

REQUIRED GUIDANCE



Policy and Procedure Manual

Volume 1, Chapter 23

WIC Foods

Washington State WIC Nutrition Program

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WIC Foods

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Section 1: Definitions

Definitions:

Partially (Mostly) Breastfeeding Infant (previously called *Partially Breastfeeding \leq Half Package*): An infant who drinks breastmilk but also drinks formula from WIC in amounts that don't exceed the maximum formula allowances, as appropriate for the age of the infant as described in the "[Partially \(Mostly\) Breastfeeding Infant](#)" table in this chapter.

Partially (Some) Breastfeeding Infant (previously called *Partially Breastfeeding $>$ Half Package*): An infant who drinks breastmilk but also drinks formula from WIC in amounts that exceed those allowed for Partially (Mostly) Breastfeeding infants.

Breastfeeding Participant: A WIC participant who provides their breastmilk (via breastfeeding or expressed milk) to their infant at least once per day.

Fully Breastfeeding Participant: A breastfeeding WIC participant whose infant receives no infant formula from WIC.

Fully Breastfeeding Multiples Participant: 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.

Section 2: Food Prescription Overview

REQUIRED GUIDANCE: Food Prescriptions

The Cascades system suggests a food prescription for WIC foods or formula based on a standard food prescription for the category and age. Only a Competent Professional Authority (CPA) or Registered Dietitian Nutritionist (RDN) can alter standard food prescriptions.

Note: Clerks can alter a food prescription when entering medical documentation (as directed by an RDN) and can prescribe a standard food prescription when presuming a pregnant participant eligible.

The CPA must:

1. Assess the participant's needs.
2. Adjust the food prescription based on participant or caregiver's request, participant's needs, or medical documentation.

PROCEDURE:

The CPA:

- A. Assesses if the standard food prescription meets the participant's needs and offers all available substitutions based on participant category and nutrition assessment.
- B. Makes changes to the standard food prescription, taking into consideration the following:
 1. Category
 2. Age
 3. Participant/caregiver desires/preferences
 4. Feeding method for infant
 5. Nutritional concerns and cultural food practices
 6. Storage and cooking facilities
 7. Transportation issues
 8. Any other concerns that would affect the food prescription
- C. Shares how the participant's food prescription contributes to a healthy diet.

- D. Discusses with the participant how to purchase, safely prepare, and store the food.
- E. Explains that WIC doesn't supply all the food to meet the participant's nutritional needs each month.

Table: Full Nutrition Benefit (FNB) and Maximum Monthly Allowances (MMA) of Supplemental Food and Formula for Infants Birth through 11 Months

Table: Fully Breastfeeding Infant

Fully Breastfeeding Infant					
Food and Age	Formula	Infant Cereal	Baby Food Fruits and Vegetables	Fruits and Vegetables Cash Value Benefit (CVB)	Infant Meat
0 Through 5 Months	None	None	None	None	None
6 Through 11 Months (no CVB)	None	16 oz	128 oz	None	40 oz
6 Through 11 Months (with partial CVB)	None	16 oz	64 oz	\$11	40 oz
6 Through 11 Months (with full CVB)	None	16 oz	None	\$22	40 oz

Table: Partially (Mostly) Breastfeeding Infant

Partially (Mostly) Breastfeeding Infant						
Food →	Formula		Infant Cereal	Baby Food Fruits and Vegetables	Fruits and Vegetables Cash Value Benefit (CVB)	Infant Meat
Age ↓	Full Nutrition Benefit (Up to Amounts)	Maximum Monthly Allowance				
0 Through 3 Months	364 RFO Liquid Conc. 364 fl oz RTF 364 RFO Powder	388 RFO Liquid Conc. 384 fl oz RTF 435 RFO Powder	None	None	None	None
4 Through 5 Months	442 RFO Liquid Conc. 442 fl oz RTF 442 RFO Powder	460 RFO Liquid Conc. 474 fl oz RTF 522 RFO Powder	None	None	None	None
6 Through 11 Months (no CVB)	312 RFO Liquid Conc. 312 fl oz RTF 312 RFO Powder	315 RFO Liquid Conc. 338 fl oz RTF 384 RFO Powder	8 oz	128 oz	None	None
6 Through 11 Months (with partial CVB)	312 RFO Liquid Conc. 312 fl oz RTF 312 RFO Powder	315 RFO Liquid Conc. 338 fl oz RTF 384 RFO Powder	8 oz	64 oz	\$11	None
6 Through 11 Months (with full CVB)	312 RFO Liquid Conc. 312 fl oz RTF 312 RFO Powder	315 RFO Liquid Conc. 338 fl oz RTF 384 RFO Powder	8 oz	None	\$22	None

Table: Partially (Some) Breastfed Infant and Fully Formula Fed Infant

Partially (Some) Breastfed Infant AND Fully Formula Fed Infant						
Food →	Formula		Infant Cereal	Baby Food Fruits and Vegetables	Fruits and Vegetables Cash Value Benefit (CVB)	Infant Meat
Age ↓	Full Nutrition Benefit (Up to Amounts)	Maximum Monthly Allowance				
0 Through 3 Months	806 RFO Liquid Conc. 806 fl oz RTF 806 RFO Powder	823 RFO Liquid Conc. 832 fl oz RTF 870 RFO Powder	None	None	None	None
4 Through 5 Months	884 RFO Liquid Conc. 884 fl oz RTF 884 RFO Powder	896 RFO Liquid Conc. 913 fl oz RTF 960 RFO Powder	None	None	None	None
6 Through 11 Months (no CVB)	624 RFO Liquid Conc. 624 fl oz RTF 624 RFO Powder	630 RFO Liquid Conc. 643 fl oz RTF 696 RFO Powder	8 oz	128 oz	None	None
6 Through 11 Months (with partial CVB)	624 RFO Liquid Conc. 624 fl oz RTF 624 RFO Powder	630 RFO Liquid Conc. 643 fl oz RTF 696 RFO Powder	8 oz	64 oz	\$11	None
6 Through 11 Months (with full CVB)	624 RFO Liquid Conc. 624 fl oz RTF 624 RFO Powder	630 RFO Liquid Conc. 643 fl oz RTF 696 RFO Powder	8 oz	None	\$22	None

Table: Maximum Monthly Allowances (MMA) of Supplemental Foods for Children, Pregnant, Breastfeeding, and Non-Breastfeeding Postpartum Participants

Foods	Children	Pregnant, Breastfeeding, and Non-Breastfeeding Postpartum Participants		
	Food Package IV	Food Package V	Food Package VI	Food Package VII
	12 through 23 Months	Pregnant	Non-Breastfeeding Postpartum	Fully Breastfeeding
		Partially (Mostly) Breastfeeding	AND	AND
	2 through 4 Years	AND	Partially (Some) Breastfeeding	Partially (Mostly) Breastfeeding Multiples from the same pregnancy
		Pregnant with Multiples (2 or more fetuses)		AND
				Fully Breastfeeding + Pregnant
				AND
				Partially (Mostly) Breastfeeding + Pregnant
Juice¹	64 oz	64 oz	64 oz	64 oz
	OR	OR	OR	OR
	\$3 CVB	\$3 CVB	\$3 CVB	\$3 CVB
Milk^{2,3,4,5,6}— Cow, Goat, Lactose Free, or Soy Beverage	12 through 23 Months: 12 qt	16 qt	16 qt	16 qt
	2 through 4 Years: 14 qt			
Yogurt^{7,8,9} (Optional Milk substitution)	Up to 2 qts	Up to 2 qts	Up to 2 qts	Up to 2 qts

Foods	Children	Pregnant, Breastfeeding, and Non-Breastfeeding Postpartum Participants		
Cheese^{7, 10} (Optional Milk substitution)	Up to 1 lb	Up to 1 lb	Up to 1 lb	Up to 2 lbs
Tofu^{7, 10} (Optional Milk substitution)	Up to maximum milk	Up to maximum milk	Up to maximum milk	Up to maximum milk
Breakfast Cereal	36 oz	36 oz	36 oz	36 oz
Eggs¹¹	1 dozen	1 dozen	1 dozen	2 dozen
Fruits, Vegetables, and Herbs	\$26.00	Pregnant: \$47 Partially (Mostly) Breastfeeding: \$52	\$47	\$52.00
Whole Grains	24 oz	48 oz	48 oz	48 oz
Tuna, Sardines, or Salmon	6 oz	Pregnant: 10 oz Partially (Mostly) Breastfeeding: 15 oz	10 oz	20 oz
Canned or Dried Beans/Peas/Lentils or Peanut Butter	1 choice: 4 cans 15-16 oz or 1 lb dried beans or 1 jar 15-18 oz	2 choices: 4 cans 15-16 oz or 1 lb dried beans or 1 jar 15-18 oz	1 choice: 4 cans 15-16 oz or 1 lb dried beans or 1 jar 15-18 oz	2 choices: 4 cans 15-16 oz or 1 lb dried beans or 1 jar 15-18 oz

¹ If selected, the \$3 CVV must be substituted for the full 64oz juice amount (no partial substitutions).

