



# Job Aids

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# Job Aid

# Standard Food Packages

Category/ Designation	Template Codes	Description	Full	Partial
Woman Pregnant, Woman Mostly Breastfeeding	ML-C-Y	Low fat milk Cheese Lowfat or nonfat yogurt	4.5 gal 1 lb 1 ctr	2.25 gal 1 lb 1 ctr
	WPB	Eggs - large Cereal - hot/cold 11.5-12 ounce frozen juice 100% Whole wheat bread or whole grains Beans, dry or canned Peanut butter/ dry or canned beans Fruit and vegetables - fresh/frozen	1 doz 36 oz 3 ctr 16 oz 1 ctr 1 ctr 11.00 \$	1 doz 18 oz 2 ctr 16 oz 1 ctr 1 ctr 11.00 \$
Woman Pregnant with Multiples, Woman Partially Breastfeeding Multiples, Woman Mostly Breastfeeding and Pregnant	ML-C-Y	Low fat milk Cheese Lowfat or nonfat yogurt	5.0 gal 2 lb 1 ctr	2.5 gal 1 lb 1 ctr
	WPB-M	Eggs - large Cereal - hot/cold 11.5-12 ounce frozen juice 100% Whole wheat bread or whole grains Beans, dry or canned Peanut butter/ dry or canned beans Fish - canned tuna/salmon/sardines Fruit and vegetables - fresh/frozen	2 doz 36 oz 3 ctr 16 oz 1 ctr 1 ctr 30 oz 11.00 \$	1 doz 18 oz 2 ctr 16 oz 1 ctr 1 ctr 15 oz 11.00 \$

Category/ Designation	Template Codes	Description	Full	Partial
Woman Fully Breastfeeding	ML-C-Y	Low fat milk Cheese Lowfat or nonfat yogurt	5.0 gal 2 lb 1 ctr	2.5 gal 1 lb 1 ctr
	WE	Eggs - large Cereal - hot/cold 11.5-12 ounce frozen juice 100% Whole wheat bread or whole grains Beans, dry or canned Peanut butter/ dry or canned beans Fish - canned tuna/salmon/sardines Fruit and vegetables - fresh/frozen	2 doz 36 oz 3 ctr 16 oz 1 ctr 1 ctr 30 oz 11.00 \$	1 doz 18 oz 2 ctr 16 oz 1 ctr 1 ctr 15 oz 11.00 \$
Woman Postpartum Non-Breastfeeding, Woman Some Breastfeeding	ML-C-Y	Low fat milk Cheese Lowfat or nonfat yogurt	3.0 gal 1 lb 1 ctr	1.5 gal 1 lb 1 ctr
	WN	Eggs - large Cereal - hot/cold 11.5-12 ounce frozen juice Peanut butter/ dry or canned beans Fruits and vegetables - fresh/frozen	1 doz 36 oz 2 ctr 1 ctr 11.00 \$	1 doz 18 oz 1 ctr 1 ctr 11.00 \$

# Job Aid

# Standard Food Packages

Category/ Designation	Template Codes	Description	Full	Partial
Child 13-23 months	MW-C	Whole milk Cheese	3.25 gal 1 lb	1.75 gal 1 lb
	C	Eggs - large Cereal - hot/cold Peanut butter/ dry or canned beans 100% Whole wheat bread/ or whole grains 64 oz bottle juice  Fruits and vegetables - fresh/frozen	1 doz 36 oz 1 ctr  32 oz 2 ctr  8.00 \$	1 doz 18 oz 1 ctr  16 oz 1 ctr  8.00 \$
Child 24-60 months	ML-C-Y	Lowfat or fat free milk Cheese Lowfat or nonfat yogurt	3.0 gal 1 lb 1 ctr	1.5 gal 1 lb 1 ctr
	C	Eggs - large Cereal - hot/cold Peanut butter/ dry or canned beans 100% Whole wheat bread/ or whole grains 64 oz bottle juice Fruits and vegetables - fresh/frozen	1 doz 36 oz 1 ctr  32 oz 2 ctr  8.00 \$	1 lb 18 oz 1 ctr  16 oz 1 ctr  8.00 \$
Infant Non-BF 0-3 months	SIA-P	Similac Advance powder	9 can	5 can
Infant Non-BF 4-6 months	SIA-P	Similac Advance powder	10 can	5 can

Category/ Designation	Template Codes	Description	Full	Partial
Infant Non-BF 7-12 months	SIA-P	Similac Advance powder	7 can	4 can
	I-FVC or	Baby food - fruit/ vegetables Baby cereal	128 oz 24 oz	64 oz 12 oz
	I-FVC-\$4	Baby food - fruit/ vegetables Baby cereal Fresh fruits and vegetables	64 oz 24 oz 4 \$	32 oz 12 oz 4 \$
Infant Mostly or Some BF 7-12 months  *There are no standard food template amounts for partially (Mostly or Some) breastfed infants. The amount of formula each infant receives will vary and must be assigned by the CPA.	SIA-P	Similac Advance powder	CPA assigned *	CPA assigned *
	I-FVC or	Baby food - fruit/ vegetables Baby cereal	128 oz 24 oz	12 oz 64 oz
	I-FVC-\$4	Baby food - fruit/ vegetables Baby cereal Fresh fruits and vegetables	64 oz 24 oz 4 \$	32 oz 12 oz 4 \$
Infant Fully BF 0-6 months	Z	No WIC foods		
Infant Fully BF 7-12 months	I-FVCM or	Baby food - fruit/ vegetables Baby food - meat Baby cereal	256 oz 77.5 oz 24 oz	128 oz 39 oz 12 oz
	I-FVCM-\$8	Baby food - fruit/ vegetables Baby food - meat Baby cereal Fresh fruits and vegetables	128 oz 77.5 oz 24 oz 8 \$	64 oz 39 oz 12 oz 8 \$

Category/ Designation	Template Codes	Description	Full		Partial
			Month 1	Month 2	
Woman Fully Breastfeeding Multiples  See <b>Job Aid: Food Package for Fully BF Twins</b> for special instructions when assigning.  † These foods are manually modified every other month.	ML-C-Y	Low fat milk	8.0 gal	8.0 gal	4.0 gal
		Cheese	3 lb	2 lb †	2 lb
		Lowfat or nonfat yogurt	1 ctr	1 ctr †	1 ctr
	WE-M	Eggs - large	3 doz	3 doz	2 doz
		Cereal - hot/cold	54 oz	54 oz	36 oz
		11.5-12 ounce frozen juice	5 ctr	4 ctr †	2 ctr
		100% Whole wheat bread or whole grains	32 oz	16 oz †	16 oz
		Beans, dry or canned	2 ctr	2 ctr †	1 ctr
		Peanut butter/ dry or canned beans	1 ctr	1 ctr	1 ctr
		Fish - canned tuna/salmon/sardines	45 oz	45 oz	25 oz
Fruit and vegetables - fresh/frozen	16.50 \$	16.50 \$	16.50 \$		

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### ***Types of Food Packages***

Every participant is assigned a food package made up of a combination of milk, foods, and formula that is appropriate for their age, category, and designation.

#### **Standard Food Packages**

Standard food packages are the food packages automatically assigned by TWIST for each participant. They contain the maximum amount of foods allowed by federal regulations.

