



Georgia **WIC** offering Yummy,
Healthy Food and More!

WIC Certification Pocket Reference

Effective May 12, 2014



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Food Package Name Federal WIC Regulations	Age / Condition	Food Package Code Series (Internal System FPC)
Food Package IA Infant	Fully Formula Fed (FFF) infants ages 0 through 3 months Some Breastfed (SBF) infants ages 0 through 3 months Mostly Breastfed (MBF) infants ages 0 through 1 month Mostly Breastfed (MBF) infants ages 1 through 3 months Exclusively Breastfed (EBF) infants ages 0 through 5 months	A00 – A99 P02 – P99 E02 – E60, E70 – E99 E02 – E60, E70 – E99 F00 – F99, J00 – J99, K00 – K99 E00
Food Package IB Infant	Fully Formula Fed (FFF) infants ages 4 through 5 months Some Breastfed (SBF) infants ages 4 through 5 months Mostly Breastfed (MBF) infants ages 4 through 5 months Exclusively Breastfed (EBF) infants ages 4 through 5 months	(B00 – B99) Q02 – Q99 (G00 – G99), J00 – J99, K00 – K99 E00
Food Package II Infant	Fully Formula Fed (FFF) infants ages 6 through 11 months Some Breastfed (SBF) infants ages 6 through 11 months Mostly Breastfed (MBF) infants ages 6 through 11 months Exclusively Breastfed (EBF) infants ages 6 through 11 months	(D00 – D99) I02 – I99 (H00 – H99, L00 – L99, M00 – M99, N00 – N99) E00

Food Package Name Federal WIC Regulations	Age / Condition	Food Package Code Series (Internal System FPC)
Food Package III Women, Infants, Children	Medically fragile women, infants, and children with qualifying medical conditions receiving special formulas/medical foods	R00 – R99, S00 – S99, (T00 – T99) X00 – X99, Z00 – Z99
Food Package IV Children	Children ages 1 to 5 years	C00 – C99
Food Package V Women	Pregnant women Mostly breastfeeding women	W01 – W19
Food Package VI Women	Non-breastfeeding women Women breastfeeding some	W20 – W39
Food Package VII Women	Exclusively breastfeeding women Women pregnant with multiple fetuses Women mostly breastfeeding multiples	W40 – W79 (V60 – V79)

Information / Resource Type	Website / other
GA WIC Formula	http://dph.georgia.gov/wic-formula-resources
USDA Formula Search	http://wicworks.nal.usda.gov/wic-formula
GA Formula Trading - Login	http://sendss.state.ga.us/sendss!/WICFormula.login
GA Formula Trading - Available	http://sendss.state.ga.us/sendss!/WICFormula.SCREEN

Form #1 Instructions

Medical Documentation Form for WIC Special Formulas and Approved WIC Foods

Form Explanation

1. The *Medical Documentation Form for WIC Special Formulas and Approved WIC Foods* is designated as "Form #1," as identified by the "1" in the box in the upper right corner on both the first and second page of the form.
2. Form #1 is used to prescribe any formula/medical food requiring medical documentation for issuance by the Georgia WIC Program. These formulas/medical foods are outlined below:
 - Any authorized exempt infant formula or medical food prescribed for an infant (e.g., Hominex-1, Similac Special Care 24, EnfaCare, Neocate Infant)
 - Any authorized non-contract rice-added infant formula prescribed for infants, children, or women (e.g., Enfamil A.R)
 - Any standard infant formula, exempt infant formula, or medical food prescribed for children or women (e.g., Gerber Good Start Gentle, EleCare for Infants, EleCare Junior, PediaSure, Ensure)
3. The *Medical Documentation Form for WIC Special Formulas and Approved WIC Foods* (Form #1) consists of five parts – WIC participant information at the top of the form followed by four (4) sections for documentation of diagnoses, the prescribed formula/medical foods, the allowed WIC supplemental foods, and the provider's information. All four (4) sections plus the participant information **must** be completed on the form in order for the form to be accepted by the WIC clinic. If information is missing or incomplete, the CPA should attempt to contact the prescribing medical office/clinic to obtain a verbal clarification and follow the instructions in Section VIII (Medical Documentation) of the Food Package Section for documenting verbal clarifications and obtaining necessary verification.
4. Formula products requiring medical documentation, medical foods, and supplemental foods cannot be issued to WIC clients with qualifying medical conditions unless complete, up-to-date written medical documentation or a verbal order is present and documented. It is unacceptable and against program policy to issue formula, medical foods, or supplemental foods for one month until the client can provide the required documentation. **Documentation must be present prior to issuance.**

5. Health care providers are not required to use the *Medical Documentation Form for WIC Special Formulas and Approved WIC Foods* (Form #1), but its use is strongly encouraged to reduce the likelihood of missing information when other forms are used. However, medical documentation can also be provided on a physician's prescription pad, private medical office letterhead, or District/County letterhead, as long as all of the required information is present.
6. The completed medical documentation may be faxed to the clinic, sent electronically, delivered in person, or mailed.
7. The *Medical Documentation Form for WIC Special Formulas and Approved WIC Foods* (Form #1) is available on the Georgia WIC Program website at: http://dph.georgia.gov/sites/dph.georgia.gov/files/WICForm%201_GA_MedicalDocForm_FillableForm_072512.pdf

Form Components

WIC Participant Information: The WIC participant's date of birth, and first and last name, must be listed at the top of the form.

Section #1: Qualifying Medical Conditions

This section is where the medical diagnosis(es) is documented that justifies the need for the special formula or medical food. Both the name of the medical condition and the applicable ICD-9/ICD-10 code should be listed. Resources for ICD-9/ICD-10 codes can be found at:

<http://www.who.int/classifications/icd/en/>

<http://www.cdc.gov/nchs/icd.htm>

Tracking Vouchers - Women, Infants or Children

099 - Emory Genetics	197 - Formula from Stock	199 - Formula Ordered from State
<p>Medical Documentation Required (No cash value - not for grocery stores) Contact: Emory Genetics: 404-778-8519 Georgia WIC: 800-228-9173</p> <p>(099) - Client Copy - Formula provided by Emory Genetics. (299) - Emory Genetics Copy (2 vouchers) Fax BOTH copies to: 404-778-8562 Formula Name: _____ Cost: ____ (399) - Chart Copy / file in Health Record</p>	<p>This voucher has no cash value Grocers should not accept this voucher</p> <p>Formula provided from stock on hand. Document formula quantity and type issued in client's medical record and Formula Tracking Log</p>	<p>This voucher has no cash value Grocers should not accept this voucher</p> <p>Formula ordered from the Nutrition Services Unit (Attachment FP-37 or on Internet at http://1.usa.gov/1c13BnZ)</p> <p>Document formula quantity and type issued in client's medical record and Formula Tracking Log</p>

EBF - Exclusively Breastfed Infant

CPA FPC	0 - 5 months of age	System FPC	6 - 11 months of age	System FPC
EBF - Exclusively Breastfed Infant				
E00	<p>Breastfeeding Message—Nurse your baby often. The more you breastfeed the more milk you will have for your baby.</p> <p>This does voucher has no cash value Grocers should not accept this voucher</p>	(E00)	<p>64 jars baby fruit/vegetable, 31 jars infant meats, 3-8 oz boxes infant cereal</p>	(E01)

Fully Formula Fed Infant - FFF: Table for Nestle Gerber Good Start Concentrate Formula				
TYPE	Container SIZE	MAXIMUM AMOUNTS (By Infant Age)		
		Age 0-3 Months	Age 4-5 Months	Age 6-11 Months
Concentrate Maximum listed in reconstituted fluid ounces	12.1 ounces	34 containers or 411.4 oz concentrate or 822.8 oz reconstituted or 27.4 oz per day	37 containers or 447.7 oz concentrate or 895.4 oz reconstituted or 29.8 oz per day	26 containers or 314.4 oz concentrate or 629.2 oz reconstituted or 21 oz per day
Maximum Allowed		822.8 fl oz	895.4 fl oz	629.2 fl oz

Fully Formula Fed Infant - FFF: Table for Concentrate Formula				
TYPE ¹	Container SIZE ²	MAXIMUM AMOUNTS ³ (By Infant Age)		
		Age 0-3 Months	Age 4-5 Months	Age 6-11 Months
Concentrate Maximum listed in reconstituted fluid ounces	13 ounces	31 cans or 403 oz concentrate or 806 oz reconstituted or 26.9 oz per day	34 cans or 264 oz concentrate or 884 oz reconstituted or 29.5 oz per day	24 cans or 312 oz concentrate or 624 oz reconstituted or 20.8 oz per day
Maximum Allowed		806 fl oz	884 fl oz	624 fl oz

¹ For each type listed, the most economical size is recommended.

² Sizes listed are not all-inclusive.

³ Maximum amounts are listed for each age group for each form.

Fully Formula Fed Infant - FFF: Table for Nestle Gerber Good Start Ready-To-Feed Formula				
TYPE	Container SIZE	MAXIMUM AMOUNTS (By Infant Age)		
		Age 0-3 Months	Age 4-5 Months	Age 6-11 Months
Ready-To-Feed	33.8 ounces	25 containers	27 containers	19 containers
Maximum Allowed		845 fl oz	912.6 fl oz	642.2 fl oz

Fully Formula Fed Infant - FFF: Table for Ready-To-Feed Formula				
TYPE ¹	Container SIZE ²	MAXIMUM AMOUNTS ³ (By Infant Age)		
		Age 0-3 Months	Age 4-5 Months	Age 6-11 Months
Ready-To-Feed	32 ounces	26 cans	28 cans	20 cans
	2 ounces	416 bottles	448 bottles	320 bottles
	3 ounces	277 bottles	298 bottles	213 bottles
	4 ounces	208 bottles	224 bottles	160 bottles
	8 ounces	104 cans	112 cans	80 cans
Maximum Allowed		832 fl oz	896 fl oz	640 fl oz

Due to recent changes in container sizes for Gerber Good Start concentrate and ready-to-feed formula, USDA has allowed an exception in order to provide the full nutrition benefit (FNB) for these new formula sizes. This exception authorizes exceeding the “maximum amount authorized” in order to provide the FNB.

Fully Formula Fed Infant - FFF: Table for Powder Formulas with Standard Mixing Instructions ⁴						
TYPE ¹	Container SIZE ²	MAXIMUM AMOUNTS ³ (By Infant Age in # of Cans of Powder)				
Powdered ⁴	Reconstituted fluid ounces per container	Age 0-2 months	Age 3 months	Age 4-5 months	Age 6 months	Age 7-11 months
	82-87	10	10	11	8	8
	90-96	9	9	10	7	7
	98-99	8	9	9	7	7
	101-103	8	8	9	7	6
	111-115	7	8	8	6	6
Maximum Allowed		870 fl oz	870 fl oz	960 fl oz	696 fl oz	696 fl oz

¹ For each type listed, the most economical size is recommended.

