



WASHINGTON WIC PROGRAM

Washington State WIC Manual
Notice of Revision



Date: 5/28/2025

Notice Number: 2024-04

<input checked="" type="checkbox"/> Volume 1	<input type="checkbox"/> Volume 2
Chapter: 23 – WIC Foods	
Section: See Table of Revisions	
Policy/Recommendation/Description/Procedure:	
Type of Action/Change: <input checked="" type="checkbox"/> Supersedes <input type="checkbox"/> New <input type="checkbox"/> Delete	
<p>If you have questions about this revision or wish additional copies, call or write:</p> <p style="text-align: center;"> Department of Health Washington WIC Program P.O. Box 47886 Olympia WA 98504-7886 Call: 1-800-841-1410 </p>	

Explanation of Revisions:

- This chapter was updated to align with the new food rule updates.
- This chapter goes into effect June 30, 2025.

Attachments:

Memo

Manual Revision

Other _____

This institution is an equal opportunity provider.
 Washington State WIC Nutrition Program doesn't discriminate.



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Through-out chapter	<ul style="list-style-type: none"> • Updated language to be more gender neutral. • Updated all food package tables with the correct Cash Value Benefit (CVB) amounts. 	
Definitions p. 1	<p>New Definitions section. Has definitions for breastfeeding adults and infants related to food packages.</p>	
Food Prescriptions p. 2 - 3	<p>Policy: Added italicized words in Note: Clerks can alter a food prescription when entering medical documentation (<i>as directed by an RDN</i>) and can prescribe a standard food prescription when presuming a pregnant participant eligible.</p> <p>Removed references to:</p> <ul style="list-style-type: none"> • Cash Value Benefit (CVB) option for infants 9 – 11 months • Default of 1 pound of cheese in the child, pregnant, and non-breastfeeding postpartum food packages. <p>Procedure</p> <ul style="list-style-type: none"> • Added italicized words to A: Assesses if the standard food prescription meets the participant’s needs <i>and offers all available substitutions based on participant category and nutrition assessment.</i> • Added B, 3: Participant/caregiver desires/preferences. 	Information was moved to procedure and the corresponding policies for those food packages.
Full Nutrition Benefits (FNB) and Maximum Monthly Amount (MMA) of Supplemental Food and Formula for Infants Birth through 11 Months p. 4 – 6	<p>Updated tables.</p> <ul style="list-style-type: none"> • Separated infant tables by feeding method. 	
Table: Maximum Monthly Allowances	Updated table with current names of food packages, foods, and quantities.	

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(MMA) of Supplemental Foods for Children, Pregnant, Breastfeeding, and Non-Breastfeeding Postpartum Participants p. 7 - 10		
Infant Food Prescription – First Month of Life	Removed policy.	No longer a separate food prescription for the first 30 days of life for partially breastfed infants.
Food for Infants 0 Through Eleven Months p. 11 - 13	<p>Policy</p> <ul style="list-style-type: none"> • Changed name from Food for Infant One Month Through Eleven Months. • Added # 2 for partially breastfed infants: Cascades will assign the amount of formula in the food prescription based on the data entered in the Health Information screen. For example, total ounces of formula provided to the infant per day x 30 days = total ounces added to food prescription. • Added # 2 for fully formula fed infants: Cascades will assign the amount of formula in the food prescription based on the data entered in the Health Information screen. For example, total ounces of formula provided to the infant per day x 30 days = total ounces added to food prescription • Added italicized words to # 3, Note: For infants 6 months through 11 months the CPA must offer the option to add partial Cash Value Benefits (CVB) <i>in place of half of the infant’s baby food fruits and vegetables, or full CVB in place of all of the infant’s baby food fruits and vegetables</i> (unless contraindicated by medical documentation). <p>Procedure</p>	No longer a separate food prescription for the first 30 days of life for partially breastfed infants.