#### **Non-Standard Food Packages**

Non-standard food packages are food packages that are slightly changed by the CPA. For example, the CPA might select a template with no eggs or reduce the quantity of milk in a package.

#### **Modified Food Packages**

If the CPA cannot find a non-standard template to meet the participant's needs, a "modified" food package can be created by using the "Modify" pop-up on the *Food Package Assignment* screen.

#### **Partial Food Packages**

Partial food packages are issued starting on the 20<sup>th</sup> of the month. They have reduced quantities of food to reflect the partial month of issuance.

## Modules on the “Food Package Assignment” Screen

The foods in each food package are grouped together in smaller units called modules. Each module contains a different group of foods.

	FP Start Date	WIC Category	Module A	Qty A	Unit A	Module B	Module C	Qty C	Unit C	Med Doc	Partial	Status
	11/01/2016	C2-5	ML-C-Y	3.00	gal	C						
	10/01/2016	C2-5	ML-C-Y	3.00	gal	C						
	09/01/2016	C2-5	ML-C-Y	3.00	gal	C						
	08/01/2016	C2-5	ML-C-Y	3.00	gal	C						

**Module A** → milk or infant formula module

**Module B** → food module

**Module C** → medical formula for women and children module

Foods in each module are selected by using the drop down arrow to select a template. **Templates** are combinations of commonly assigned foods that can be selected from the drop down in each module. Only templates appropriate for the participant are available to choose. During certification, TWIST defaults to the standard templates or to templates previously used by the participant.

A **food package** refers to all of the participant’s foods and formula together. Most participants will receive foods from two different modules. Women and children with special dietary needs may receive foods from all three.

**Module A - Milk Templates – Women and Children**

**Standard Milk Templates**

**ML-C-Y** = Woman or Child 24-60 mo: liquid cow’s milk (non-fat, 1%); cheese; 1 qt. lowfat yogurt.

**MW-C** = Child 13-23 mo: liquid cow’s milk (whole); cheese.

**Non-Standard Milk Templates**

The non-standard milk templates offer different choices for types of milk. You can also choose templates with less cheese and more milk.

<b>Module A - Milk Template Codes</b>		
<b>First Letter</b>	<b>Second Letter</b>	<b>Extra Letters</b>
<b>M</b> - Liquid Cow’s Milk	<b>L</b> - Non-fat, 1%	<b>C</b> - Cheese is included
<b>G</b> - Liquid Goat’s Milk	<b>W</b> - Whole milk only	<b>0</b> - No Cheese included
<b>S</b> - Soy Milk Beverage	<b>2</b> - 2% only	<b>T</b> - Tofu included
<b>L</b> - Lactose-free Milk		<b>Y</b> - Yogurt included
<b>A</b> - Acidophilus Milk		<b>YW</b> - Whole yogurt assigned to soy beverage

*Examples:*

**S-0** = Soy milk beverage; no cheese.

**GL-C** = Goat’s milk (non-fat or 1%); cheese included.

**NOTE:** Evaporated or dry powdered versions of milk do not have templates. They are assigned from the “Modify” screen.

**Module B - Food Templates – Women and Children**

**Standard Food Templates**

Standard Food Templates include eggs, cereal, peanut butter, beans, 100% whole wheat bread or whole grains, juice, fish, fruit and vegetables. The templates have the foods and quantities appropriate for each category.

**C** = Children

**WE** = Fully breastfeeding women

**WPB** = Pregnant women or mostly breastfeeding women

**WN** = Non-breastfeeding women or women doing some breastfeeding and infant receives formula exceeding the IB maximum

**WPB-M** = Woman (pregnant or mostly breastfeeding, with multiples)

**WE-M** = Woman fully breastfeeding multiples

**Non-Standard Food Templates**

The non-standard food templates offer different choices for changing or removing some foods. The second part of the template tells what food has been changed.

<b>Module B - Food Template Codes</b>	
<b>First Part (standard)</b>	<b>Second Part (what is different)</b>
<b>C</b>	<b>w/o PB</b> – Without peanut butter
<b>WE</b>	<b>w/o E</b> – Without eggs
<b>WPB</b>	<b>w/o F</b> – without fish (tuna, salmon, sardines)
<b>WN</b>	<b>J48</b> – Contains frozen juice which reconstitutes to 48 oz. juice, rather than bottled juice
<b>WPB-M</b>	<b>J64</b> – Contains 64 oz. bottled juice
<b>WE-M</b>	

*Examples:*

*C w/o E = The standard child foods without eggs.*

*WPB-M-w/o F = The standard foods for a pregnant woman with multiples, without fish.*

## Module A – Formula Templates - Infant

### Standard Infant Formula Template

The Standard Formula Template for infants is for the bid formula.

**SIA-P** = Similac Advance Powder

### Non-Standard Infant Formula Templates

All formulas have a three letter abbreviation.

- One word formulas will use the first three letters.  
*Example: Nutramigen=NUT*
- Two word formulas use the first two letters of the first word and the first letter of the second word.  
*Example: Similac Advance=SIA*
- Three word formulas use the first letter of each word.  
*Example: Bright Beginnings Soy=BBS*

Module A – Infant Formula Template Codes	
First Part (abbreviation of name of formula)	Second Part (type of formula)
<i>Examples:</i> <b>SIA</b> <b>NUT</b> <b>GSO</b>	<b>C</b> – Concentrate
	<b>P</b> – Powder
	<b>R-</b> Ready to Feed

*Examples:*

**SIA-C** = Similac Advance, concentrate or

**NEI-P** = Neocate Infant, powder

NOTE: Some formulas will include additional letters or numbers to differentiate similar items. *Example: PEP 1.0 or PEP 1.5 indicates two kinds of Pediasure Peptide.*

**Module B - Food Templates - Infants**

**Standard Food Templates for Infants**

**I-FVC** – Foods for non-breastfeeding and some or mostly breastfeeding infants include baby food fruits, baby food vegetables, baby cereal

**I-FVCM** – Foods for exclusively breastfeeding infants include baby food fruits, baby food vegetables, baby cereal, baby food meat

**Non-Standard Food Template for Infants**

<b>Module B – Infant Food Template Codes</b>	
<b>First Part</b>	<b>Second Part</b>
<b>I - Infant</b>	<b>FVC-\$4</b> – replaces 64 ounces of the baby food fruits and vegetables with cash value of \$4 for fresh fruits and vegetables
	<b>FVCM-\$8</b> - replaces 128 ounces of the baby food fruits and vegetables with cash value of \$8 for fresh fruits and vegetables

*Example:*

**I-FVCM-\$8** = Cash benefit for fresh fruits and vegetables, baby food fruit, baby food vegetables, baby food meat and baby cereal.

**Module C – Formula Templates – Special Women and Special Children**

**Standard Formula Template – Women and Children**

There is not a Standard Formula Template for women and children. Formula selected in Module C must be prescribed by a Health Care Provider and requires Medical Documentation.

**Non-Standard Formula Templates – Women and Children**

NOTE: Formulas not available as a template can be added using the “Modify” screen.

All formulas have a three letter abbreviation.