² Sizes listed are not all-inclusive.

³ Maximum amounts are listed for each age group for each form.

⁴ Formula yield per container based on standard mixing instructions (reconstituted). Refer to product label or manufacturer's website for reconstitution. If fluid ounce yield is not listed on label ask for assistance from Nutrition & WIC Section.

INFANT FOODS - Maximum Amt	SIZE	MAXIMUM AMOUNTS	
INFANTS—6 through 11 months	—	FFF and MBF	Exclusively Breastfed
Infant Cereal	8 ounces	24 oz	24 oz
Infant Fruit and Vegetable	4 ounces	128 oz (32 jars)	256 oz (64 jars)
Infant Meats	2.5 ounces	N/A	77.5 oz (31 jars)

Mostly Breastfed Infant - MBF: Table for Ready-To-Feed Formula

TYPE ¹	Container SIZE ²	MAXIMUM AMOUNTS ³ (By Infant Age in # of Cans of Ready to Feed)			
		Age 0-1 Month	Age 1-3 Months	Age 4-5 Months	Age 6-11 Months
Ready-To-Feed	32 ounces	3 cans	12 cans	14 cans	10 cans
	2 ounces	52 bottles	192 bottles	224 bottles	160 bottles
	3 ounces	34 bottles	128 bottles	149 bottles	106 bottles
	4 ounces	26 bottles	96 bottles	112 bottles	80 bottles
	8 ounces	13 cans	48 cans	56 cans	40 cans
Max. oz		104 fl oz	384 fl oz	448 fl oz	320 fl oz

Mostly Breastfed Infant - MBF: Table for Nestle Good Start Concentrate Formula

TYPE	Container SIZE	MAXIMUM AMOUNTS (By Infant Age)			
		Age 0-1 Month	Age 1-3 Months	Age 4-5 Months	Age 6-11 Months
Concentrate Maximum listed in reconstituted fluid ounces	12.1 ounces	4 containers or 48.4 oz concentrate or 96.8 oz reconstituted 3.2 oz per day	15 containers or 181.5 oz concentrate 363 oz reconstituted 12.1 oz per day	18 containers or 217.8 oz concentrate 435.6 oz reconstituted 14.5 oz per day	13 containers or 157.3 oz concentrate 314.6 oz reconstituted 10.5 oz per day
Max. oz		104 fl oz	363 fl oz	435.6 fl oz	314.6 fl oz

¹ For each type listed, the most economical size is recommended.

² Sizes listed are not inclusive.

³ Maximum amounts are listed for each type.

Mostly Breastfed Infant - MBF: Table for Concentrate Formula					
TYPE ¹	Container SIZE ²	MAXIMUM AMOUNTS ³ (By Infant Age)			
		Age 0-1 Month	Age 1-3 Months	Age 4-5 Months	Age 6-11 Months
Concentrate Maximum listed in reconstituted fluid ounces	13 ounces	4 cans or 52 oz concentrate or 104 oz reconstituted 3.5 oz per day	14 cans or 182 oz concentrate 364 oz reconstituted 12 oz per day	17 cans or 221 oz concentrate 442 oz reconstituted 14.5 oz per day	12 cans or 156 oz concentrate 312 oz reconstituted 10.4 oz per day
Max. oz		104 fl oz	364 fl oz	442 fl oz	312 fl oz

Mostly Breastfed Infant - MBF: Table for Ready-To-Feed Formula					
TYPE	Container SIZE	MAXIMUM AMOUNTS (By Infant Age in # of Cans of RTF)			
		Age 0-1 Month	Age 1-3 Months	Age 4-5 Months	Age 6-11 Months
Ready-To-Feed	33.8 ounces	3 containers	12 containers	14 containers	10 containers
Max. oz		104 fl oz	405.6 fl oz	473.2 fl oz	338 fl oz

Due to recent changes in container sizes for Gerber Good Start concentrate and ready-to-feed formula, USDA has allowed an exception in order to provide the full nutrition benefit for these new formula sizes. This exception authorizes exceeding the "maximum amount authorized" in order to provide the FNB.

Mostly Breastfed Infant - MBF: Table for Powder Formulas with Standard Mixing Instructions

Mostly Breastfed Infant - MBF: Table for Powder Formulas with Standard Mixing Instructions						
TYPE ¹	Container SIZE ²	MAXIMUM AMOUNTS ³ (By Infant Age in # of Cans of Powder)				
Powdered ⁴	Reconstituted fluid ounces per container	Age 0-1 Month	Age 1-2 Months	Age 3 Months	Age 4-5 Months	Age 6-11 Months
	82-87	1	5	5	6	4
	90-96	1	4	4	5	4
	98-99	1	4	4	5	3
	101-103	1	4	4	5	3
	111-115	1	3	4	4	3
Max oz		104 fl oz	435 fl oz	435 fl oz	522 fl oz	384 fl oz

¹ For each type listed, the most economical size is recommended.

² Sizes listed are not inclusive.

³ Maximum amounts are listed for each type

⁴ Formula yield per container based on standard mixing instructions (reconstituted). Refer to product label or manufacturer's website for reconstitution. If fluid ounce yield is not listed on label ask for assistance from Nutrition & WIC Section.

INFANT FOODS - Maximum Amt	SIZE	MAXIMUM AMOUNTS	
INFANTS - 6 through 11 months	—	FFF and MBF	Exclusively Breastfed
Infant Cereal	8 ounces	24 oz	24 oz
Infant Fruit and Vegetable	4 ounces	128 oz (32 jars)	256 oz (64 jars)
Infant Meats	2.5 ounces	N/A	77.5 oz (31 jars)

CONTRACT Formulas		Fully Formula Fed Infant - FFF		Some Breastfeeding - SBF		Mostly Breastfed Infant - MBF	
CPA FPC	0 - 3 months of age	System FPC	4-5 months of age	System FPC	6 - 11 months of age		
Gerber Good Start Gentle (GS) - Powder							
A17	9 - 12.7 oz cans powder Good Start Gentle	(B17)	10 - 12.7 oz cans GS	(D17)	7 - 12.7 oz cans GS, 32 jars baby fruit/vegetable, 3-8 oz boxes infant cereal		
Gerber Good Start Gentle (GS) - Powder Some Breastfed							
P17	6 - 12.7 oz cans powder Gerber Good Start Gentle	(Q17)	7 - 12.7 oz cans powder Gerber Good Start Gentle	(I17)	6 - 12.7 oz cans powder Gerber Good Start Gentle, 32 jars baby fruit/vegetable, 3-8 oz boxes infant cereal		
1 Gerber Good Start Gentle (GS) - Powder Mostly Breastfed							
E17	0 - 5 months of age	1 - 12.7 oz cans powder Good Start Gentle		(L17)	1 - 12.7 oz cans GS, 32 jars baby fruit/vegetable, 3-8 oz boxes infant cereal		
2 Gerber Good Start Gentle (GS) - Powder Mostly Breastfed (1st month E00 or E17)							
K17	1 - 5 months of age	2 - 12.7 oz cans powder Good Start Gentle		(M17)	2 - 12.7 oz cans GS, 32 jars baby fruit/vegetable, 3-8 oz boxes infant cereal		
3 Gerber Good Start Gentle (GS) - Powder Mostly Breastfed (1st month E17)							
J17	1 - 5 months of age	3 - 12.7 oz cans powder Good Start Gentle		(N17)	3 - 12.7 oz cans GS, 32 jars baby fruit/vegetable, 3-8 oz boxes infant cereal		
4-5-4 (Max BF) Gerber Good Start Gentle (GS) - Powder Mostly Breastfed (1st month E17)							
F17	1 - 3 months of age	4 - 12.7 oz cans powder Good Start Gentle	(G17)	5 - 12.7 oz cans GS	(H17)	4 - 12.7 oz cans GS, 32 jars baby fruit/vegetable, 3-8 oz boxes infant cereal	

CONTRACT Formulas		Fully Formula Fed Infant - FFF		Some Breastfeeding - SBF		Mostly Breastfed Infant - MBF	
CPA FPC	0 - 3 months of age	System FPC	4-5 months of age	System FPC	6 - 11 months of age		
Gerber Good Start Gentle (GS) - Concentrate (cartons)							
A18	34 - 12.1 oz concentrate Good Start Gentle	(B18)	37 - 12.1 oz GS	(D18)	26 - 12.1 oz GS, 32 jars baby fruit/vegetable, 3-8 oz boxes infant cereal		
Gerber Good Start Gentle (GS) – Concentrate Some Breastfed							
P18	24- 12.1 oz cans concentrate Gerber Good Start Gentle	(Q18)	27 - 12.1 oz cans concentrate Gerber Good Start Gentle	(I18)	20 - 12.1 oz cans concentrate Gerber Good Start Gentle, 32 jars baby fruit/vegetable, 3-8 oz boxes infant cereal		
Gerber Good Start Gentle (GS) - Concentrate (cartons) Mostly Breastfed (1st month E17)							
F18	1 - 3 months of age	15 - 12.1 oz concentrate Good Start Gentle	(G18)	18 - 12.1 oz GS	(H18)	13 - 12.1 oz GS, 32 jars baby fruit/vegetable, 3-8 oz boxes infant cereal	
Gerber Good Start Gentle (GS) - RTF (4 packs = 4-8.45 oz per pack = 33.8 oz)							
A19	25 - 33.8 oz (4-packs) RTF Good Start Gentle		(B19)	27 - 33.8 oz RTF GS	(D19)	19 - 33.8 oz RTF GS, 32 jars baby fruit/vegetable, 3-8 oz boxes infant cereal	
Gerber Good Start Gentle (GS) – RTF (4-packs) Some Breastfed							
P19	17- 33.8 oz cans (4-packs) RTF Gerber Good Start Gentle		(Q19)	19- 33.8 oz cans (4-packs) RTF Gerber Good Start Gentle	(I19)	13 - 33.8 oz cans (4-packs) RTF Gerber Good Start Gentle, 32 jars baby fruit/ vegetable, 3-8 oz boxes infant cereal	
Gerber Good Start Gentle (GS) - RTF (4-packs) Mostly Breastfed Infant (1st month E17)							
F19	1 - 3 months of age	12 - 33.8 oz (4-packs) RTF Good Start Gentle	(G19)	14 - 33.8 oz RTF GS	(H19)	10 - 33.8 oz RTF GS, 32 jars baby fruit/vegetable, 3-8 oz boxes infant cereal	