² If the CPA prescribes “Milk-Whole All WIC – Cow, Goat, Lactose Free” or “Milk or Soy (1% & Nonfat) All WIC – Cow, Goat, Soy” participants have the option of buying:

- Milk-Whole All WIC – Cow, Goat, Lactose Free:
 - Cow milk – Fluid, canned/evaporated, dry/powdered, lactose free, acidophilus, buttermilk, and kefir.
 - Goat – fluid, canned/evaporated, dry, and kefir.
- Milk or Soy (1% & Nonfat) All WIC – Cow, Goat, Soy:
 - Cow milk – Fluid, canned/evaporated, dry/powdered, lactose free, acidophilus, buttermilk, and kefir.
 - Goat – fluid only.

- 3 2% Milk and 1% Milk - Please note the system won't allow "All WIC" for these milk fat types. If these milk fat types are allowed per policy, staff will need to know what kind (fluid, evaporated, dry, etc.) of milk is needed. Each type will need to be selected in the food prescription.
- 4 Soy beverage doesn't require medical documentation. To issue soy beverage to children under 24 months old, add on "Milk-Fat Reduced" for Category and "Soy-based Beverage" for Subcategory on the Food Prescription Screen.
- 5 Whole milk is standard issuance for children 12 through 23 months old. An individual nutrition assessment by an RDN (or medical documentation) is required for children 12 through 23 months to receive 2% milk or 1% milk (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](#)").
- 6 1% and non-fat milk are standard issuance for participants 2 years and older. An individual nutrition assessment by an RDN (or medical documentation) is required for participants 2 years and older to receive 2% milk. Medical documentation is required for participants 2 years and older to receive whole milk (see "[Requirements for Issuing Dairy Products](#)" and "[Providing 2% Milk for Participants 2 Years and Older](#)").
- 7 None of the following foods come standard in any food prescription: cheese, yogurt, or tofu. If a participant would like any of these foods, staff will have to add them to the food prescription in place of milk (1 lb cheese = 3 qt milk; 1 qt yogurt = 1 qt milk; 1 lb tofu = 1 qt milk).
 - To replace milk with cheese, tofu, or yogurt see the "[Substituting Cheese, Tofu, and Yogurt](#)" policy in this chapter.
- 8 Whole or low-fat yogurt can be added into the food prescription for children 12 through 23 months of age as standard issuance. An individual nutrition assessment by an RDN (or medical documentation) is required for children 12 through 23 months 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](#)").
- 9 Low-fat or non-fat yogurt can be added into the food prescription for participants 2 years and older as standard issuance. Medical documentation (or foods deferred to the RDN) is required for participants 2 years and older to receive whole milk yogurt.
- 10 Neither cheese nor tofu require medical documentation.

- ¹¹ Each dozen eggs can be replaced with canned beans (four 15-16oz cans), dried beans (1 lb), peanut butter (15-18 oz container), or tofu (1 lb) as requested by the participant.
- To replace eggs with any of the options above see the [“Substituting Eggs for Peanut Butter, Legumes, or Tofu”](#) policy in this chapter.

For information regarding issuing infant formula and PediaSure in addition to WIC foods, see “General Requirements for Providing Therapeutic WIC Formulas and Foods” in [Volume 1, Chapter 24 - Medical Documentation for Formulas and Foods](#).

REQUIRED GUIDANCE: Food for Infants 0 Through Eleven Months

For fully breastfeeding infants the Competent Professional Authority (CPA) must:

1. Provide breastfeeding support to meet the needs of the breastfeeding participant and infant.
2. Not routinely issue formula.
3. Complete a Breastfeeding Review when a breastfeeding participant asks for formula or an increase in formula. If the participant needs formula, the CPA issues the minimum number of cans of formula to support the breastfeeding dyad.

Note: Powder formula is the default physical form of formula to provide to the breastfeeding infant.

- See [Volume 1, Chapter 15 – Breastfeeding](#) for guidance on who can do a Breastfeeding Review and how to complete and document a Breastfeeding Review.
- See the “[Ready-To-Feed \(RTF\) Infant Formula](#)” policy in this chapter for guidance on when to issue RTF formula.

For partially breastfeeding infants, the CPA must:

1. Provide breastfeeding support to meet the needs of the breastfeeding participant and infant and issue the amount of formula needed based on the Breastfeeding Review.
2. 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.

For fully formula fed infants, the CPA must:

1. Enter the amount of formula offered in the infant’s Health Information screen.
2. 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.
3. Review the assigned type and amount of formula and adjust as appropriate.

Note: For infants 6 months through 11 months the CPA must offer the option to add partial Cash Value Benefits (CVB) 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 (unless contraindicated by medical documentation).

PROCEDURE:

A. For breastfeeding infants, the CPA:

1. Provides breastfeeding support to meet the needs of the breastfeeding participant and infant.
2. Completes a Breastfeeding Review when the breastfeeding participant asks for formula or requests additional formula.

Note: If a participant's biological infant is fully breastfeeding, but the participating caregiver isn't providing their breastmilk, the participating caregiver is in the non-breastfeeding category. This situation may occur if a participant's biological child receives donor breastmilk.

3. If a breastfeeding infant needs formula, the CPA:
 - a. Documents the Breastfeeding Review in the Nutrition Assessment field in the Family Care Plan.
 - b. Explains that the breastfeeding participant receives reduced food benefits when they receive formula for their infant.
 - c. Enters the amount of formula offered in the Breastfeeding section of the infant's Health Information screen.
 - Cascades will calculate the amount of formula needed based on the amount entered in the Health Information screen (daily ounces of formula provided x 30 days = total ounces in the food prescription).
 - d. Reviews the suggested amount of formula and adjusts as appropriate.

B. For infants who receive formula, the CPA:

1. Discusses appropriate formula options; and safe formula preparation, mixing, and storage with the caregiver.

2. Determines the appropriate formula and infant foods and amounts to prescribe.
 3. Issues the appropriate food prescription.
 4. Recommends purchasing only one can of formula first if the caregiver is not sure which formula to use or is trying a new formula, to make sure the infant tolerates the new formula.
 5. Explains that WIC can't replace opened, returned formula.
 - See the "[Ready-To-Feed \(RTF\) Infant Formula](#)" policy in this chapter for guidance on when to issue RTF formula.
- C. For infants who are eligible to receive the CVB, the CPA:
1. Discusses the CVB options with the caregiver.
 2. Helps the caregiver determine if a CVB option is appropriate for their infant.
 3. Adjusts the fruit and vegetable benefits as preferred by the caregiver.
 4. Reviews and issues the appropriate food prescription.

REQUIRED GUIDANCE: Food for Infants in the Month They Turn One Year Old

In the month a participant turns 12 months old, Cascades suggests the standard food prescription for the participant's age and category.

1. For infants who haven't reached their first birthday, Cascades assigns an infant food prescription.
2. On or after the child's first birthday Cascades assigns a child food prescription.

Children must have completed medical documentation from a medical provider to receive formula on or after their first birthday.

- See [Volume 1, Chapter 24 - Medical Documentation for Formulas and Foodss](#).