- One word formulas will use the first three letters.  
*Example: Nutramigen=NUT*
- Two word formulas use the first two letters of the first word and the first letter of the second word.  
*Example: Similac Advance=SIA*
- Three word formulas use the first letter of each word.  
*Example: Bright Beginnings Soy=BBS*

<b>Module A – Infant Formula Template Codes</b>	
<b>First Part (abbreviation of name of formula)</b>	<b>Second Part (type of formula)</b>
Examples: <b>SIA</b> <b>NUT</b> <b>GSO</b>	<b>C</b> – Concentrate
	<b>P</b> – Powder
	<b>R-</b> Ready to Feed

*Examples:*  
**SIA-C** = Similac Advance, concentrate or  
**NEI-P** = Neocate Infant, powder

NOTE: Some formulas will include additional letters or numbers to differentiate similar items. *Example: PEP 1.0 or PEP 1.5 indicates two kinds of Pediasure Peptide.*

**Any Module – “Z” or “No Food” Templates**

Template codes which begin with **Z** indicate the participant is not receiving milk, formula or foods in that module.

**“No Food” Templates****Z –**

The “Z” package defaults in Module A for fully breastfed infants who do not receive any formula.

**ZN –**

The “ZN” package defaults for WBN women after 6 months postpartum. You may also select the “ZN” package for any participant who is not receiving foods in a module.

*Examples:*

- *Participant is unable to eat or tolerate a particular group of foods, such as dairy products.*
- *Participant declines foods offered.*

## Postpartum Women Categories

**Fully Breastfeeding:** A breastfeeding mother who is up to one year postpartum, whose infant does not receive infant formula from WIC.  
TWIST Code – **WE**

**Mostly Breastfeeding:** A breastfeeding mother who is up to one year postpartum, whose infant receives infant formula from WIC up to the maximum provided for a mostly breastfeeding infant.  
TWIST Code – **WB**

**Some Breastfeeding:** A breastfeeding mother who is up to one year postpartum, whose infant receives more than the maximum amount of infant formula from WIC provided for a mostly breastfeeding infant, but less than the amount provided for a non-breastfeeding infant.  
TWIST Code – **WBN**

**Non-Breastfeeding:** A mother who is not breastfeeding and is less than 6 months postpartum.  
TWIST Code – **WN**

## Infant Categories

**Fully Breastfeeding:** A breastfeeding infant who is up to one year of age and does not receive infant formula from WIC.  
TWIST Code – **IE**

**Mostly Breastfeeding:** A breastfeeding infant who is one month to one year of age and receives infant formula from WIC up to the maximum provided for a mostly breastfeeding infant for the infant's age.  
TWIST Code – **IB**

**Some Breastfeeding:** A breastfeeding infant who is one month to one year of age and receives more than the maximum amount of infant formula from WIC provided for a mostly breastfeeding infant, but less than the amount provided for a non-breastfeeding infant for the infant's age.  
TWIST Code – **IBN**

**Non-Breastfeeding:** An infant who is not breastfeeding and is up to one year of age and receives infant formula from WIC.  
TWIST Code – **IN**





*The amount of breastfeeding determines mom’s and baby’s food packages.*

Overview of the “standard” food packages for postpartum women

Foods	Fully Breastfeeding (WE)	Mostly Breastfeeding (WB)	Some Breastfeeding (WBN)	Non-breastfeeding (WN)
Fruits & veggies	\$11	\$11	\$11	\$11
Cereal	36 ounces	36 ounces	36 ounces	36 ounces
Whole grains	1 pound	1 pound	n/a	n/a
Milk & yogurt	5 gallons + 32 ounces	4 ½ gallons + 32 ounces	3 gallons + 32 ounces	3 gallons + 32 ounces
Cheese	2 pounds	1 pound	1 pound	1 pound
Eggs	2 dozen	1 dozen	1 dozen	1 dozen
Juice	3 cans frozen	3 cans frozen	2 cans frozen	2 cans frozen
Beans / Peanut butter	1 pound dry beans <b>OR</b> (4) 15-16 ounce canned beans, <b>AND</b> 18 ounces peanut butter	1 pound dry beans <b>OR</b> (4) 15-16 ounce canned beans, <b>AND</b> 18 ounces peanut butter	1 pound dry beans <b>OR</b> (4) 15-16 ounce canned beans, <b>OR</b> 18 ounces peanut butter	1 pound dry beans <b>OR</b> (4) 15-16 oz. canned beans, <b>OR</b> 18 oz. peanut butter
Canned fish	30 ounces	n/a	n/a	n/a

### Details

- Women who receive both beans and peanut butter can replace the peanut butter with either 1 pound of dry beans, or 4 cans of canned beans.
- A mom who was on WIC during pregnancy will get WP vouchers until the 2<sup>nd</sup> month postpartum. Between the time her baby is born and the end of her WP certification, her choices are: A) Put the baby on WIC as an exclusively breastfed baby and get the additional foods she is eligible for as a WE; B) Wait until the baby is over one month old and put the baby on as being “mostly” or “some” breastfed; C) Put the baby on as a non-breastfeeding baby and receive the WN foods; or, D) Wait to do anything until her postpartum recertification appointment.
- Mom and baby category must match. TWIST will not allow benefits to be issued if the mom and baby categories don’t match.
- For a WBN mom, because of the amount of formula the breastfed baby is receiving after six months, mom does not receive a food package, but still participates in WIC as a breastfeeding woman and continues to receive breastfeeding support, nutrition education, Farm Direct checks, and other WIC services until 1 year postpartum.
- TWIST calculates food packages by calendar month and rounds ages to the end of the month.

## Overview of food packages for infants

Category	Each month	Age of Infant			
		Birth – date turns 1 month	1 - 3 months	4 - 6 months	7 - 12 months
<b>Fully Breastfeeding</b> <b>WE/IE</b>	Mom gets:	Fully breastfeeding food package			
	Baby gets:	Mom's breast milk			Breast milk plus up to: 24 oz. infant cereal 256 oz. baby food fruits and vegetables 77.5 oz. baby food meat
<b>Mostly Breastfeeding</b> <b>WB/IB</b>	Mom gets:	WP food package	Mostly Breastfeeding food package		
	Baby gets:	Mom's breast milk	Breast milk and up to 4 cans powdered bid formula	Breast milk and up to 5 cans powdered bid formula	Breast milk and up to 4 cans powdered bid formula 24 oz. infant cereal 128 oz. baby food fruits and vegetables
<b>Some Breastfeeding</b> <b>WBN/IBN</b>	Mom gets:	WP food package	Some Breastfeeding food package		No food package
	Baby gets:	Mom's breast milk	Breast milk and 5 to 8 cans powdered bid formula	Breast milk and 6 to 9 cans powdered bid formula	Breast milk and 5 to 6 cans powdered bid formula 24 oz. infant cereal 128 oz. baby food fruits and vegetables
<b>Non-Breastfeeding</b> <b>WN/IN</b>	Mom gets:	Non-breastfeeding food package			Categorically ineligible – no food package
	Baby gets:	9 cans powdered bid formula	9 cans powdered bid formula	10 cans powdered bid formula	7 cans powdered bid formula 24 oz. infant cereal 128 oz. baby food fruits and vegetables.

**NOTE:** Infants 9 months of age or older may opt to replace 64 ounces of baby food fruits and vegetables with \$4 fresh fruit and veggies.