CONTRACT Formulas		Fully Formula Fed Infant - FFF		Some Breastfeeding - SBF		Mostly Breastfed Infant - MBF	
CPA FPC	0 - 3 months of age	System FPC	4-5 months of age	System FPC	6 - 11 months of age		
Gerber Good Start SOY (S) - Powder							
A27	9 - 12.9 oz cans powder Good Start SOY	(B27)	10 - 12.9 oz cans (S)	(D27)	7 - 12.9 oz cans (S), 32 jars baby fruit/vegetable, 3-8 oz boxes infant cereal		
Gerber Good Start Soy (S) - Powder Some Breastfed							
P27	6 - 12.9 oz cans powder Gerber Good Start Soy	(Q27)	7 - 12.9 oz cans powder Gerber Good Start Soy	(I27)	6 - 12.9 oz cans powder Gerber Good Start Soy, 32 jars baby fruit/ vegetable, 3-8 oz boxes infant cereal		
1 Gerber Good Start SOY (S) - Powder Mostly Breastfed							
E27	0 - 5 months of age	1 - 12.9 oz cans powder Good Start SOY		(L27)	1 - 12.9 oz cans (S), 32 jars baby fruit/vegetable, 3-8 oz boxes infant cereal		
2 Gerber Good Start SOY (S) - Powder Mostly Breastfed (1st month E27)							
K27	1 - 5 months of age	2 - 12.9 oz cans powder Good Start SOY		(M27)	2 - 12.9 oz cans (S), 32 jars baby fruit/vegetable, 3-8 oz boxes infant cereal		
3 Gerber Good Start SOY (S) - Powder Mostly Breastfed (1st month E27)							
J27	1 - 5 months of age	3 - 12.9 oz cans powder Good Start SOY		(N27)	3 - 12.9 oz cans (S), 32 jars baby fruit/vegetable, 3-8 oz boxes infant cereal		
4-5-4 (Max BF) Gerber Good Start SOY (S) - Powder Mostly Breastfed (1st month E27)							
F27	1 - 3 months of age	4 - 12.9 oz cans powder Good Start SOY	(G27)	5 - 12.9 oz cans (S)	(H27)	4 - 12.9 oz cans (S), 32 jars baby fruit/vegetable, 3-8 oz boxes infant cereal	

CONTRACT Formulas		Fully Formula Fed Infant - FFF		Some Breastfeeding - SBF		Mostly Breastfed Infant - MBF			
CPA FPC	0 - 3 months of age		System FPC	4-5 months of age		System FPC	6 - 11 months of age		
Gerber Good Start SOY (S) - Concentrate (cartons)									
A28	34 - 12.1 oz Good Start SOY		(B28)	37 - 12.1 oz (S)		(D28)	26 - 12.1 oz (S), 32 jars baby fruit/vegetable, 3-8 oz boxes infant cereal		
Gerber Good Start Soy (S) – Concentrate Some Breastfed									
P28	24 - 12.1 oz cans concentrate Gerber Good Start Soy		(Q28)	27 - 12.1 oz cans concentrate Gerber Good Start Soy		(I28)	20 - 12.1 oz cans concentrate Gerber Good Start Soy, 32 jars baby fruit/vegetable, 3-8 oz boxes infant cereal		
Gerber Good Start SOY (S) - Concentrate Mostly Breastfed (1st month E27)									
F28	1 - 3 months of age		15 - 12.1 oz concentrate Good Start SOY	(G28)	18 - 12.1 oz cans (S)		(H28)	13 - 12.1 oz cans (S), 32 jars baby fruit/vegetable, 3-8 oz boxes infant cereal	
Gerber Good Start SOY (S) - RTF (4-packs = 4 - 8.45 oz cans = 33.8 oz) - Fully Formula Fed Infant									
A29	25 - 33.8 oz (4-packs) RTF Good Start SOY		(B29)	27 - 33.8 oz RTF (S)		(D29)	19 - 33.8 oz RTF (S), 32 jars baby fruit/vegetable, 3-8 oz boxes infant cereal		
Gerber Good Start Soy(S) - RTF (4-packs) Some Breastfed									
P29	17- 33.8 oz cans (4-packs) RTF Gerber Good Start Soy		(Q29)	19- 33.8 oz cans (4-packs) RTF Gerber Good Start Soy		(I29)	13 - 33.8 oz cans (4-packs) RTF Gerber Good Start Soy, 32 jars baby fruit/vegetable, 3-8 oz boxes infant cereal		
Gerber Good Start Soy (S) - RTF (4-packs) Mostly Breastfed Infant (1st month E27)									
F29	1 - 3 months of age		12 - 33.8 oz (4-pack) RTF Good Start SOY	(G29)	14 - 33.8 oz RTF (S)		(H29)	10 - 33.8 oz RTF (S), 32 jars baby fruit/vegetable, 3-8 oz boxes infant cereal	

CONTRACT Formulas		Fully Formula Fed Infant - FFF		Some Breastfeeding - SBF		Mostly Breastfed Infant - MBF	
CPA FPC	0 - 3 months of age	System FPC	4-5 months of age	System FPC	6 - 11 months of age		
Gerber Good Start Soothe (SO) - Fully Formula Fed Infant							
A37	9 - 12.4 oz cans powder Gerber Good Start Soothe	(B37)	10 - 12.4 oz cans powder Gerber Good Start Soothe	(D37)	7 - 12.4 oz cans powder Gerber Good Start Soothe, 32 jars baby fruit/ vegetable, 3-8 oz boxes infant cereal		
Gerber Good Start Soothe (SO) - Some Breastfeeding							
P37	6 - 12.4 oz cans powder Gerber Good Start Soothe	(Q37)	7 - 12.4 oz cans powder Gerber Good Start Soothe	(I37)	6 - 12.4 oz cans powder Gerber Good Start Soothe, 32 jars baby fruit/ vegetable, 3-8 oz boxes infant cereal		
Gerber Good Start Soothe (SO) - Mostly Breastfed							
E37	0 - 5 months of age	1-12.4 oz can powder Good Start Soothe		(L37)	1-12.4 oz can powder (SO), 32 jars baby fruit/ vegetable, 3-8 oz boxes infant cereal		
Gerber Good Start Soothe (SO) - <u>Powder</u> Mostly Breastfed (1st month E37)							
K37	0 - 5 months of age	2-12.4 oz cans powder Good Start Soothe		(M37)	2-12.4 oz cans powder (SO), 32 jars baby fruit/ vegetable, 3-8 oz boxes infant cereal		
Gerber Good Start Soothe (SO) - <u>Powder</u> Mostly Breastfed (1st month E37)							
J37	0 - 5 months of age	3-12.4 oz cans powder Good Start Soothe		(N37)	3-12.4 oz cans powder (SO), 32 jars baby fruit/ vegetable, 3-8 oz boxes infant cereal		
Gerber Good Start Soothe (SO) - Mostly Breastfed (1st month E37)							
F37	1 - 3 months of age	4-12.4 oz cans powder Good Start Soothe	(G37)	5-12.4 oz cans powder Good Start Soothe	H37	4-12.4 oz cans powder Good Start Soothe	

CONTRACT Formulas	Fully Formula Fed Infant - FFF	Mostly Breastfed Infant - MBF	> 9 Months of Age
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CPA FPC	Formula & Food Description ≥ 9 months of Age		
Gerber Graduates Gentle - <u>Powder</u> - Fully Formula Fed			
D67	4 - 22 oz cans powder Gerber Graduates Gentle, 32 jars baby fruit/vegetable, 3-8 oz box infant cereal		
Gerber Graduates Gentle - <u>Powder</u> - Mostly Breastfed			
F67	2 - 22 oz cans powder Gerber Graduates Gentle, 32 jars baby fruit/vegetable, 3-8 oz box infant cereal		

Gerber Graduates Soy - <u>Powder</u> - Fully Formula Fed			
D77	4 - 24 oz cans powder Gerber Graduates Soy, 32 jars baby fruit/vegetable, 3-8 oz box infant cereal		
Gerber Graduates Soy - <u>Powder</u> - Mostly Breastfed			
F77	2 - 24 oz cans powder Gerber Graduates Soy, 32 jars baby fruit/vegetable, 3-8 oz box infant cereal		

FFF – Fully Formula Fed & SBF –Some Breastfed Infant – NON-Contract Special Formula					
CPA FPC	0 - 3 months of age	System FPC	4-5 months of age	System FPC	6 - 11 months of age
Alimentum¹ or Similac Expert Care Alimentum - Powder					
R01	7 - 16 oz cans powder Alimentum (0-2 months)	(S01)	8 - 16 oz cans powder (3-5 months)	(T01)	6 -16 oz cans powder, 32 jars baby fruit/vegetable, 3-8 oz boxes infant cereal
Alimentum or Similac Expert Care Alimentum - RTF					
R03	26 - 32 oz containers RTF Alimentum	(S03)	28 - 32 oz RTF	(T03)	20 - 32 oz RTF, 32 jars baby fruit/vegetable, 3-8 oz boxes infant cereal
EleCare for Infants - Powder					
R41	9 - 14.1 oz cans powder EleCare "for Infants"	(S41)	10 - 14.1 oz cans powder	(T41)	7 - 14.1 oz cans powder, 32 jars baby fruit/vegetable, 3-8 oz bxs infant cereal
EnfaCare (Enfamil) - Powder					
R24	10 - 12.8 oz cans powder Enfamil EnfaCare	(S24)	11 - 12.8 oz cans powder	(T24)	8 - 12.8 oz cans powder, 32 jars baby fruit/vegetable, 3-8 oz bxs infant cereal
EnfaCare (Enfamil) - RTF - 32 oz					
R26	26 - 32 oz containers RTF Enfamil EnfaCare	(S26)	28 - 32 oz RTF	(T26)	20 - 32 oz RTF, 32 jars baby fruit/vegetable, 3-8 oz boxes infant cereal
EnfaCare (Enfamil) - RTF - 2 oz					
R20	414 - 2 oz cans RTF Enfamil EnfaCare	(S20)	444 - 2 oz cans RTF	(T20)	318 - 2 oz cans RTF, 32 jars baby fruit / vegetable, 3-8 oz boxes infant cereal

¹ Sequencing Exceptions - See Food Package (FP) Attachment FP-34

Infant - NC	Fully Formula Fed Infant - FFF	Some Breastfeeding - SBF	Mostly Breastfed Infant - MBF
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FFF – Fully Formula Fed & SBF -Some Breastfed and MBF – Mostly Breastfed Infant – NON-Contract Formula