PROCEDURE:

The Competent Professional Authority (CPA):

- A. Works with the caregiver to help determine the needs of their family before issuing benefits.
- B. Explains to participants receiving the Fully Breastfeeding or Partially (Mostly) Breastfeeding Package that they will no longer receive WIC benefits when their child turns one.
- C. Discusses the following food prescription options with the caregiver before the first birthday:
 1. Family Issuance Day (FID) is before infant's first birthday:
 - a. Issue benefits for the set FID. The infant will receive the appropriate amount of infant foods and formula.
 - b. 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.
 2. Family Issuance Day is after the child's first birthday.
 - The child will be issued the appropriate child benefits.

Note: The eligibility periods for breastfeeding participants and infants go through the last day of the month in which the infant turns one year old.

- D. Reviews and issues the appropriate food prescription.

Table: Food Prescriptions in the Month the Child Turns One Year Old

Infant Feeding Method	Infant/Child's Food Prescription	Caregiver's Food Prescription
Before the infant's first birthday		
Fully Formula	Fully Formula	No food package
Partially (Some) Breastfeeding	Partially (Some) Breastfeeding	No food package
Partially (Mostly) Breastfeeding	Partially (Mostly) Breastfeeding	Partially (Mostly) Breastfeeding
Fully Breastfeeding	Fully Breastfeeding	Fully Breastfeeding
On or after the infant's first birthday*		
Fully Formula	Child 12 to 23 Months	No food package
Partially (Some) Breastfeeding	Child 12 to 23 Months	No food package
Partially (Mostly) Breastfeeding	Child 12 to 23 Months	No food package
Fully Breastfeeding	Child 12 to 23 Months	No food package

* A medical provider must complete medical documentation with a qualifying diagnosis for any child requiring formula.

- See [Volume 1, Chapter 24 - Medical Documentation for Formulas and Foods](#).

REQUIRED GUIDANCE: Food for Children Ages Twelve Through Twenty-Three Months

The Competent Professional Authority (CPA) must assess the nutritional needs of the child and assign the appropriate foods.

Children 12-23 months of age can receive soy beverage without medical documentation.

When there is a concern about high weight-for-length ($\geq 98^{\text{th}}$ percentile) or when the Registered Dietitian Nutritionist (RDN) determines that 2% milk, 1% milk, or non-fat yogurt is appropriate based on an individual nutrition assessment, then 2% milk, 1% milk, or non-fat yogurt is allowed.

- The RDN must complete an individual nutrition assessment prior to issuing 2% milk, 1% milk, or non-fat yogurt and document the reasons in the Individual Care Plan.
- See the [“Providing 2% Milk, 1% Milk, or Non-Fat Yogurt to a Twelve to Twenty-Three Month Old Child”](#) policy in this chapter.
- See [“Requirements for Issuing Dairy Products”](#) in the appendix section.

Children 12-23 months of age must have a qualifying medical diagnosis and complete medical documentation when needing any of the following:

1. Standard formula, therapeutic formula, or a WIC Eligible Nutritional (WEN).
 2. Medical foods.
 3. 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.
- See [Volume 1, Chapter 24 - Medical Documentation for Formulas and Foods](#) for more information.
 - Refer to table [“Maximum Monthly Allowances \(MMA\) of Supplemental Foods for Children, Pregnant, Breastfeeding, and Non-Breastfeeding Postpartum Participants”](#) for maximum monthly food allowances.

PROCEDURE:

The CPA:

- A. Works with the caregiver to help determine the appropriate foods to meet the needs of their family.

- B. Refers to the RDN when the caregiver requests 2% milk, 1% milk, or non-fat yogurt for a child 12-23 months of age.
1. Staff may not provide 2% milk, 1% milk, or non-fat yogurt based on caregiver preference.
 2. Share information about why fat is important for brain development and rapid growth.
 - See the Information section in the [“Providing 2% Milk, 1% Milk, or Non-Fat Yogurt to a Twelve to Twenty-Three Month Old Child”](#) policy below.

REQUIRED GUIDANCE: Providing 2% Milk, 1% Milk, or Non-Fat Yogurt to a Twelve to Twenty-Three Month Old Child

The Registered Dietitian Nutritionist (RDN) may approve 2% milk, 1% milk, or non-fat yogurt for a child 12 through 23 months of age without medical documentation when there is a concern about high weight-for-length ($\geq 98^{\text{th}}$ percentile) or when the RDN completes an individual nutrition assessment and determines a need for 2% milk, 1% milk, or non-fat yogurt.

1. The RDN must complete a nutrition assessment and determine if 2% milk, 1% milk, or non-fat yogurt is appropriate.
2. Staff can only provide 2% milk, 1% milk, or non-fat yogurt for the child after the RDN completes and documents the nutrition assessment in the Individual Care Plan or when a child's medical provider submits complete medical documentation.
 - See "[Requirements for Issuing Dairy Products](#)" in the appendix section.

PROCEDURE:

The RDN:

- A. Completes a nutrition assessment that includes:
 1. Assessing the child's growth pattern, especially looking for rapid, unexplained weight gain.
 2. Asking about family history of cardiovascular disease or high cholesterol.
 3. A dietary assessment
 4. Exploring activity level and screen time.
 5. Assessing any environmental factors that may affect weight gain or growth.
- B. Consults with the child's medical provider as needed (making sure that the caregiver signs the Release of Information form prior to contacting the medical provider).
- C. Has a conversation with the caregiver about the importance of fat in milk for brain development and rapid growth.
- D. Determines if 2% milk, 1% milk, or non-fat yogurt is appropriate and confirms the caregiver is open to the option(s).

- E. Documents the assessment and discussion with the caregiver in the participant's Individual Care Plan.
- F. Adds 2% milk, 1% milk, or non-fat yogurt to the food prescription.

Note: Cascades doesn't have an "All WIC" option for 2% milk or 1% milk. Staff will need to add each type of 2% milk or 1% milk (fluid, evaporated, dry etc.), and the amount the child will need, to the food prescription.

Information:

Children 12-23 months of age experience rapid growth and brain development. Whole cow's milk provides nutrients, particularly fat, to support this growth. Health care providers, or RDNs may determine that 2% milk, 1% milk, or non-fat yogurt is appropriate for a child 12-23 months of age after an individual nutrition assessment.

The Institute of Medicine recommends at least 30-40% of calories from fat for children 1-3 years of age. Experts recommend only offering reduced fat milk for children 12-23 months of age after assuring the child's diet supplies this amount of fat.

Reference: [Expert Panel on Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents: Summary Report, Pediatrics, 2011; 128; S213](#)

REQUIRED GUIDANCE: Providing 2% Milk for Participants 2 Years and Older

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.

1. The RDN must complete a nutrition assessment and determine if 2% milk is appropriate.

Note: 2% milk cannot be issued solely based on a participant's personal preference.

2. 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.

- See "[Requirements for Issuing Dairy Products](#)" in the appendix section.

PROCEDURE:

The RDN:

- A. Completes a nutrition assessment that includes:
 1. Assessing the participants' anthropometrics, pattern of growth, and rate of weight gain during pregnancy as appropriate, especially looking for significant, unexplained weight loss.
 2. Discussing any health/medical issues or clinical diagnoses that may affect weight gain or growth.
 3. A dietary assessment.
 4. Assessing any environmental factors that may affect weight gain or growth.
- B. Consults with the participant's medical provider as needed (making sure that the caregiver signs the Release of Information form prior to contacting the medical provider).
- C. Determines if 2% milk is appropriate and confirms that the participant/caregiver is open to this option.

- D. Documents the assessment and discussion with the participant/caregiver in the participant's Individual Care Plan.
- E. Adds 2% milk to the food prescription.

Note: Cascades doesn't have an "All WIC" option for 2% milk. Staff will need to add each type of 2% milk (fluid, evaporated, dry etc.), and the amounts needed to the food prescription.

REQUIRED GUIDANCE: Food for Children Ages Two to Five Years, Pregnant, and Partially (Mostly) Breastfeeding Participants

The Competent Professional Authority (CPA) must assess the nutritional needs of the participant and assign the appropriate foods.

