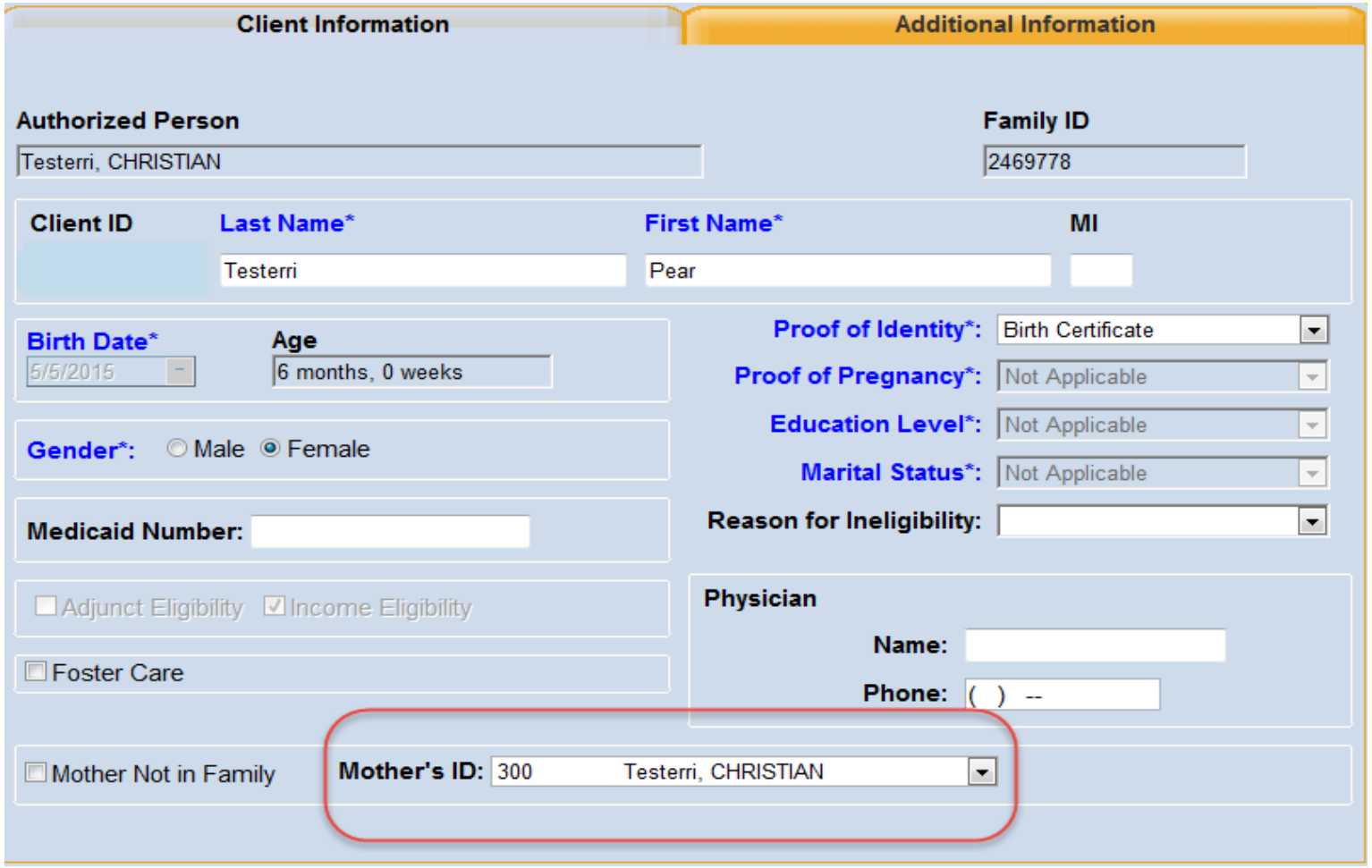
- Under the parent and/or infant's BF Support tab, include documentation on lactation and formula use under BF Notes.
- Copy and paste these notes into the infant's BF Notes.



BP Client

Ghost Package

Parent and infant must be linked on Infant's Client Information screen.



BP Client

Ghost Package: Package Change Steps

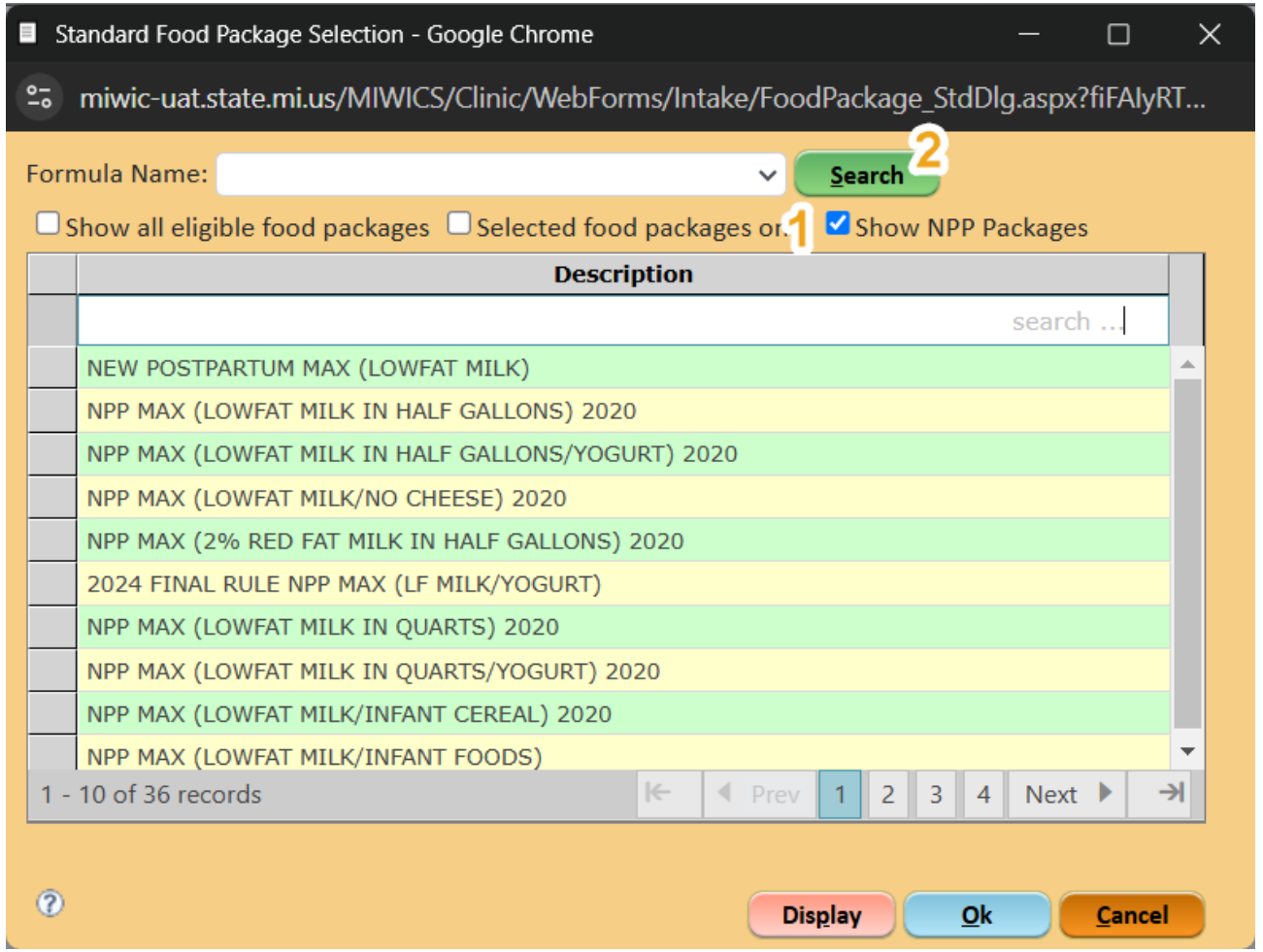
1. Leave clients as BP/ IBP categories.
2. Void current and future benefits for both parent and infant.
3. Change parent's food package *FIRST.*
4. Assign infant's food package.
5. Re-issue benefits:
   - Refer to Mid-Month Benefit Changes for benefit issuance guidance when changes occur mid-month.

BP Client

Ghost Package for Infants aged 0-5 months

Parent's food package screen:

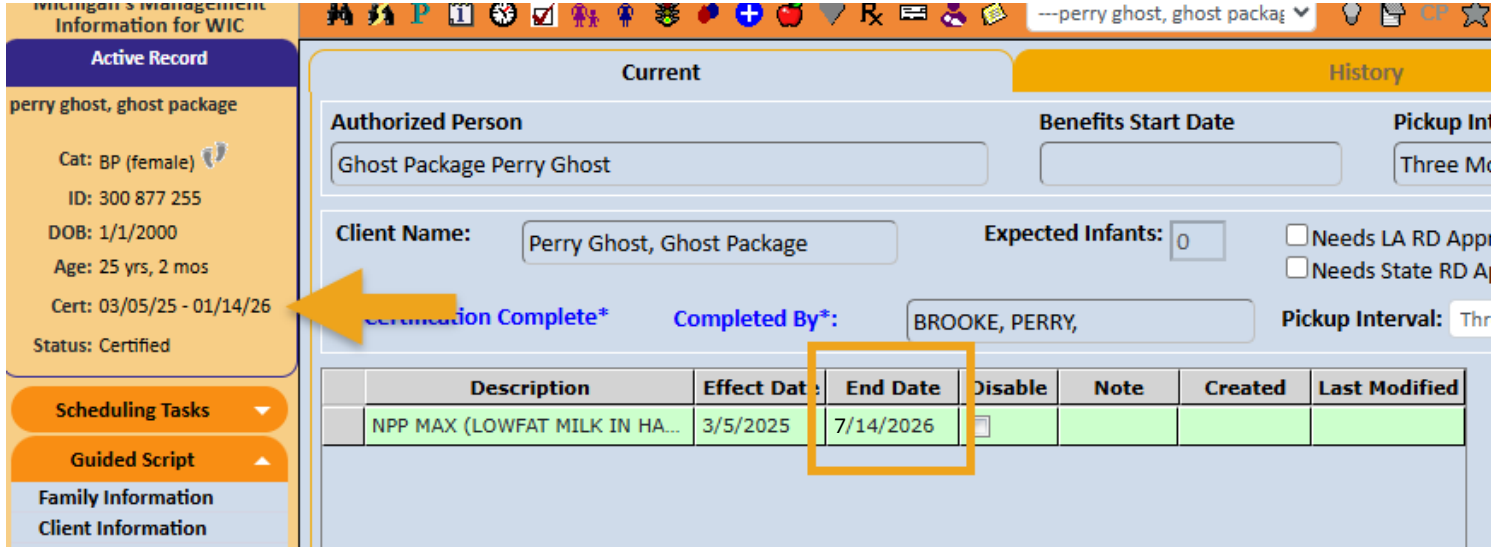
1. Select "Show NPP packages" and press Search.
2. Assign NPP food package.



BP Client

Ghost Package for Infants aged 0-5 months

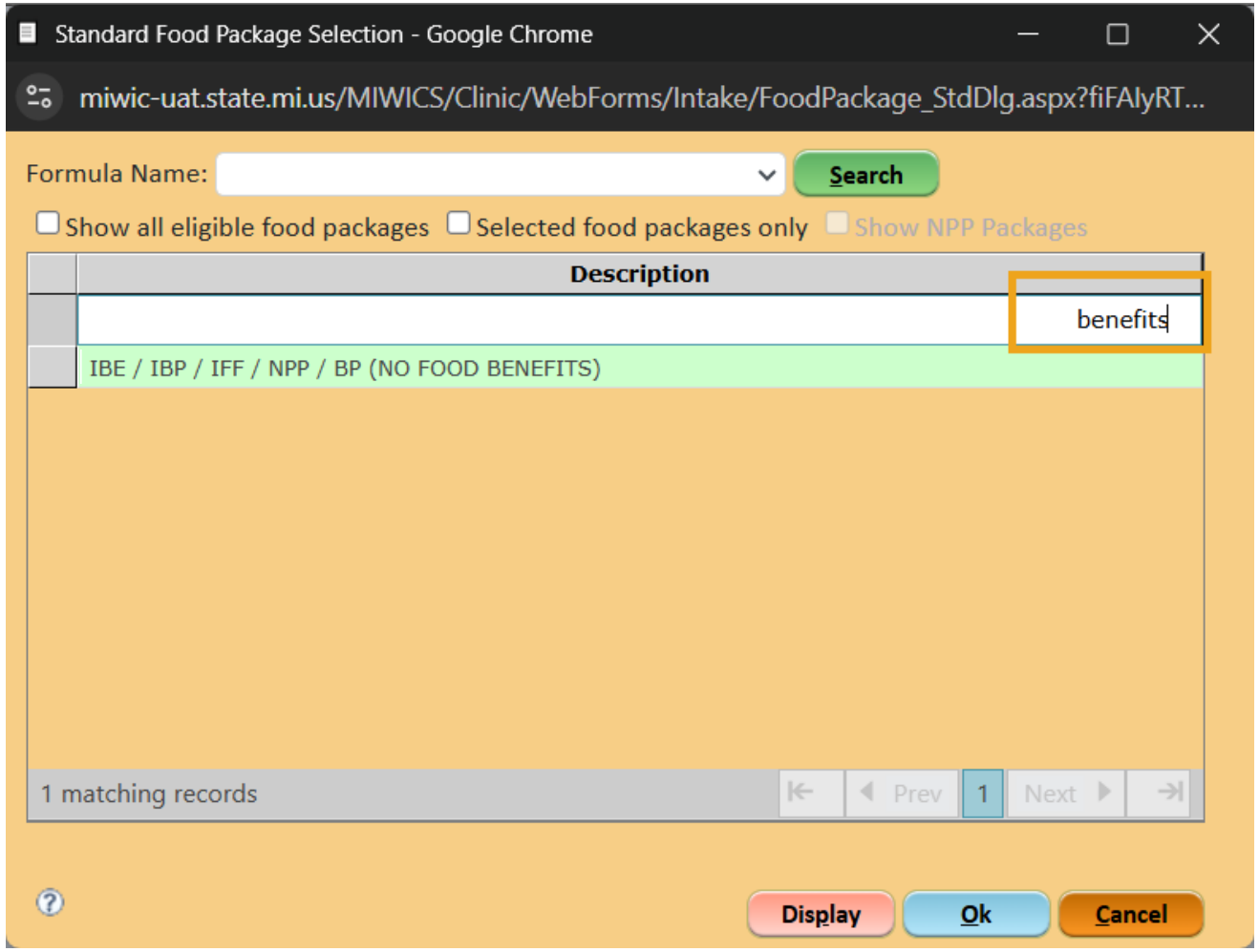
- Edit the BP client's NPP food package to 1 day before the infant is 6 months old.
- Assign the "Ghost Package" to cover remainder of client's cert period.



BP Client

Ghost Package for Infants aged 6-11 months

- Change parent's package *FIRST.*
- Parent is not eligible to receive food benefits.
- Filter default list for Benefits.
- Assign " IBE/IBP/IFF/NPP/BP (No Food Benefits)".



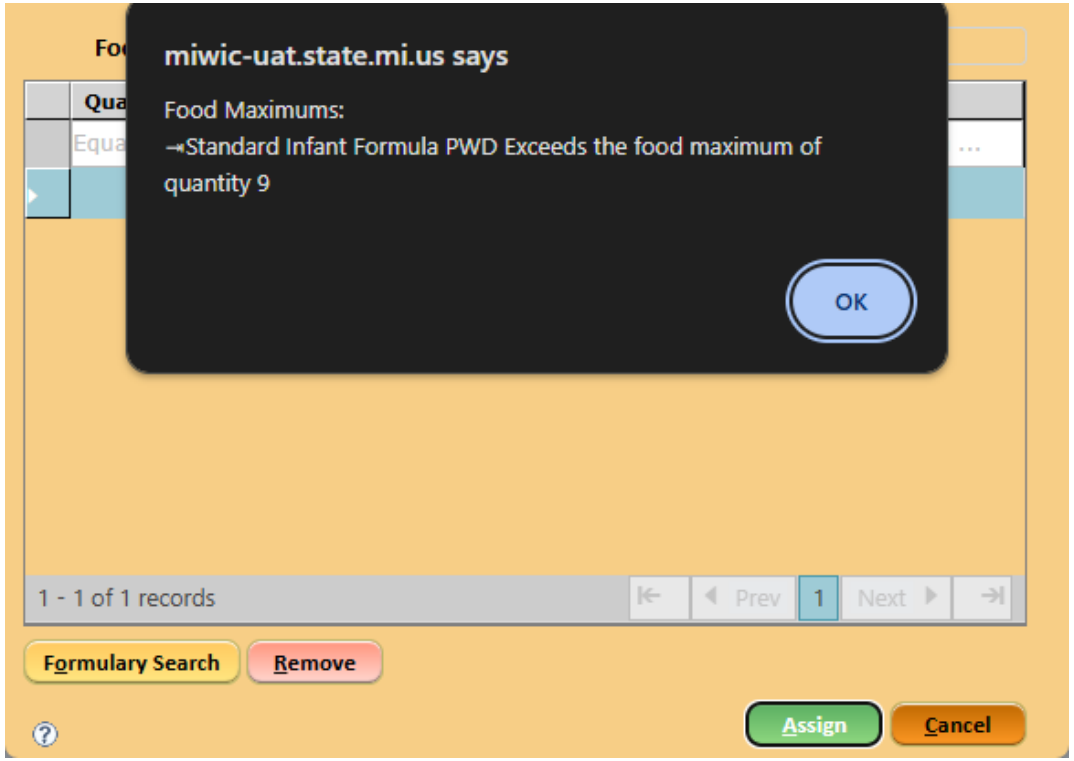
BP Client

Ghost Package for Infants aged 0-11 months

After assigning the BP client the NPP Package or “Ghost Package”:

- Customize the IBP food package up to the IFF maximum based on assessed need documented in BF Info Q5 How much and how often is this child being fed in a 24-hour period of time.
- The system will enforce all IFF maximums per each age range.

The IBP infant will NOT be assigned an IFF food package.