CPA FPC	0 - 3 months of age	System FPC	4-5 months of age	System FPC	6 - 11 months of age
Enfamil AR - <u>Powder</u>					
A44	9 - 12.9 oz cans powder Enfamil AR (EAR)	(B44)	10 - 12.9 oz cans EAR	(D44)	7 - 12.9 oz cans EAR, 32 jars baby fruit/vegetable, 3-8 oz boxes infant cereal
Enfamil AR - <u>RTF</u>					
A46	26 - 32 oz containers RTF Enfamil AR (EAR)	(B46)	28 - 32 oz RTF EAR	(D46)	20 - 32 oz RTF EAR, 32 jars baby fruit/vegetable, 3-8 oz boxes infant cereal
Enfamil AR - <u>Powder</u> Some Breastfeeding					
P44	6 - 12.9 oz cans powder Enfamil AR	(Q44)	7 - 12.9 oz cans powder Enfamil AR	(I44)	6 - 12.9 oz cans powder Enfamil AR, 32 jars baby fruit/vegetable, 3-8 oz boxes infant cereal
Enfamil AR - <u>RTF</u> Some Breastfeeding					
P46	20 - 32 oz cans RTF Enfamil AR	(Q46)	22 - 32 oz cans RTF Enfamil AR	(I46)	14 - 32 oz cans RTF Enfamil AR, 32 jars baby fruit/vegetable, 3-8 oz boxes infant cereal

1 Enfamil AR - <u>Powder</u> Mostly Breastfed					
E44	0 - 5 months of age	1 - 12.9 oz cans powder Enfamil AR (EAR)		(L44)	1 - 12.9 oz cans EAR, 32 jars baby fruit/vegetable, 3-8 oz boxes infant cereal
2 Enfamil AR - <u>Powder</u> Mostly Breastfed (1st month E00 or E44)					
K44	1 - 5 months of age	2 - 12.9 oz cans powder Enfamil AR (EAR)		(M44)	2 - 12.9 oz cans EAR, 32 jars baby fruit/vegetable, 3-8 oz boxes infant cereal

MBF – Mostly Breastfed Infant – NON-Contract Formula

3 Enfamil AR - Powder Mostly Breastfed (1st month E00 or E44)

J44	1 - 5 months of age	3 - 12.9 oz cans powder Enfamil AR (EAR)	(N44)	3 - 12.9 oz cans EAR, 32 jars baby fruit/vegetable, 3-8 oz boxes infant cereal
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4-5-4 (Max BF) Enfamil AR - Powder Mostly Breastfed (1st month E00 or E44)

F44	1 - 3 months of age	4 - 12.9 oz cans powder Enfamil AR (EAR)	(G44)	5 - 12.9 oz cans EAR	(H44)	4 - 12.9 oz cans EAR, 32 jars baby fruit/vegetable, 3-8 oz boxes infant cereal
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12-14-10 (Max BF) Enfamil AR - RTF Mostly Breastfed (1st month E00 or E44)

F46	1 - 3 months of age	12 - 32 oz RTF Enfamil AR (EAR)	(G46)	14 - 32 oz RTF EAR	(H46)	10 - 32 oz RTF EAR, 32 jars baby fruit/vegetable, 3-8 oz boxes infant cereal
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FFF – Fully Formula Fed & SBF –Some Breastfed Infant – NON-Contract Special Formula					
CPA FPC	0 - 3 months of age	System FPC	4-5 months of age	System FPC	6 - 11 months of age
Enfamil Premature 20 - <u>RTF</u> - 2 oz					
R30	414 - 2 oz cans RTF Enfamil Premature 20	(S30)	444 - 2 oz cans RTF	(T30)	318 - 2 oz cans RTF, 32 jars baby fruit / vegetable, 3-8 oz boxes infant cereal
Enfamil Premature 24 - <u>RTF</u> - 2 oz					
R40	414 - 2 oz cans RTF Enfamil Premature 24	(S40)	444 - 2 oz cans RTF	(T40)	318 - 2 oz cans RTF, 32 jars baby fruit / vegetable, 3-8 oz boxes infant cereal
Enfaport - <u>RTF</u> - 8 oz					
R12	102 - 8 oz cans RTF Enfaport	(S12)	112 - 8 oz cans RTF	(T12)	78 - 8 oz cans RTF, 32 jars baby fruit / vegetable, 3-8 oz boxes infant cereal
Gerber Good Start Premature 24 - <u>RTF</u> - 3 oz					
R02	272 - 3 oz containers RTF Gerber Good Start Premature 24 (GSP24)	(S02)	296 - 3 oz RTF GSP24	(T02)	208 - 3 oz RTF, 32 jars baby fruit / vegetable, 3-8 oz boxes infant cereal
Gerber Good Start Nourish - <u>Powder</u>					
R07	10-12.6 oz powder Gerber Good Start Nourish (GSN)	(S07)	11-12.6 oz powder Gerber Good Start Nourish	(T07)	8-12.6 oz powder GSN, 32 jars baby fruit/ vegetable, 3-8 oz boxes infant cereal

FFF – Fully Formula Fed & SBF -Some Breastfed Infant – NON-Contract Special Formula

CPA FPC	0 - 3 months of age	System FPC	4-5 months of age	System FPC	6 - 11 months of age
Neocate Infant DHA & ARA - Powder					
R61	8-400 gram (14.1 oz) cans powder Neocate Infant DHA & ARA (0-2 months)	(S61)	9-400 gram (14.1 oz) cans powder Neocate Infant DHA & ARA (3-5 months)	(T61)	7-400 gram (14.1 oz) cans powder Neocate Infant DHA & ARA
NeoSure (12.8 oz) or Similac Expert Care NeoSure (13.1 oz) - Powder					
R71	10 - 13.1 oz cans powder NeoSure	(S71)	11 - 13.1 oz	(T71)	8 - 13.1 oz, 32 jars baby fruit / vegetable, 3-8 oz boxes infant cereal
NeoSure or Similac Expert Care NeoSure - RTF - 32 oz					
R73	26 - 32 oz containers RTF NeoSure	(S73)	28 - 32 oz RTF	(T73)	20 - 32 oz RTF, 32 jars baby fruit/ vegetable, 3-8 oz boxes infant cereal
NeoSure or Similac Expert Care NeoSure - RTF - 2 oz					
R70	416 - 2 oz cans RTF NeoSure	(S70)	448 - 2 oz cans RTF	(T70)	320 - 2 oz cans RTF, 32 jars baby fruit / vegetable, 3-8 oz boxes infant cereal
Nutramigen with Enflora LGG - Powder					
R81	10 - 12.6 oz cans powder Nutramigen with Enflora LGG (N-LGG)	(S81)	11 - 12.6 oz cans N-LLG	(T81)	8 - 12.6 oz cans N-LLG, 32 jars baby fruit / vegetable, 3-8 oz boxes infant cereal

FFF – Fully Formula Fed & SBF –Some Breastfed Infant – NON-Contract Special Formula					
CPA FPC	0 - 3 months of age	System FPC	4-5 months of age	System FPC	6 - 11 months of age
Nutramigen (N) - Concentrate					
R82	31 - 13 oz cans concentrate Nutramigen (N)	(S82)	34 - 13 oz cans N	(T82)	24 - 13 oz cans N, 32 jars baby fruit/vegetable, 3-8 oz boxes infant cereal
Nutramigen (N) - RTF					
R83	26 - 32 oz containers RTF Nutramigen	(S83)	28 - 32 oz RTF N	(T83)	20 - 32 oz RTF N, 32 jars baby fruit/vegetable, 3-8 oz boxes infant cereal
Pregestimil¹ (N) - Powder					
R04	7 - 16 oz cans powder Pregestimil (0 - 2 months)	(S04)	8 - 16 oz cans Pregestimil (3 - 5 months)	(T04)	6 - 16 oz cans Pregestimil, 32 jars baby fruit / vegetable, 3-8 oz boxes infant cereal
Pregestimil 20 cal - RTF					
R05	414 - 2 oz containers RTF Pregestimil 20 cal	(S05)	444 - 2 oz RTF Pregestimil	(T05)	318 - 2 oz RTF Pregestimil, 32 jars baby fruit / vegetable, 3-8 oz boxes infant cereal
Pregestimil 24 cal - RTF					
R06	414 - 2 oz containers RTF Pregestimil 24 cal	(S06)	444 - 2 oz RTF Pregestimil	(T06)	318 - 2 oz RTF Pregestimil, 32 jars baby fruit / vegetable, 3-8 oz boxes infant cereal
PurAmino(PA) - Powder					
R91	8 - 400 grams (14.1 oz) cans PurAmino (PA) (0 - 2 months)	(S91)	9 - 400 grams cans PA (3-5 months)	(T91)	7 - 400 grams cans PA, 32 jars baby fruit / vegetable, 3-8 oz boxes infant cereal

FFF – Fully Formula Fed & SBF -Some Breastfed Infant – NON-Contract Special Formula

CPA FPC	0 - 3 months of age	System FPC	4-5 months of age	System FPC	6 - 11 months of age
Similac PM 60/40¹ - Powder (client receives 7 cans for 6th month, 6 cans for 7-11 months)					
R14	8 - 14.1 oz cans Similac PM (SPM) 60/40	(S14)	9 - 14.1 oz cans Similac PM (SPM) 60/40	(V14) ² (T14)	(7) 6 - 14.1 oz cans SPM, 32 jars baby fruit / vegetable, 3-8 oz boxes infant cereal
1 Sequencing Exceptions - See Food Package (FP) Attachment FP-30 ² V14 - 6 th month= 7 cans / T14 - 7 - 11 months = 6 cans					

FFF - Fully Formula Fed Infant - NON Contract Special Formulas

CPA FPC	0 - 3 months of age	System FPC	4-5 months of age	System FPC	6 - 11 months of age
Similac Special Care 20 - RTF - 2 oz					
R10	416 - 2 oz cans RTF Similac Special Care 20	(S10)	448 - 2 oz cans RTF	(T10)	320 - 2 oz cans RTF, 32 jars baby fruit / vegetable, 3-8 oz boxes infant cereal
Similac Special Care 24 - RTF - 2 oz					
R50	416 - 2 oz cans RTF Similac Special Care 24	(S50)	448 - 2 oz cans RTF	(T50)	320 - 2 oz cans RTF, 32 jars baby fruit / vegetable, 3-8 oz boxes infant cereal
Similac Special Care 30 - RTF - 2 oz					
R60	416 - 2 oz cans RTF Similac Special Care 30	(S60)	448 - 2 oz cans RTF	(T60)	320 - 2 oz cans RTF, 32 jars baby fruit / vegetable, 3-8 oz boxes infant cereal