As the certifier, you will want to think of the mom and her babies as a breastfeeding unit and assign food packages and categories to the babies in a way that maximizes the food package available for mom. You will notice that the formula can be divided in a variety of ways between the babies. You can assign mom as **mostly breastfeeding (WB)** as long as she has at least one baby that is **fully (IE)** or **mostly (IB) breastfed**. (Note: “Twins or more” must be marked in TWIST)

Baby 1 category	Baby 2 category	Baby 3 category	Total amount of powdered bid formula assigned to all babies 0-3 months.	Mom category	Assign these milk and food templates to mother
<b>Twins</b>					
Fully BF (IE)	Fully BF (IE)		None	Fully BF (WE)	ML-C, WE-M
Fully BF (IE)	Mostly BF (IB)		1-4 cans	Mostly BF (WB)	ML-C, WPB-M
Fully BF (IE)	Some BF (IBN)		5-8 cans	Mostly BF (WB)	ML-C, WPB-M
Fully BF (IE)	Non-BF (IN)		9 cans	Mostly BF (WB)	ML-C, WPB-M
Mostly BF (IB)	Mostly BF (IB)		2-8 cans	Mostly BF (WB)	ML-C, WPB-M
Mostly BF (IB)	Some BF (IBN)		6-12 cans	Mostly BF (WB)	ML-C, WPB-M
Mostly BF (IB)	Non-BF (IN)		10-13 cans	Mostly BF (WB)	ML-C, WPB-M
Some BF (IBN)	Some BF (IBN)		10-16 cans	*Some BF (WBN)	ML-C, WN to 6 mo. postpartum
Some BF (IBN)	Non-BF (IN)		14-17 cans	Some BF (WBN)	ML-C, WN to 6 mo. postpartum
Non-BF (IN)	Non-BF (IN)		18 cans	Non-BF (WN)	ML-C, WN to 6 mo. postpartum

\* Assigning the infant categories in this combination limits mom’s food package. Consider assigning the infants category and food packages in such a way that mom receives the larger food package until 1 year postpartum.

## Category Assignments for Breastfeeding Multiple Babies (Twins or more)

Baby 1 category	Baby 2 category	Baby 3 category	Total amount of powdered bid formula assigned to all babies 0-3 months.	Mom category	Assign these milk and food templates to mother
<b>Triplets</b>					
Fully BF (IE)	Fully BF (IE)	Fully BF (IE)	None	Fully BF (WE)	ML-C, WE-M
Fully BF (IE)	Fully BF (IE)	Mostly BF (IB)	1-4 cans	Mostly BF (WB)	ML-C, WPB-M
Fully BF (IE)	Fully BF (IE)	Some BF (IBN)	5-8 cans	Mostly BF (WB)	ML-C, WPB-M
Fully BF (IE)	Fully BF (IE)	Non-BF (IN)	9 cans	Mostly BF (WB)	ML-C, WPB-M
Fully BF (IE)	Mostly BF (IB)	Mostly BF (IB)	2-8 cans	Mostly BF (WB)	ML-C, WPB-M
Fully BF (IE)	Mostly BF (IB)	Some BF (IBN)	6-12 cans	Mostly BF (WB)	ML-C, WPB-M
Fully BF (IE)	Mostly BF (IB)	Non-BF (IN)	10-13 cans	Mostly BF (WB)	ML-C, WPB-M
Fully BF (IE)	Some BF (IBN)	Some BF (IBN)	10-16 cans	Mostly BF (WB)	ML-C, WPB-M
Fully BF (IE)	Some BF (IBN)	Non-BF (IN)	14-17 cans	Mostly BF (WB)	ML-C, WPB-M
Fully BF (IE)	Non-BF (IN)	Non-BF (IN)	18 cans	Mostly BF (WB)	ML-C, WPB-M
Mostly BF (IB)	Mostly BF (IB)	Mostly BF (IB)	3-12 cans	Mostly BF (WB)	ML-C, WPB-M
Mostly BF (IB)	Mostly BF (IB)	Some BF (IBN)	7-16 cans	Mostly BF (WB)	ML-C, WPB-M
Mostly BF (IB)	Mostly BF (IB)	Non-BF (IN)	11-17 cans	Mostly BF (WB)	ML-C, WPB-M
Mostly BF (IB)	Some BF (IBN)	Some BF (IBN)	11-20 cans	Mostly BF (WB)	ML-C, WPB-M
Mostly BF (IB)	Some BF (IBN)	Non-BF (IN)	15- 21 cans	Mostly BF (WB)	ML-C, WPB-M
Mostly BF (IB)	Non-BF (IN)	Non-BF (IN)	19-22 cans	Mostly BF (WB)	ML-C, WPB-M

<b>For Similac Advance (SIA-P) or Gerber Good Start Soy (GSO-P) Powder</b>		
<b>If the infant is getting this much supplemental formula each day:</b>		<b>Assign this amount of Similac Advance (SIA-P) or Gerber Good Start Soy (GSO-P) powdered formula:</b>
0 - 3 oz. per day	→	1 can powder per month
4 - 6 oz. per day	→	2 cans powder per month
7 - 9 oz. per day	→	3 cans powder per month
10 - 12 oz. per day	→	4 cans powder per month
13 - 15 oz. per day	→	* 5 cans powder per month
16 - 18 oz. per day	→	* 6 cans powder per month
19 - 21 oz. per day	→	* 7 cans powder per month
22 - 24 oz. per day	→	* 8 cans powder per month
25 - 27 oz. per day	→	* 9 cans powder per month

\* This quantity may exceed the maximum allowed as determined by infant age and category.

**NOTES:**

- One can of Similac Advance powder (SIA-P) yields 90 ounces of reconstituted infant formula and Gerber Good Start Soy powder (GSO-P) yields 91 ounces.
- Use the formula job aids to find the reconstitution for other types of formula and calculate the number of cans per month a participant would need.

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## Number of cans allowed by age and category

### Key:

*Maximum formula ounces allowed for age and category listed*

Reconstitution = Number of fluid ounces of formula that can be made from one can using standard dilution (20 kcal/oz).

### Formula codes:

Similac Advance = SIA

Gerber Good Start Soy = GSO

*Example: SIA-P = Similac Advance powder*

### Please note:

Standard infant formulas are not available from Formula Warehouse.