Participants must have complete medical documentation when needing any of the following:

1. Whole milk 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).
2. Standard formula, therapeutic formula, or a WIC Eligible Nutritional (WEN).
3. Medical foods.
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.

Note: 2% milk may be issued after an individual nutrition assessment by the RDN or with complete medical documentation.

- See [Volume 1, Chapter 24 - Medical Documentation for Formulas and Foods](#) for more information.
- Refer to table “[Maximum Monthly Allowances \(MMA\) of Supplemental Foods for Children, Pregnant, Breastfeeding, and Non-Breastfeeding Postpartum Participants](#)” for maximum monthly food allowances.

PROCEDURE:

The CPA:

- A. Determines the appropriate foods to meet the needs of **all participants**.
- B. Provides breastfeeding support and a complete Breastfeeding Review **for Partially (Mostly) Breastfeeding participants**.
- C. Asks **Partially (Mostly) Breastfeeding** participants to notify WIC staff immediately if they are no longer breastfeeding or need more or less infant formula.

REQUIRED GUIDANCE: Food for Fully Breastfeeding, Partially (Mostly) Breastfeeding Multiples, Fully Breastfeeding + Pregnant, and Partially (Mostly) Breastfeeding + Pregnant

Pregnant and breastfeeding participants receive food prescriptions according to the following:

Food prescription	Description	End date
Fully Breastfeeding	A breastfeeding participant whose infant receives no formula from WIC.	Through the last day of the month the infant turns 1 year.
Partially (Mostly) Breastfeeding Multiples	A participant who is partially (mostly) breastfeeding multiples, for example twins or triplets.	Through the last day of the month the infant turns 1 year.
Fully Breastfeeding + Pregnant Partially (Mostly) Breastfeeding + Pregnant	A pregnant participant who is also fully breastfeeding or partially (mostly) breastfeeding their infant.	Through the last day of the month the infant turns 1 year.

Definitions:

Breastfeeding Participant: A participant who provides their breastmilk (via breastfeeding or expressed milk) to their infant at least once per day.

Fully Breastfeeding Participant: A breastfeeding WIC participant whose infant receives no infant formula from WIC.

Participants must have complete medical documentation when needing any of the following:

1. Whole milk 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).
2. Standard formula, therapeutic formula, or a WIC Eligible Nutritional (WEN).
3. Medical foods.
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.

- **Note:** 2% milk may be issued after an individual nutrition assessment by the RDN or with medical documentation from the medical provider (see [“Requirements for Issuing Dairy Products”](#) and [“Providing 2% Milk for Participants 2 Years and Older”](#)).
- See [Volume 1, Chapter 24 - Medical Documentation for Formulas and Foods](#).
- Refer to table [“Maximum Monthly Allowances \(MMA\) of Supplemental Foods for Children, Pregnant, Breastfeeding, and Non-Breastfeeding Postpartum Participants”](#) for maximum monthly food allowances.

PROCEDURE:

The Competent Professional Authority (CPA):

- A. Determines the appropriate foods and amounts in the food prescription based on the amount of formula received from WIC.
 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.
 2. Breastfeeding participants who receive formula for their infant receive less food.
 3. Partially (Some) Breastfeeding participants receive no food package from WIC once their infant turns 6 months old.
 - 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.
 - See [“Food for Partially \(Some\) Breastfeeding Participants and Non-Breastfeeding Postpartum Participants”](#) policy in this chapter.
 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.
- B. Asks the participant to tell WIC staff if infant formula, or more/less infant formula, is needed from WIC.
- C. Provides breastfeeding support and completes a Breastfeeding Review when a breastfeeding participant requests formula or an increase in formula.

- See [Volume 1, Chapter 15 – Breastfeeding](#).
- D. Updates the Breastfeeding Information section on the breastfeeding participant's Health Information screen in Cascades.
- E. Provides the appropriate infant formula prescription as needed.
- See the “[Food for Infants 0 through Eleven Months](#)” policy and determine the appropriate amount of formula needed.
- F. Issues benefits for the breastfeeding participant. Use the guidance below when a breastfeeding participant has current benefits and their category changes:
- 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.
 - 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.

REQUIRED GUIDANCE: Food for Participants “Fully Breastfeeding Multiples” and “Fully Breastfeeding Multiples + Pregnant”

A participant fully breastfeeding multiples receives a Fully Breastfeeding Multiples Food Prescription through the last day of the month that the infants turn 1 year old.

Fully breastfeeding multiples participant: 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.

If the breastfeeding participant receives benefits for the Fully Breastfeeding Multiples Food Prescription and returns to the clinic for formula, staff must:

1. Complete a Breastfeeding Review.
 - Staff trained in providing breastfeeding support complete the Breastfeeding Review.
 - See [Volume 1, Chapter 15 – Breastfeeding](#) for more information.
 2. Issues benefits for the breastfeeding participant. Use the guidance below when a breastfeeding participant has current benefits and their category changes:
 - 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.
 - 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.
- See the “[Food for Infants 0 through Eleven Months](#)” policy in this chapter.

Participants fully breastfeeding multiples must have completed medical documentation when needing any of the following:

1. Whole milk 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).
2. Standard formula, therapeutic formula, or a WIC Eligible Nutritional (WEN).
3. Medical foods.
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.

- **Note:** 2% milk may be issued after an individual nutrition assessment by the RDN or with medical documentation from the medical provider (see [“Requirements for Issuing Dairy Products”](#) and [“Providing 2% Milk for Participants 2 Years and Older”](#)).
- See [Volume 1, Chapter 24 - Medical Documentation for Formulas and Foods](#).
- See the table below for the default food prescription for these categories.

PROCEDURE:

The Competent Professional Authority (CPA):

- A. Determines if the participant is fully breastfeeding multiples and is eligible for the Fully Breastfeeding Multiples Food Prescription.

Note: If the breastfeeding participant receives samples of formula, or reports buying formula for their infants, they still qualify for the Fully Breastfeeding Multiples Food Prescription.

- B. Explains that if any of the infants receive formula from WIC or if the breastfeeding participant stops providing their milk to the infant(s), the breastfeeding participant’s food prescription will change as described in the [Food Prescriptions for Participants \(Non-Pregnant and Pregnant\) with Twins Based on Breastfeeding Status](#) table in the Information section.
- C. Determines the appropriate foods to meet the needs of the participant.
1. The CPA may reduce the amount of food to meet the needs of the participant.
- D. Follows the procedures listed below when a participant fully breastfeeding multiples receives the Fully Breastfeeding Multiples Food Prescription and returns to the clinic to request formula for the infants:
1. Complete a Breastfeeding Review per policy-. See [Volume 1, Chapter 15 – Breastfeeding](#). See the “The Breastfeeding Review” policy and determine the appropriate amount of formula needed.
 2. Provide the appropriate infant formula food prescription and issue benefits for the breastfeeding participant. Use the guidance below when a breastfeeding participant has current benefits and their category changes:

- 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.
- 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.

Note: When you certify multiple infants from the same pregnancy the Fully Breastfeeding Multiples Food Prescription benefits rotate monthly. See the table below for more details.