	Description	Effect Date	End Date
	Custom - IBP STANDARD INFA...	3/5/2025	5/14/2025
	Custom - IBP STANDARD INFA...	5/15/2025	7/14/2025
	Custom - IBP STANDARD INFA...	7/15/2025	1/14/2026

BP Client

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

Parent

Category Change: BP to BE

Package: BE Max

Infant

Category Change: IBP to IBE

Package: IBE

Rationale:

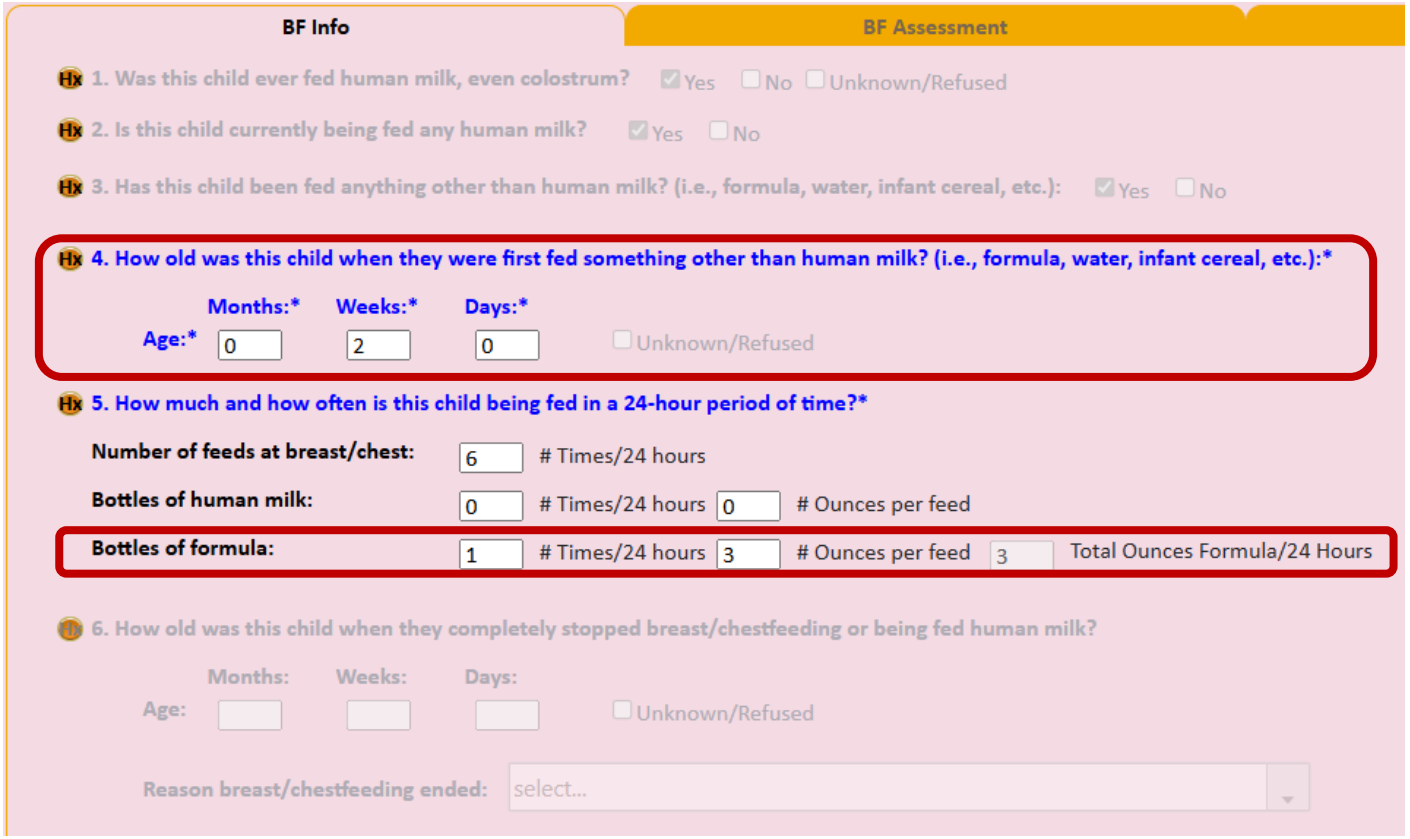
As long as the parent is providing some amount of human milk, parent and infant may be categorized as BE/IBE in this situation.

BP Client

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

Infant's BF Info Screen:

- Formula feeding status can be captured here.

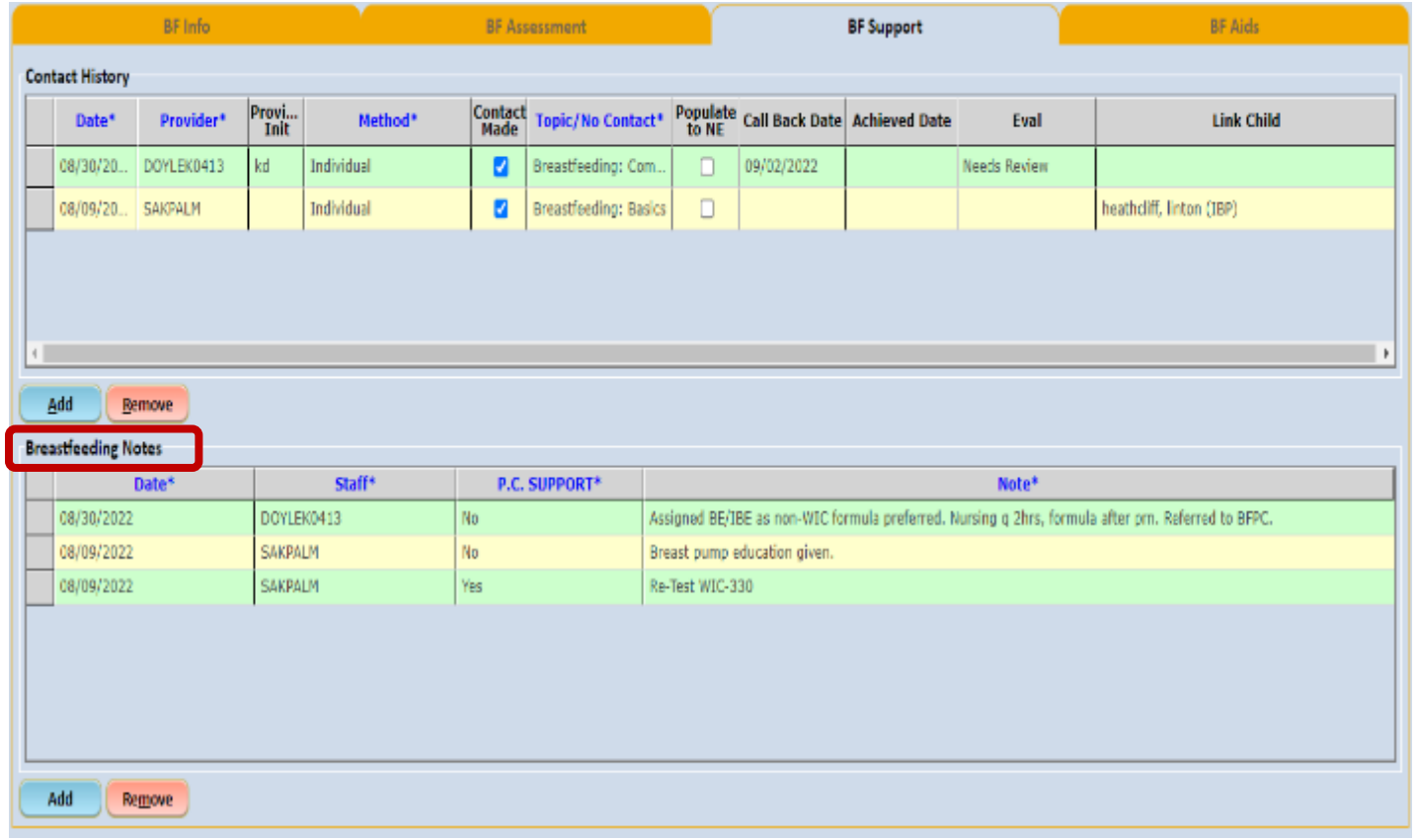


BP Client

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

Documentation:

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



BP Client

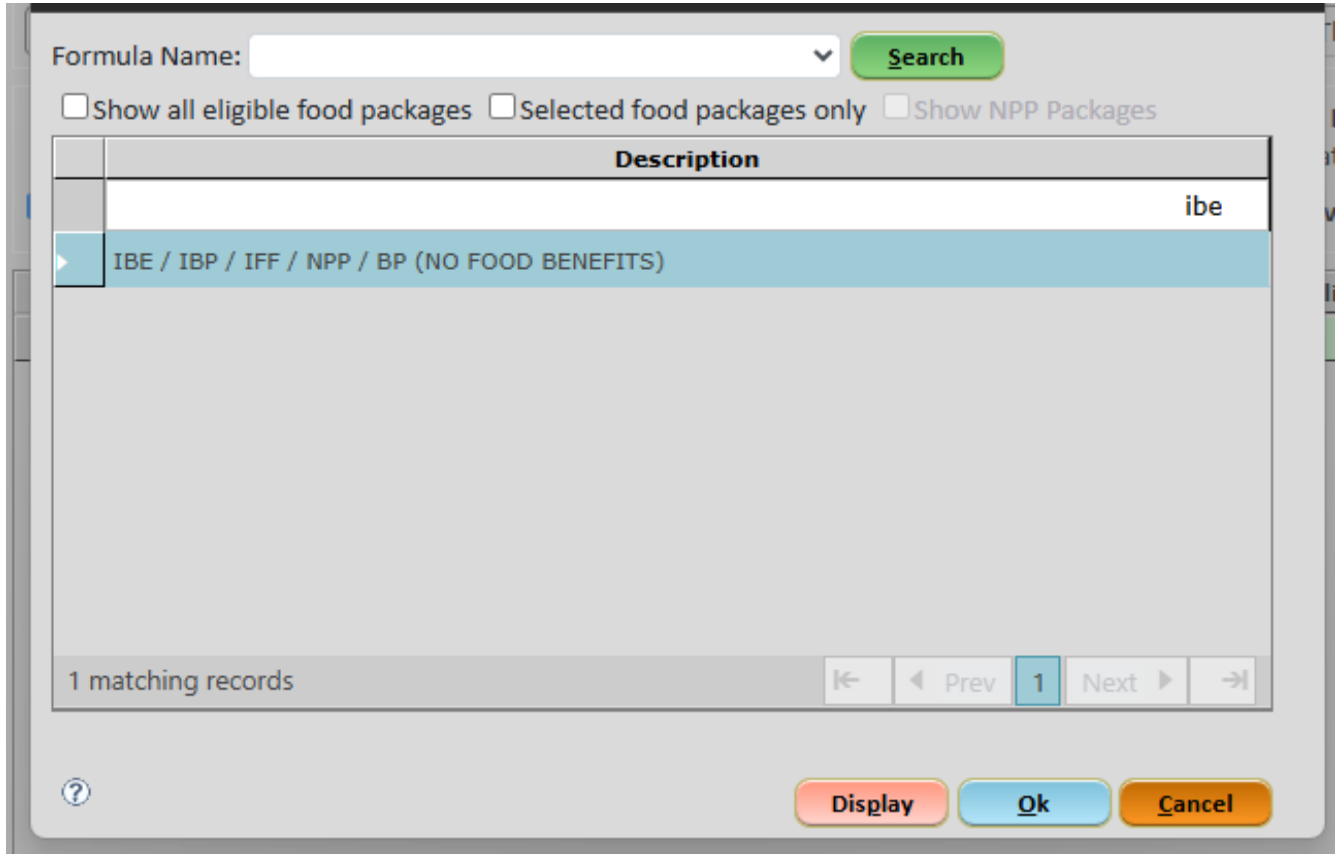
IBP stops breast/chestfeeding and is *not* receiving WIC formula

0-5 months

Parent
Category Change: BP to NPP
Package: NPP Max

Infant
Category Change: IBP to IFF
Package: IBE/IBP/IFF/NPP/BP (No Food Benefits)

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



BP Client

IBP stops breast/chestfeeding and is *not* receiving WIC formula

6-11 months

Parent

Terminate. Refer to parent stops breast/ chestfeeding *prior to* 6 months scenario.

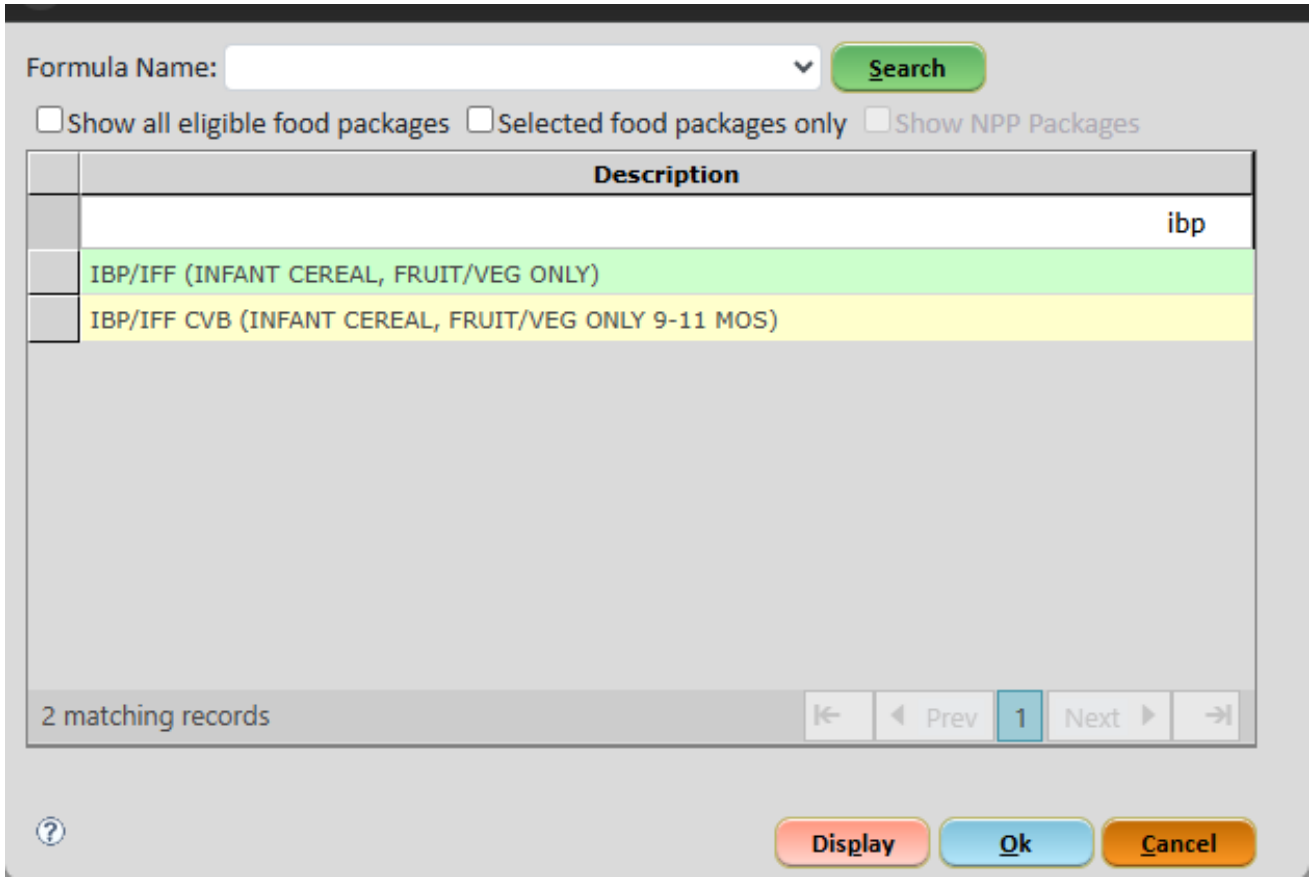
Infant

Category Change: IBP to 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 human milk in order to be categorized as BE/ IBE and receive BE Max/ IBE packages. Otherwise, parent is termed after 6 months postpartum.



Breastfeeding Exclusive (BE)

Food Package Guidance

BE Packages

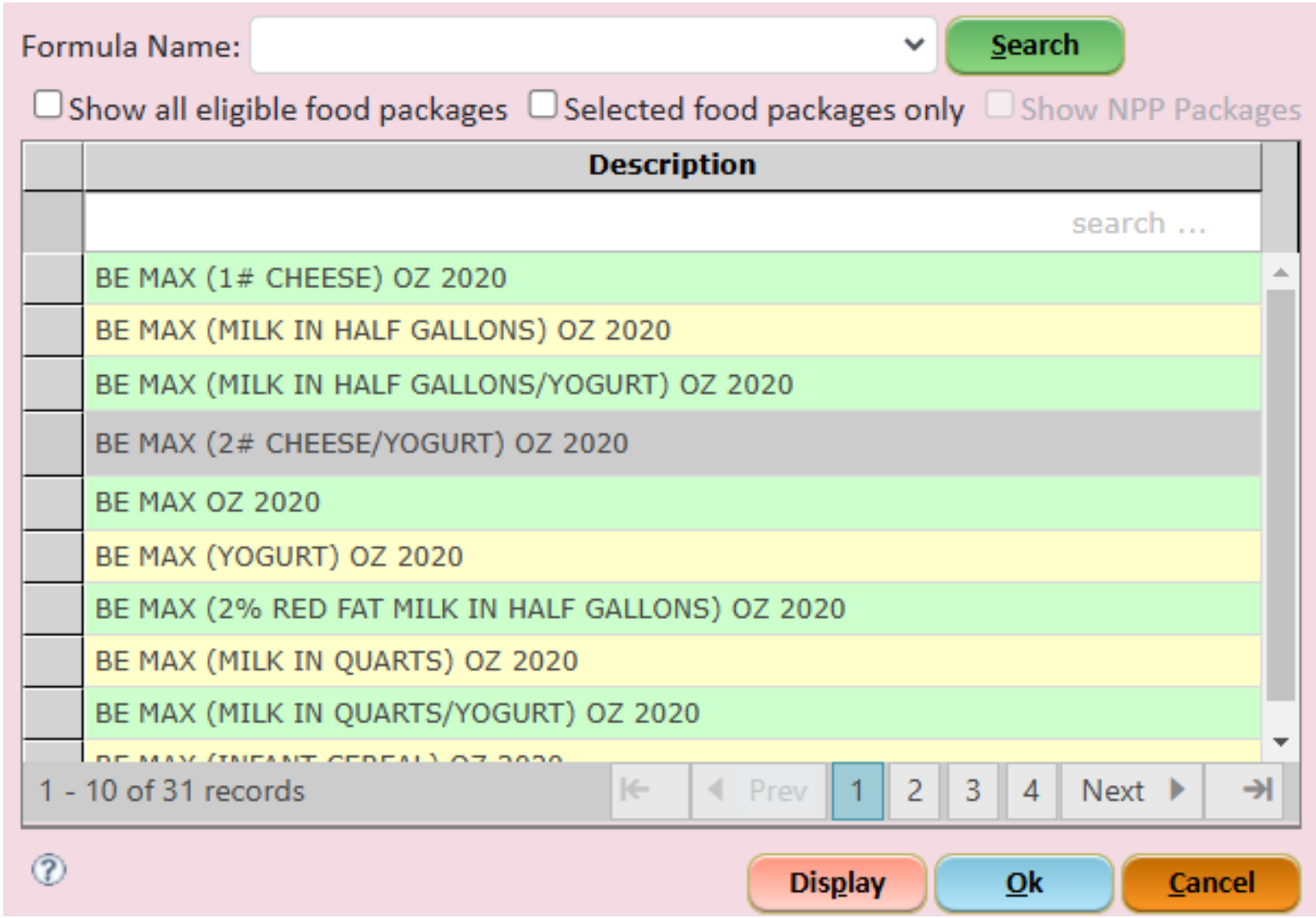

Formula Name:
Search
Show all eligible food packages
Selected food packages only
Show NPP Packages
Description
search ...
BE MAX (1# CHEESE) OZ 2020
BE MAX (MILK IN HALF GALLONS) OZ 2020
BE MAX (MILK IN HALF GALLONS/YOGURT) OZ 2020
BE MAX (2# CHEESE/YOGURT) OZ 2020
BE MAX OZ 2020
BE MAX (YOGURT) OZ 2020
BE MAX (2% RED FAT MILK IN HALF GALLONS) OZ 2020
BE MAX (MILK IN QUARTS) OZ 2020
BE MAX (MILK IN QUARTS/YOGURT) OZ 2020
1 - 10 of 31 records
Prev
1
2
3
4
Next
Display
Ok
Cancel

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	$52 CVB (refer to A.3.)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.