Formula Companies:		
Abbott Nutrition /		
Ross Products Division	http://abbottnutrition.com/Products/Nutritional-Products.aspx Consumer Information 800-227-5767	800-551-5838
Aptalis, Inc. (formerly Scandipharm)	http://www.aptalispharma.com	800-472-2634
Carnation Nutritional Products	Nestlé & Gerber links	800-628-2229
Gerber/Good Start	http://www.gerber.com/	800-284-9488
Hormel Health Labs	http://www.hormelhealthlabs.com	800-866-7757
Mead Johnson Nutritional Group	http://www.meadjohnson.com/	Adult Products- 800-247-7893 Pediatric- 800-222-9123
Med-Diet Laboratories	http://www.med-diet.com/	800-633-3438
Nestlé HealthCare Nutrition, Inc	http://www.nestle-nutrition.com/Products/Default.aspx	800-422-2752 Infolink
Nutra/Balance Products	http://www.nutra-balance-products.com/	800-654-3134
Nutricia North America	http://www.shsna.com/	800-365-7354
Solace Nutrition	http://www.solacenuitrition.com/	888-876-5223
PBM Products info@brightbeginnings.com	http://www.brightbeginnings.com/ http://www.pbmproducts.com/	800-485-9969 800-410-9629—Find Product
Vitafo USA	http://www.vitaflousa.com/	800-848-2356
Georgia WIC Formula resource	http://wicworks.nal.usda.gov/wic-formula	

CHILDREN & WOMEN WITH QUALIFYING MEDICAL CONDITIONS FOOD PACKAGE III:
 MAXIMUM MONTHLY AMOUNTS AUTHORIZED See Also Children and Women Maximum Amounts Attachment FP-26 & FP-27

Formula Type:	Child Max
<u>Concentrate-</u>	455 fluid ounces
<u>RTF-</u>	910 fluid ounces
<u>Powder-</u>	910 fluid ounces reconstituted or 144 oz (if no standard dilution)

TYPE	CAN SIZE	Children & Women Maximum Amounts
<u>Concentrate</u>	13 ounces or 12.1 oz	35-13 oz cans or 37-12.1 oz boxes or 455 ounces maximum concentrate or 910 fluid ounces Reconstituted
<u>Ready-To-Feed</u>	32 ounces	28 cans or 910 fluid ounces

Table for Powder Formulas <u>With</u> Standard Mixing Instructions		
Powdered	Reconstituted fluid ounces per container	Maximum Number of Cans Allowed
	66-70	13
	71-75	12
	76-82	11
	83-91	10
	92-101	9
	102-113	8
	114-130	7
Maximum Allowed		910 fl oz

Table for Powder Exempt Infant Formulas and Medical Foods <u>Without</u> Standard Reconstitution Instructions for Children and Women		
<u>Powdered</u> ⁵	144 ounces Maximum by can weight	Maximum Number of Cans Allowed Per Month
	12 ounces	12 cans
	12.8 ounces	11 cans
	12.9 ounces	11 cans
	14.1 ounces	10 cans
	14.3 ounces	10 cans
	16 ounces	9 cans
	24 ounces	6 cans
	25.7 ounces	5 cans

⁵Use this table only for powdered products , such as metabolic formulas

CHILDREN'S FOOD PACKAGES / MAXIMUM MONTHLY AMOUNTS AUTHORIZED FOR CHILDREN

Food Package IV	
FOOD	MAXIMUM AMOUNT PER MONTH
Milk ¹	16 quart equivalents ²
Cheese	4 pounds
Tofu	8 pounds ⁸
Eggs	1 dozen
Juice	2-64 ounce containers
Cereal	36 ounces ⁹
Beans/Peas OR Peanut Butter	1 pound bag dried or 4 cans (14-16 ounces) OR 1 container (16-18 oz)
Fruits and Vegetables	\$6.00
Whole Grain Bread or alternative	32 ounces

ITEM	FLUID MILK EQUIVALENTS
Cheese, 1 pound	3 quarts ³
Evaporated milk, skim, 12 ounces	4 cans equal 3 quarts ^{4,5}
Nonfat or low-fat dry milk	1-3 quart box equal to 3 quarts ^{6,7}
Tofu, 1 pound	1 quart ⁸

¹ May substitute up to 16 quarts of lactose reduced milk for up to 4 gallons of milk.

² Substitution amounts for fluid milk include:

³ Subtract from monthly milk allotment. A maximum of one (1) pound of cheese per month is allowed without medical documentation and a maximum of four (4) pounds with medical documentation of a qualifying condition.

⁴ If no cheese is issued, a maximum of 12 quarts of milk may be substituted with evaporated milk (16 cans). This leaves one gallon of fluid milk in the food package.

⁵ If 1 pound of cheese is issued, a maximum of 9 quarts of milk may be issued with evaporated milk (12 cans). This leaves 1 gallon of fluid milk in the food package.

⁶ If no cheese is issued, a maximum of 12 quarts of milk may be substituted with dry powder milk. This leaves one gallon of fluid milk in the food package.

⁷ If one pound of cheese is issued a maximum of 9 quarts of milk may be substituted with dry powder milk. This leaves one gallon of fluid milk in the food package.

⁸ Subtract from monthly milk allotment. Medical documentation required for a child to receive any tofu.

⁹ Maximum of 32 oz infant cereal can be substituted for children in Food Package III.

Special Formulas for Women, Children, Infants with Qualifying Medical Conditions - FP III

A. Qualifications for Food Package III Issuance

1. Food Package III requires two components:
 - (a) Diagnosis of a qualifying medical condition and
 - (b) The prescription of:
 - (1) an exempt infant formula or medical food for an infant, or
 - (2) a medical food, infant formula, or an exempt infant formula for a child or woman

B. Food Packages

1. Infant food packages in Food Package III only consist of exempt infant formula or medical food(s) plus infant cereal and infant fruits and vegetables as allowed for age, if appropriate for the medical condition. Infant meats are not authorized for issuance in Food Package III since Exclusively Breastfed (EBF) infants by definition do not receive any formula from WIC and therefore could not be receiving exempt infant formula or medical food(s) as required for Food Package III.
2. Child and woman food packages in Food Package III may consist of infant formula, exempt infant formula, and/or medical food(s) and any of the foods in the standard children or women packages (cereal, juice, milk, cheese, whole grain bread or alternatives, beans, peanut butter, eggs, and fruits and vegetables).

FPC	Category	Formula Name / Type / Quantity
Alimentum		
X01	Child	Alimentum ¹ / Powder / 7 - 16 oz cans
X03	Child	Alimentum ¹ / RTF / 28 - 32 oz cans
S01	Infant*	Alimentum ¹ / Powder / 8 - 16 oz cans
S03	Infant*	Alimentum ¹ / RTF / 28 - 32 oz cans
Boost		
X39	Woman	Boost / RTF / 30 - 8 oz containers
X40	Woman	Boost / RTF / 60 - 8 oz containers
X02	Woman	Boost / RTF / 90 - 8 oz containers
X42	Woman	Boost / RTF / 112 - 8 oz containers
Boost Kid Essentials (Boost KE) (Retail)		
X07	Child	Boost KE / RTF / 30 - 8.25 oz containers
X08	Child	Boost KE / RTF / 60 - 8.25 oz containers
X09	Child	Boost KE / RTF / 90 - 8.25 oz containers
X16	Child	Boost KE / RTF / 110 - 8.25 oz containers

Infant* - For 6 through 11 months of age when no solids are given

Special Formulas for Women, Children, Infants with Qualifying Medical Conditions - FP III					
FPC	Category	Formula Name / Type / Quantity	FPC	Category	Formula Name / Type / Quantity
	Boost Kid Essentials 1.5 (Boost KE 1.5)			Compleat Pediatric	
X90	Child	Boost KE 1.5 / RTF / 30 - 8 oz containers	Z31	Child	Compleat Ped. / RTF / 30 - 250 ml
X93	Child	Boost KE 1.5 / RTF / 60 - 8 oz containers	Z32	Child	Compleat Ped. / RTF / 60 - 250 ml
X94	Child	Boost KE 1.5 / RTF / 90 - 8 oz containers	Z33	Child	Compleat Ped. / RTF / 90 - 250 ml
X95	Child	Boost KE 1.5 / RTF / 113 - 8 oz containers	Z35	Child	Compleat Ped. / RTF / 107 - 250 ml
	Boost Kid Essentials 1.5 with Fiber (BKE 1.5 F)				
X96	Child	BKE 1.5 F / RTF / 30 - 8 oz containers			
X97	Child	BKE 1.5 F / RTF / 60 - 8 oz containers			
X98	Child	BKE 1.5 F / RTF / 90 - 8 oz containers			
X99	Child	BKE 1.5 F / RTF / 113 - 8 oz containers			

Infant* - For 6 through 11 months of age when no solids are given

Special Formulas for Women, Children, Infants with Qualifying Medical Conditions - FP III

FPC	Category	Formula Name / Type / Quantity	FPC	Category	Formula Name / Type / Quantity
		Elecare / Elecare Jr			Enfaport RTF
X89	Child ²	EleCare Jr. / Powder / 9 - 14.1 oz cans	S12	Infant*	Enfaport / RTF / 112 - 8 oz cans
S41	Infant*	EleCare for Infants / Powder / 10 - 14.1	Z49	Child	Enfaport / RTF / 30 - 8 oz cans
		EnfaCare	Z50	Child	Enfaport / RTF / 60 - 8 oz cans
S24	Infant*	EnfaCare / Powder / 11 - 12.8 oz cans	Z51	Child	Enfaport / RTF / 90 - 8 oz cans
S26	Infant*	EnfaCare / RTF / 28 - 32 oz cans	Z52	Child	Enfaport / RTF / 113 - 8 oz cans
S20	Infant*	EnfaCare / RTF / 444 - 2 oz cans			Woman Ensure RTF
		Enfamil	X06	Woman	Ensure / RTF / 30 - 8 oz containers
X44	Child	Enfamil AR / Powder / 9 - 12.9 oz	X38	Woman	Ensure / RTF / 60 - 8 oz containers
X46	Child	Enfamil AR / RTF / 28 - 32 oz cans	X45	Woman	Ensure / RTF / 90 - 8 oz containers
S30	Infant*	Enfamil Premature 20 / RTF / 444 - 2 oz	X15	Woman	Ensure / RTF / 108 - 8 oz containers
S40	Infant*	Enfamil Premature 24 / RTF / 444 - 2 oz	Infant* - For 6 through 11 months of age when no solids are given Child ² - Child max is 14 - 14.1 oz cans		