Information:

Table: Food Prescriptions for Participants (Non-Pregnant and Pregnant) with Twins Based on Breastfeeding Status

Scenario	Infant 1	Infant 2	Adult BF Status	Adult Food Rx (Infant ≤ 5 months)	Adult Food Rx (Infant ≥ 6 months)
Not Pregnant					
1	Fully BF	Fully BF	Fully BF	Fully BF x 1.5	Fully BF x 1.5
2	Fully BF	Part (Mostly) BF	Fully BF	Fully BF	Fully BF
3	Fully BF	Part (Some) BF			
4	Fully BF	Fully Formula			
5	Part (Mostly) BF	Part (Mostly) BF			
6	Part (Mostly) BF	Part (Some) BF	Part (Mostly) BF	Part (Mostly) BF	Part (Mostly) BF
7	Part (Mostly) BF	Fully Formula			
8	Part (Some) BF	Part (Some) BF	Part (Some) BF	Part (Some) BF	Part (Some) BF
9	Part (Some) BF	Fully Formula			
Pregnant					
1	Fully BF	Fully BF	Fully BF	Fully BF x 1.5	Fully BF x 1.5
2	Fully BF	Part (Mostly) BF	Fully BF	Fully BF	Fully BF
3	Fully BF	Part (Some) BF			
4	Fully BF	Fully Formula			
5	Part (Mostly) BF	Part (Mostly) BF			
6	Part (Mostly) BF	Part (Some) BF	Part (Mostly) BF	Part (Mostly) BF	Part (Mostly) BF
7	Part (Mostly) BF	Fully Formula			
8	Part (Some) BF	Part (Some) BF	Pregnant	Pregnant	Pregnant
9	Part (Some) BF	Fully Formula			

Table: Maximum Monthly Allowances (MMA) of Supplemental Foods for “Fully Breastfeeding Multiples” and “Fully Breastfeeding Multiples + Pregnant”

Foods	Amount <i>Fully Breastfeeding Multiples (Even months, e.g. February, April, June, August, October, December)</i>	Amount <i>Fully Breastfeeding Multiples (Odd months, e.g. January, March, May, July, September, November)</i>
Juice¹	128 fl oz	64 fl oz
Milk^{2,3,4,5,6} Fluid, dry, evaporated	24 qt	24qt
Breakfast cereal	54 oz	54 oz
Yogurt⁷ (Optional Milk Substitution)	Up to 2 qts	Up to 2 qts
Cheese⁸ (Optional Milk Substitution)	Up to 2 lbs	Up to 2 lbs
Tofu⁸ (Optional Milk Substitution)	Up to maximum milk	Up to maximum milk
Eggs⁹	3 dozen	3 dozen
Fresh fruits and vegetables	\$78.00	\$78.00
Whole grain choices	72 oz	72 oz
Tuna, Sardines, or Salmon	30 oz	30 oz
Dried or canned beans, peas, lentils or Peanut butter	3 choices: 4 cans 15-16 oz or 1 lb dried beans or 1 jar 15-18 oz	3 choices: 4 cans 15-16 oz or 1 lb dried beans or 1 jar 15-18 oz

- ¹ If selected, a \$4.50 CVB must be substituted for the full 64oz of juice (in odd months) or 128oz of juice (in even months). No partial substitutions are allowed.
- ² If the food prescription includes “Milk-Whole All WIC – Cow, Goat, Lactose Free” or “Milk or Soy (1% & Nonfat) All WIC – Cow, Goat, Soy” participants have the option of buying:
 - Milk-Whole All WIC – Cow, Goat, Lactose Free:
 - Cow milk – Fluid, canned/evaporated, dry/powdered, lactose free, acidophilus, buttermilk, and kefir.
 - Goat – fluid, canned/evaporated, dry, and kefir.
 - Milk or Soy (1% & Nonfat) All WIC – Cow, Goat, Soy:
 - Cow milk – Fluid, canned/evaporated, dry/powdered, lactose free, acidophilus, buttermilk, and kefir.
 - Goat – fluid only.
- ³ 2% Milk and 1% Milk - Please note the system won’t allow “All WIC” for these milk fat types. If these milk fat types are allowed per policy, staff will need to know what kind (fluid, evaporated, dry, etc.) of milk is needed. Each type will need to be selected in the food prescription.
- ⁴ Soy beverage does not require medical documentation.
- ⁵ 1% and non-fat milk are standard issuance for participants 2 years and older. An individual nutrition assessment by a Registered Dietitian Nutritionist (RDN) (or medical documentation) is required for participants 2 years and older to receive 2% milk. Medical documentation is required for participants 2 years and older to receive whole milk (see [“Requirements for Issuing Dairy Products”](#) and [“Providing 2% Milk for Participants 2 Years and Older”](#)).
- ⁶ None of the following foods come standard in any food prescription: cheese, yogurt, or tofu. If a participant would like any of these foods, staff will have to add them to the food prescription in place of milk (1 lb cheese = 3 qt milk; 1 qt yogurt = 1 qt milk; 1 lb tofu = 1 qt milk).
 - To replace milk with cheese, tofu, or yogurt see the [“Substituting Cheese, Tofu, and Yogurt”](#) policy in this chapter.
- ⁷ Low-fat or non-fat yogurt can be added into the food prescription for participants 2 years and older as standard issuance. Medical documentation (or foods deferred to the RDN) is required for participants 2 years and older to receive whole milk yogurt.

- ⁸ Neither cheese nor tofu require medical documentation.
- ⁹ Eggs can be replaced with canned beans (four 15-16oz cans), dried beans (1 lb), peanut butter (15-18 oz container), or tofu (1 lb) as requested by the participant.
- To replace eggs with any of the options above see the [“Substituting Eggs for Peanut Butter, Legumes, or Tofu”](#) policy in this chapter.

Information: Participants who are fully breastfeeding multiple infants from the same pregnancy are prescribed 1.5 times the maximum allowances. They will receive 1.5 times the Fully Breastfeeding package each month for all food categories except juice, which will be issued in the standard Fully Breastfeeding package amount in odd months (64 oz) and double that amount in even months (128 oz). The food package is set up this way because participants aren’t able to purchase 1.5-64oz bottles of juice. If participants who are fully breastfeeding multiple infants from the same pregnancy choose to substitute their juice for CVB, they will receive \$4.50 CVB each month, regardless of whether it is an even or odd month.

REQUIRED GUIDANCE: Food for Breastfeeding (Some) Participants and Non-Breastfeeding Postpartum Participants

Postpartum participants who don't breastfeed receive a Non-Breastfeeding Postpartum food prescription through the day the infant turns six months old.

Breastfeeding participants whose **infants** receive formula from WIC in quantities that exceed those allowed for partially (mostly) breastfeeding infants, receive a Partially (Some) Breastfeeding prescription through the day the infant turns 6 months old.

Participants must have complete medical documentation when needing any of the following:

1. Whole milk 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).
 2. Standard formula, therapeutic formula, or a WIC Eligible Nutritional.
 3. Medical foods.
 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.
- **Note:** 2% milk may be issued after an individual nutrition assessment by the Registered Dietitian Nutritionist (RDN) or with medical documentation from the medical provider (see [“Requirements for Issuing Dairy Products”](#) and [“Providing 2% Milk for Participants 2 Years and Older”](#)).
 - See [Volume 1, Chapter 24 - Medical Documentation for Formulas and Foods](#).
 - Refer to table [“Maximum Monthly Allowances \(MMA\) of Supplemental Foods for Children, Pregnant, Breastfeeding, and Non-Breastfeeding Postpartum Participants”](#) for maximum monthly food allowances.
1. Based on the breastfeeding information provided on the Health Information screen in the breastfeeding participant's file, Cascades will assign a Partially (Some) Breastfeeding 6 to 12 Months Food Prescription.
 - a. These individuals are still active WIC participants, even though they don't receive a food package.
 2. Staff will provide ongoing breastfeeding support and other WIC services.

Note: Assigning the Partially (Some) Breastfeeding 6 to 12 Months Food Prescription includes these participants in the participation rates.

- See the “The Breastfeeding Review” policy in this chapter and [Volume 1, Chapter 15 – Breastfeeding](#), for more information.

PROCEDURE:

The Competent Professional Authority (CPA):

- A. Reminds partially breastfeeding participants to tell WIC staff when they:
 - 1. Need additional breastfeeding support.
 - 2. Are no longer breastfeeding.

Information:

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 decisions of each family and provide support based on their individual needs.

Section 3: Policies on Infant Formula

REQUIRED GUIDANCE: Ready-To-Feed (RTF) Infant Formula

The Competent Professional Authority (CPA) assigns RTF formula when one of the following reasons applies:

1. Lack of clean and safe water supply.
2. Poor refrigeration.
3. Caregiver is unable to correctly mix formula.
4. The WIC approved formula is only available as RTF.
 - a. This may result from a formula shortage or a formula recall.
5. The medical provider documents the need for a RTF prescribed formula because:
 - a. The RTF form better accommodates the participant's condition.
 - b. The RTF formula helps the participant consume the right amount of formula.