Reference: Policy 7.04 Maximum Food Package

BE Package

BE Max Oz 2020

Food Package: BE MAX OZ 2020

	Quantity	Package Size	Description
	2	JAR	16-18ozPnutBtr,lb Dry,15-16ozCnBean
	36	OZ	CEREAL
	3	LB	CHEESE ($8.00 MAX PER LB.)
	2	DOZ	EGGS
	30	OZ	FISH
	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) Oz 2020 Package

Compared to BE Max Oz 2020 package:

- 1.5 gallons more milk
- 2 lbs. less cheese

Food Package: BE MAX (1# CHEESE) OZ 2020

	Quantity	Package Size	Description
	2	JAR	16-18ozPnutBtr,lb Dry,15-16ozCnBean
	36	OZ	CEREAL
	1	LB	CHEESE ($8.00 MAX PER LB.)
	2	DOZ	EGGS
	30	OZ	FISH
	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) Oz 2020

Food Package: BE MAX (YOGURT) OZ 2020

	Quantity	Package Size	Description
	2	JAR	16-18ozPnutBtr,lb Dry,15-16ozCnBean
	36	OZ	CEREAL
	3	LB	CHEESE ($8.00 MAX PER LB.)
	2	DOZ	EGGS
	30	OZ	FISH
	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) Oz 2020 Package

Compared to BE Max (Yogurt) Oz 2020

- Half gallon more milk
- 1lb less cheese
- No change in yogurt amount

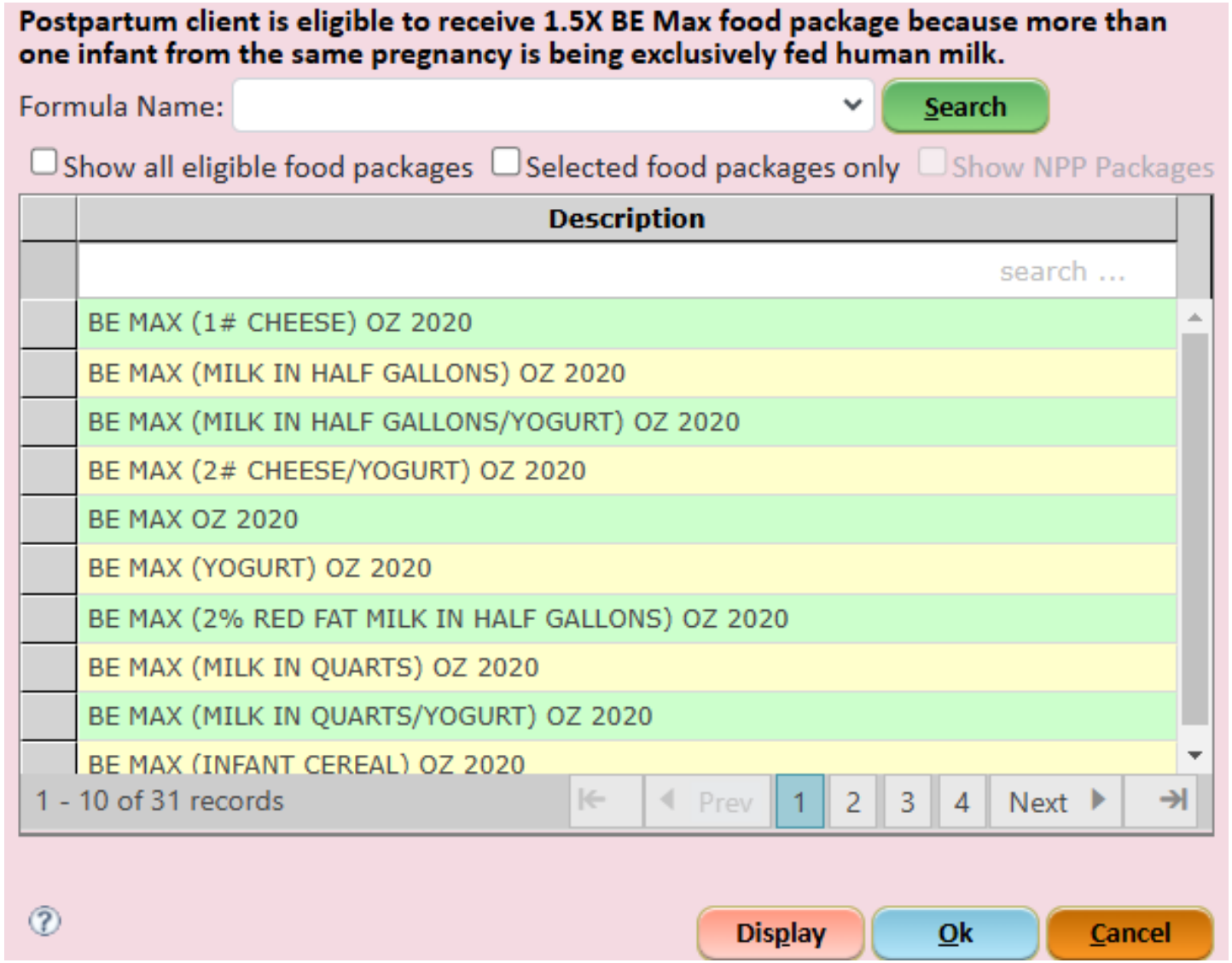
Food Package: BE MAX (2# CHEESE/YOGURT) OZ 2020

Quantity	Package Size	Description
2	JAR	16-18ozPnutBtr,lb Dry,15-16ozCnBean
36	OZ	CEREAL
2	LB	CHEESE ($8.00 MAX PER LB.)
2	DOZ	EGGS
30	OZ	FISH
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

BE Package

1.5 times the BE Max package

Available if the parent is exclusively breast/ chestfeeding multiples less than one year old from the *same* pregnancy



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…

1/25/2025 2/24/2025

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	78
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	78
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.

[redacted]

8	GAL	SKIM, 1/2% OR 1% MILK
3	LB	CHEESE ($8.00 MAX PER LB.)
3	DOZ	EGGS
5	CAN	JUICE 48 OZ OR 11.5-12 OZ CONC
54	OZ	CEREAL
3	JAR	16-18OZPNUTBTR,LB DRY,15-16OZCNBEAN
45	OZ	FISH
2	LB	WHOLE GRAINS
78	$$$	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.

[redacted]

7	GAL	SKIM, 1/2% OR 1% MILK
3	LB	CHEESE ($8.00 MAX PER LB.)
3	DOZ	EGGS
4	CAN	JUICE 48 OZ OR 11.5-12 OZ CONC
54	OZ	CEREAL
3	JAR	16-18OZPNUTBTR,LB DRY,15-16OZCNBEAN
45	OZ	FISH
1	LB	WHOLE GRAINS
78	$$$	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	$78 CVB (refer to A.3.)	$78 CVB (refer to A.3.)
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

Reference: Policy 7.04 Maximum Food Package

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 infant 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

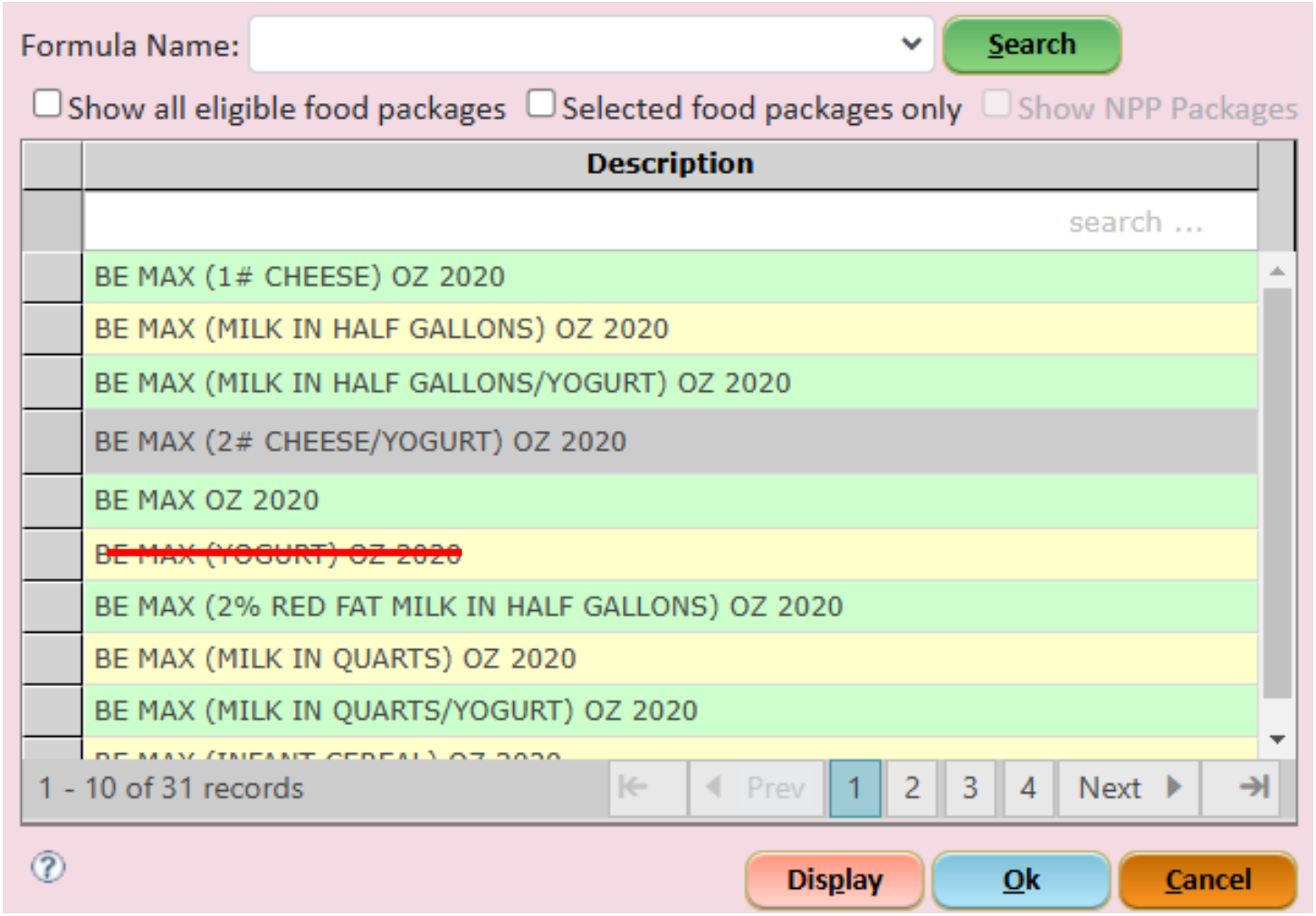


Table A1 Maximum Monthly Food Package for Fully Breastfed Infants

	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

Reference: Policy 7.04 Maximum Food Package

Breastfeeding Exclusive (BE)

Category and Package Assignment
Scenarios

BE Client

Parent would like formula for their infant

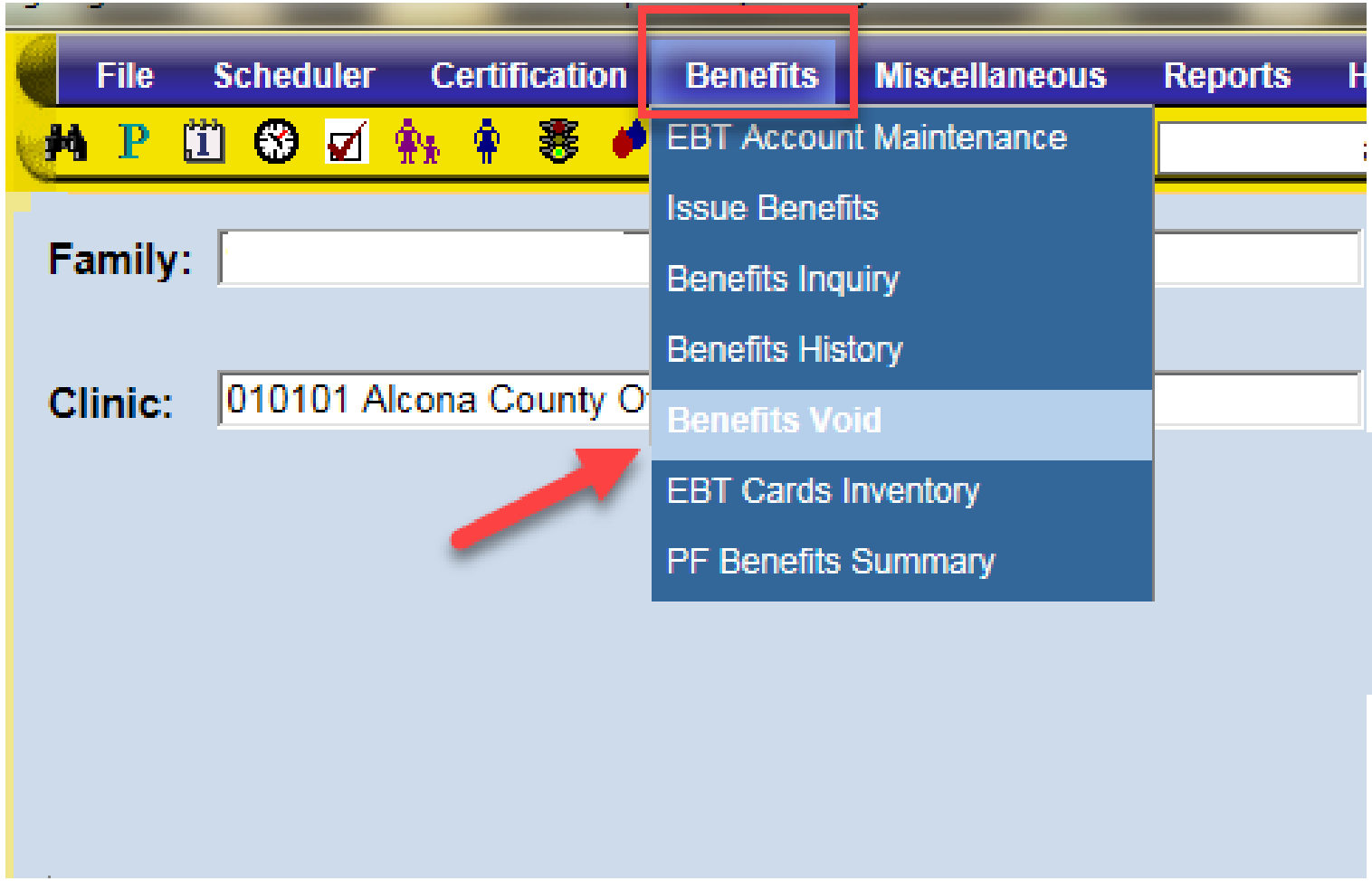
1. Void future benefits.
2. Change category of the parent to BP and assign food package.
3. Change category of the infant to IBP and assign food package.
   - Don’t forget to update statistics on the BF Info screen.
4. Re-issue benefits.

(The following 15 slides show staff how to do each of these steps.)

BE Client

Parent would like formula: Voiding Benefits

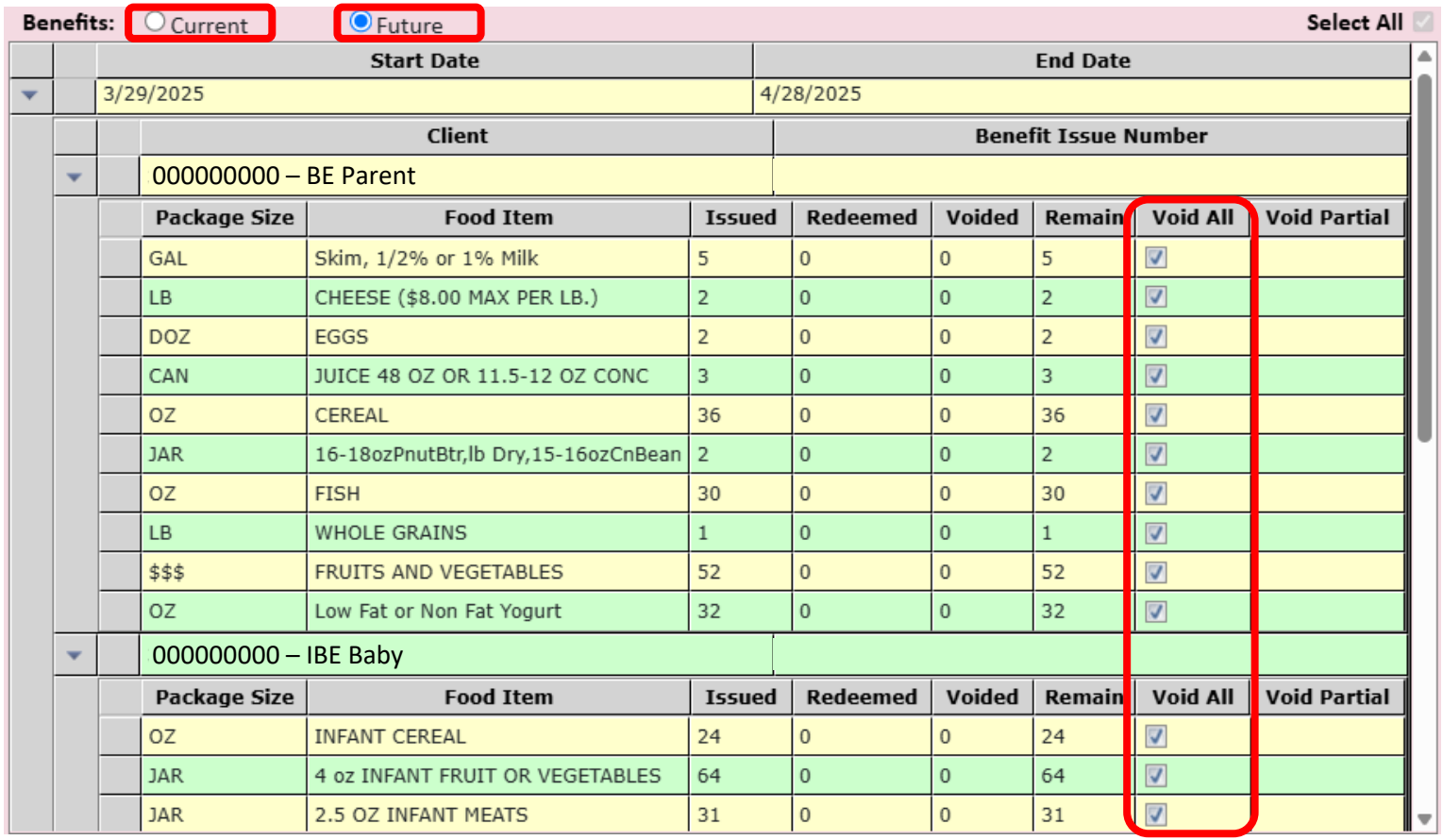
Go to Benefits drop down and select “Benefits Void.”