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	<ul style="list-style-type: none"> • Added A 2, Note: If an infant is fully breastfeeding, but the participating caregiver isn't providing their breastmilk, the participating caregiver is in the non-breastfeeding category. • Revised B, 1 to: Discusses appropriate formula options; and safe formula preparation, mixing, and storage with the caregiver. • Added italicized words to B, 4: If the caregiver isn't sure what formula to use or is trying a new formula, <i>recommend purchasing only one can at first to make sure the infant tolerates the new formula.</i> Explain that WIC can't replace opened, returned formula. 	
<p>Food for Infants in the Month They Turn One Year Old p. 14 - 15</p>	<p>Policy Added italicized words: Children must have completed medical documentation from a medical provider to receive formula <i>on or after their first birthday.</i></p> <p>Procedure</p> <ul style="list-style-type: none"> • Added C, 1, a & b: Family Issuance Day (FID) is before infant's first birthday: <ul style="list-style-type: none"> ○ Issue benefits on the set FID. The infant will receive the appropriate amount of infant foods and formula. ○ Wait and issue benefits on or after the child's birthday and the appropriate child benefits will be issued. This decision can't be changed once the child turns one year. • Added C, 2: Family Issuance Day (FID) is after the child's first birthday: <ul style="list-style-type: none"> ○ The child will be issued the appropriate child benefits. • Revised C, 2 Note to state: The eligibility periods for breastfeeding participants and infants go through the last day of the 	

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	<p>month in which the infant turns one year old.</p> <ul style="list-style-type: none"> • Added D: Reviews and issues the appropriate food prescription. 	
<p>Table: Food Prescriptions in the Month the Child Turns One Year Old p. 16</p>	<p>Updated with current information.</p>	
<p>Food for Children Ages Twelve Through Twenty-Three Months p. 17 - 18</p>	<p>Policy</p> <ul style="list-style-type: none"> • Changed language from overweight or obesity to high weight-for-length. • Added non-fat yogurt. • Clarified a child 12 – 23 months of age must have a qualifying medical diagnosis to receive: <ul style="list-style-type: none"> ○ Standard formula, therapeutic formula, or a WIC Eligible Nutritional (WEN). ○ Medical foods ○ Any food when the child has a documented qualifying diagnosis that requires the use of a WIC formula or WEN because the use of conventional foods is precluded, restricted, or inadequate to address their special nutritional needs. 	
<p>Providing 2% Milk, 1% Milk, or Non-Fat Yogurt to a Twelve to Twenty-Three Month Old Child p. 19 - 20</p>	<p>Policy</p> <ul style="list-style-type: none"> • Added 1% milk and non-fat yogurt to policy title and policy and procedure language. • Changed language from overweight or obesity to high weight-for-length. • Removed CPA; must be approved by the Registered Dietitian. • Added reference to Requirements for Issuing Dairy Products in the Appendix. <p>Procedure</p> <ul style="list-style-type: none"> • Added italicized words to A, 1: Assessing the child’s growth pattern, <i>especially</i> 	

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	<p><i>looking for rapid, unexplained weight gain.</i></p> <ul style="list-style-type: none"> • Added A, 5: Assessing any environmental factors that may affect weight gain or growth. • Added italicized words to B: Consults with the child’s medical provider <i>as needed (making sure that the caregiver signs the Release of Information form prior to contacting the medical provider).</i> • Added italicized words to E: Documents the assessment <i>and discussion with the caregiver in the participant’s Individual Care Plan.</i> • Removed from F: Cascades requires the RD to complete the medical documentation section when the RD is issuing 2% milk. 	
<p>Providing 2% Milk for Participants 2 Years and Older p. 21 - 22</p>	<p>New Policy</p> <ul style="list-style-type: none"> • The Registered Dietitian Nutritionist (RDN) may provide 2% milk for a participant 2 years or older when the RDN determines that 2% milk is appropriate based on an individual nutrition assessment. Medical documentation isn’t required but is accepted with a qualifying medical diagnosis. • The RDN must complete a nutrition assessment and determine if 2% milk is appropriate. • 2% milk can’t be issued solely based on a participant’s personal preference. • Staff can only provide 2% milk for a participant 2 years or older after the RDN completes and documents the nutrition assessment in the Individual Care Plan or when a participant’s medical provider submits complete medical documentation. 	

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	<p>Procedure Supports policy and provides guidance for the nutrition assessment.</p>	
<p>Food for Children Ages Two to Five Years, Pregnant, and Partially (Mostly) Breastfeeding Participants p. 23</p>	<p>Policy Added to the list when participants must have completed medical documentation:</p> <ul style="list-style-type: none"> • Added italicized words to # 1: Whole milk <i>or whole milk yogurt (if the health care provider deferred foods to the RDN on the medical documentation, the RDN may approve whole milk yogurt if appropriate).</i> • Added italicized words to # 2: Standard <i>formula, therapeutic formula, or a WIC Eligible Nutritional (WEN).</i> • Removed italicized words from # 3: <i>Medical foods or medical formula.</i> • Added # 4: Any food when the participant has a documented qualifying diagnosis that requires the use of a WIC formula or WEN because the use of conventional foods is precluded, restricted, or inadequate to address their special nutritional needs. • Added Note: 2% milk may be issued after an individual nutrition assessment by the RDN or with complete medical documentation. 	
<p>Table: Maximum Monthly Amount (MMA) of Supplemental Foods for Children 1 - 5</p>	<p>Removed table.</p>	<p>Moved information to other tables in chapter.</p>
<p>Table: Maximum Monthly Amount (MMA) of Supplemental Foods for Pregnant or Partially Breastfeeding ≤ Half Package</p>	<p>Removed table.</p>	<p>Moved information to other tables in chapter.</p>
<p>Food for Fully Breastfeeding,</p>	<p>Policy:</p>	