The CPA must document the reason for providing RTF formula in the Individual Care Plan. The caregiver may self-report reasons 1, 2, and 3. 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](#) or on any other complete form of medical documentation.

PROCEDURE:

The CPA:

- A. Determines that RTF formula is necessary for one of the reasons listed within the policy.
- B. Documents in Cascades in the infant's Individual Care Plan the reason(s) RTF formula is necessary.

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.

- C. Assures that the caregiver understands:
1. Ready-to-feed formula requires no additional water.
 2. How to safely store RTF formula.

Information:

Many retailers don't keep enough RTF formula in stock. The best practice is to help the caregiver find a retailer. The CPA or caregiver should tell the retailer the:

- Name of a specific formula.
- Amount needed each month.
- Number of months the participant will need the formula.

Check the "Links to Find Formulas" on the Washington WIC website at:

<https://doh.wa.gov/you-and-your-family/wic/wic-foods/wic-infant-formula>

REQUIRED GUIDANCE: Returned WIC Food

Staff must inform participants and caregivers that:

1. Selling, gifting, or donating; or attempting to sell, gift or donate WIC food for formula is against program rules.
2. State WIC staff can disqualify participants or caregivers found breaking this program rule for up to one year and require repayment for food and formula received.
 - See [Volume 1, Chapter 2 – Program Compliance](#), and
 - [Volume 1, Chapter 7 - Rights and Responsibilities](#) for more information.

Staff must:

1. Instruct participants and caregivers to return any unused nonperishable WIC foods to the clinic.
2. Accept all unopened and undamaged containers of returned WIC food purchased with WIC benefits unless one of the following is true:
 - The food is expired.
 - The food container is opened or damaged.
 - The food needs refrigeration, for example, milk, yogurt, tofu, or eggs.
3. Document the following in the Family Care Plan:
 - The participant returned the food to the clinic.
 - How staff handled the returned food.
4. Have a written policy on donating returned foods.

PROCEDURE:

Staff:

- A. Tells the participant or caregiver to return any unused nonperishable foods purchased with WIC benefits to the clinic.

- Inform the participant or caregiver the food must be unopened, undamaged and not past the expiration date.
- B. Tells the participant or caregiver that selling, gifting, donating; or attempting to sell, gift, or donate WIC food, or attempting to sell it, is against program rules.
- Breaking this program rule could result in being taken off WIC for one year.
 - State WIC office staff may ask the participant or caregiver to repay the program for food the participant received.
- Note:** Tell the participant or caregiver they don't have to purchase all the food in their WIC benefits. Assess the need to modify the food prescription before issuing benefits.
- See [Food Benefits by Participant Category](#) for information on the WIC food substitutions available for each participant category.
- C. Accepts unopened and undamaged containers of returned food participants or caregivers purchased with WIC benefits unless they meet one of the following:
1. Food with expired dates.
 2. Opened or damaged containers of food.
 3. Food needing refrigeration, for example, milk, yogurt, tofu, or eggs.
- D. Replaces WIC benefits when appropriate.
- See [Volume 1, Chapter 22 – Issue WIC Food Benefits](#) for more information.
- E. Destroys all expired food.
- F. Follows the local agency's policy for donating returned food.
1. The policy must:
 - a. Provide options where to donate returned foods:
 - Local food bank.
 - Community service organization.
 - Nonprofit emergency feeding program.

- b. Adhere to Chapter 246-215 Washington Administrative Code (WAC), Subpart D – Donated Food Distributing Organizations (aka the [Washington State Retail Food Code](#)):
 - Part 3: Subpart B 03200 & 03205 (pg 27)
 - Part 3: Subpart B 03255 (pg 30).
- c. [Washington State Department of Health Charity Food Donations Guidelines](#), and
- d. [Washington State Department of Agriculture Map of Hunger Relief Organizations](#)
- e. Include a returned WIC food donation record that includes:
 - 1) Instructions for use.
 - 2) Instructions on where and how long to retain.

Note: The agency may choose to use the sample [Returned WIC Food Donation Record](#) forms in the appendix of this chapter.
- f. Have written confirmation by legal authoring or leadership that:
 - The donation policy is approved.
 - The donation policy doesn't place any WIC staff in a position that may result in a liability claim.

REQUIRED GUIDANCE: Returned WIC Formula

Staff must inform participants and caregivers that:

1. Selling, gifting, or donating; or attempting to sell, gift, or donate WIC formula is against program rules.
2. State WIC staff can disqualify participants or caregivers found breaking this program rule for up to one year and require repayment for food and formula received.
 - See [Volume 1, Chapter 2 – Program Compliance](#), and
 - [Volume 1, Chapter 7 – Rights and Responsibilities](#) for more information.

Staff must:

1. Instruct participants and caregivers to return any unused WIC formula to the clinic.
2. Accept all unopened, undamaged, and non-expired containers of returned WIC formula purchased with WIC benefits.
3. Document in the Family Care Plan that the participant returned the formula to the clinic.
4. Destroy all returned formula (unless donating formula using guidance below). Don't redistribute due to quality and safety concerns.
 - 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.

Note: Staff, their family, and their friends must not use the returned formula.

PROCEDURE:

Staff:

- A. Tells the participant or caregiver to return any unused formula purchased with WIC benefits to the clinic.
 - Inform the participant or caregiver the formula must be unopened, undamaged and not past the expiration date.

- B. Tells the participant or caregiver that selling, gifting, or donating; or attempting to sell, gift, or donate WIC formula is against program rules.
- Breaking this program rule could result in being taken off WIC for one year.
 - State WIC office staff may ask the participant or caregiver to repay the program for formula the participant received.

Note: Tell the participant or caregiver they don't have to purchase all the formula in their WIC benefits. Assess the need to modify the formula prescription before issuing benefits.

- C. Accepts unopened, undamaged, and non-expired containers of returned formula participants or caregivers purchased with WIC benefits.
- D. Replaces WIC benefits when appropriate.
- See [Volume 1, Chapter 22 – Issue WIC Food Benefits](#) for more information.
- E. Destroys all returned formula if a formula donation policy is not in place and approved
1. Open the containers and dump formula out before discarding to ensure it's unusable.

Note: To reduce the number of returned cans:

- Encourage caregivers to purchase only 1 or 2 cans of a new formula initially until it is well tolerated and then purchase the rest of the formula on their benefits.
- Continue to talk to caregivers about how to appropriately prepare and store formula and how to identify signs of hunger and fullness in infants.

REQUIRED GUIDANCE: Donating Unused and Returned WIC Formula

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:

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.

PROCEDURE:

The Local Agency must have a formula donation policy that:

- A. Adheres to:
 1. The federal [Bill Emerson Good Samaritan Food Donation Act](#).
 2. The [Revised Code of Washington \(RCW\) chapter 69.80](#).
 3. [Chapter 246-215 Washington Administrative Code \(WAC\)](#).
 - Subpart A – Characteristic
 - 03100
 - Subpart B- Sources, Specifications, and Original Containers and Records
 - 03205
 - 03255
 - Subpart D – Donated Food Distributing Organizations (aka the Washington State Retail Food Code):

- B. Requires staff to assess the returned formula to determine if the formula is suitable for donation or if staff needs to destroy the formula. The assessment must include:
1. The reason for the returned formula.
 - a. Return for exchange: Use the [Cascades Steps – Replace Food and Formula Benefits Flowchart](#)
 - b. Benefits Handout.
 - c. Return due to no longer needed.
 2. Condition of the can/container. It must:
 - a. Be unopened.
 - b. Have original label intact.
 - c. Not be damaged:
 - Bulging,
 - Leaking,
 - Dented,
 - Punctured,
 - Cracked,
 - Rusty, or
 - Missing the container label.
 3. The temperature of where the formula was stored.
 - a. Ask the caregiver “Have you kept this formula at room temperature in your home and not in a car or other location where temperatures can be extreme?”
 - b. Formula degrades when stored outside of 55-75 degrees F. It is still safe to consume outside these temperatures, but the nutrition content degrades.
 4. The expiration date.