BE Client

Parent would like formula: Voiding Benefits

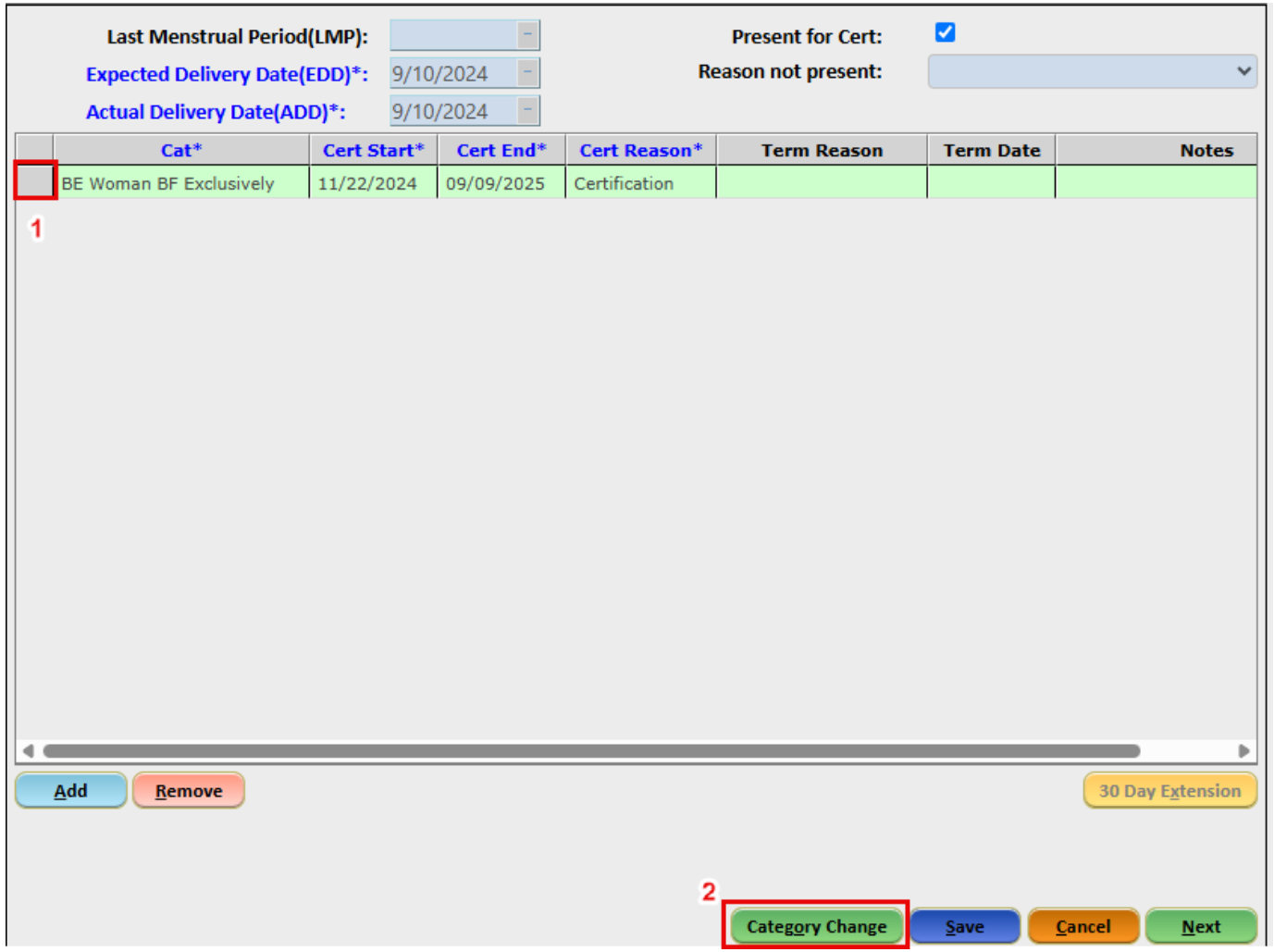
Void ALL current & future benefits



BE Client

Parent would like formula: Parent Category Change

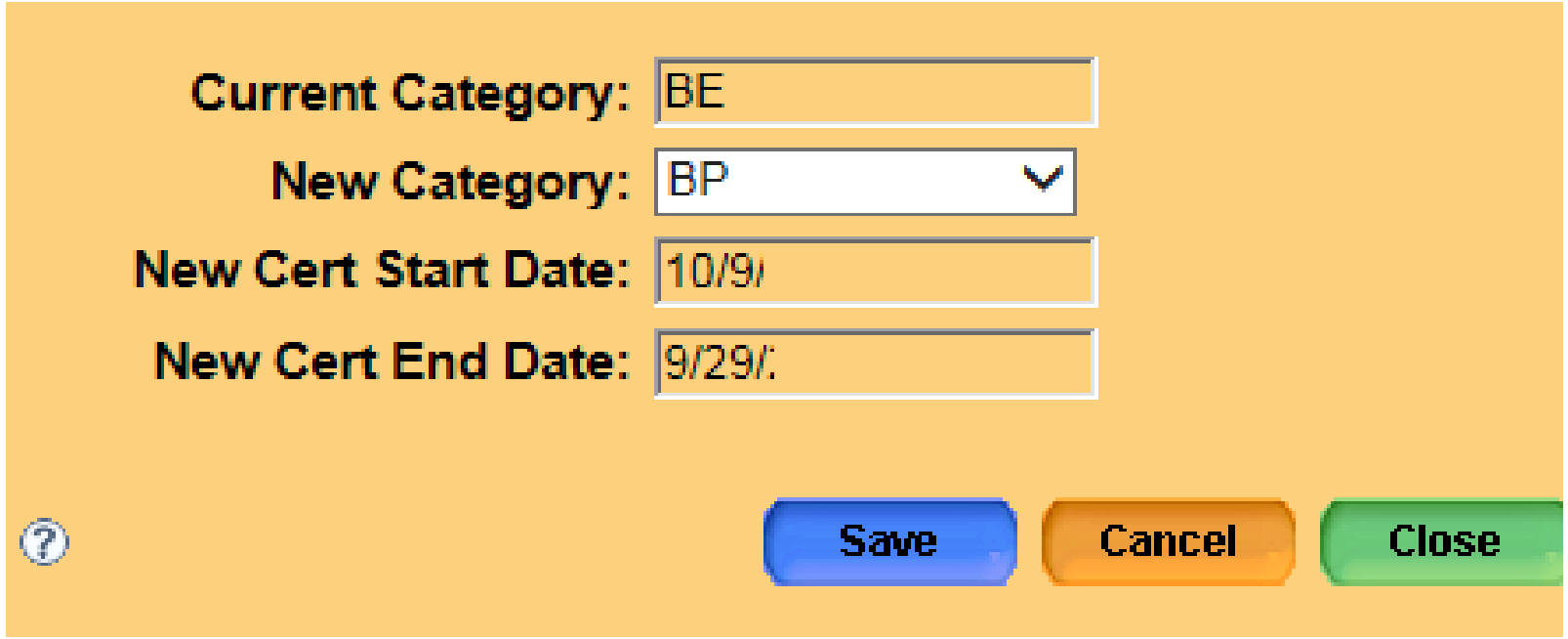
- *Always* start with the parent.
- Go to parent's Cert Action screen and (1) select the "BE" category line, then (2) "Category Change."



BE Client

Parent would like formula: Parent Category Change

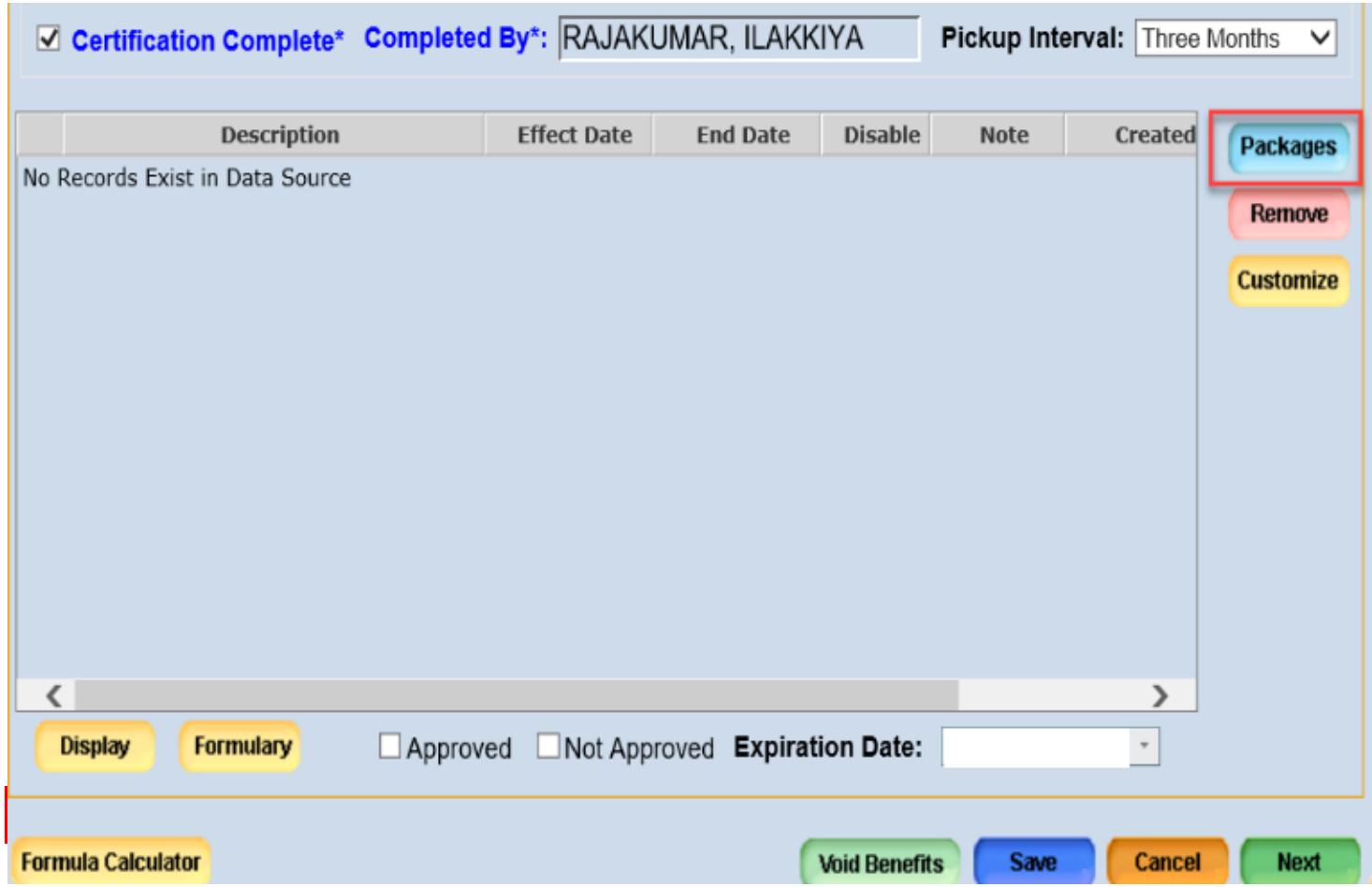
Change BE to BP (from dropdown) and Save.



BE Client

Parent would like formula: Parent Package Change

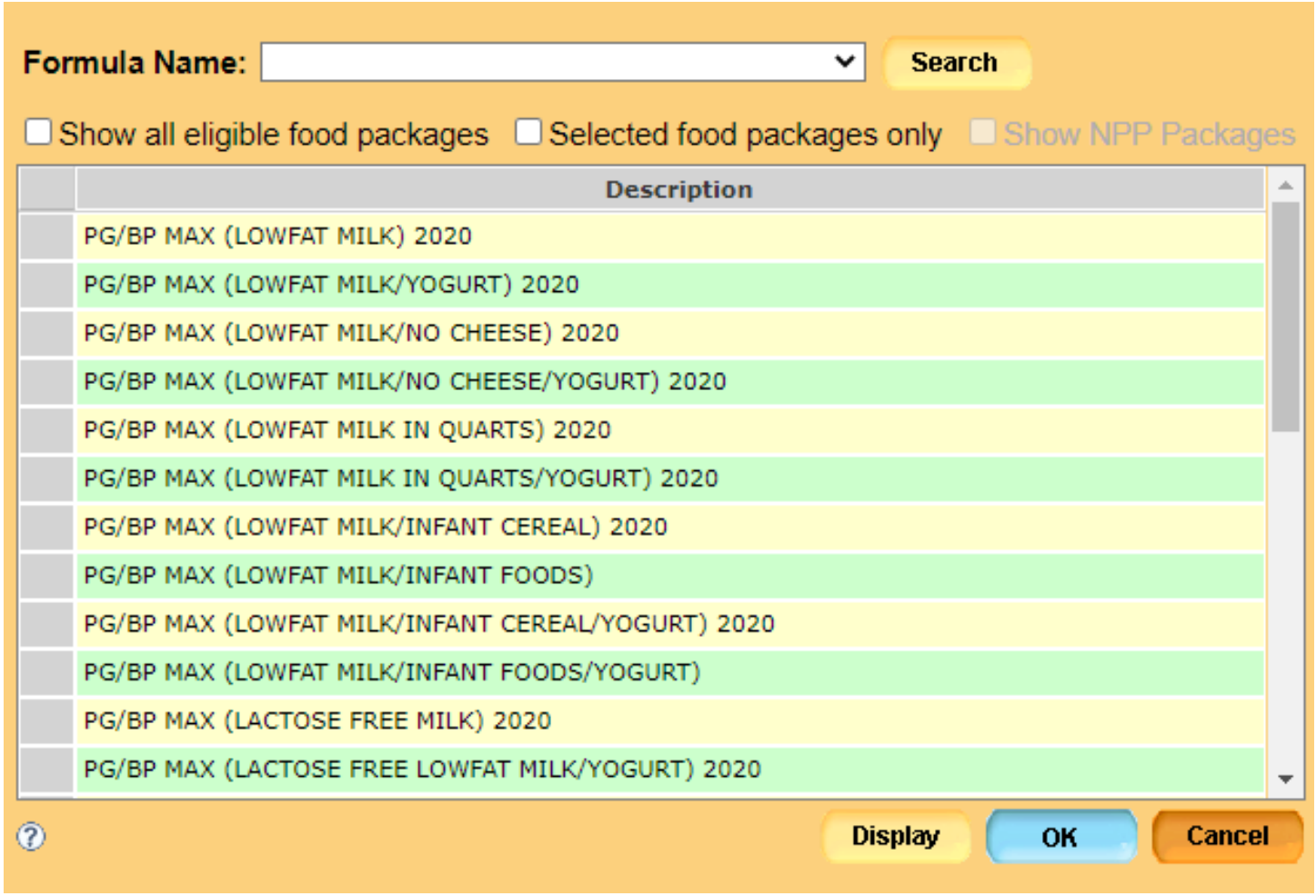
- Old food package(s) will be sent to history.
- Under parent's food prescription screen, select "Packages" and Save.



BE Client

Parent would like formula: Parent Package Change

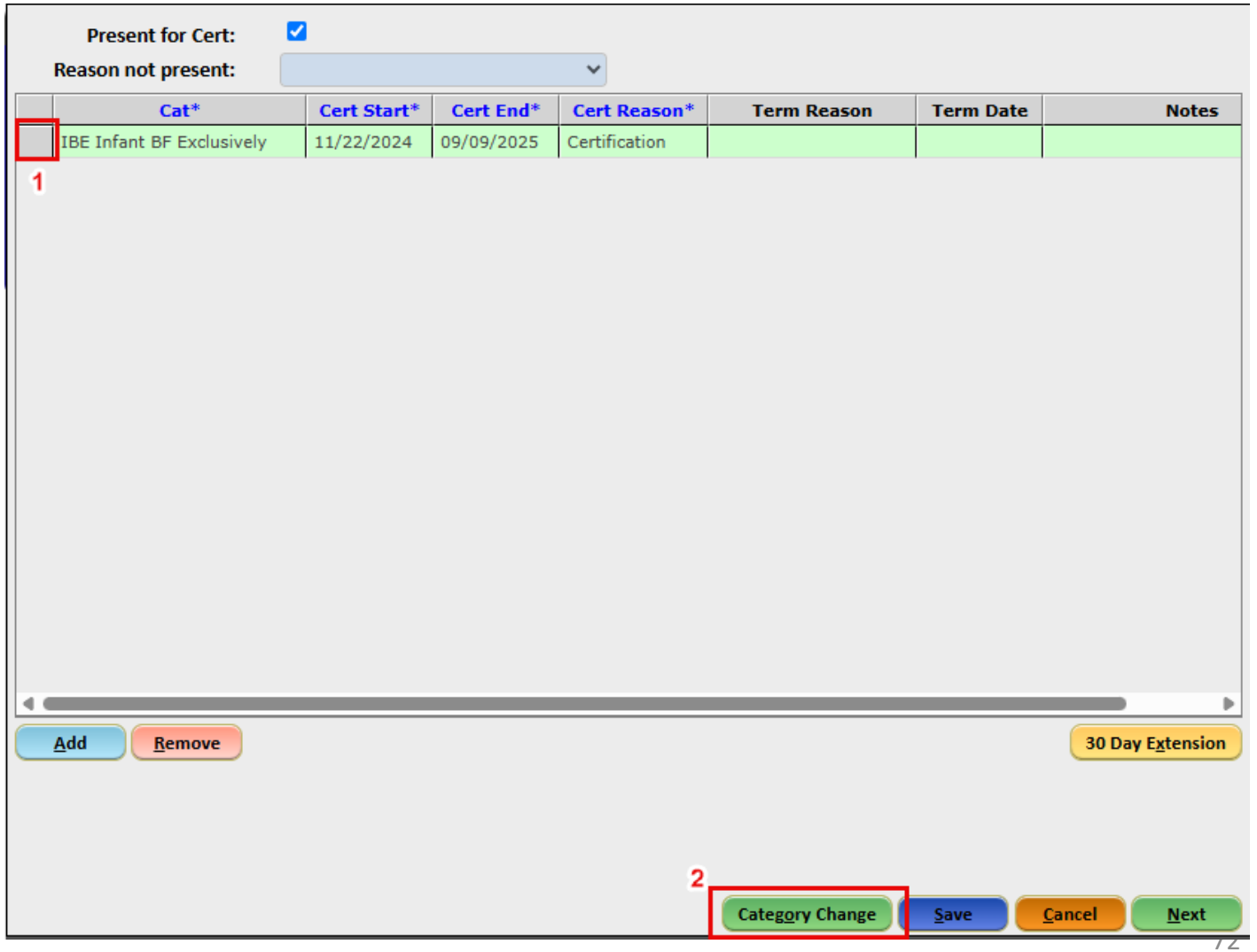
- Select PG/BP Max package.
- Click OK, then Save.



BE Client

Parent would like formula: Infant Category Change

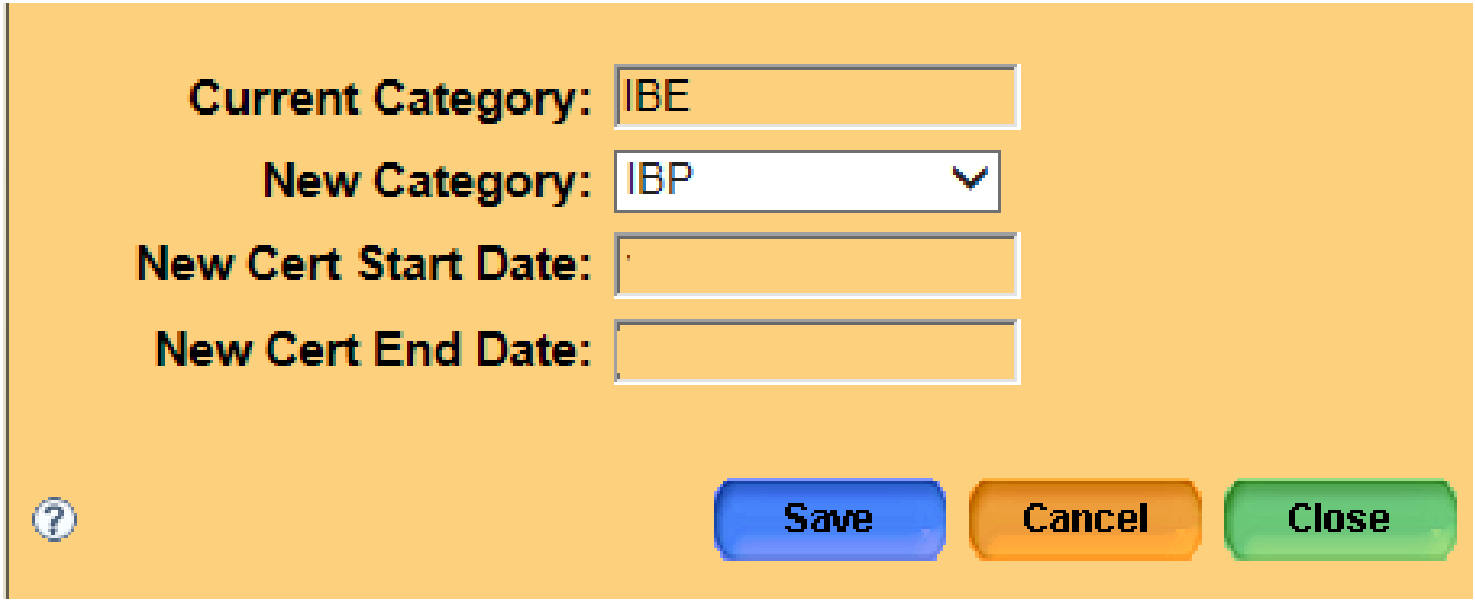
On infant's Cert Action screen, (1) select the "IBE" category line, then (2) "Category Change" and Save.