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<p>Partially (Mostly) Breastfeeding Multiples, Fully Breastfeeding + Pregnant, Partially Breastfeeding (Mostly) + Pregnant p. 24 - 26</p>	<ul style="list-style-type: none"> • Updated table with current names of food prescriptions, description and the end date for when the participant is eligible for the food prescription. • Updated breastfeeding participant definition to: A participant who provides their breastmilk (via breastfeeding or expressed milk) to their infant at least once per day. • Added to the list when participants must have completed medical documentation as listed in the row above. <p>Procedure:</p> <ul style="list-style-type: none"> • Revised A, 1: Participants are still eligible for the fully breastfeeding food prescription if they report buying formula for the infant or receiving formula from another source, as long as they are breastfeeding one or more times a day and do not receive formula from WIC. • Revised A, 2: Breastfeeding participants who receive formula for their infant receive less food. • Revised A, 3: Partially (Some) Breastfeeding participants receive no food package from WIC once their infant turns 6 months old. • Revised A, 3, 1st bullet: Staff continue to support breastfeeding and the participant remains certified through the last day of the month that their infant turns one year of age. • Added A, 4: If the participating caregiver is not providing their breastmilk but the infant is fully breastfed (ex. with donated milk), the participating caregiver is in the non-breastfeeding category. • Added F: Issues benefits for the breastfeeding participant. Use the guidance below when a breastfeeding 	

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	<p>participant has current benefits and their category changes:</p> <ul style="list-style-type: none"> • Added F, a: If the participant hasn't spent any of their benefits for the current month, void the breastfeeding package for current and future months, and reissue benefits for the appropriate food package. • Added F, b: If the participant has spent benefits for the current month, void future month benefits and issue benefits for the appropriate food package. Let the participant keep the current breastfeeding benefits. 	
Table: MMA for Breastfeeding food packages	Removed table.	Moved information to other tables in chapter.
Food for Participants “Fully Breastfeeding Multiples” and “Fully Breastfeeding Multiples + Pregnant” p. 27 - 28	<p>Policy</p> <ul style="list-style-type: none"> • Revised with italicized words: A participant fully breastfeeding multiples receives a Fully Breastfeeding Multiples Food Prescription <i>through the last day of the month that the infants turn 1 year old.</i> • Updated definition of Fully Breastfeeding Multiples definition to: A WIC participant with two or more infants from the same pregnancy who receives no formula from WIC, and provides their breastmilk at least once a day to each infant. • Added guidance as listed above regarding current and future benefit issuance when their category changes. • Added clarifying information about when medical documentation is required. <p>Procedure Updated to support policy revisions.</p> <p>Information Added Table: Food Prescriptions for Participants (Non-Pregnant and Pregnant) with Twins Based on Breastfeeding Status.</p>	

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	<p>Updated Table: Maximum Monthly Allowances (MMA) of Supplemental Foods for “Fully Breastfeeding Multiples” and “Fully Breastfeeding Multiples + Pregnant” with food prescription amounts.</p>	
<p>Food for Breastfeeding (Some) Participants and Non-Breastfeeding Postpartum Participants p. 33 - 34</p>	<p>Policy</p> <ul style="list-style-type: none"> • Clarified: Breastfeeding participants whose infants <u>receive formula from WIC in quantities that exceed those allowed for partially (mostly) breastfeeding infants,</u> receive a Partially (Some) Breastfeeding prescription through the day the infant turns 6 months old. • Added clarifying information about when medical documentation is required. <p>Added Information section: In most cases, breastfeeding is the healthiest method of infant feeding, so provide support and encouragement to participants who choose to continue breastfeeding. It is important to remember that some families choose not to breastfeed or to stop breastfeeding for medical or personal reasons. It is important to respect the decision of each family and provide support based on their individual needs.</p>	
<p>Table: Maximum Monthly Amount (MMA) of Supplemental Foods for Non-breastfeeding Postpartum, and Partially Breastfeeding > Half Package Participants with Infants age 1 through 6 Months Food Prescriptions</p>	<p>Removed table.</p>	<p>Moved information to other tables in chapter.</p>
<p>Ready-To-Feed (RTF) Infant Formula p. 35 - 36</p>	<p>Policy</p> <ul style="list-style-type: none"> • Clarified # 5, a: The medical provider documents the need for a RTF prescribed formula because: <i>The RTF form better accommodates the participant’s condition.</i> 	