- a. The local agency may donate the formula for use prior to the expiration date.
 - b. The format used for the expiration date is day of month/month/year.
 - c. The day of the month is always the first day of the month. Depending on the manufacturer, the number “1” may not be included (e.g., May2022, 1May 2022 or 05/2022).
- C. Identifies where staff will temporarily store the returned formula for donation, in the clinic.
1. Must be in a secure location.
 2. Must be out of view of WIC participants.
- D. Requires staff to document the following information in the participant’s Individual Care Plan:
1. That the caregiver returned the formula to the clinic.
 2. The formula name and number of cans returned.
 3. Reason for return.
 4. How caregiver stored the formula.
 5. How staff handled the returned formula.

Example note 1:

5 cans Similac Advance returned due to gassiness. Exchanged for Similac Sensitive. Caregiver stated formula stored in car trunk/high heat. Destroyed formula, per guidelines.

Example note 2:

5 cans Similac Advance returned due to gassiness. Exchanged for Similac Sensitive. Formula cans are in good condition and not expired. Caregiver stored the formula at room temperature. Accepted the formula for donation. Stored in the designated area for donation.

- E. Identifies that formula is not suitable for donation if:
- Opened or damaged.

- Stored in a location for any length of time in temperatures lower than 55 and above 75 degrees F.
 - Expired.
- F. Identifies local food banks for donation of returned formula:
- [Washington State Department of Health Charity Food Donations Guidelines.](#)
 - [Washington State Department of Agriculture Map of Hunger Relief Organizations.](#)
- G. Identifies local agency doesn't allow formula to be used by or given to:
1. Participants.
 2. Staff, their family, and their friends.
- H. Requires staff to document returned WIC formula on a Returned WIC Formula Donation Record that includes:
1. Instructions on how to complete the donation record form.
 2. Instructions on where and how long to retain.
- I. Requires staff to destroy formulas not suitable for donation within one week of assessment.
1. Dispose in small batches to avoid large quantities of formula in the trash.
 - Liquid formula: Open containers and pour contents down the drain; discard container.
 - Powder formula: open container and pour into trash; discard container.
- J. The local agency's legal authority or leadership provides a written confirmation that:
1. They approve the donation policy.
 2. The donation policy doesn't place any WIC staff in a position that may result in a liability claim.
- Examples of a legal authority or leadership approval could include:
- Local Agency Legal Team/Legal Advisor

- Executive Director
- Public Health Officer/Director

K. The local agency submits policy with written confirmation by legal authoring or leadership to the State office, at WAWICFoods@doh.wa.gov, and receives State office approval notice prior to use.

Note:

- Advise staff to reduce the number of returned cans:
 - Offer only one or two cans of formula to allow the caregiver to try the formula before they buy an entire month's worth.
 - Continue to talk to caregivers about how to appropriately prepare and store formula and how to identify signs of hunger and fullness in infants.
 - Remind families they don't have to purchase all the formula in their WIC benefits at one time.
 - Assess the need to modify the food prescription before issuing benefits.
- The agency may choose to use the attached sample [Returned WIC Formula Donation Record](#) form in the appendix.

REQUIRED GUIDANCE: Formula Recall

Staff must:

1. Inform participants and caregivers which formulas are recalled and that non-recalled formula is still safe to use.
2. Mark the recalled cans as “Do Not Use” and store formula in a safe location.
 - Wait for guidance from the State WIC office about returning the recalled formula.

PROCEDURE:

Staff:

- A. Discusses with the caregiver appropriate alternative formulas for the recalled formula. If needed:
 - Start a new prescription with an appropriate alternative formula.
 - Exchange current formula benefits.
 - Void future formula benefits and reissue formula as needed.
- 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 a specific formula.
 - Amount needed each month
 - Number of months the participant will need the formula.
- C. Informs the caregiver that they can :
 - Check the Formula Locator for formula availability. Go to the [WIC Authorized Infant Formula webpage](#) and scroll down to “Find Formulas in Local Stores”. Select the appropriate product link (Abbott or Mead Johnson).
 - Look outside of their regular shopping locations.

- Call stores first to check supply of issued formula.
- D. If the issued formula isn't available within a reasonable distance from the participant's location, staff can contact the State Foods Team with:
- WIC Clinic name and location.
 - Name of formula.
 - Stores contacted for availability.
- E. The State Foods Team will discuss options with clinic staff to ensure the participant receives formula.

Note: If the participant is currently on a formula that requires medical documentation, the participant will need new medical documentation to change to an alternate formula. See Chapter 24 for medical documentation policy.

Section 4: Customizing Food Prescriptions

REQUIRED GUIDANCE: Cash Value Benefit (CVB) Substitution for 6 to 11 Month Old Infants

The Competent Professional Authority (CPA) has the option to substitute half or all of the baby food fruits and vegetables benefit for the fruits and vegetables CVB based on the need and preference of the participant and caregiver.

The following options are available for infants 6 through 11 months of age:

1. Baby food fruits and vegetables only, or
2. Baby food fruits and vegetables (half of the amount in option 1) AND a CVB for fruits and vegetables, or
3. No baby food fruits and vegetables AND a CVB for fruits and vegetables (twice the amount offered in option 2).

PROCEDURE:

The CPA:

- A. Discusses the infant fruit and vegetable and CVB substitution option with all eligible families (unless contraindicated by medical documentation) and helps them select the option based on their preference and cultural dietary practices.
- B. Adds a new infant food prescription, if benefits need to be changed or modified.
- C. Clicks the Substitution button and selects the participant's CVB preference.
- D. Saves the Prescribe Food Screen, reviews the benefits for accuracy, and issues benefits.

Note: The CPA can revert to baby food fruit and vegetables by selecting the Substitution button again.

REQUIRED GUIDANCE: Substituting Juice for Cash Value Benefit (CVB)

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.

- 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.

PROCEDURE:

The CPA:

- A. Discusses the option to receive the \$3 CVB instead of 64 oz of juice with the participant or caregiver.
- B. Performs the substitution as appropriate.

Information:

Participants who are fully breastfeeding multiple infants from the same pregnancy are prescribed 1.5 times the maximum allowances. They will receive 64 oz of juice in odd months and 128 oz of juice in even months. The food package is set up this way because participants aren't able to purchase 1.5-64oz bottles of juice. If these participants choose to substitute their juice for CVB, they will receive \$4.50 CVB each month, regardless of whether it is an even or odd month.

REQUIRED GUIDANCE: Substituting Cheese, Yogurt, and Tofu

The Competent Professional Authority (CPA) has the option to assign a combination of milk, cheese, yogurt, and tofu based on the need and preference of the participant.

Cheese: The CPA must remove three quarts of milk for each pound of cheese.

1. No more than one pound of cheese is allowed for the following Food Prescriptions:
 - Pregnant
 - Partially (Mostly) Breastfeeding or Pregnant with Multiples
 - Partially (Some) Breastfeeding
 - Non-Breastfeeding Postpartum
 - Children
2. No more than two pounds of cheese is allowed for the following Food Prescriptions:
 - Fully Breastfeeding
 - Partially (Mostly) Breastfeeding Multiples (from the same pregnancy)
 - Fully Breastfeeding + Pregnant
 - Partially (Mostly) Breastfeeding + Pregnant

Yogurt: The CPA must remove one quart of milk for one quart of yogurt.

1. The CPA can substitute up to 2 quarts of low-fat or nonfat yogurt for participants age 2 years and older.

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).

2. The CPA can substitute up to 2 quarts of whole or low-fat yogurt for participants 12 to 23 months of age.

Note: Participants ages 12 to 23 months must have medical documentation or a complete individual nutrition assessment by an 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”](#)).

Tofu: The CPA must remove one quart of milk for each pound of tofu.

1. The CPA can substitute tofu using all the quarts of milk available in a food prescription.

PROCEDURE:

The CPA:

- C. Discusses the option to receive cheese, yogurt, tofu, or some of each instead of milk with the participant or caregiver.
- D. Removes three quarts of milk for every pound of cheese.
- E. Removes one quart of milk for every quart of yogurt.
- F. Removes one quart of milk for every pound of tofu.