BE Client

Parent would like formula: Infant Category Change

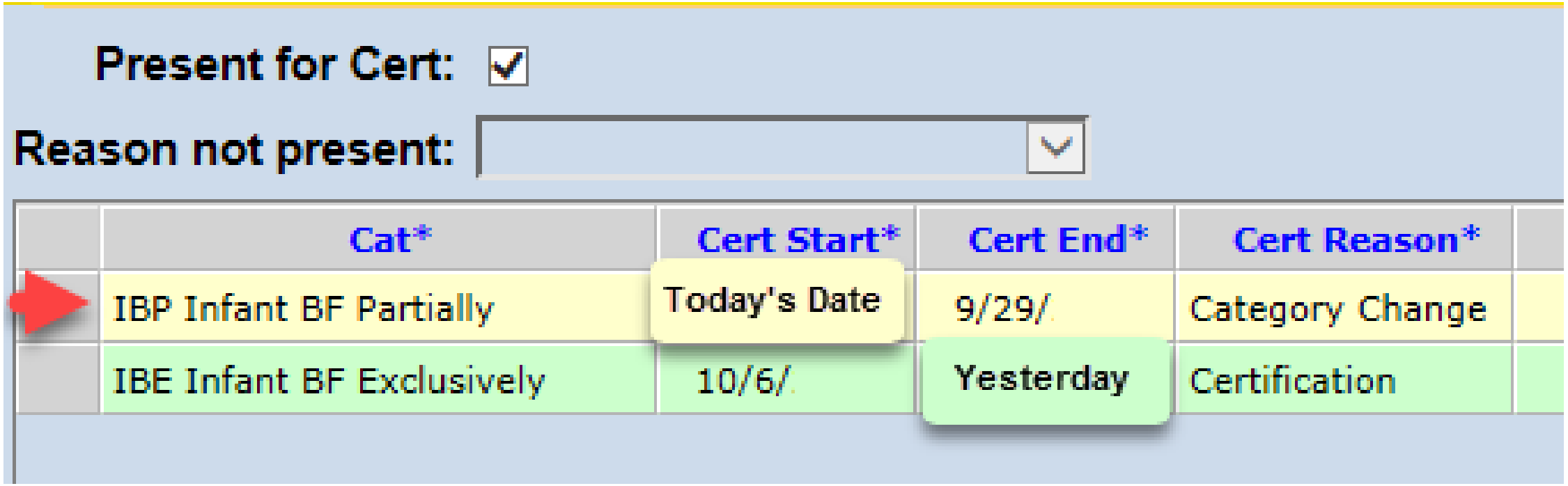
Change IBE to IBP (from dropdown) and Save.



BE Client

Parent would like formula: Infant Category Change

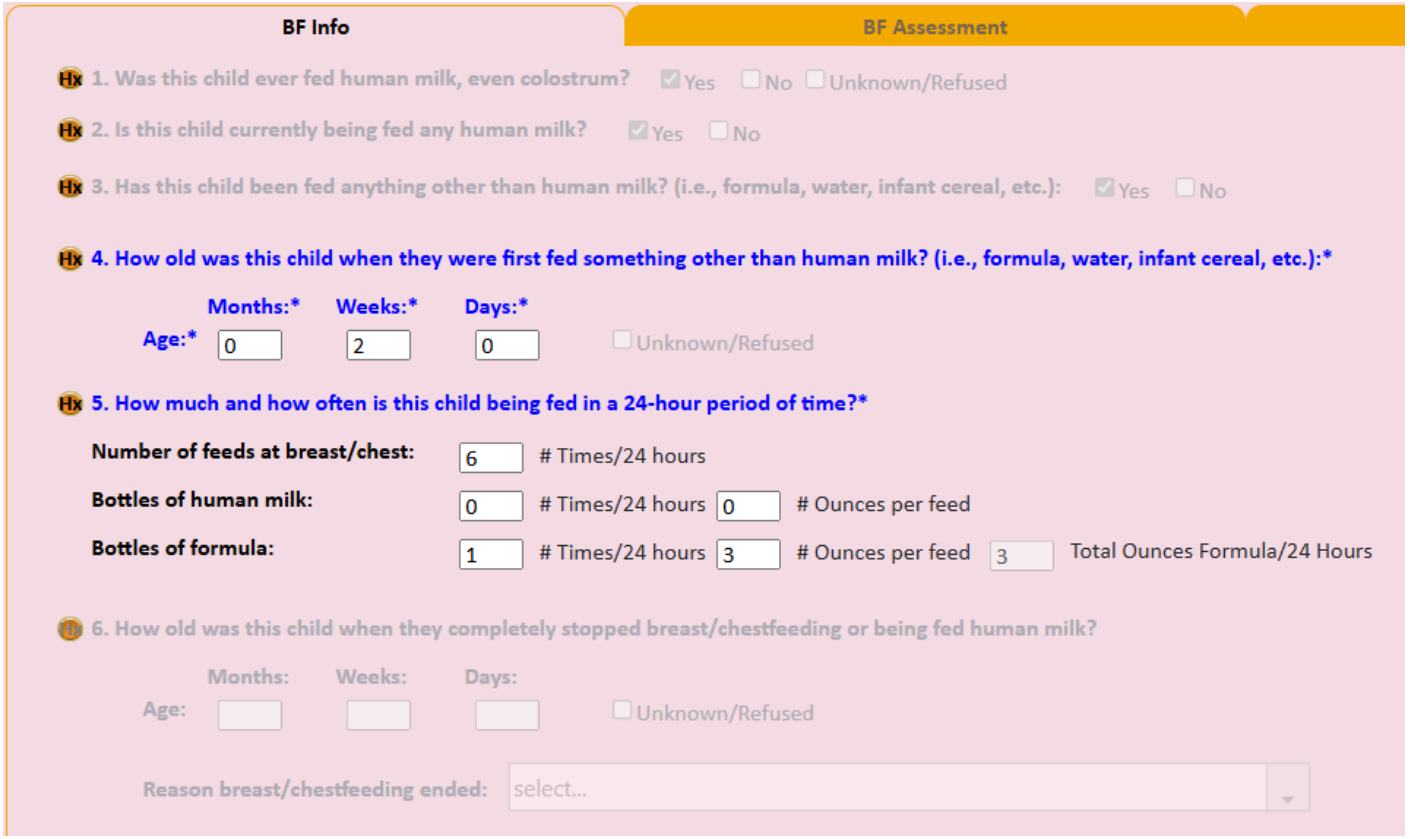
Today's date will display the new IBP category.



BE Client

Parent would like formula: Update BF Info screen in infant's record

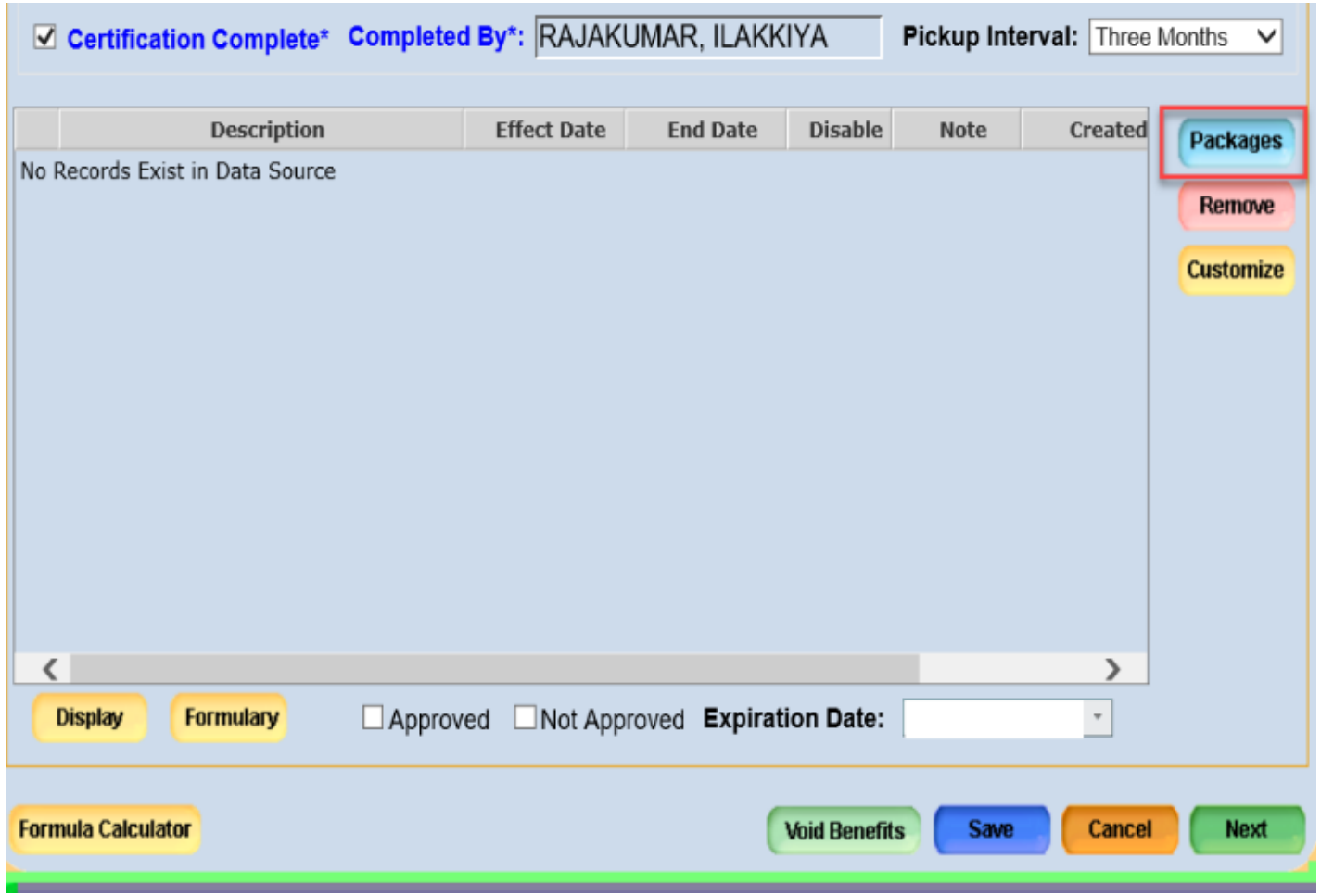
On BF Info tab, update statistics and Save.



BE Client

Parent would like formula: Infant Package Change

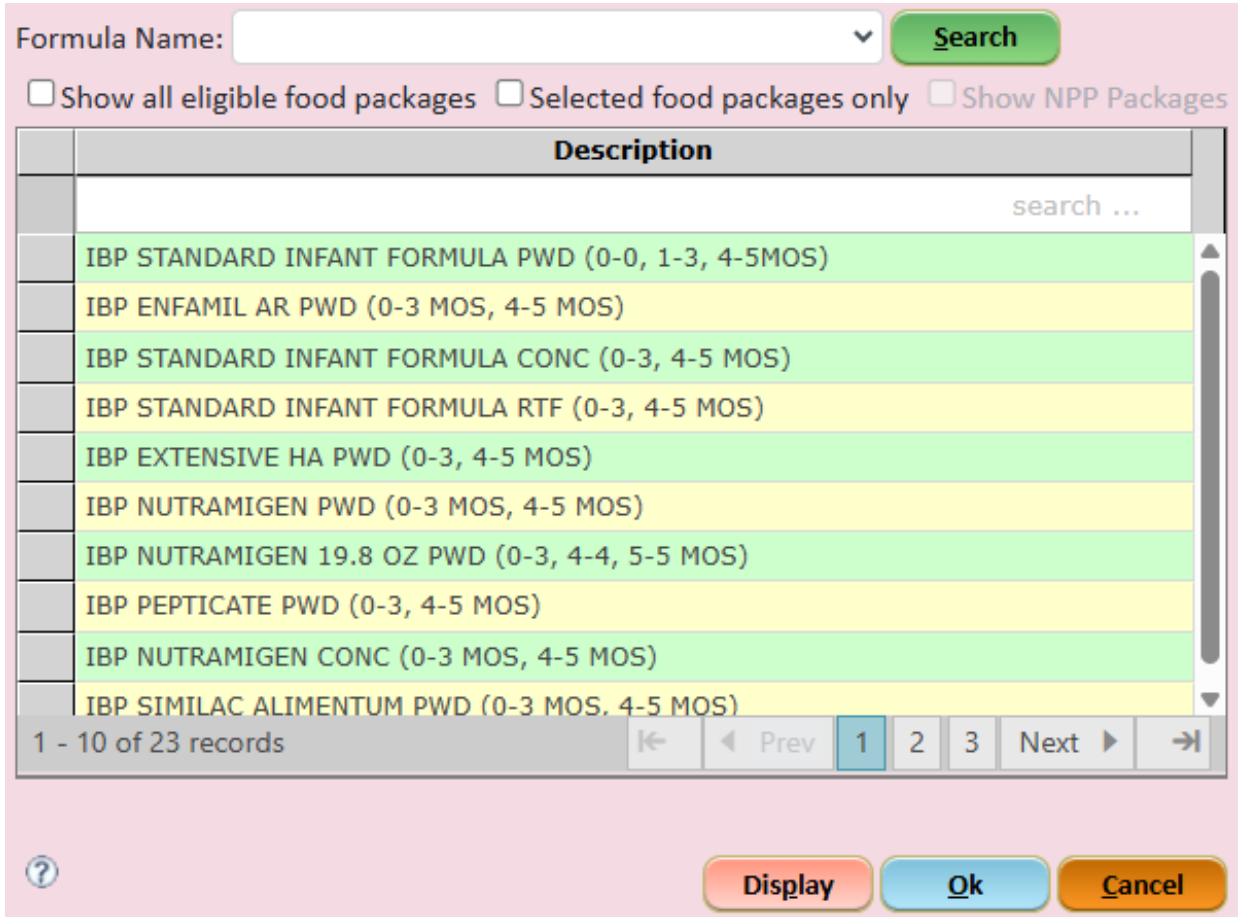
- Old food package will be sent to history.
- Under infant's food prescription screen, select "Packages."



BE Client

Parent would like formula: Infant Package Change

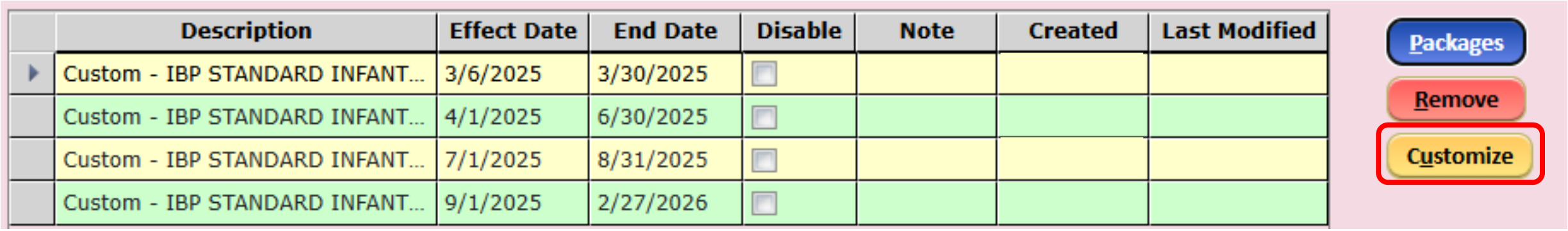
Select the desired IBP package.



BE Client

Parent would like formula: Infant Package Change

Customize each line generated by selecting “Customize.”

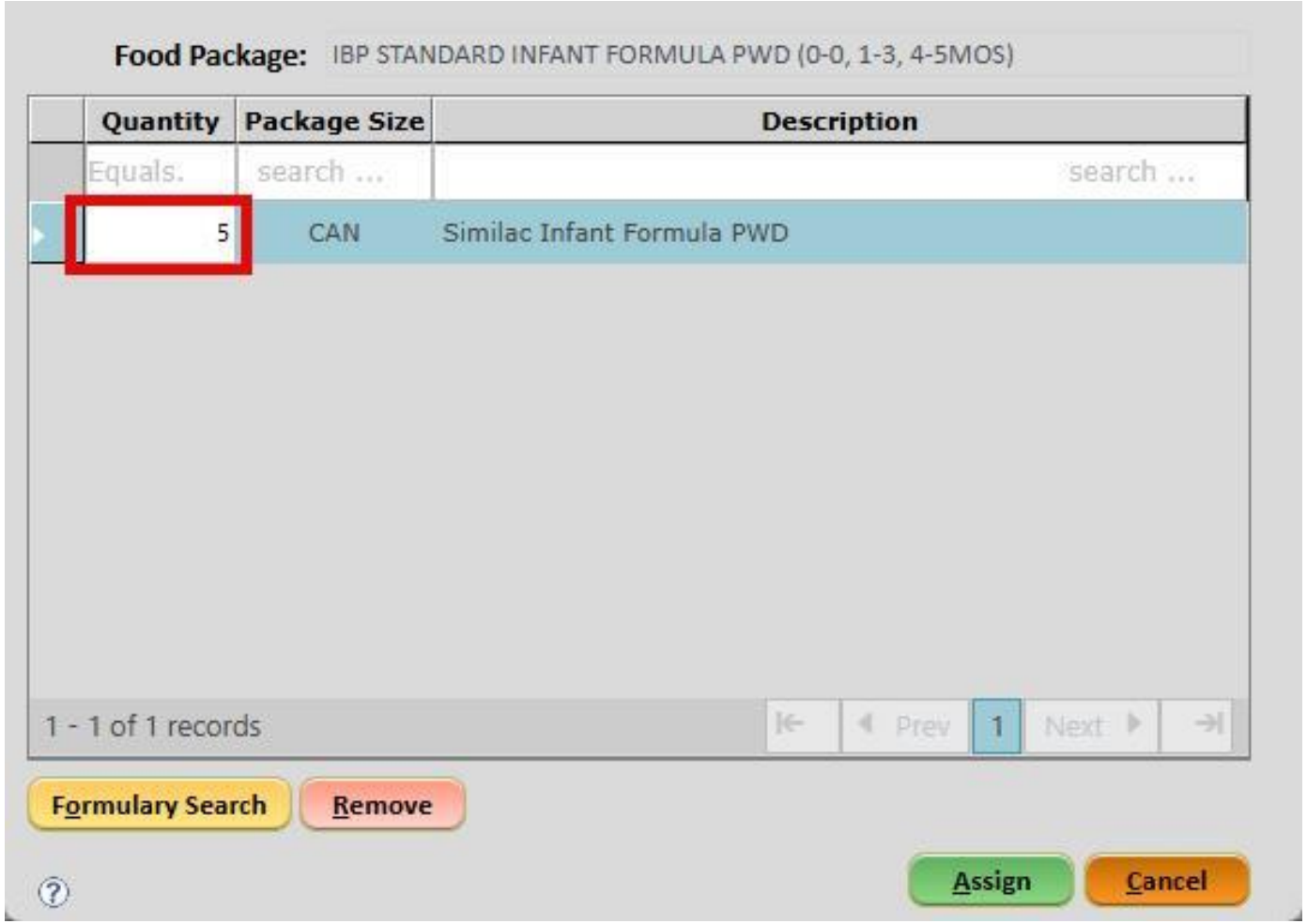


	Description	Effect Date	End Date	Disable	Note	Created	Last Modified
▶	Custom - IBP STANDARD INFANT...	3/6/2025	3/30/2025	☐			
	Custom - IBP STANDARD INFANT...	4/1/2025	6/30/2025	☐			
	Custom - IBP STANDARD INFANT...	7/1/2025	8/31/2025	☐			
	Custom - IBP STANDARD INFANT...	9/1/2025	2/27/2026	☐			

BE Client

Parent would like formula: Infant Package Change

Manually customize formula to meet the needs of the infant, but not to exceed the formula maximums for IBP.



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.

Reference: Policy 8.01 Benefit Issuance and Policy 8.02 Benefit Proration

BE Client

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

Parent	Infant
Category Change: BE to BP	Category Change: IBE to IBP
Package: PG/BP Max	Package: IBP (tailor to needs)
Issue future benefits only.	Issue current (prorated) and future benefits.

Rationale:

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

BE Client

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

Parent

Category Change: BE to 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 parent’s current month’s benefits.