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	<ul style="list-style-type: none"> • Added: Reasons 5a and 5b require medical documentation. When ready-to-feed formula is medically necessary, the medical provider must explain why in the “Reason Ready-to-Feed is Needed” section on the WIC Medical Documentation Form <u>or on any other complete form of medical documentation.</u> <p>Procedure Added to B: Document the need for RTF in the infant’s Individual Care Plan. Added B, Note: Ready-to-feed formula doesn’t require medical documentation, except for reasons 5a and 5b. Staff scan medical documentation for RTF formula from the medical provider into Cascades.</p>	
<p>Returned WIC Food p. 37 - 39</p>	<p>Policy</p> <ul style="list-style-type: none"> • Added italicized words to # 1: <i>Selling, gifting, or donating; or attempting to sell, gift or donate WIC food for formula</i> is against program rules. • Added italicized word: Instruct participants and caregivers to return any unused <i>nonperishable</i> WIC foods to the clinic. • Revised to document returned food in the Family Care Plan. <p>Procedure Revised to support policy.</p>	
<p>Returned WIC Formula p. 40 - 41</p>	<p>Policy</p> <ul style="list-style-type: none"> • Added italicized words to # 1: <i>Selling, gifting, or donating; or attempting to sell, gift, or donate WIC formula</i> is against program rules. • Revised to document returned food in the Family Care Plan. • Added italicized words to # 4: Destroy all returned formula (<i>unless donating formula using guidance below</i>). Don’t 	

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	<p>redistribute due to quality and safety concerns.</p> <ul style="list-style-type: none"> • Added: To donate formula, clinics must have a formula donation policy in place. Refer to the “Donating Unused and Returned WIC Formula” policy in this chapter. <p>Procedure Revised to support policy.</p>	
<p>Donating Unused and Returned WIC Formula p. 42 - 46</p>	<p>New Policy The Local Agency must have a DOH approved formula donation policy prior to donating any formula to designated food banks. The Local Agency must not redistribute unused and returned formula. Staff must:</p> <ol style="list-style-type: none"> 1. Assess all returned formula to determine suitability for donation. 2. Document a brief note in participant’s Individual Care Plan noting the family returned the formula to the clinic. 3. Document returned WIC formula on a Returned WIC Formula Donation Record. 4. Dispose of expired formula within 1 weeks of the expiration date. 5. Donate formula within 30 days of formula being returned. <p>Procedure Supports policy.</p>	
<p>Formula Recall p. 47 - 48</p>	<p>Procedure Added new B: Helps the caregiver find a retailer if the caregiver can’t find their issued formula (best practice). Staff can tell the retailer the: name of the specific formula, amount needed each month, number of months the participant will need the formula.</p>	
<p>Cash Value Benefit (CVB) Substitution for 6 to 11 Month Old Infants p. 49</p>	<p>Policy Added # 2 & # 3 as options for infants 6 – 11 months of age:</p> <ul style="list-style-type: none"> • Baby food fruits and vegetables (half of the amount in option 1) AND a CVB for fruits and vegetables, or 	