### Mostly breastfed (IB)

Formula	Can Size	Sub-category	Reconstitution	<1mo	1-3 mo	4-6 mo	7-12 mo
<b>Powder</b>					435 oz	522 oz	384 oz
Similac Advance	12.4	21-082	90	0	1-4	1-5	1-4
Gerber Soy	12.9	21-060	91	0			
<b>Concentrate</b>					388 oz	460 oz	315 oz
Similac Advance	13	21-083	26	0	1-14	1-17	1-12
Gerber Soy	12.1	21-061	24.2		1-16	1-19	1-13
<b>Ready to Feed</b>					384 oz	474 oz	338 oz
Similac Advance	32	21-084	32	0	1-12	1-14	1-10
Gerber Soy	33.8*	21-062	33.8		1-11	1-14	1-10

*\*Gerber Good Start Soy Ready to Feed (4-packs = four 8.45 oz tetrapaks = 33.8 oz)*

## Some breastfeeding (IBN)

Formula	Can Size	Sub-category	Reconstitution	<1 mo	1-3 mo	4-6 mo	7-12 mo
<b>Powder</b>					776 oz	866 oz	603 oz
Similac Advance	12.4	21-082	90	0	5-8	6-9	5-6
Gerber Soy	12.9	21-060	91				
<b>Concentrate</b>					751oz	823 oz	557oz
Similac Advance	13	21-083	26	0	15-28	18-31	13-21
Gerber Soy	12.1	21-061	24.2		17-31	20-34	14-23
<b>Ready to Feed</b>					736 oz	812oz	544 oz
Similac Advance	32	21-084	32	0	13-23	15-25	11-17
Gerber Soy	33.8*	21-062	33.8		12-21	15-24	11-16

A “some” breastfeeding infant receives more formula than the mostly breastfed infant and up to the equivalent of one can powder less than a non-breastfeeding infant (or less 3 cans concentrate or less 3 cans ready to feed)

## Non-breastfeeding infants (IN) and Children receiving infant formula (C-1)

Formula	Can Size	Sub-category	Reconstitution	0-3 mo	4-6 mo & 7-12 mo “special” (no infant foods)	7-12 mo	13-24 mo (C1)
<b>Powder</b>				870 oz	960 oz	696 oz	910
Similac Advance	12.4	21-082	90	9	10	7	10
Gerber Soy	12.9	21-060	91				
<b>Concentrate</b>				823 oz	896 oz	630 oz	910
Similac Advance	13	21-083	26	31	34	24	35
Gerber Soy**	12.1	21-061	24.2	34	37	26	37
<b>Ready to Feed</b>				832 oz	913 oz	643 oz	910
Similac Advance	32	21-084	32	26	28	20	28
Gerber Soy**	33.8*	21-062	33.8	24	27	19	26

\*Gerber Good Start Soy Ready to Feed (4-packs = four 8.45 oz tetrapaks = 33.8 oz)

When a breastfeeding woman presents with a special breastfeeding situation, this Job Aid may help with determining whether she is eligible for WIC, her category, and the benefits she is eligible to receive. If a special situation arises that is not listed below, contact your WIC Coordinator.

### Birth mother and infant are living apart (adoption, foster care)

- ◆ A birth mother who is providing breast milk for the infant, even though separated from the infant, may qualify for WIC as a breastfeeding woman if the following criteria are met:
  - The infant is enrolled on WIC
  - The infant’s adopted or foster mother is not on WIC as a breastfeeding woman
  - The birth mother meets the eligibility requirements of income, residency, and nutritional risk
  - The birth mother is not receiving compensation for her breast milk
- ◆ If the birth mother *is not* breastfeeding, she may still qualify for WIC as a non-breastfeeding postpartum woman if the eligibility requirements of income, residency, and nutritional risk are met.

TWIST Documentation	Food Package Assignment
<ul style="list-style-type: none"> <li>● Link birth mother to the breastfeeding infant</li> <li>● Make note in record that mother is living apart from infant</li> </ul>	<ul style="list-style-type: none"> <li>● Assign the WBN food package if the mother is providing some breast milk for the infant</li> <li>● Assign the WN food package if the mother is not breastfeeding</li> </ul>

### Birth mother and non-birth mother are both breastfeeding the infant and are living apart (adoption, foster care)

- ◆ The non-birth mother must be breastfeeding and meet the eligibility requirements of income, residency, and nutritional risk in order to qualify for WIC.
- ◆ If *both* the non-birth mother and the birth mother are breastfeeding, and the birth mother is providing some breast milk for the infant (even though separated from the infant), the birth mother may still be considered for eligibility as a ***non-breastfeeding*** postpartum woman. Although she is technically breastfeeding, only *one* woman can be certified on WIC as a breastfeeding woman.

- ◆ If *both* the non-birth mother and the birth mother are certified on WIC, the infant may be claimed in only one woman’s household for determining family size and income eligibility.
- ◆ The infant is not required to live with the non-birth breastfeeding woman.

TWIST Documentation	Food Package Assignment
<ul style="list-style-type: none"> <li>● Link breastfeeding infant to the woman categorized as the WIC breastfeeding mother</li> <li>● Document the other mother’s ID number in the WIC Notes of each record to link them</li> </ul>	<ul style="list-style-type: none"> <li>● Assign the WE food package to the non-birth breastfeeding woman</li> <li>● Assign the ZN food package to the breastfeeding baby</li> <li>● Assign the WN food package to the non-breastfeeding woman (birth mother)</li> </ul>

### **Birth mother and non-birth mother are both breastfeeding the infant and live in the same household**

Only *one* woman in the household may be certified as a breastfeeding woman.

- ◆ Since the non-birth mother cannot be on WIC as a postpartum woman (she was never pregnant), she must be certified as the breastfeeding woman and the birth mother will be certified as the non-breastfeeding postpartum woman (even though she is breastfeeding).
- ◆ The length of the certifications will be determined by the age of the infant. As with birth mothers, a non-birth mother’s status as a breastfeeding woman ends when she stops nursing the infant at least one time per day or at the infant’s first birthday, whichever comes first.
- ◆ Both women are to be offered second nutrition education, breastfeeding support, the correct food package for her category and referral to a lactation specialist, if appropriate.
- ◆ The two mothers will be enrolled and certified in *separate* families in TWIST and the infant will be in the family with the breastfeeding woman, in order to match their categories.
- ◆ Since the two mothers actually do live in the same household, document the same household size and same income in both records.
- ◆ Complete the certification for the non-birth breastfeeding woman just as you would for the birth mother with these exceptions:

- On the Medical Data screen, enter **999** for “Total Weight Gain, Pregnancy Just Completed”.
  - On the Health History questionnaire, enter **one** for the question “For the pregnancy just completed, how many babies were delivered?” even though she did not give birth.
  - Document the other mother’s ID number in the WIC Notes of each record to link them.
- ◆ Assign the WE food package to the non-birth breastfeeding woman, and the Z food package to the breastfeeding baby. Assign the non-breastfeeding woman (birth mother) the WN food package. See ◆710—Breastfeeding: Definition, Promotion and Support Standards, and ◆769—Assigning WIC Food Packages for further information.

TWIST Documentation	Food Package Assignment
<ul style="list-style-type: none"> <li>• Link breastfeeding infant to WIC breastfeeding woman (non-birth mother)</li> <li>• Enroll and certify the two mothers in separate families in TWIST</li> <li>• Enroll infant in the family with the WIC breastfeeding woman</li> <li>• Document the same household size and same income in both records</li> <li>• Certification of the non-birth breastfeeding woman:                      Medical Data Screen                      Enter 999 for “Total Weight Gain, Pregnancy Just Completed”                      Health History Questionnaire Enter one for the question “For the pregnancy just completed, how many babies were delivered?” even though she did not give birth</li> <li>• Document the other mother’s ID number in the WIC Notes of each record to link them</li> </ul>	<ul style="list-style-type: none"> <li>• Assign the WE food package to the non-birth breastfeeding woman</li> <li>• Assign the Z food package to the breastfeeding baby</li> <li>• Assign the non-breastfeeding woman (birth mother) the WN food package.</li> </ul> <p>See ◆769—Assigning WIC Food Packages for further information</p>

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For both cow and goat, dry and evaporated milk, the size of the container is **not** printed on the receipt or the Food List or when Customer Service is contacted.