Infant

Category Change: IBE to IBP

Package: IBP (tailor to needs)

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

Multiples

Category and Package Assignment *Scenarios*

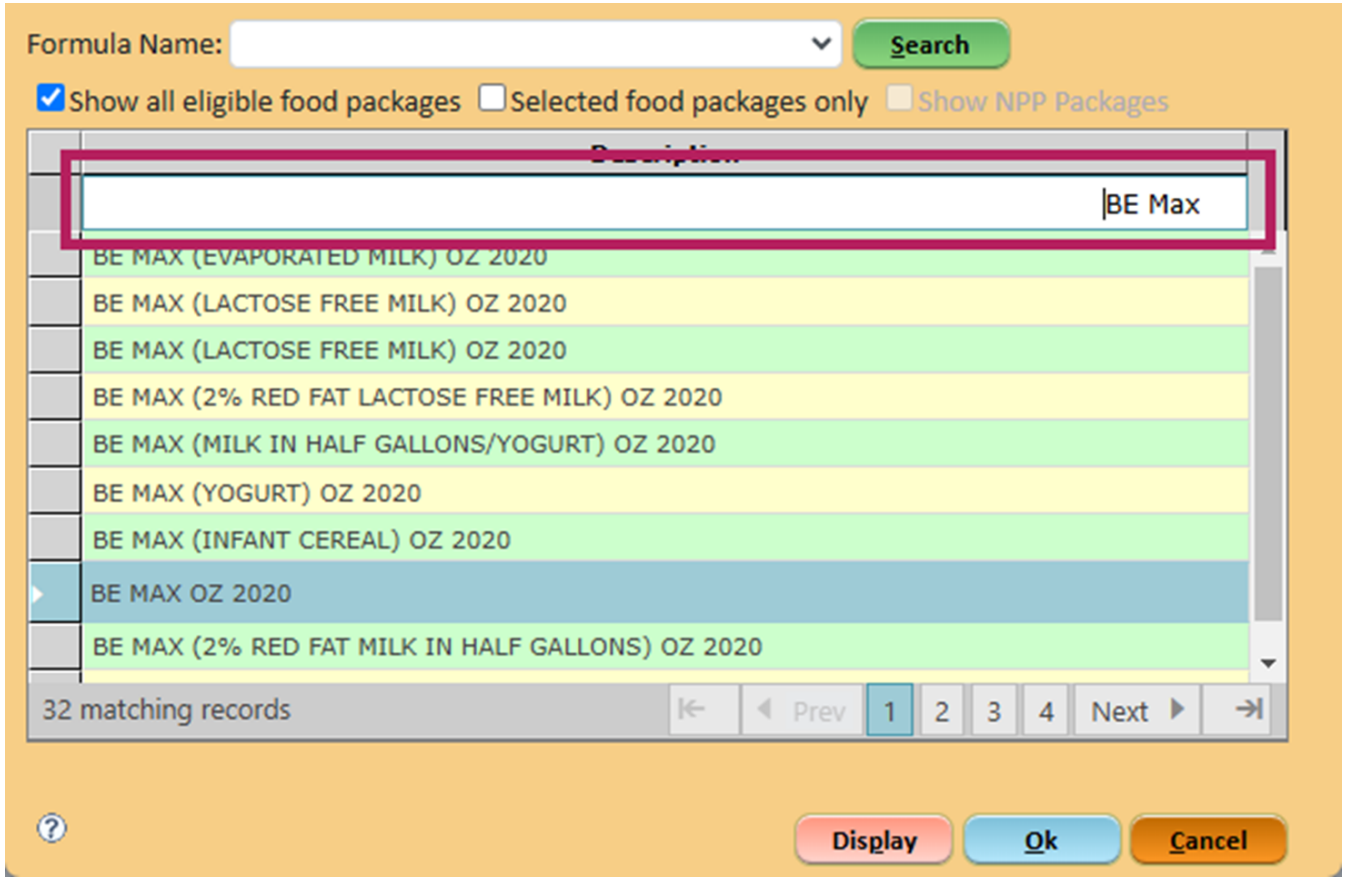
PG Client

Expecting multiples

Parent

Category: PG

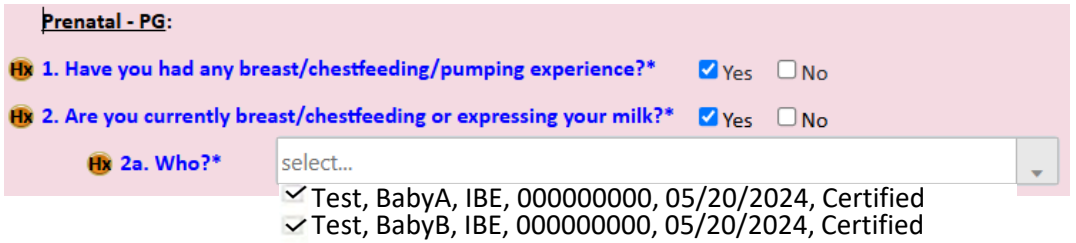
Package: BE Max

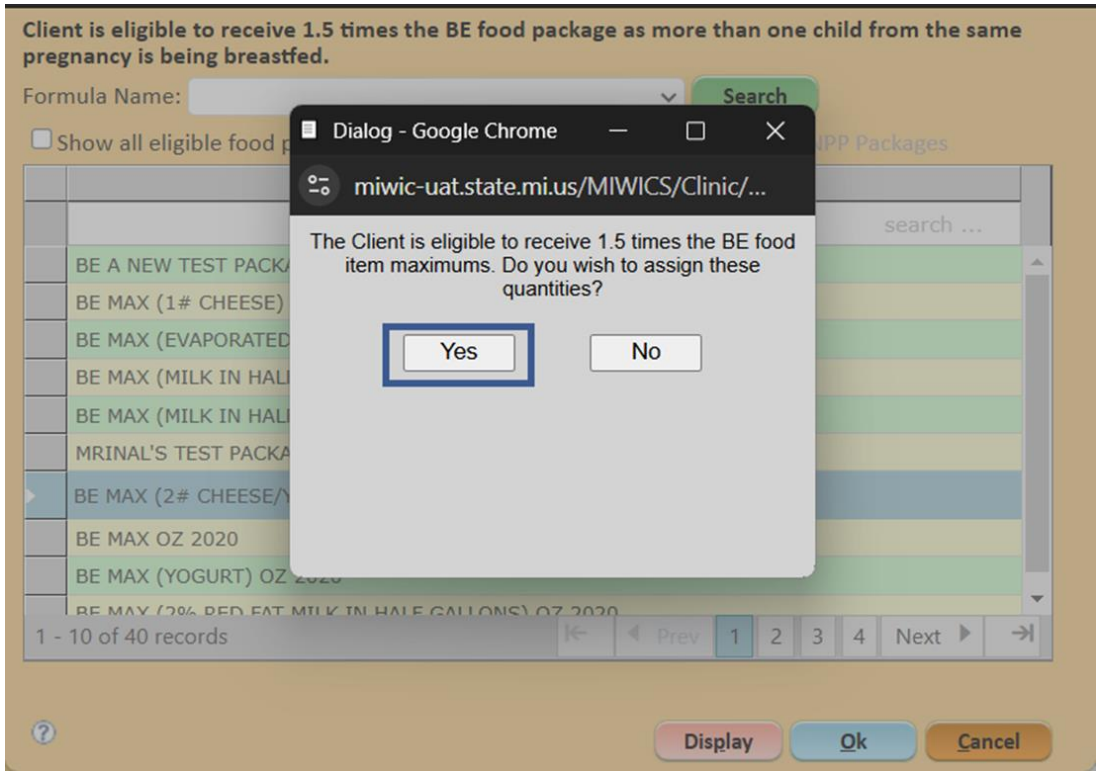


PG Client

Exclusively breast/chestfeeding multiples *under* age 1

- System assigns risk 338.01 (Pregnant Client Currently Breastfeeding).
- Parent eligible for 1.5 times the BE Max food package.
- The CPA must manually change the BE Max food package End Date to the day before the infants turn one year old and assign the PG/BP Max food package.

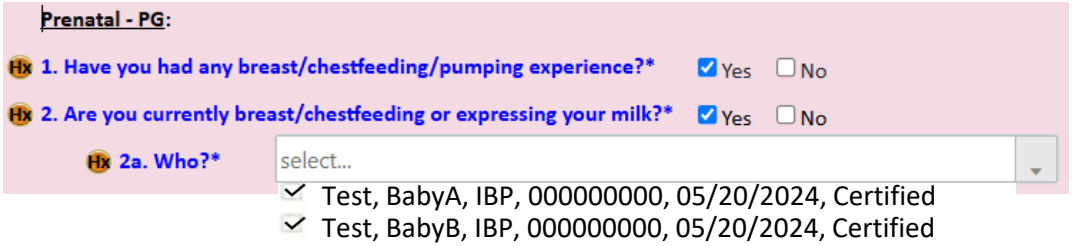


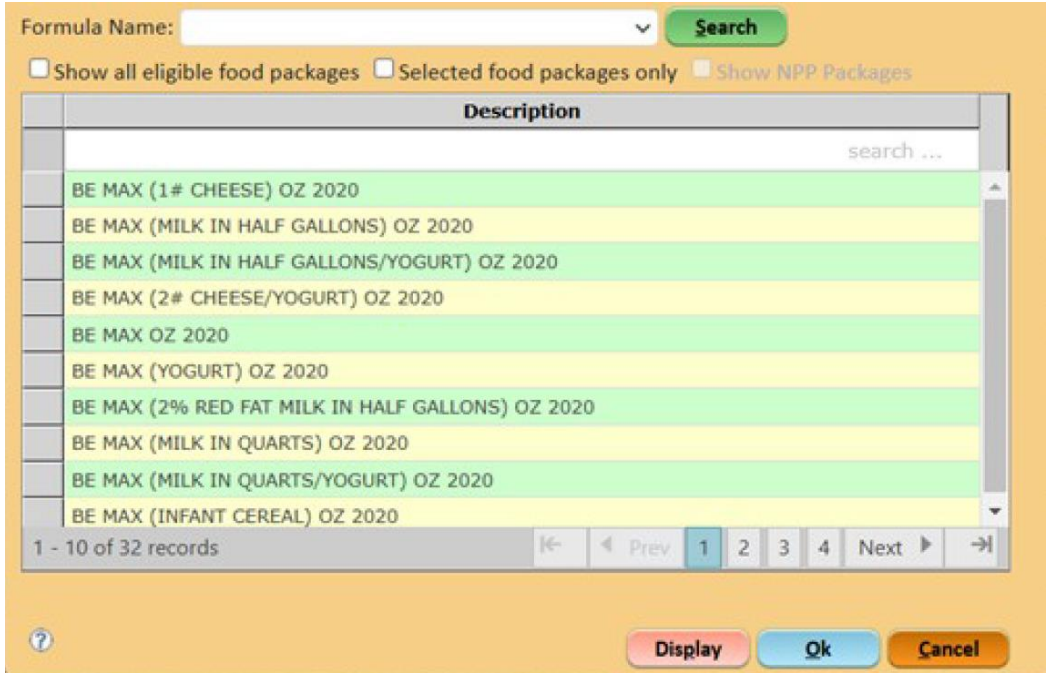


PG Client

Partially breast/chestfeeding multiples *under* age 1

- System assigns risk 338.01 (Pregnant Client Currently Breastfeeding).
- Assign BE Max food package. (The pregnant client is eligible for the BE food package if they are breast/chestfeeding, even if the infants are IBP.)
- The CPA must manually change the BE Max food package End Date to the day before the infants turn one year old and assign the PG/BP Max food package.





BP Client

Partially breast/chestfeeding more than one infant from the *same* pregnancy (multiples)

Parent

- Category: BP
- Package: BE Max

Infant 1

- Category IBP
- Package: IBP

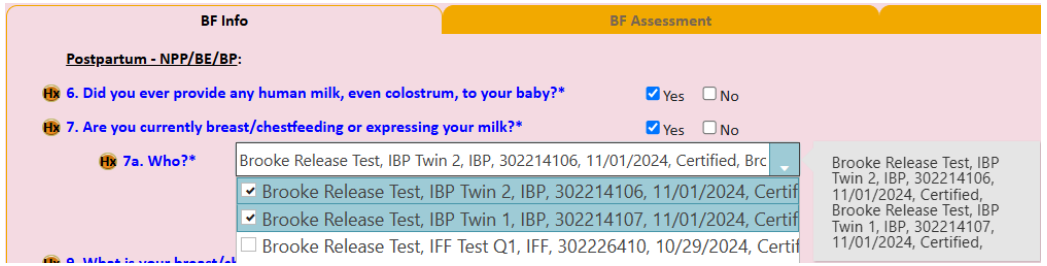
Infant 2

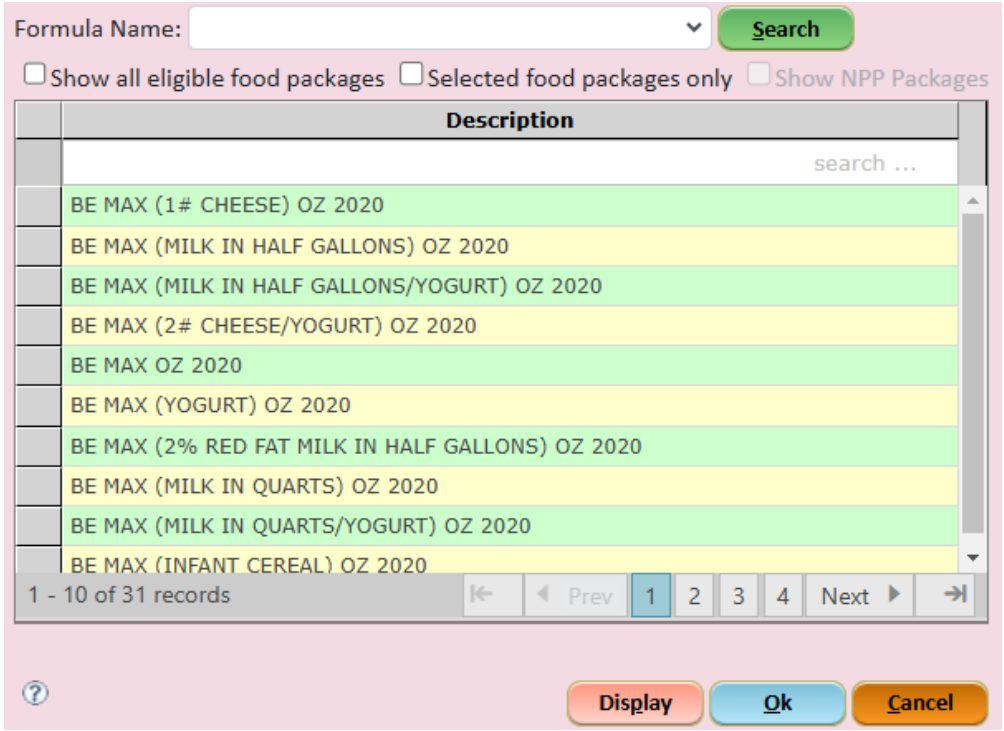
Category: IBP

Package: IBP

Rationale

Parent is eligible for BE food package because they are partially breastfeeding infant multiples.

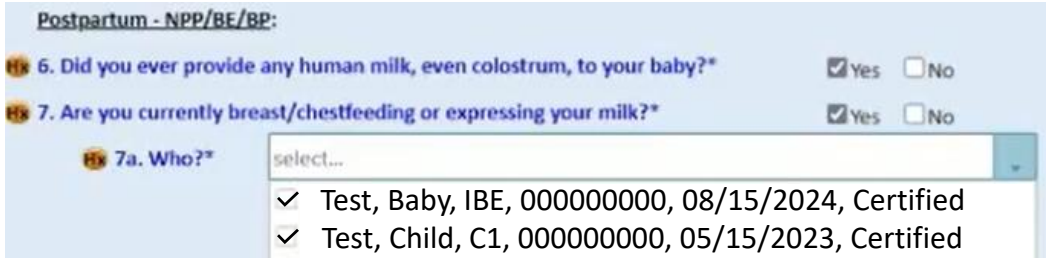


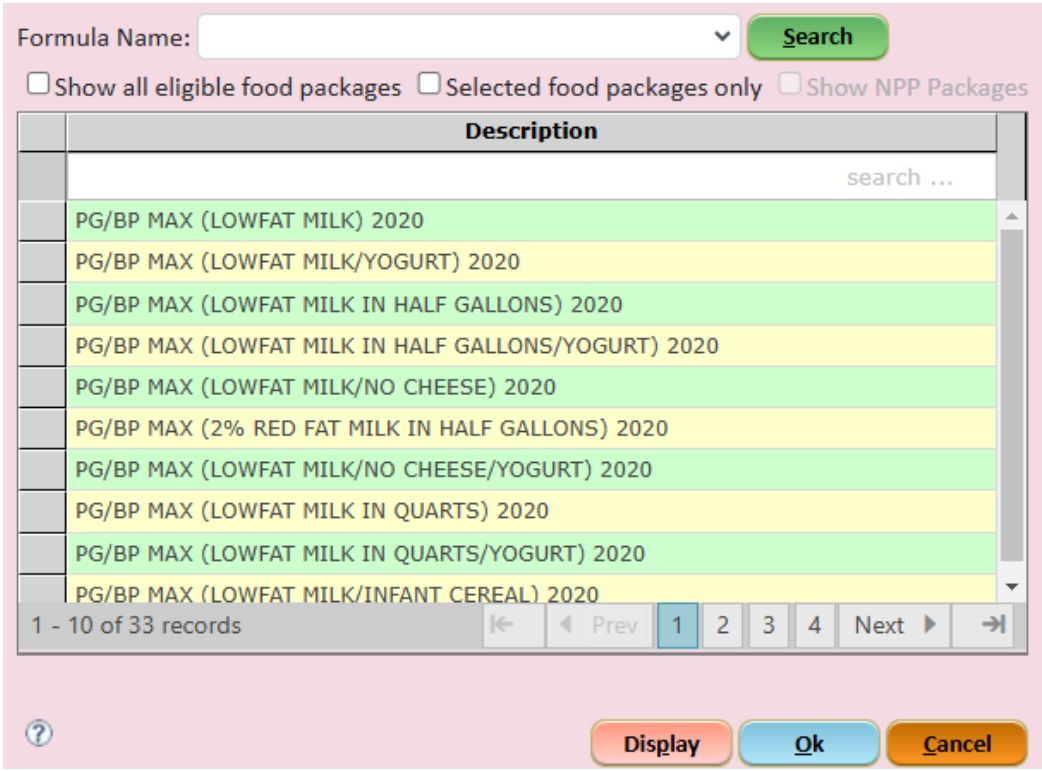


BP Client

Breast/chestfeeding more than one child from *different* pregnancies

- Assign PG/BP Max package.
- Lactation status does not affect package when breast/chestfeeding infants are from different pregnancies.



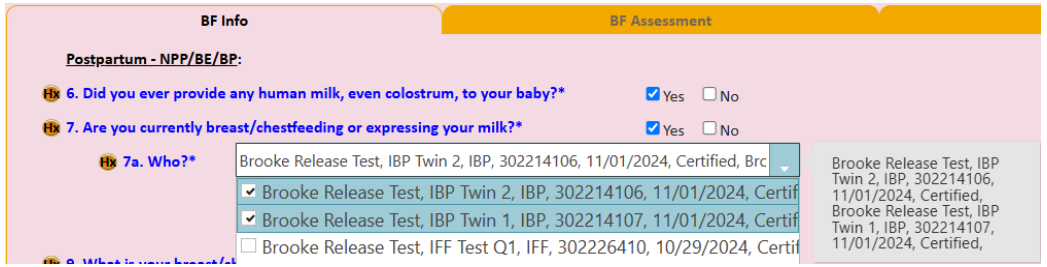


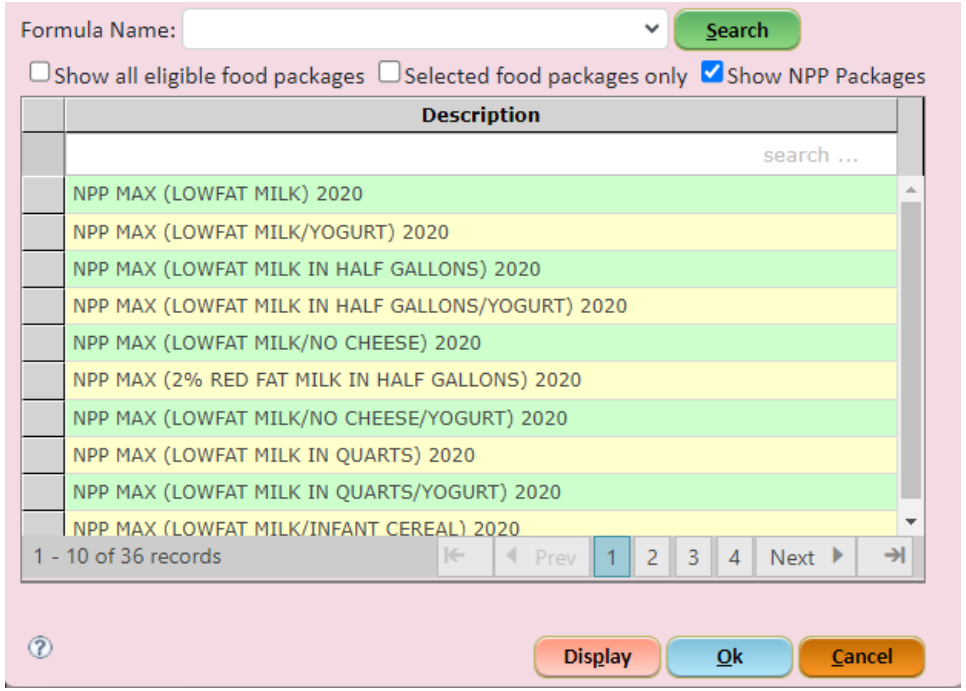
BP Client

Breast/chestfeeding multiples that need more formula than the IBP maximum (ghost package)

Parent

Food package depends on the age of the infants. Refer to Ghost Package scenario.