Special Formulas for Women, Children, Infants with Qualifying Medical Conditions - FP III					
FPC	Category	Formula Name / Type / Quantity	FPC	Category	Formula Name / Type / Quantity
	EO28 Splash			Gerber Good Start SOY	
X51	Child	EO28 Splash / RTF / 31 - 237 ml	X28	Child	Gerber Good Start SOY / Concentrate / 37 - 12.1 oz cartons
X52	Child	EO28 Splash / RTF / 62 - 237 ml	X27	Child	Gerber Good Start SOY / Powder / 10 - 12.9 oz cans
X53	Child	EO28 Splash / RTF / 113 - 237 ml	X29	Child	Gerber Good Start SOY / RTF / 26 - 33.8 oz (4-pack)
	Gerber Good Start		Z77	Child	Gerber Graduates SOY / Powder / 5 - 24 oz cans
S02	Infant*	Gerber Good Start Premature 24 / RTF / 296 - 3 oz containers		Neocate Infant & Neocate Junior	
X18	Child	Gerber Good Start Gentle / Concentrate / 37 - 12.1 oz cans	S61	Infant*	Neocate Infant DHA & ARA / Powder / 9 - 400 grams (14.1 oz) cans
Z17	Child	Gerber Good Start Gentle / Powder / 10 - 12.7 oz cans	X75	Child	Neocate Junior / Powder / 14 - 400 grams (14.1 oz) cans
X19	Child	Gerber Good Start Gentle / RTF / 26- 33.8 oz (4-pack)		NeoSure / Powder	
Z67	Child	Gerber Graduates Gentle / Powder / 5 - 22 oz cans	S71	Infant*	NeoSure / Powder / 11 - 13.1 oz cans Similac Expert Care NeoSure (13.1oz)**
	Gerber Good Start Nourish		X92	Child	NeoSure/Powder/ 10-13.1 oz, Similac Expert Care NeoSure (13.1 oz)**
S07	Infant*	Gerber Good Start Nourish Powder / 11-12.6 oz cans			

Infant* - For 6 through 11 months of age when no solids are given

** Alternative product name

Special Formulas for Women, Children, Infants with Qualifying Medical Conditions - FP III

FPC	Category	Formula Name / Type / Quantity	FPC	Category	Formula Name / Type / Quantity
		NeoSure** / RTF			Nutramigen
S73	Infant*	NeoSure** / RTF / 28 - 32 oz cans Similac Expert Care NeoSure	X82	Child	Nutramigen / Conc. / 35 - 13 oz
X73	Child	NeoSure** / RTF / 28 - 32 oz cans Similac Expert Care NeoSure	S82	Infant*	Nutramigen / Conc. / 34 - 13 oz
S70	Infant*	NeoSure** / RTF / 448 - 2 oz cans Similac Expert Care NeoSure	X83	Child	Nutramigen / RTF / 28 - 32 oz
		Nepro RTF	S83	Infant*	Nutramigen / RTF / 28 - 32 oz
Z41	Child	Nepro / RTF / 30 - 8 oz cans	X81	Child	Nutramigen with Enflora LGG / Powder / 10 - 12.6 oz cans
Z42	Child	Nepro / RTF / 60 - 8 oz cans	S81	Infant*	Nutramigen with Enflora LGG / Powder / 11 - 12.6 oz cans
Z43	Child	Nepro / RTF / 90 - 8 oz cans			Nutren 1.5 RTF
Z44	Child	Nepro / RTF / 112 - 8 oz cans	Z45	Women	Nutren 1.5 / RTF / 30- 250 ml
			Z46	Women	Nutren 1.5 / RTF / 60 - 250 ml
			Z47	Women	Nutren 1.5 / RTF / 90 - 250 ml
			Z48	Women	Nutren 1.5 / RTF / 107 - 250 ml

Infant* - For 6 through 11 months of age when no solids are given

** Alternative product name

Special Formulas for Women, Children, Infants with Qualifying Medical Conditions - FP III					
FPC	Category	Formula Name / Type / Quantity	FPC	Category	Formula Name / Type / Quantity
		Nutren 2.0	X87	Child	PediaSure / RTF / 90 - 8 oz containers
X54	Women	Nutren 2.0 / RTF / 35 - 250 ml	X88	Child	PediaSure / RTF / 108 - 8 oz containers
X55	Women	Nutren 2.0 / RTF / 59 - 250 ml		PediaSure w/Fiber	
X56	Women	Nutren 2.0 / RTF / 107 - 250 ml	X76	Child	PediaSure w/Fiber / RTF / 30 - 8 oz
		Nutren Junior	X85	Child	PediaSure w/Fiber / RTF / 60 - 8 oz
X57	Child	Nutren Junior / RTF/ 35 - 250 ml	X78	Child	PediaSure w/Fiber / RTF / 90 - 8 oz
X58	Child	Nutren Junior / RTF/ 59- 250 ml	X79	Child	PediaSure w/Fiber / RTF / 108 - 8 oz
X59	Child	Nutren Junior / RTF/ 107 - 250 ml		PediaSure 1.5 Cal	
		Nutren Junior Fiber	Z53	Child	PediaSure 1.5 Cal / RTF / 30 - 8 oz
X60	Child	Nutren Junior Fiber / RTF/ 35- 250 ml	Z54	Child	PediaSure 1.5 Cal / RTF / 60 - 8 oz
X37	Child	Nutren Junior Fiber / RTF/ 59- 250 ml	Z55	Child	PediaSure 1.5 Cal / RTF / 90 - 8 oz
X62	Child	Nutren Junior Fiber / RTF/ 107-250 ml	Z56	Child	PediaSure 1.5 Cal / RTF / 113 - 8 oz
		PediaSure			
X84	Child	PediaSure / RTF / 30 - 8 oz containers			
X30	Child	PediaSure / RTF / 60 - 8 oz containers			

Special Formulas for Women, Children, Infants with Qualifying Medical Conditions - FP III

FPC	Category	Formula Name / Type / Quantity	FPC	Category	Formula Name / Type / Quantity
		PediaSure 1.5 Cal with Fiber			PediaSure Peptide 1.0 Cal
Z57	Child	PediaSure 1.5 Cal w/Fiber/ 30 - 8 oz	Z10	Child	PediaSure Peptide / 30 - 8 oz
Z58	Child	PediaSure 1.5 Cal w/Fiber/ 60 - 8 oz	Z11	Child	PediaSure Peptide / 60 - 8 oz
Z59	Child	PediaSure 1.5 Cal w/Fiber/ 90 - 8 oz	Z12	Child	PediaSure Peptide / 90 - 8 oz
Z60	Child	PediaSure 1.5 Cal w/Fiber/ 113 - 8 oz	Z13	Child	PediaSure Peptide / 113 - 8 oz
		PediaSure Enteral Formula 1.0 Cal			Peptamen
Z27	Child	PediaSure Enteral / 30 - 8 oz	X63	Women	Peptamen / RTF / 35 - 250 ml
Z28	Child	PediaSure Enteral / 60 - 8 oz	X64	Women	Peptamen / RTF / 59 - 250 ml
Z29	Child	PediaSure Enteral / 90 - 8 oz	X65	Women	Peptamen / RTF / 107 - 250 ml
Z30	Child	PediaSure Enteral / 113 - 8 oz			Peptamen Junior
		PediaSure Enteral 1.0 Cal (Fiber)	X66	Child	Peptamen Junior / RTF / 35 - 250 ml
Z37	Child	PediaSure Enteral F/ 30 - 8 oz	X67	Child	Peptamen Junior / RTF / 59 - 250 ml
Z38	Child	PediaSure Enteral F/ 60 - 8 oz	X68	Child	Peptamen Juniorr / RTF / 107 - 250 ml
Z39	Child	PediaSure Enteral F/ 90 - 8 oz			
Z40	Child	PediaSure Enteral F/ 113 - 8 oz			

Special Formulas for Women, Children, Infants with Qualifying Medical Conditions - FP - III					
FPC	Category	Formula Name / Type / Quantity	FPC	Category	Formula Name / Type / Quantity
	Peptamen Jr Fiber			Portagen	
Z05	Child	Peptamen Jr Fiber / RTF / 30 - 250 ml	X20	Child	Portagen / Powder / 13 - 1 lb cans
Z06	Child	Peptamen Jr Fiber / RTF / 60 - 250 ml		Pregestimil	
Z07	Child	Peptamen Jr Fiber / RTF / 90 - 250 ml	X04	Child	Pregestimil / Powder / 8 - 16 oz cans
Z08	Child	Peptamen Jr Fiber / RTF / 107 - 250 ml	S04	Infant*	Pregestimil / Powder / 8 - 16 oz cans
	Peptamen Jr w/Prebio			Pregestimil 20 Calorie / RTF	
X69	Child	Peptamen Jr w/Prebio / 35 - 250 ml	S05	Infant*	Pregestimil 20 / RTF / 444 - 2 oz
X70	Child	Peptamen Jr w/Prebio / 59 - 250 ml		Pregestimil 24 Calorie / RTF	
X05	Child	Peptamen Jr w/Prebio / 107 - 250 ml	S06	Infant*	Pregestimil 24 / RTF / 444 - 2 oz
	Peptamen Jr 1.5			PurAmino (PA)	
Z01	Child	Peptamen Jr 1.5 / RTF / 30 - 250 ml	S91	Infant*	(PA) Powder / 9 - 400 gram (14.1 oz) cans
Z02	Child	Peptamen Jr 1.5 / RTF / 60 - 250 ml		Boost Breeze RTF 8 oz	
Z03	Child	Peptamen Jr 1.5 / RTF / 90 - 250 ml	Z19	Child	Resource Breeze / RTF / 30 - 8 oz
Z04	Child	Peptamen Jr 1.5 / RTF / 107 - 250 ml	Z20	Child	Resource Breeze / RTF / 60 - 8 oz
Infant* - For 6 through 11 months of age when no solids are given			Z21	Child	Resource Breeze / RTF / 90 - 8 oz
			Z22	Child	Resource Breeze / RTF / 113 - 8 oz

Special Formulas for Women, Children, Infants with Qualifying Medical Conditions - FP - III