In addition, only one size of container can be used when purchasing these products. For dry cow milk, it is the 25.6 oz. pouch or box. For evaporated cow milk, it is the 12 oz. can. Meyenberg goat milk is the only authorized brand, and both evaporated and powdered goat milk are packaged in a 12 oz. can.

The WIC Benefits List does have the container size, so it will be important to give the participant their WIC Benefits List and point out the container size they must use to purchase these products with WIC.

When a participant prefers dry or evaporated milk, consider the reconstitution amounts of the box or can when issuing.

## Dry Milk

For cow milk, the only dry milk option available is a 25.6 oz. pouch or box of nonfat dry milk. The powdered goat milk option is a 12 oz. can. When mixed with water as directed on the container, each will make:

- 25.6 oz. container of dry cow milk = 2 gallons milk
- 12 oz. can of powdered goat milk = .75 gallons milk

In order to assign the maximum milk benefit, most participants would be assigned a few quarts of liquid milk in addition to the dry milk.

### Example Receipt

Benefits Expire on XX-XX-20XX

01 CTR NONFAT DRY MILK  
24 CAN EVAP FAT FREE MILK  
16 CAN EVAPORATED WHOLE MILK  
28 CAN EVAP WHOLE GOAT MILK  
04 CAN PWD WHOLE GOAT MILK  
07 CAN PWD NONFAT GOAT MILK

### WIC Benefits List

<u>Quantity</u>	<u>Unit</u>	<u>Food Item Description</u>
01	CTR	Non fat dry milk 25.6 oz. ←
24	CAN	Evaporated fat free milk 12 oz. ←
16	CAN	Evaporated whole milk 12 oz.
28	CAN	Evap whole goat milk 12 oz.
04	CAN	Powdered whole goat milk 12 oz.
07	CAN	Powdered nonfat goat milk 12 oz.

**Evaporated milk**

Evaporated goat or cow milk is only available in a 12 oz. can.

One 12 oz. can of evaporated milk mixed with 12 oz. of water reconstitutes to 24 oz. or 3 cups of milk (.75 quart). We cannot assign in increments that are smaller than a quart, so when determining how many cans of evaporated milk to assign, consider issuing in increments of 4 cans. Every 4 cans of evaporated milk provides 3 quarts of milk.

4 cans evaporated milk	=	.75 gallon milk	(3 qts)
8 cans evaporated milk	=	1.5 gallons milk	(6 qts)
12 cans evaporated milk	=	2.25 gallons milk	(9 qts)
16 cans evaporated milk	=	3 gallons milk	(12 qts)
20 cans evaporated milk	=	3.75 gallons milk	(15 qts)
24 cans evaporated milk	=	4.5 gallons milk	(18 qts)
28 cans evaporated milk	=	5.25 gallons milk	(21 qts)
32 cans evaporated milk	=	6 gallons milk	(24 qts)
36 cans evaporated milk	=	6.75 gallons milk	(27 qts)
40 cans evaporated milk	=	7.75 gallons milk	(31 qts)

To reach the maximum milk benefit for the participant, it may be necessary to assign quarts of liquid milk, along with the evaporated milk.

**Contraindicated foods:** Foods which the health care provider determines are not appropriate for the participant's medical condition (e.g. peanut allergy).

**Medical formulas:** Term used by Oregon WIC to describe:

- exempt infant formula: any infant formula other than the current bid formula that is for use by infants who have diagnosed medical or dietary problems, such as milk protein allergy or low birth weight (i.e. Neocate Infant)
- medical formula/nutritional for children and women (i.e. Boost Kid Essentials)

**Milk allergy:** Adverse response of the immune system to the protein in milk. Symptoms can include: skin rashes, digestive disturbances or respiratory distress.

**Non-qualifying condition:** Conditions which do not meet USDA requirements for issuance of medical formula/nutritional. These conditions include:

- Food intolerance to lactose or milk protein that can be successfully managed with the use of one of the other WIC food/formula packages;
- Non-specific formula or food intolerance;
- Women and children who have a food intolerance to lactose or milk protein that can be successfully managed with the use of one of the other WIC food packages; or,
- Any participant whose need for the food package is solely for the purpose of improving nutrient intake or managing body weight without any underlying qualifying condition.

**Prescriptive authority:** A health care provider licensed by the state to write prescriptions. Health care professionals with prescriptive authority in Oregon include: Medical Doctors/Physicians (MD); Physician Assistants (PA); Nurse Practitioners (NP); Certified Nurse Specialists (CNS); Doctors of Osteopathy (DO); Naturopathic Physicians (ND).

**Qualifying condition:** A medical condition determined by a health care provider with prescriptive authority. Qualifying conditions include premature birth, low birth weight, failure to thrive, malabsorption syndromes, immune system disorders, severe food allergies (Refer to qualifying conditions handout).

**Severe lactose intolerance:** Medical condition caused by a lack of the enzyme lactase, needed to digest lactose, the carbohydrate in milk. Symptoms, which occur relatively quickly after consuming milk products (less than 2 hours), can include bloating, gassiness, abdominal cramps and diarrhea. Participants with low lactase levels may be able to digest small amounts of milk and other dairy products.

**“Special /Special Client”:** TWIST designation used to indicate women and children receiving medical formulas or foods.

## Qualifying Conditions for Issuance of WIC-approved Medical Formula or Medical Food

Participant category	Qualifying conditions	Non-qualifying conditions
<b>Infants</b>  (birth-12 months)	<ul style="list-style-type: none"> <li>• Premature birth</li> <li>• Low birth weight</li> <li>• Failure to thrive</li> <li>• Gastrointestinal disorders</li> <li>• Malabsorption syndromes</li> <li>• Immune system disorders</li> <li>• Severe food allergies requiring an elemental formula</li> <li>• Life threatening disorders, disease and medical conditions that impair ingestion, digestion, absorption, or the utilization of nutrients that could adversely affect the participant’s nutritional status</li> </ul>	<ul style="list-style-type: none"> <li>• Non-specific formula or food intolerance</li> <li>• Food intolerance to lactose or milk protein that can be successfully managed with the use of one of the other WIC food/formula packages</li> </ul>
<b>Children</b>  (13-60 months)	<ul style="list-style-type: none"> <li>• Premature birth</li> <li>• Failure to thrive</li> <li>• Gastrointestinal disorders</li> <li>• Malabsorption syndromes</li> <li>• Immune system disorders</li> <li>• Severe food allergies requiring an elemental formula</li> <li>• Life threatening disorders, disease and medical conditions that impair ingestion, digestion, absorption, or the utilization of nutrients that could adversely affect the participant’s nutritional status</li> </ul>	<ul style="list-style-type: none"> <li>• Food intolerance to lactose or milk protein that can be successfully managed with the use of one of the other WIC food packages</li> <li>• Solely for the purpose of enhancing nutrient intake or managing body weight without an underlying qualifying condition (e.g. PediaSure for “picky eater”)</li> <li>• Parental preference or request</li> </ul>
<b>Women</b>	<ul style="list-style-type: none"> <li>• Gastrointestinal disorders</li> <li>• Malabsorption syndromes</li> <li>• Immune system disorders</li> <li>• Severe food allergies requiring an elemental formula</li> <li>• Life threatening disorders, disease and medical conditions that impair ingestion, digestion, absorption, or the utilization of nutrients that could adversely affect the participant’s nutritional status</li> </ul>	<ul style="list-style-type: none"> <li>• Food intolerance to lactose or milk protein that can be successfully managed with the use of one of the other WIC food packages</li> <li>• Solely for the purpose of enhancing nutrient intake or managing body weight without an underlying qualifying condition</li> <li>• Personal preference</li> </ul>