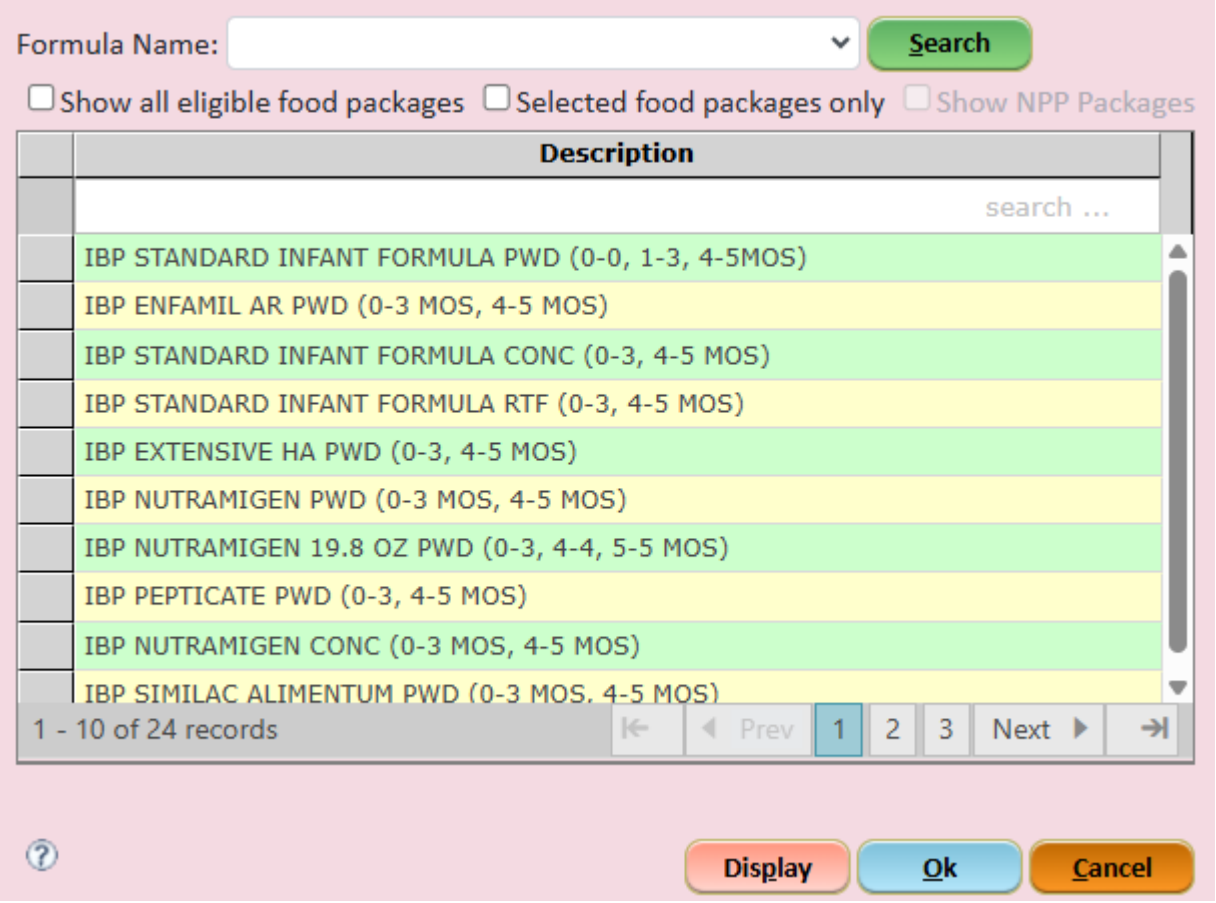
BP Client

Breast/chestfeeding multiples that need more formula than the IBP maximum (ghost package)

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 human milk, the ghost package scenario is the most appropriate.



BP Client

Parent is breast/chestfeeding multiples. One partially and the other fully formula fed.

Parent	BF partial infant	Fully formula fed infant
Category: BP	Category: IBP	Category: IFF
Package: BP Max	Package: IBP	Package: IFF

Rationale:

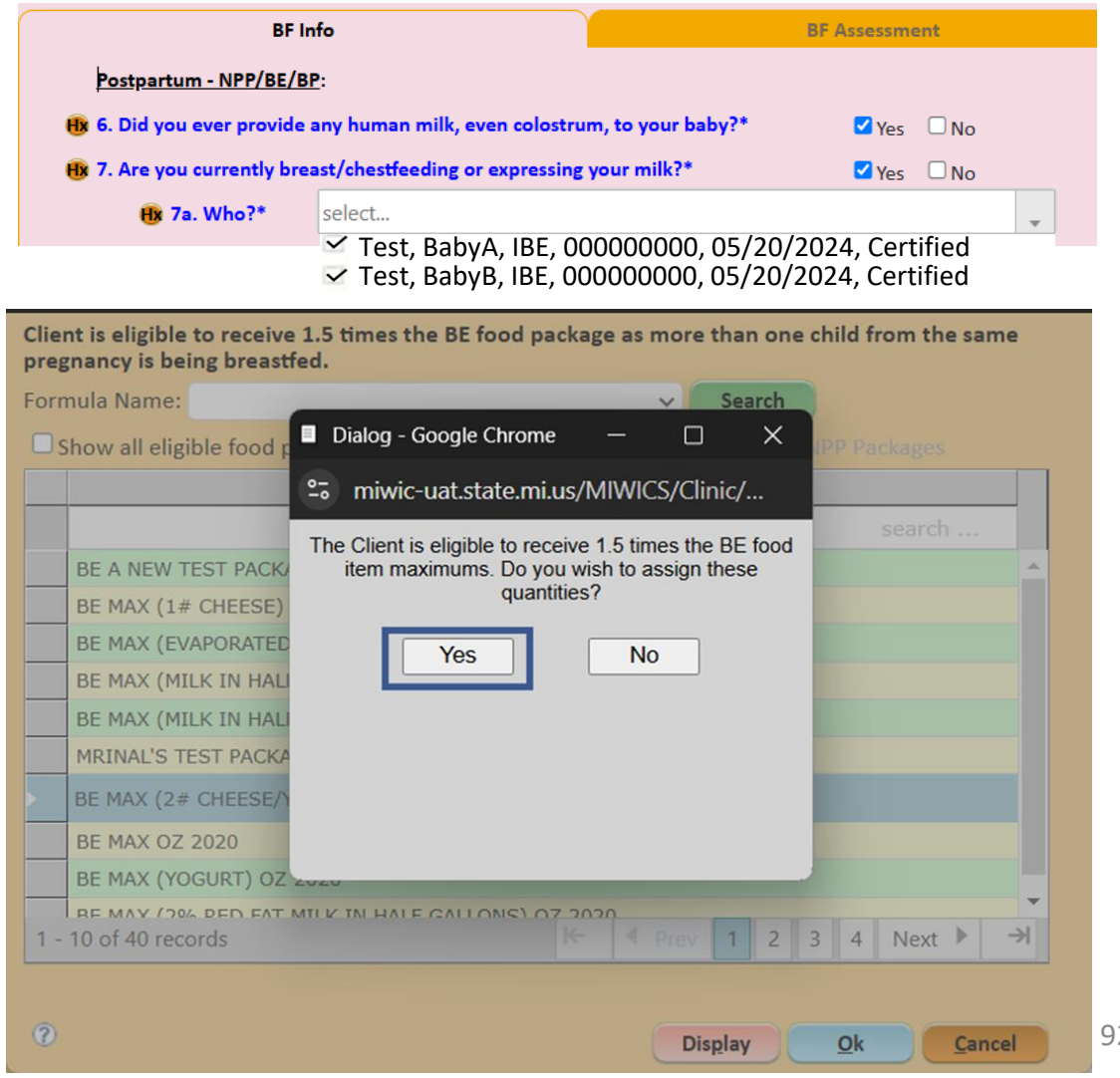
As long as at least one of the infants is partially breast/chestfed (and receives up to the IBP max), parent is eligible to receive the BP Max package.

BE Client

Exclusively breast/chestfeeding more than one infant from the *same* pregnancy (multiples)

Assign BE Max package.

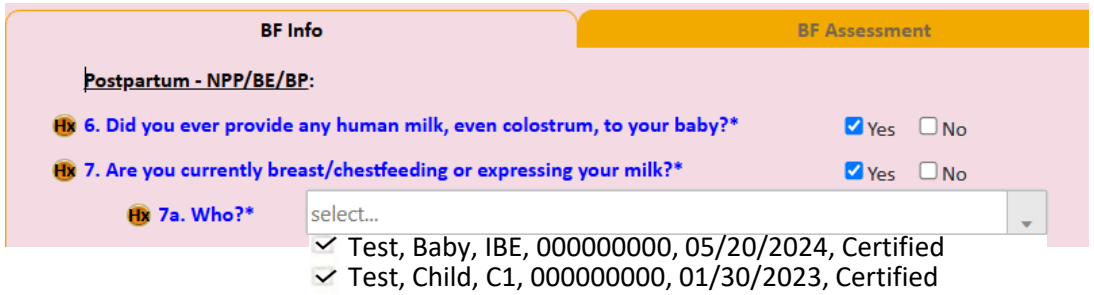
(System will assign 1.5 times the BE Max package.)

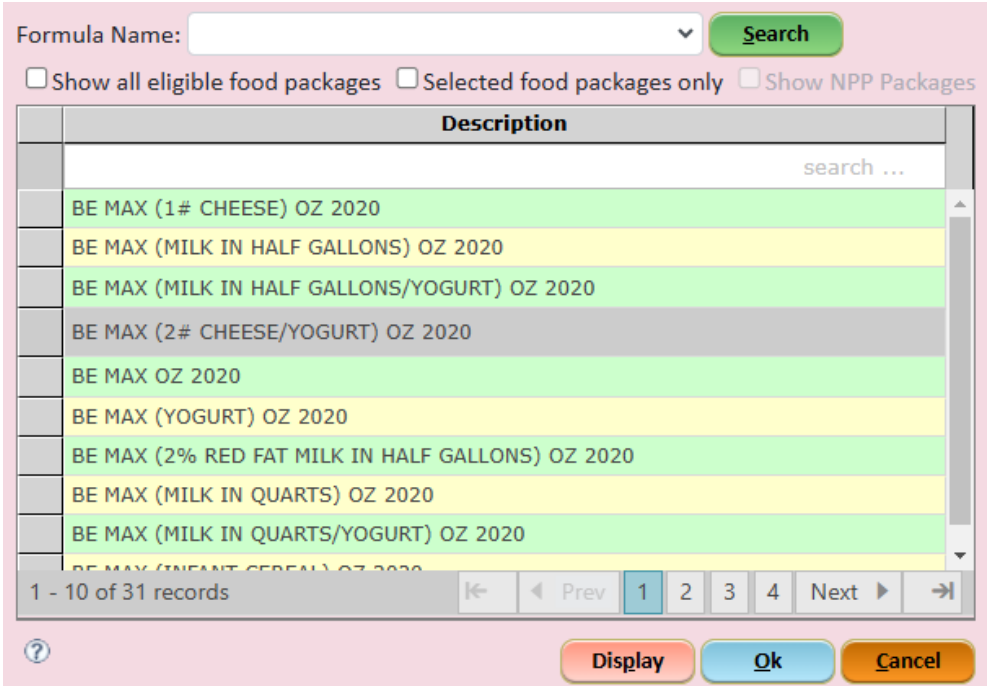


BE Client

Breast/chestfeeding more than one child from *different* pregnancies

- Assign BE Max package if at least one infant is IBE.
- The 1.5 x BE Max food package is only assigned when both infants are exclusively breast/chestfed and from the same pregnancy.





BE Client

Parent is breast/chestfeeding multiples. One exclusively and the other partially.

Parent	BF exclusive infant	BF partial infant
Category: BE	Category: IBE	Category: IBP
Package: BE Max	Package: IBE	Package: IBP

Rationale:

As long as at least one of the infants is fully breast/chestfed (does not receive formula from WIC), parent is eligible to receive the BE Max package.

The 1.5 x BE Max food package is only assigned when *both* infants are exclusively breast/chestfed and from the same pregnancy.

BE Client

Parent is breast/chestfeeding multiples. One exclusive and the other fully formula fed.

Parent	BF exclusive infant	Fully formula fed infant
Category: BE	Category: IBE	Category: IFF
Package: BE Max	Package: IBE	Package: IFF

Rationale:

As long as at least one of the infants is fully breast/chestfed (does not receive formula from WIC), parent is eligible to receive the BE Max package.

Same Sex Couples

Category and Package Assignment *Scenarios*

Same Sex Couples

Both birth parent and non-birth parent are partially breast/chestfeeding, so infant is exclusively breast/chestfed

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 (doesn't matter who) may be certified as breast/ chestfeeding the infant. The other parent must be certified as NPP.

Same Sex Couples

Birth parent is not lactating. The non-birth parent is either breast/chestfeeding or attempting to start lactation.

Lactating Parent	Birth Parent	Infant
Category: BE or BP	Category: NPP	Category: IBE or IBP
Package: BE Max or BP Max	Package: NPP Max	Package: IBE or IBP

*This parent must be linked with infant.

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 breast/chestfeeding (up to 1 year).

Same Sex Couples

Both parents are non-birth parents. They are *both* partially breast/chestfeeding so their adopted infant can be exclusively breast/chestfed.

Parent A	Parent B	Infant
Category: BE	Cannot be certified.	Category: IBE
Package: BE Max		Package: IBE
*This parent must be linked with infant.		

Rationale:

When neither parent is the birth parent, only one parent can be certified as breast/chestfeeding and eligible to receive benefits. The second parent cannot be certified based on the infant's feeding status.

Same Sex Couples

Both parents are non-birth parents. One is partially or exclusively breast/chestfeeding their adopted infant, the other is not lactating.

Parent A	Parent B	Infant
Category: BE or BP	Cannot be certified.	Category: IBE or IBP
Package: BE Max or BP Max		Package: IBE or IBP

*This parent must be linked with infant.

Rationale:

When neither parent is the birth parent, only one parent can be certified as breast/chestfeeding and eligible to receive benefits. The second parent cannot be certified based on the infant's feeding status.

Human Milk Donation

Parents who either donate or receive pumped human milk

Human Milk Donation

Parent is not breast/chestfeeding, but infant is receiving donor milk exclusively

Parent

Category: NPP

Package: NPP Max

Infant

Category: IBE

Package: IBE

Rationale:

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

Human Milk Donation

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

Parent

Category: NPP

Package: NPP Max

Rationale:

In this situation, a parent must be breast/chestfeeding their *own* infant who is also a WIC participant.

Human Milk Donation

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

Parent

Category: BE or BP

Package: BE Max or BP Max

*This parent must be linked with infant.

Infant (separate account)

Category: IBE or IBP

Package: IBE or IBP

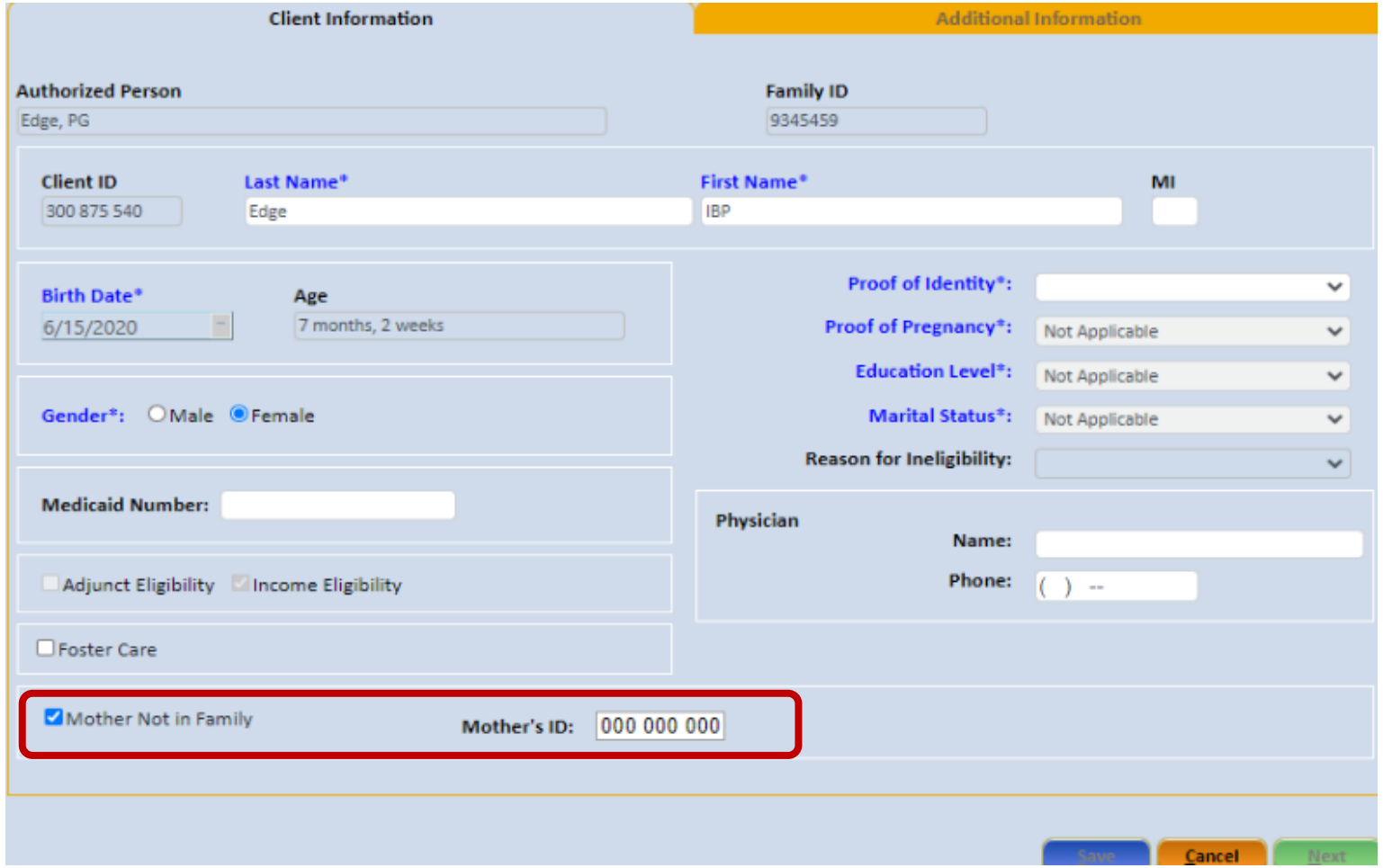
Rationale:

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 breast/chestfeeding.

Human 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.



Human Milk Donation

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

Parent

Category: NPP

Package: NPP Max

Rationale:

In this situation, a parent must be breast/chestfeeding their own infant who is also a WIC participant.