Information:

Additional yogurt or cheese that exceeds the amounts described above is not allowed even with medical documentation.

REQUIRED GUIDANCE: Substituting Eggs for Peanut Butter, Legumes, or Tofu

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:

- Dry legumes (1 lb)
 - Canned legumes (4 – 15 to 16 oz cans)
 - Peanut butter (1 container)
 - Tofu (1 lb)
1. Participants from the following categories receive 1 dozen eggs in their Food Prescription:
 - 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:
 - Fully Breastfeeding
 - Partially (Mostly) Breastfeeding Multiples (from the same pregnancy)
 - Fully Breastfeeding + Pregnant
 - Partially (Mostly) Breastfeeding + Pregnant

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.

PROCEDURE:

The CPA:

- A. Discusses the option to receive beans, peanut butter, or tofu in place of eggs with the participant or caregiver.

- B. Removes 1 dozen eggs for every:
1. 1 lb dry legumes
 2. 4 – 15 to 16 oz cans of legumes
 3. 1 container of peanut butter
 4. 1 lb tofu

REQUIRED GUIDANCE: Reducing Food Prescriptions

The Competent Professional Authority (CPA) can remove or reduce the amount of food and formula in WIC food prescriptions to better meet the needs of WIC participants for the following reasons:

1. Participant request. For example, the participant can't use the maximum monthly amount of the food or formula allowed.
2. Medical or nutritional reasons. For example, the participant has a food allergy.
3. 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.

The CPA must remove or reduce foods and formula when a participant or caregiver makes a request during the current benefit period.

PROCEDURE:

The CPA:

- A. Discusses the foods in a food prescription and how they relate to a healthy diet.
- B. Assesses the need to remove or reduce food and formula in a WIC food prescription with the participant/caregiver.
- C. Works with the participant/caregiver to determine the appropriate foods to meet the participant's needs.
- D. Reduces or removes the food and formula from the participant's food prescription, as appropriate.
- E. Documents the reason in Cascades in the Individual Care Plan.

Note: Reduced or removed food benefits can **NOT** be added back to the current benefits once the benefits have been issued.

REQUIRED GUIDANCE: Food for Participants with Limited Cooking Facilities, Storage or Refrigeration

Staff must assign foods and issue benefits that meet the needs of a participant's living situation.

Staff may issue adjusted benefits to participants with no access to:

1. Cooking facilities.
2. Storage.
3. Refrigeration.

PROCEDURE:

The Competent Professional Authority (CPA):

- A. Discusses the participant's access to adequate cooking, storage, and refrigeration.
- B. Determines which foods the participant can use when cooking, storage, and refrigeration are limited.
- C. Assesses the need to reduce or adjust the participant's foods to better meet the participant's needs.
- D. With the participant, determines and prescribes appropriate foods and amounts.
- E. Discusses WIC foods quantities, container types and sizes participants can buy to meet their needs (for example, quarts of milk or canned milk, canned beans instead of dry beans, fresh produce instead of frozen).

Section 5: Appendix

Washington State WIC Approved Formulas Listed by Formula Company

Abbott Nutrition		Mead Johnson Nutrition
Similac Advance		Enfamil AR
Similac Soy Isomil		Enfamil NeuroPro EnfaCare
Similac Sensitive		Enfamil Nutramigen
Similac Total Comfort		
Similac NeoSure		
Similac Alimentum		
PediaSure and PediaSure with Fiber		

Website Addresses for Washington State WIC Approved Formulas:

Abbott Nutrition

abbottnutrition.com/brands/abbott-brands

Mead Johnson Nutrition

www.mjn.com/app/iwp/MJN/guestHome.do?dm=mj&ls=0&csred=1&r=3412115456

Additional formula information is available on the Washington State WIC website:

<https://doh.wa.gov/you-and-your-family/wic/wic-foods/wic-infant-formula>

Washington State WIC Approved Formulas

Milk-based Formulas Kosher (OU-D) and Halal	Soy-based Formulas Kosher (OU-DE) and Halal	Hypoallergenic Formulas Non-Kosher, non-Halal
Similac Advance	Similac Soy Isomil	Similac Alimentum
Similac Sensitive		Enfamil Nutramigen
Similac Total Comfort		
Similac NeoSure		
PediaSure or PediaSure with Fiber		
Enfamil AR		
Enfamil NeuroPro EnfaCare		

Note: Kosher dietary practices are followed by some who practice Judaism. Halal dietary practices are followed by some who practice Islam.

Participants who follow strict halal or kosher practices should consult their religious leader before selecting an infant formula.

Returned WIC Food Donation Record



Returned WIC Food Donation Record

Name of organization where WIC food was donated:		
Address of organization:		
Phone number of organization: ()		
Food Description	Food Amount	Comments
<input type="checkbox"/> Infant cereal <input type="checkbox"/> Infant fruits or vegetables <input type="checkbox"/> Infant meats <input type="checkbox"/> Breakfast cereal <input type="checkbox"/> Dried beans, peas, lentils <input type="checkbox"/> Fish <input type="checkbox"/> Juice – bottled or canned <input type="checkbox"/> Dry milk <input type="checkbox"/> Evaporated milk <input type="checkbox"/> Peanut butter <input type="checkbox"/> Soy beverage – shelf stable <input type="checkbox"/> Tofu – shelf stable <input type="checkbox"/> Brown rice <input type="checkbox"/> Bulgur <input type="checkbox"/> Oatmeal <input type="checkbox"/> Other		
Organization representative's printed name and signature		
WIC staff signature		
Date organization received formula: _____ / _____ / _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Month Day Year </div>		

Returned WIC Formula Donation Record



Returned WIC Formula Donation Record

Name of organization where WIC formula was donated:					
Address of organization:					
Phone number of organization: ()					
Formula Description	Powder	RTF	Concentrate	Amount Donated	Comments
<input type="checkbox"/> Similac Advance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Similac Soy Isomil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Similac Sensitive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Similac Total Comfort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Enfamil A.R.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Similac NeoSure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Similac Alimentum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Enfamil NeuroPro EnfaCare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Nutramigen LGG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> PediaSure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Pediasure with Fiber	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Organization representative's printed name and signature					
WIC staff signature					
Date organization received formula: _____ / _____ / _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Month Day Year </div>					

Requirements for Issuing Dairy Products

Food	Participant Category	Milk Fat				Plant-Based Milk	
		Whole	2%		1%		Non-Fat
Milk	Child 12-23 Months	Standard Issuance	Nutrition assessment by RDN OR Medical documentation			Not Allowed	Standard Issuance
			*Nutrition Risk 115: Weight/Length ≥ 98 th Percentile				
	Child 2-4 Years	Medical documentation	Nutrition assessment by RDN OR Medical documentation		Standard Issuance	Standard Issuance	Standard Issuance
			*Nutrition Risk 103: Underweight or At Risk of Underweight				
	Pregnant/ BF/PP	Medical documentation	Nutrition assessment by RDN OR Medical documentation		Standard Issuance	Standard Issuance	Standard Issuance
			*Nutrition Risk 101: BMI < 18.5 *Nutrition Risk 131: Low Weight Gain During Pregnancy				
		Whole	Low Fat (2% and 1%)	Non-Fat			Plant-Based Milk
Yogurt	Child 12-23 Months	Standard Issuance	Standard Issuance	Nutrition assessment by RDN OR Medical documentation			Standard Issuance
				*Nutrition Risk 115: Weight/Length ≥ 98 th Percentile			
	Child 2-4 Years	Medical documentation (or foods deferred to RDN)	Standard Issuance	Standard Issuance			Standard Issuance
	Pregnant/ BF/PP	Medical documentation (or foods deferred to RDN)	Standard Issuance	Standard Issuance			Standard Issuance

RDN – Registered Dietitian Nutritionist; BF – Breastfeeding (any amount); PP – Postpartum.

*Nutrition Risk codes may help guide staff during their nutrition assessment but are not required to provide the corresponding fat level of milk or yogurt.

*If medical documentation is provided then foods must be issued based on the medical documentation.