## ICD-10 Codes and associated WIC Nutrition Risks

*This job aid is intended for general comparison only*

ICD-10 code	Code Name	Risk Number	Nutrition Risk Names
R63.6	Underweight	103	Underweight or at-Risk of (Infants and Children)
R63.8	Other symptoms and signs concerning food and fluid intake	131	Low Maternal Weight Gain
R63.4	Abnormal weight loss	132	Maternal Weight Loss during Pregnancy
P92.6	Failure to thrive in newborn	134	Failure to Thrive (FTT)
E40-46	Malnutrition		
R62.51	Failure to thrive, child		
P05	Disorders of newborn related to slow fetal growth and fetal malnutrition	135	Slow Weight Gain
R62	Lack of expected normal physiological development in childhood		
P07	Low birth weight	141	Low Birth Weight (LBW)
P07	Prematurity	142	Prematurity
K59	Intestinal malabsorption	342	Gastro-Intestinal Disorders
R19.7	Diarrhea		
P78.83	Newborn esophageal reflux		
K21	Gastro esophageal reflux (GERD)		
E08-13	Diabetes Mellitus	343	Diabetes Mellitus
E50-64	Other Nutritional deficiencies	341	Nutrient Deficiency Diseases
Q00-99	Genetic and Congenital Disorders	349	Genetic and Congenital Disorders
E70-88	Metabolic disorders	351	Inborn Errors of Metabolism
L27.2	Dermatitis due to ingested food	353	Food Allergies
T78.0-8	Anaphylactic reaction due to food		
K52.2	Gastroenteritis, colitis, milk protein allergy		
D89.0	Disorder involving the immune mechanism, unspecified		
K90.0	Intestinal malabsorption	354	Celiac Disease
P92	Feeding problems of newborn	362	Developmental, Sensory or Motor Delays Interfering with Eating (includes tube feeding)
R63.3	Feeding difficulties		
R13.1	Dysphagia		

ICD = International Classification of Diseases. ICD codes are the most widely used classification system for diseases.

ICD-10data.com = <http://www.icd10data.com/>

## Number of containers allowed by age and/or category

**Key:** Medical Formulas in WIC refer to any formula other than the current milk-based or soy-based bid formula

**IB** = Infant who is **mostly** breastfeeding

**IBN** = Infant who is breastfeeding **some**

**IN** = Infant who is **non**-breastfeeding

*Maximum ounces allowed for age and category listed*

**Formula** = Name of medical formula.

**Cont Size** = the size of the container, in ounces unless noted, the formula comes in.

**Reconstitution** = Number of fluid ounces of formula that can be made from this can size using manufacturer's guidelines for dilution. For formulas with varying caloric density values (e.g. Ketocal) maximum issuance is based on a dilution value of 20 Kcal/oz.

<1 mo, etc. = the number of containers that can be provided for that age range.

**FW?** = Indicates if this formula is available for ordering from the Formula Warehouse.

**Subcategory** = Number assigned to the formula in TWIST; used for running reports on participant use of subcategory.

## Number of containers for mostly breastfed infants (IB)

Formula	Cont. Size	FW?	Sub category	Re-constitution	<1mo	1-3 mo	4-6 mo	7-12 mo
<b>Powder</b>						435 oz	522 oz	384 oz
Alimentum	12.1	Yes	31-033	87	0	1-3	1-4	1-3
Duocal	400g	Yes	41-074	98	0	4	5	3
Elecare for Infants	14.1	Yes	31-042	95	0	1-4	1-5	1-4
Enfacare	12.8	Yes	31-067	82	0	1-5	1-6	1-4
Enfamil AR	12.9	Yes	21-013	93	0	1-4	1-5	1-4
Neocate Infant	14	Yes	31-072	85	0	1-5	1-6	1-4
Neosure	13.1	Yes	31-030	87	0	1-5	1-6	1-4
Nutramigen with Enflora	12.6	Yes	31-004	87	0	1-5	1-6	1-4
PurAmino	14.1	Yes	31-069	98	0	1-4	1-5	1-3
Pregestimil	16	Yes	31-009	112	0	1-3	1-4	1-3
Similac PM 60/40	14.1	Yes	31-036	102	0	1-4	1-5	1-3
Similac for Spit-Up	12.0	No	21-085	90	0	1-4	1-5	1-4
<b>Concentrate</b>						388 oz	460 oz	315 oz
Nutramigen	13	No	31-005	26	0	1-14	1-17	1-12

### Number of containers for mostly breastfed infants (IB) continued

Formula	Cont. Size	FW?	Sub category	Re-constitution	<1mo	1-3 mo	4-6 mo	7-12 mo
<b>Ready to Feed</b>						384 oz	474 oz	338 oz
Alimentum	32	No	31-032	32	0	1-12	1-14	1-10
Enfamil AR		No	21-014					
Neosure		No	31-031					
Similac for Spit-Up		No	21-071					
Enfamil Enficare	Six pack of 8 oz bottles	Yes	31-067	48	0	1-8 6-packs	1-9 6-packs	1-7 6-packs

### Number of containers for some breastfeeding infants (IBN)

Formula	Cont. Size	FW ?	Sub category	Re-constitution	<1 mo	1-3 mo	4-6 mo	7-12 mo
<b>Powder</b>						776 oz	866 oz	603 oz
Alimentum	12.1	Yes	31-033	115	0	4-6	5-7	4-5
Duocal	400g	Yes	41-074	98	0	7	8	6
Elecare for Infants	14.1	Yes	31-042	95	0	5-8	6-9	5-6
Enficare	12.8	Yes	31-067	82	0	5-9	7-10	5-7
Enfamil AR	12.9	Yes	21-013	93	0	5-8	6-9	5-6
Neocate Infant	14	Yes	31-072	85	0	6-9	7-10	5-7
Neosure	13.1	Yes	31-030	87	0	6-8	7-9	5-6
Nutramigen Enflora	12.6	Yes	31-004	87	0	6-8	7-9	5-6
PurAmino	14.1	Yes	31-069	98	0	5-7	6-8	4-6
Pregestimil	16	Yes	31-009	112	0	4-6	5-7	4-5
Similac PM 60/40	14.1	Yes	31-036	102	0	5-7	6-8	4-5
Similac for Spit-Up	12.0	No	21-085	90	0	5-8	6-9	5-6
<b>Concentrate</b>						751 oz	823 oz	557 oz
Nutramigen	13	No	31-005	26	0	15-28	18-31	13-21
<b>Ready to Feed</b>						736 oz	812 oz	544 oz
Alimentum	32	No	31-032	32	0	13-23	15-25	11-17
Enfamil AR		No	21-014					
Neosure		No	31-031					
Similac for Spit-Up		No	21-071					
MCT Oil		Yes	41-194					
Enfamil Enficare	Six pack of 8 oz bottles	Yes	31-067	48	0	9-15 6-packs	10-16 6-packs	7-11 6-packs