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:

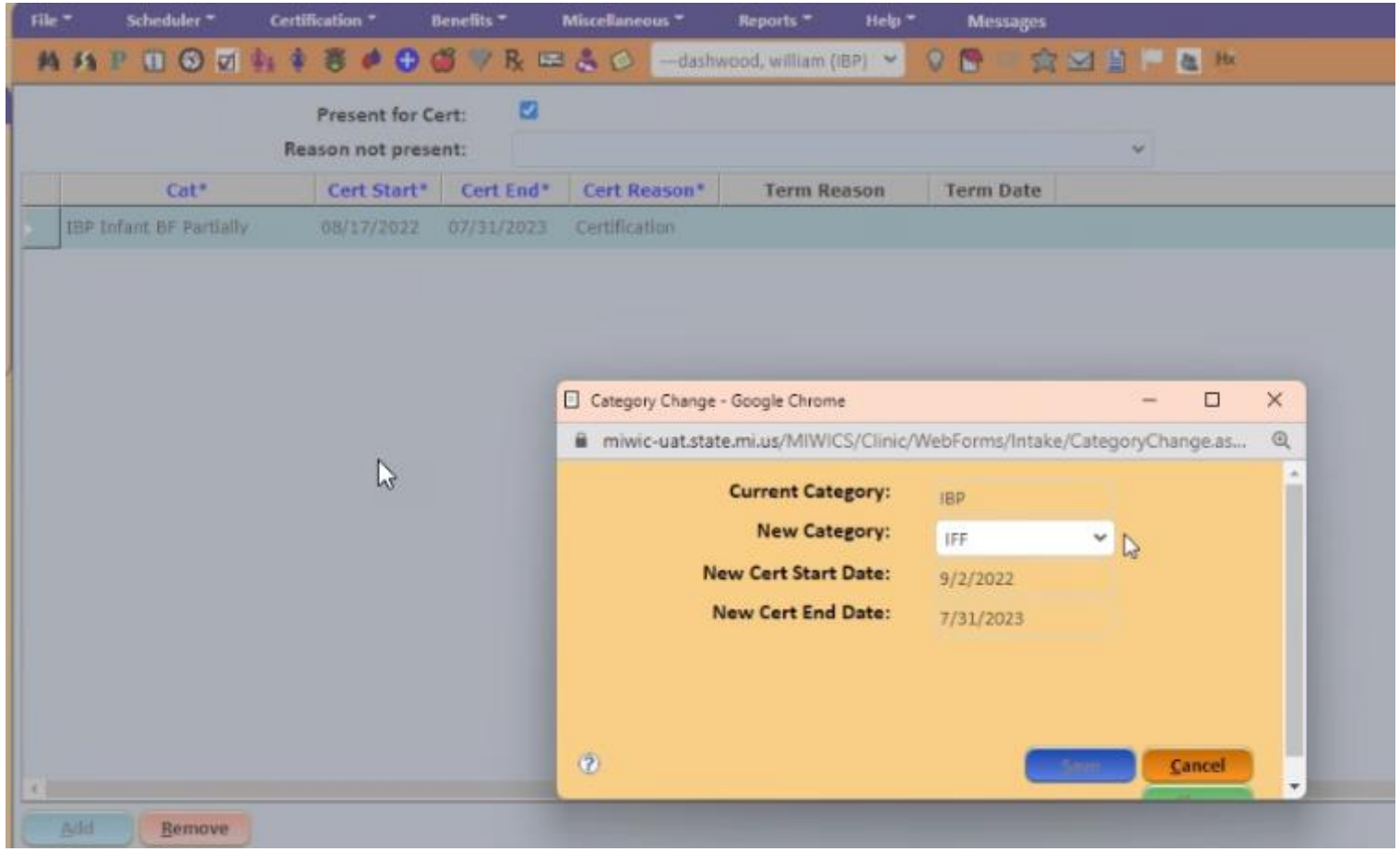
When a category and food package change occur as a result of a change in lactation status or a change from PG to BE/NPP mid-benefit month

- The parent should be assigned the food package with the maximum amount of benefits available.
- The parent is eligible to receive the 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

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

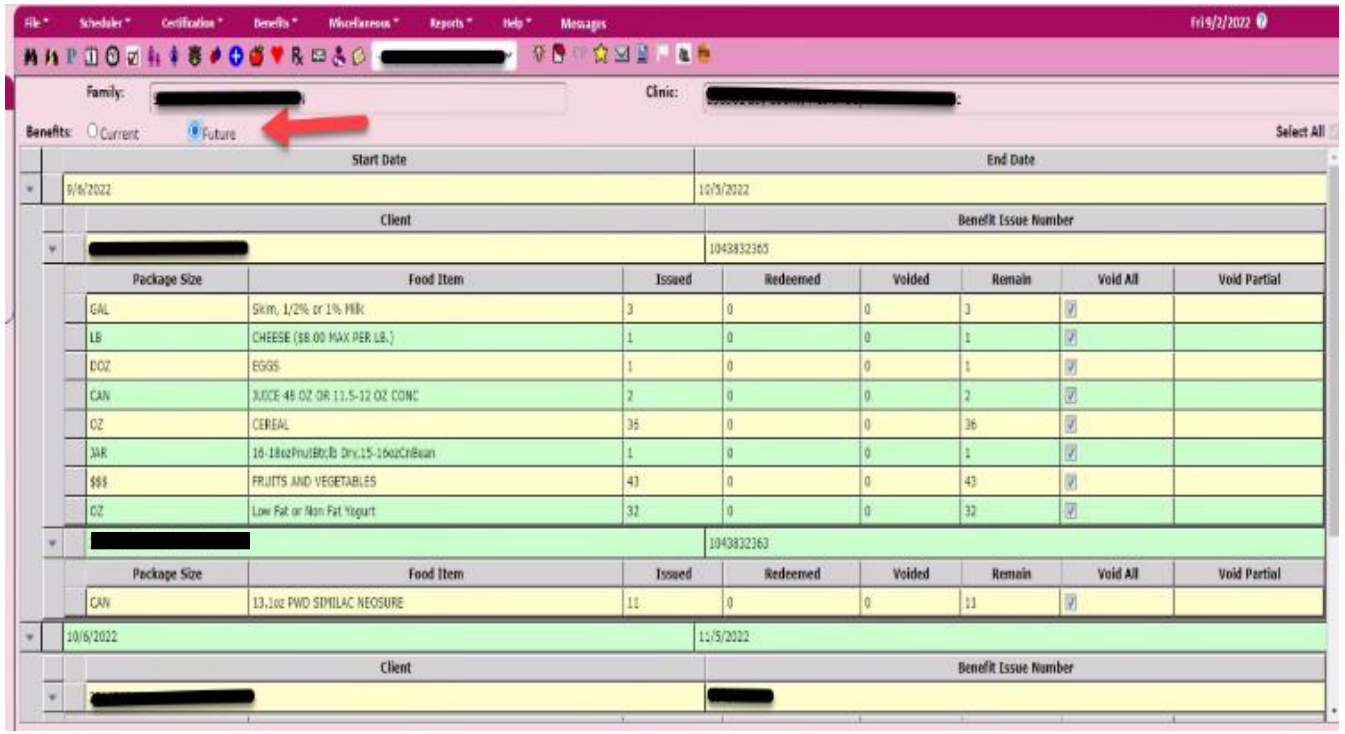


Mid-Month Benefit Changes

Steps for Updating MI-WIC

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.

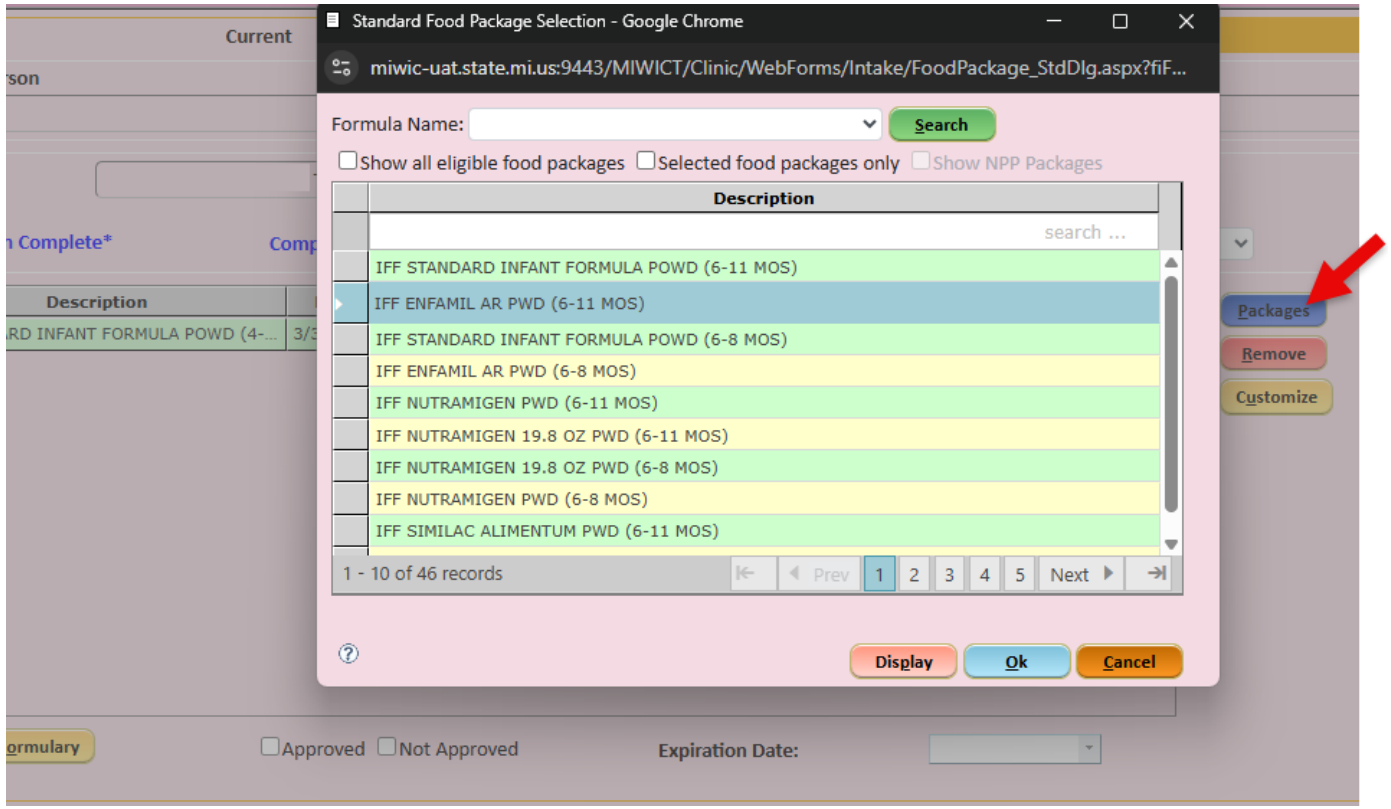


Mid-Month Benefit Changes

Steps for Updating MI-WIC

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.

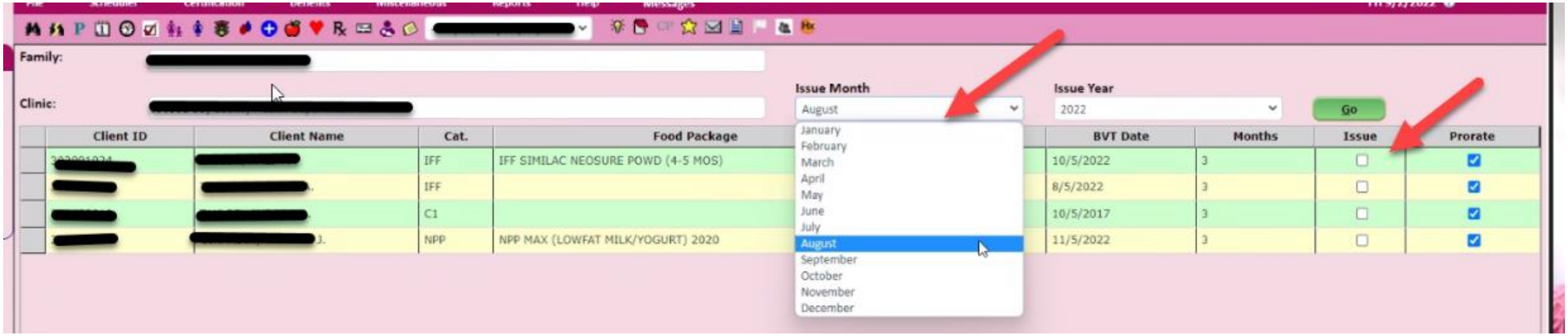


Mid-Month Benefit Changes

Steps for Updating MI-WIC

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.

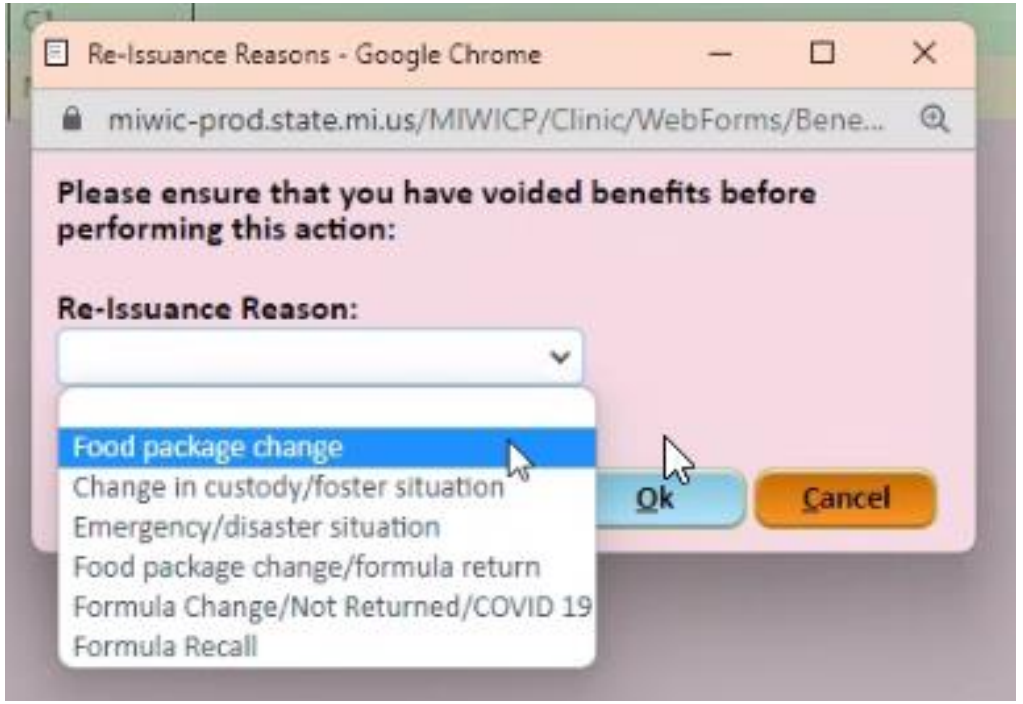


Mid-Month Benefit Changes

Steps for Updating MI-WIC

Reissue future and current benefits (continued):

- Select the Re-Issuance Reason, click Ok.
- Re-issue benefits according to Policy 8.01 Benefit Issuance.



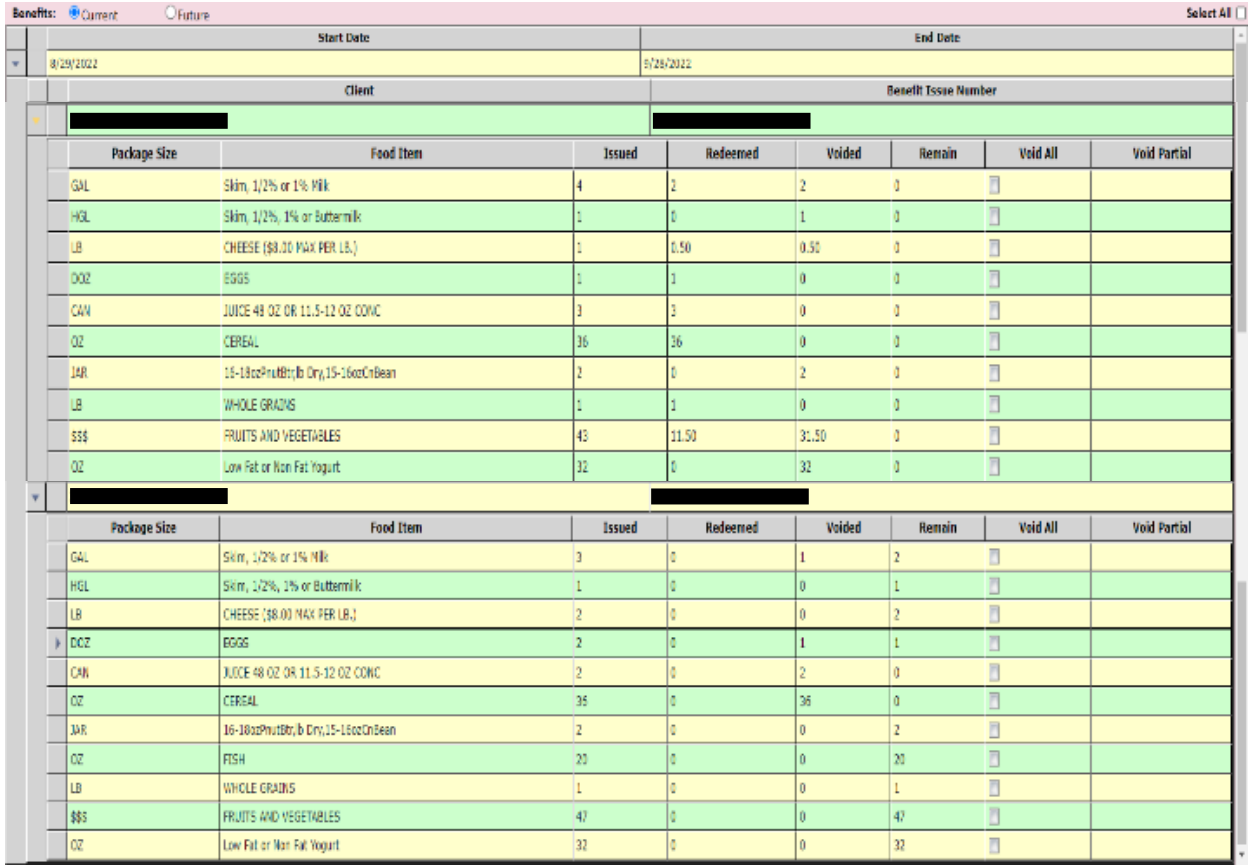
Mid-Month Benefit Changes

Steps for Updating MI-WIC

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 as needed.

- Policy 7.04 Maximum Food Package.
- IBP formula maximums.
- IFF formula maximums.



Benefits: Current Future Select All

Start Date	End Date
8/29/2022	9/28/2022

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		
HGL	Skim, 1/2%, 1% or Buttermilk	1	0	1	0		
LB	CHEESE ($8.00 MAX PER LB.)	1	0.50	0.50	0		
DOZ	EGGS	1	1	0	0		
CAN	JUICE 48 OZ OR 11.5-12 OZ CONC	3	3	0	0		
OZ	CEREAL	36	36	0	0		
JAR	16-18oz PnutBtr,lb Dry,15-16oz CnBean	2	0	2	0		
LB	WHOLE GRAINS	1	1	0	0		
$$$	FRUITS AND VEGETABLES	43	11.50	31.50	0		
OZ	Low Fat or Non Fat Yogurt	32	0	32	0		

[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		
HGL	Skim, 1/2%, 1% or Buttermilk	1	0	0	1		
LB	CHEESE ($8.00 MAX PER LB.)	2	0	0	2		
DOZ	EGGS	2	0	1	1		
CAN	JUICE 48 OZ OR 11.5-12 OZ CONC	2	0	2	0		
OZ	CEREAL	36	0	36	0		
JAR	16-18oz PnutBtr,lb Dry,15-16oz CnBean	2	0	0	2		
OZ	FISH	20	0	0	20		
LB	WHOLE GRAINS	1	0	0	1		
$$$	FRUITS AND VEGETABLES	47	0	0	47		
OZ	Low Fat or Non Fat Yogurt	32	0	0	32		

Example of PG > BE