FPC	Category	Formula Name / Type / Quantity	FPC	Category	Formula Name / Type / Quantity
		Similac PM 60/40			Suplena
X14	Child	Similac PM 60/40 /Powder/ 8 - 14.1 oz	Z14	Child	Suplena / RTF / 30 - 8 oz containers
S14	Infant*	Similac PM 60/40 /Powder/ 9 - 14.1 oz	Z15	Child	Suplena / RTF / 60 - 8 oz containers
		Similac Special Care 20 / 24 / 30	Z16	Child	Suplena / RTF / 90 - 8 oz containers
S10	Infant*	Special Care 20 / RTF / 448 - 2 oz cans	Z18	Child	Suplena / RTF / 113 - 8 oz containers
S50	Infant*	Special Care 24 / RTF / 448 - 2 oz cans			Vivonex Pediatric
S60	Infant*	Special Care 30 / RTF / 448 - 2 oz cans	Z23	Child	Vivonex Pediatric / 30 - 1.7 oz packets
			Z24	Child	Vivonex Pediatric / 60 - 1.7 oz packets
			Z25	Child	Vivonex Pediatric / 90 - 1.7 oz packets
			Z26	Child	Vivonex Pediatric /102 - 1.7 oz packets

Infant* - For 6 through 11 months of age when no solids are given

Child Food Packages:		12 - 23 Month Old Child	C00 - C19
C01	Standard Child for 1-2 years old		
C02	Lactose Intolerant (whole) for 1-2 year old		
C05	Limited Tofu for 1-2 year old	MEDICAL DOCUMENTATION REQUIRED	
C06	Extra Tofu for 1-2 year old (discontinued August 2014)	MEDICAL DOCUMENTATION REQUIRED	
C09	No milk for 1-2 year old	MEDICAL DOCUMENTATION REQUIRED— Food Package III	
C10	1-2 year old Alternative Package		
C11	Soy Milk (whole) for 1-2 year old	MEDICAL DOCUMENTATION REQUIRED	
C12	Evaporated Milk (whole) for 1-2 year old		
C13	Soy Milk with Tofu for 1-2 year old	MEDICAL DOCUMENTATION REQUIRED	
C15	Lower Fat Milk for 1-2 year old		

Child 1-2 FPC	Fruits & Vegetables	Fluid Milk or Calcium Source	Alternative Calcium	Juice	Eggs	Cereal	Whole Grains	Beans
C01 Standard	\$8	4 gallons Whole Milk		2—64 oz	1 dozen	36 oz	32 oz	1 lb OR 4 - cans
C02 ↓Lactose	\$8	16 qts Whole		2—64 oz	1 dozen	36 oz	32 oz	1 lb OR 4 - cans
C05* w/Tofu	\$8	3 gallons Whole Milk	4 lb Tofu	2—64 oz	1 dozen	36 oz	32 oz	1 lb OR 4 - cans
C06* ↑Tofu	(discontinued August 2014)							
C09*¹ No Milk	\$8			2—64 oz	1 dozen	36 oz	32 oz	1 lb OR 4 - cans
C10 Alternative	\$8	64—8 oz UHT Whole		21—6 oz		36 oz	32 oz	4—16 oz cans
C11* Soy Milk	\$8	4 gallons Soy Milk		2—64 oz	1 dozen	36 oz	32 oz	1 lb OR 4 - cans
C12 Evap Milk	\$8	1 gallon Whole Milk	16 - 12 oz Evaporated	2—64 oz	1 dozen	36 oz	32 oz	1 lb OR 4 - cans
C13* Soy-Tofu	\$8	3 gallons Soy Milk	4 lb Tofu	2—64 oz	1 dozen	36 oz	32 oz	1 lb OR 4 - cans
C15 2% Milk	\$8	4 gallons Lower fat Milk		2—64 oz	1 dozen	36 oz	32 oz	1 lb OR 4 - cans

*Medical Documentation Required

¹ With Food Package III only

Child Food Packages:		2 - 5 Year Old Child	C20 – C39
C21	2-5 yrs old with cheese and evaporated/dry milk		
C22	Lactose Intolerant 2-5 year old		
C23	Goat Milk for 2-5 year old		
C24	Extra Cheese for 2-5 year old child	MEDICAL DOCUMENTATION REQUIRED	(discontinued August 2014)
C25	Limited Tofu for 2-5 year child	MEDICAL DOCUMENTATION REQUIRED	
C26	Extra Tofu for 2-5 year child	MEDICAL DOCUMENTATION REQUIRED	(discontinued August 2014)
C27	Whole Milk for 2 -5 year old	MEDICAL DOCUMENTATION REQUIRED - Food Package III	
C28	No Cheese for 2-5 year old		
C29	No milk for 2-5 year old	MEDICAL DOCUMENTATION REQUIRED - Food Package III	
C30	2-5 year old Alternative Package		
C31	Soy Milk for 2-5 year old	MEDICAL DOCUMENTATION REQUIRED	
C32	Evaporated Milk for 2-5 year old		
C33	Soy Milk with Tofu for 2-5 year old	MEDICAL DOCUMENTATION REQUIRED	
C34	2-5 yrs old with cheese and all fluid milk – package A		
C35	Reduced Fat (2%) Milk for 2-5 year old		
V21	2-5 yrs old with cheese and all fluid milk – package B		

Child 2-5 FPC	Fruits & Vegetables	Fluid Milk or CA Source	Dry Milk or other Calcium	Cheese	Juice	Eggs	Cereal	Whole Grains	Beans ² or Peanut Butter
C21 Standard	\$8	2 ½ gal	1 - 3 qt	1 lb	2 - 64 oz	1 dozen	36 oz	32 oz	1 lb or 1 - 16-18 oz
C22 ↓Lactose	\$8	13 qt		1 lb	2 - 64 oz	1 dozen	36 oz	32 oz	1 lb or 1 - 16-18 oz
C23 Goat Milk	\$8	13 qt		1 lb	2 - 64 oz	1 dozen	36 oz	32 oz	1 lb or 1 - 16-18 oz
C24* ↑Cheese	(discontinued August 2014)								
C25* W/Tofu	\$8	3 gal	4 lb Tofu		2 - 64 oz	1 dozen	36 oz	32 oz	1 lb or 1 - 16-18 oz
C26* Tofu	(discontinued August 2014)								
C27*1 Whole Milk	\$8	4 gal			2 - 64 oz	1 dozen	36 oz	32 oz	1 lb or 1 - 16-18 oz
C28 No Cheese	\$8	4 gal			2 - 64 oz	1 dozen	36 oz	32 oz	1 lb or 1 - 16-18 oz
C29*1 No Milk	\$8			1 lb	2 - 64 oz	1 dozen	36 oz	32 oz	1 lb or 1 - 16-18 oz
C30 Alternative	\$8	64 - 8 oz UHT			21 - 6 oz	4 cans beans	36 oz	32 oz	1 lb or 1 - 16-18 oz
C31* Soy Milk	\$8	4 gal Soy			2 - 64 oz	1 dozen	36 oz	32 oz	1 lb or 1 - 16-18 oz
C32 Evaporated	\$8	1 gal Milk	12 - 12 oz Evap	1 lb	2 - 64 oz	1 dozen	36 oz	32 oz	1 lb or 1 - 16-18 oz
C33* Soy-Tofu	\$8	3 gal Soy	4 lb Tofu		2 - 64 oz	1 dozen	36 oz	32 oz	1 lb or 1 - 16-18 oz
C34 Alt Standard	\$8	3 gal		1 lb	2-64 oz	1 dozen	36 oz	32 oz	1 lb or 1-16-18 oz
C35 2% Milk	\$8	4 gal 2% Milk			2-64 oz	1 dozen	36 oz	32 oz	1 lb or 1-16-18 oz
(V21) Alt Standard	\$8	3 1/2 gal		1 lb	2-64 oz	1 dozen	36 oz	32 oz	1 lb or 1-16-18 oz

*Medical Documentation Required ¹ With Food Package III Only ² 1 lb dry or 4 - 14 to 16 oz cans

FOOD	PREGNANT (Singleton), MOSTLY BREASTFEEDING	EXCLUSIVELY BREASTFEEDING ⁷ , PREGNANT WITH MULTIPLE FETUSES, MOSTLY BREASTFEEDING MULTIPLES	NON-BREASTFEEDING, SOME BREASTFEEDING
	Food Package V	Food Package VII	Food Package VI
Milk ²	22 quart equivalents ³	24 quart equivalents ³	16 quart equivalents ³
Cheese ⁵	1 pound ⁴	2 pounds ^{4,6}	1 pound ⁴
Tofu ^{5,8}	12 pounds	12 pounds	12 pounds
Eggs	1 dozen	2 dozen	1 dozen
Juice	3 (48 oz) containers or 3-12 oz cans frozen or 3-11.5 oz cans pourable	3 (48 oz) containers or 3-12 oz cans frozen or 3-11.5 oz cans pourable	2 (48 oz) containers or 2-12 oz cans frozen or 2-11.5 oz cans pourable
Cereal	36 ounces	36 ounces	36 ounces
Beans/Peas and/or Peanut Butter	1 pound bag dried or 4 (15-16 oz) cans and 1 container (16-18 oz)	1 pound bag dried or 4 (15-16 oz) cans and 1 container (16-18 oz)	1 pound bag dried or 4 (15-16 oz) cans OR 1 container (16-18 oz)
Fruit and Vegetable	\$10.00	\$10.00	\$10.00
Whole Grain or Alternative	16 oz	16 oz	N/A
Fish ¹	N/A	30 oz	N/A

ITEM	FLUID MILK EQUIVALENTS
Cheese, 1 pound	3 quarts ^{4,5}
Evaporated milk, non-fat (12 oz)	4 cans equal 3 quarts ⁹
Nonfat or low-fat dry milk	1-3 quart box equal to 3 quarts ¹⁰
Tofu, 1 pound	1 quart ⁸

¹ Additional item authorized for Food Package VII only.

² May substitute up to maximum quart equivalents of lactose reduced milk for milk.

³ Substitution amounts for fluids milk include:

⁴ Subtract from monthly milk allotment. A maximum of one (1) pound of cheese per month is allowed. Women in Food Package VII are allowed up to a total of two (2) pounds of cheese per month.

⁵ No more than four (4) quarts of milk can be substituted with alternative dairy products (cheese/tofu) for Food Package V and VI. No more than six (6) quarts of milk can be substituted with alternative dairy products for Food Package VI.

⁶ The standard package includes one (1) pound of cheese; staff may substitute an additional one (1) pound of cheese for a total of two (2) pounds.

⁷ Women exclusively breastfeeding multiple infants receive 1.5 times the amounts of food listed in the table for exclusively breastfeeding women. Items not in full packages can be averaged over two months (e.g., 1.5 jars of peanut butter with one jar being issued one month and two jars to next month).