## Number of Containers for Non-breastfeeding infants (IN) and Children up to 24 months (C-1)

Formula	Cont Size	FW ?	Sub category	Re-constitution	0-3 mo	4-6 mo and 7-12 mo "special" (no infant foods)	7-12 mo	13-24 mo (C-1)
<b>Powder</b>					870 oz	960 oz	696 oz	910
Alimentum	12.1	Yes	31-033	87	10	11	8	10
Duocal	14	Yes	41-074	98	8	9	7	9
Elecare for Infants	14.1	Yes	31-042	95	9	10	7	9
Enfacare	12.8	Yes	31-067	82	10	11	8	11
Enfamil AR	12.9	Yes	21-013	93	9	10	7	9
Neocate Infant	14	Yes	31-072	85	10	11	8	10
Neosure	13.1	Yes	31-030	87	10	11	8	10
Nutramigen Enflora	12.6	Yes	31-004	87	10	11	8	10
PurAmino	14.1	Yes	31-069	98	8	9	7	9
Pregestimil	16	Yes	31-009	112	7	8	6	8
Similac PM 60/40	14.1	Yes	31-036	102	8	9	6	8
Similac for Spit-Up	12.0	No	21-085	90	9	10	7	10
<b>Concentrate</b>					823 oz	896 oz	630 oz	910 oz
Nutramigen	13	No	31-005	26	31	34	24	35
<b>Ready to Feed</b>					832 oz	913 oz	643 oz	910
Alimentum	32	Yes	31-032	32	26	28	20	28
Enfamil AR		No	21-014					
Neosure		Yes	31-031					
Similac for Spit-Up		No	21-071					
Nutramigen		No	31-006					
MCT Oil		Yes	41-194					
Enfamil Enfacare	8	Yes	31-067	48	17 6-packs	19 6-packs	13 6-packs	18 6-packs
EnfaPort	6	Yes	31-075	6	138	152	107	N/A
KetoCal 4:1 vanilla	8	Yes	41-276	8	104	114	80	113

## Medical Formulas for Children 12-60 months (C-1 and C-2)

Formula	Cont. Size	FW ?	Sub category	Case size	Re-constitution	Maximum containers allowed
<b>Powder</b>						910 oz
Duocal	400 g	Yes	41-074	4/case	98	9
Elecare Jr	14.1	Yes	31-073	6/case	95	9
Monogen	14	No	41-248	6/case	76	
Neocate Jr.	400g (14.1)	Yes	41-063	4/case	60	15
<b>Ready to Feed</b>						910 oz
Boost Kid Essentials 1.0	8	Yes	41-207	27/case	8	113
Boost Kid Essentials 1.5	8	Yes	41-208	27/case	8	113
Bright Beginnings Soy, 6-pack	8	Yes	41-092	Four 6-packs/case (24 bottles)	48	108 (eighteen 6-packs)
Compleat Pediatric	8.45	Yes	41-181	24/case	8.45	107
Neocate Splash <b>Note:</b> flavor needs to be specified in notes section of FW order form	8	Yes	41-066	27/case	8	113
MCT Oil	32	Yes	41-194	N/A	32	1
Nutren Jr	8.45	Yes	41-142	24/case	8.45	107
PediaSure 6-Pack <b>Note:</b> 6-pack retail version not available from FW	8	No	41-036	Four 6-packs/case	48	108 (eighteen 6-packs) <i>Note:</i> maximum issuance is not possible with 6-packs
PediaSure Institutional <b>Note:</b> Not available in retail stores. Order from FW	8	Yes	41-036	24/case	8	113

Formula	Cont. Size	FW ?	Sub category	Case size	Re-constitution	Maximum containers allowed
PediaSure Enteral <b>Note:</b> Not available in retail stores. Order from FW	8	Yes	41-037	24/case	8	113
PediaSure Peptide 1.0	8	Yes	41-228	24/case	8	113
PediaSure Peptide 1.5	8	Yes	41-234	24/case	8	113
Peptamen Jr 1.0	8.45	Yes	41-153	24/case	8.45	107
Peptamen Jr 1.5	8.45	Yes	41-234	24/case	8.45	107

## Medical Formulas for Women

Formula	Cont Size	FW ?	Sub category	Case Size	Re-constitution	Maximum containers allowed
<b>Powder</b>						910 oz
Duocal	400 g	Yes	41-074	4/case	98	9
<b>Ready to Feed</b>						910 oz
Boost Plus, 6-pack <b>Note:</b> 6-pack retail version not available from FW	8	No	41-172	Four 6-packs/case	48	108 (eighteen 6-packs)
Boost High Protein, 6-pack <b>Note:</b> 6-pack retail version not available from FW		No	41-225			<i>Note:</i> maximum issuance is not possible with 6-packs
Boost Plus <b>Institutional</b> <b>Note:</b> Not available in retail stores; order from FW	8	Yes	41-172	24/case	8	113
Boost High Protein <b>Institutional</b> <b>Note:</b> Not available in retail stores; order from FW	8	Yes	41-225	24/case	8	113
Ensure with or w/o fiber, 6-pack <b>Note:</b> 6-pack retail version Not available from FW	8	No	41-005	Four 6-packs/case	48	108 (eighteen 6-packs) <i>Note:</i> maximum issuance is not possible with 6-packs
Ensure Plus, 6-pack <b>Note:</b> 6-pack retail version Not available from FW	8	No	41-012	Four 6-packs/case	48	108 (eighteen 6-packs) <i>Note:</i> maximum issuance is not possible with 6-packs
Ensure <b>Institutional</b> <b>Note:</b> Not available in retail stores	8	Yes	41-005	24/case	8	113

Formula	Cont Size	FW ?	Sub category	Case Size	Re-constitution	Maximum containers allowed
Ensure Plus <b>Note: Institutional Not available in retail stores</b>	8	Yes	41-012	24/case	8	113
Glucerna Shake	8	No	41-019	Four 6-packs/case (24 bottles)	8	108 (eighteen 6-packs) <i>Note: maximum issuance is not possible with 6-packs</i>
MCT Oil	32	Yes	41-194	n/a	32	1
Suplena CarbSteady	8	No	41-050	Four 6-packs/case (24 bottles)	8	108 (eighteen 6-packs) <i>Note: maximum issuance is not possible with 6-packs</i>

## ***Retail vs. Institutional***

Some nutritionals are packaged differently for stores-retail sales versus what is known as institutional sales (e.g. PediaSure, Boost, and Ensure). Containers sold in the stores in six containers per package do not allow for the maximum issuance (e.g. 113 containers vs. 108 containers). When the Medical documentation form requests the full issuance, ordering from the Formula Warehouse can fulfill this request. The product is the same, the packaging will look different.

## ***Medical Formulas not provided by WIC***

Oregon WIC does not provide medical formula in the following situations:

- Medical formula or nutritional provided by tube feeding (e.g. gastrostomy tube or nasogastric tube)
- Metabolic formulas for inborn errors of metabolism

Please contact your assigned Nutrition Consultant regarding the payment of these formulas by Medicaid.

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