

# Issuing Foods First Month of Life Partially BF Infant and BF Participant

Steps	Cascades Screens
<p><b>1. Select Infant</b></p> <ul style="list-style-type: none"> <li>Click on <b>infant's name</b>.</li> </ul> <p><b>Important!</b> Always prescribe the infant's food package before the BF participant to prevent system errors.</p>	
<p><b>2. Health Information</b></p> <ul style="list-style-type: none"> <li><b>Step a:</b> Click on <b>Health Information</b>.</li> <li><b>Step b:</b> Under <b>Breastfeeding Information</b>, complete all BF and formula questions.</li> <li><b>Note:</b> BF Peer Counselors (BFPC) will document the same information in the <b>BF Peer Counseling Care Plan</b> section and those responses will appear in <b>Health Information</b>. The CPA will verify information is correct.</li> <li><b>Step c:</b> Click <b>save</b>.</li> </ul>	

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### 3. Infant Prescription

- **Step a:** Click on **Prescribe Food**.
- **Step b:** If today's date isn't in the carousel, under **Food Prescription Date**, click on the green plus sign (+) to add the date.
- **Step c:** The system will only allow **104 oz. of formula max.\***
- **Step d:** Click on the pencil to change **Issuance Frequency**.
- **Step e:** Click **save**.

**WILSON Family**  
Family ID: F05400001852  
210 MAIN ST  
PORT ORCHARD, WA 98367

**Food Prescription**

Food Prescription Date: 12/17/2018 (+)  
WIC Category: Infant  
Age Category: 0 Months  
Breastfeeding Status: Partially Breastfed <= half pkg  
Family Issuance Day: 17  
Issuance Frequency: 1 Month(s)

**Food Prescription Items**

Category	Subcategory
Infant Formula (IF)	Similac Advance, powder

Quantity	Category Max Quantity	UOM
104	104	Ounce

Buttons: Alternate Funding, Medical Documentation, Save, Cancel

TAB | 100%

\*In the first month of life, BF infants can only receive one can of formula max. When you document infant breastfeeding and the amount of formula consumed, the system will assign one of the following:

- Partially BF  $\leq$  half pkg. if the infant is drinking one can or less of formula a month in the first month of life.
- Partially BF  $\geq$  half pkg. if the infant is drinking two cans or more of formula a month in the first month of life.

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**4. Select BF Participant**

- Click on **BF participant** name at top of screen.



**5. BF Participant Prescription**

- Step a:** Click on **Prescribe Food**.
- Step b:** If today's date isn't in the carousel, under **Food Prescription Date**, click on the green plus sign (+) to add the date.
- Step c:** Verify participant's prescription matches the infant's.
- Step d:** Click on the pencil to change **Issuance Frequency**.
- Step e:** Click **save**.

**Issue Benefits** (Step a)

- Prescribe Food
- Issue Food Instruments
- Food Instrument List

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Family ID: F05400001852  
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**Food Prescription** (Step b)

Carousel: 12/17/2018 B

Food Prescription Date	WIC Category	Breastfeeding Status	Family Issuance Day	Issuance Frequency
12/17/2018 (+)	Breastfeeding	Partially Breastfed <= half pkg	17	3 Month(s)

(Step c points to the '+' sign, Step d points to the pencil icon on Issuance Frequency)

**Step e:** Save

Alternate Funding    Medical Documentation    Save    Cancel

**TAB** 100%

## Issuing Foods First Month of Life Partially BF Infant and BF Participant

### 6. Issue Benefits

- **Step a:** Click **Issue Food Instruments**.
- **Step b:** **Verify** food package includes the correct foods and amount.
- **Step c:** Select **Issue**.

**Step a**

**Step b**

Verify foods listed and amounts are correct

**Step c**

Subcategory	Quantity	UOM
Cereal All WIC - hot and cold	36	Ounce
Juice - All WIC - 12 oz frozen or 46/48 oz liquid	3	CTNR
Similac Advance, powder	1	Can
Fruit and Vegetables - Cash Value Benefit	\$11.00	\$\$\$\$
Milk Reduced Fat or Nonfat All WIC	4.75	Gallon
Peanut Butter	1	CTNR
Dry beans, peas, or lentils	1	CTNR
Whole Wheat Bread or Whole Grains	16	Ounce
Eggs - all WIC	1	Dozen
Cheese - all WIC	1	Pound

This institution is an equal opportunity provider.

**Washington State WIC Nutrition Program does not discriminate.**

For persons with disabilities, this document is available on request in other formats.

To submit a request, please call 1-800-525-0127 (TDD/TTY call 711)

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