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	<ul style="list-style-type: none"> • No baby food fruits and vegetables AND a CVB for fruits and vegetables (twice the amount offered in option 2). <p>Procedure Supports policy.</p>	
<p>Substituting Juice for Cash Value Benefit (CVB) p. 50</p>	<p>New Policy: The Competent Professional Authority (CPA) has the option to replace a child or adult’s full juice benefit (64 oz) with \$3 Cash Value Benefit (CVB) based on the need and preference of the participant.</p> <ul style="list-style-type: none"> • If the \$3 CVB is preferred, the CPA must exchange the entire 64oz of juice for the \$3 CVB. A partial exchange is not allowed. • The CVB may be redeemed for any authorized fruits/vegetables (canned, fresh, or frozen) or fresh herbs. • The monthly value of the CVB substitution amount for juice will be adjusted annually for inflation. • Information: Added that ppts who are fully breastfeeding multiples will get \$4.50 CVB each month. 	
<p>Substituting Cheese, Yogurt, and Tofu p. 51 - 52</p>	<p>Policy Cheese:</p> <ul style="list-style-type: none"> • Updated # 1, no more than one pound of cheese is allowed for the following food prescriptions: <ul style="list-style-type: none"> • Pregnant • Partially (Mostly) Breastfeeding or Pregnant with Multiples • Partially (Some) Breastfeeding • Non-Breastfeeding Postpartum • Children • Removed previous # 2 which stated food packages which included one pound of cheese in the federally defined food package. • Added # 2: No more than two pounds of cheese is allowed for the following food prescriptions: 	

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	<ul style="list-style-type: none"> • Fully Breastfeeding • Partially (Mostly) Breastfeeding Multiples (from the same pregnancy) • Fully Breastfeeding + Pregnant • Partially (Mostly) Breastfeeding + Pregnant <p>Yogurt:</p> <ul style="list-style-type: none"> • Revised # 1: The CPA can substitute <i>up to 2 quarts</i> of low-fat or nonfat yogurt for participants age 2 years and older. • Added, # 1, Note: Participants ages 2 years and older must have medical documentation to receive whole milk yogurt (if the health care provider deferred foods to the RDN on the medical documentation, the RDN may approve whole milk yogurt if appropriate). • Revised # 2: The CPA can substitute <i>up to 2 quarts</i> of whole or low-fat yogurt for participants 12 to 23 months of age. • Added # 2, Note: Participants ages 12 to 23 months must have medical documentation or a complete individual nutrition assessment by a CPA or RDN to receive non-fat yogurt (see “Requirements for Issuing Dairy Products” and “Providing 2% Milk, 1% Milk, or Non-Fat Yogurt to a Twelve to Twenty-Three Month Old Child”). <p>Information Revised to: Additional <i>yogurt or cheese that exceeds the amounts described above is not allowed</i> even with medical documentation.</p>	
<p>Substituting Eggs for Peanut Butter, Legumes, or Tofu p. 53 - 54</p>	<p>New Policy The Competent Professional Authority (CPA) has the option to replace each 1 dozen eggs with any one of the following options based on the need and preference of the participant:</p> <ul style="list-style-type: none"> • Dry legumes (1 lb) 	

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	<ul style="list-style-type: none"> • Canned legumes (4 – 15 to 16 oz cans) • Peanut butter (1 container) • Tofu (1 lb) <ol style="list-style-type: none"> 1. Participants from the following categories receive 1 dozen eggs in their Food Prescription: <ul style="list-style-type: none"> • Pregnant • Partially (Mostly) Breastfeeding or Pregnant with Multiples • Partially (Some) Breastfeeding • Non-Breastfeeding Postpartum • Children 2. Participants from the following categories receive 2 dozen eggs in their Food Prescription: <ul style="list-style-type: none"> • Fully Breastfeeding • Partially (Mostly) Breastfeeding Multiples (from the same pregnancy) • Fully Breastfeeding + Pregnant • Partially (Mostly) Breastfeeding + Pregnant <p>Note: Participants who receive 2 dozen eggs in their Food Prescription may choose to replace one dozen or two dozen eggs. Participants may replace each dozen with one of the four options listed above. If replacing two dozen eggs, participants may choose two different options from the list or two of the same option.</p>	
<p>Reducing Food Prescriptions p. 55</p>	<p>Policy Revised # 3 to state: A participant has a prescription for a food or formula and already receives a portion of the prescribed amount from another provider, so only needs the remaining amount from WIC.</p> <p>Procedure</p> <ul style="list-style-type: none"> • Revised E to document the reason foods or formula were reduced in the Individual Care Plan. • Added, E Note: Reduced or removed food benefits can NOT be added back to 	

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	the current benefits once the benefits have been issued.	
Food for Participants with Limited Cooking Facilities, Storage or Refrigeration p. 56	Policy & Procedure Changed language from “inadequate” to “limited.”	
Appendix	<p>Updated: Washington State WIC Approved Formulas Listed by Formula Company with current products and names.</p> <p>Updated: Washington State WIC Approved Formulas with Kosher, Halal and Hypoallergenic information.</p> <p>Added: Returned WIC Formula Donation Record</p> <p>Added: Requirements for Issuing Dairy Products.</p>	