⁸ One (1) pound of tofu can be substituted for 1 quart of milk. Subtract from monthly milk allotment. No more than four (4) pounds of tofu for Food Packages V and VI and no more than six (6) pounds for Food Package VII.

⁹ For postpartum women not receiving cheese, a maximum of 12 quarts of milk may be substituted with evaporated milk or 9 quarts when one (1) pound of cheese is issued. In both cases this leaves one gallon of fluid milk. For pregnant and breastfeeding women not receiving cheese, a maximum of 18 quarts of milk may substituted with evaporated milk or 15 quarts when one (1) pound of cheese is issued. In both cases, one gallon of fluid milk is left. For exclusively breastfeeding women 21 quarts of milk may be substituted with evaporated milk. They would receive two (2) pounds of cheese with this package.

¹⁰ For postpartum women not receiving cheese a maximum of 12 quarts of milk may be substituted with dry powder milk or 9 quarts with one (1) pounds of cheese. In both cases one gallon of fluid milk is left. For pregnant and breastfeeding women not receiving cheese, a maximum of 18 quarts of milk may substituted with dry powder milk or 15 quarts when one (1) pound of cheese is issued. In both cases one gallon of fluid milk is left. For exclusively breastfeeding women 21 quarts of milk of milk may be substituted with dry powder milk. They would receive two (2) pounds of cheese with this package.

Postpartum Non-Breastfeeding/Some Breastfeeding		W20 - W39, W80
W21	Postpartum Woman with Cheese and Evaporated/Dry Milk	
W22	Lactose Intolerant Postpartum Women	
W23	Goat Milk for Postpartum Women	
W24	Extra Cheese for Postpartum Women	MEDICAL DOCUMENTATION REQUIRED (discontinued August 2014)
W25	Limited Tofu for Postpartum Women	
W26	Extra Tofu for Postpartum Women - Extra Tofu	MEDICAL DOCUMENTATION REQUIRED (discontinued August 2014)
W27	Whole Milk for Postpartum Women/	MEDICAL DOCUMENTATION REQUIRED - With Food Package III only
W28	No Cheese for Postpartum Women	
W29	No Milk for Postpartum Women	MEDICAL DOCUMENTATION REQUIRED - With Food Package III only
W30	Postpartum Women – Alternative Package	
W31	Soy Milk for postpartum women	
W32	Evaporated Milk for Postpartum Women	
W33	Soy Milk with Tofu for Postpartum Women	
W34	Postpartum Woman with Cheese and all Fluid Milk – Package A	
W35	Reduced Fat (2%) Milk for Postpartum Women	
(V34)	Postpartum Woman with Cheese and all Fluid Milk – Package B	
W80	Some Breastfeeding >6 months Postpartum	Tracking Voucher with ↑ message

Women N/SBF	Fruits & Vegetables	Fluid Milk or Calcium Source	Dry Milk or Alternative Calcium	Cheese	Juice	Eggs	Cereal	Beans ² or Peanut Butter
W21 Standard	\$10	2½ gals	1 - 3 qt	1 lb	2 - 48 oz	1 dozen	36 oz	1 lb or 1 - 16-18 oz
W22 ↓ Lactose	\$10	13 qts		1 lb	2 - 48 oz	1 dozen	36 oz	1 lb or 1 - 16-18 oz
W23 Goat Milk	\$10	13 qts		1 lb	2 - 48 oz	1 dozen	36 oz	1 lb or 1 - 16-18 oz
W24* Cheese	(discontinued August 2014)							
W25 W/Tofu	\$10	3 gals	4 lb Tofu		2 - 48 oz	1 dozen	36 oz	1 lb or 1 - 16-18 oz
W26* ↑ Tofu	(discontinued August 2014)							
W27* Whole Milk	\$10	4 gals			2 - 48 oz	1 dozen	36 oz	1 lb or 1 - 16-18 oz
W28 No Cheese	\$10	4 gals			2 - 48 oz	1 dozen	36 oz	1 lb or 1 - 16-18 oz
W29* ¹ No Milk	\$10			1 lb	2 - 48 oz	1 dozen	36 oz	1 lb or 1 - 16-18 oz
W30 Alternative	\$10	64– 8 oz UHT			16 - 6 oz		36 oz	1 - 16-18 oz PB
W31 Soy Milk	\$10	4 gals Soy			2 - 48 oz	1 dozen	36 oz	1 lb or 1 - 16-18 oz
W32 Evaporated	\$10	1 gallon Milk	12-12 oz Evaporated	1 lb	2 - 48 oz	1 dozen	36 oz	1 lb or 1 - 16-18 oz
W33 Soy-Tofu	\$10	3 gals Soy	4 lb Tofu		2 - 48 oz	1 dozen	36 oz	1 lb or 1 - 16-18 oz
W34	\$10	4 gals		1 lb	2 - 48 oz	1 dozen	36 oz	1 lb or 1 - 16-18 oz
W35	\$10	4 gals 2% Milk			2 - 48 oz	1 dozen	36 oz	1 lb or 1 - 16-18 oz
(V34)	\$10	3½ gals		1 lb	2 - 48 oz	1 dozen	36 oz	1 lb or 1 - 16-18 oz

*Medical Documentation Required

¹ With Food Package III Only² 1 lb dry or 4 - 14 to 16 oz cans

Women Food Packages:		Prenatal / Mostly Breastfeeding	W00 - W19
W01	Prenatal and Mostly Breastfeeding with Cheese and Evaporated/Dry Milk		
W02	Lactose Intolerant Prenatal/Mostly Breastfeeding Women		
W03	Goat Milk for Prenatal/Mostly Breastfeeding Women		
W04	Extra Cheese for Prenatal/Mostly Breastfeeding Women	MEDICAL DOCUMENTATION REQUIRED	(discontinued August 2014)
W05	Limited Tofu for Prenatal/Mostly Breastfeeding Women		
W06	Extra Tofu for Prenatal/Mostly Breastfeeding Women	MEDICAL DOCUMENTATION REQUIRED	(discontinued August 2014)
W07	Whole Milk Prenatal/Mostly Breastfeeding Women -	MEDICAL DOCUMENTATION REQUIRED (FP III)	
W08	No Cheese for Prenatal/Mostly Breastfeeding Women		
W09	No Milk for Prenatal/Mostly Breastfeeding Women -	MEDICAL DOCUMENTATION REQUIRED (FP III)	
W10	Prenatal/Mostly Breastfeeding Women - Alternative Package		
W11	Soy Milk for Prenatal/Mostly Breastfeeding Women		
W12	Evaporated Milk for Prenatal/Mostly Breastfeeding Women		
W13	Soy Milk with Tofu for Prenatal/Mostly Breastfeeding Women		
W14	Prenatal and Mostly Breastfeeding with Cheese and All Fluid Milk – Package A		
W15	Reduced Fat (2%) Milk for Prenatal/ Mostly Breastfeeding Women		
(V10)	Prenatal and Mostly Breastfeeding with Cheese and All Fluid Milk – Package B		

Women P/MBF	Fruits & Vegetables	Fluid Milk or Calcium Source	Dry Milk or Alternative Calcium	Cheese	Juice	Eggs	Cereal	Whole Grains	Peanut Butter	Beans
W01 Standard	\$10	4 gals	1—3 qt	1 lb	3 - 48 oz	1 dozen	36 oz	16 oz	1 - 16-18 oz	1 lb OR 4 - cans
W02 ↓Lactose	\$10	19 qts		1 lb	3 - 48 oz	1 dozen	36 oz	16 oz	1 - 16-18 oz	1 lb OR 4 - cans
W03 Goat Milk	\$10	19 qts		1 lb	3 - 48 oz	1 dozen	36 oz	16 oz	1 - 16-18 oz	1 lb OR 4 - cans
W04* ↑Cheese	(discontinued August 2014)									
W05 W/Tofu	\$10	5 gals	2 lb Tofu		3 - 48 oz	1 dozen	36 oz	16 oz	1 - 16-18 oz	1 lb OR 4 - cans
W06* ↑Tofu	(discontinued August 2014)									
W07*1 Whole Milk	\$10	5½ gals			3 - 48 oz	1 dozen	36 oz	16 oz	1 - 16-18 oz	1 lb OR 4 - cans
W08 No Cheese	\$10	5½ gals			3 - 48 oz	1 dozen	36 oz	16 oz	1 - 16-18 oz	1 lb OR 4 - cans
W09*1 No Milk	\$10			1 lb	3 - 48 oz	1 dozen	36 oz	16 oz	1 - 16-18 oz	1 lb OR 4 - cans
W10 Alternative	\$10	88 - 8 oz UHT			24 - 6 oz		36 oz	16 oz	2 - 16-18 oz	
W11 Soy Milk	\$10	5½ gals Soy			3 - 48 oz	1 dozen	36 oz	16 oz	1 - 16-18 oz	1 lb OR 4 - cans
W12 Evaporated	\$10	1 gallon Milk	20-12 oz Evaporated	1 lb	3 - 48 oz	1 dozen	36 oz	16 oz	1 - 16-18 oz	1 lb OR 4 - cans
W13 Soy-Tofu	\$10	4½ gals Soy	4 lb Tofu		3 - 48 oz	1 dozen	36 oz	16 oz	1 - 16-18 oz	1 lb OR 4 - cans
W14 P/MBF	\$10	4 1/2 gal		1 lb	3 - 48 oz	1 dozen	36 oz	16 oz	1-16-18 oz	1 lb OR 4-cans
W15 2% Milk	\$10	5 1/2 gal 2%			3 - 48 oz	1 dozen	36 oz	16 oz	1-16-18 oz	1 lb OR 4-cans
(V10) P/MBF	\$10	5 gal		1 lb	3 - 48 oz	1 dozen	36 oz	16 oz	1-16-18 oz	1 lb OR 4-cans

*Medical Documentation Required

¹ With Food Package III Only

Exclusively Breastfeeding Woman – Single Infant/Prenatal or MB* Multiples		W40 - W59
W41	Standard Exclusively Breastfeeding/Prenatal or Mostly Breastfeeding* with Multiples	
W42	Lactose Intolerant Exclusively Breastfeeding/Prenatal or MB* with Multiples	
W43	Goat Milk for Exclusively Breastfeeding/Prenatal or MB* with Multiples	
W44	More Cheese for Exclusively Breastfeeding/Prenatal or MB* with Multiples (discontinued August 2014)	
W45	Limited Tofu for Exclusively Breastfeeding/Prenatal or MB* with Multiples	
W46	Extra Tofu for Exclusively Breastfeeding/Prenatal or MB* with Multiples	MEDICAL DOCUMENTATION NEEDED (discontinued August 2014)
W47	Whole Milk for Exclusively Breastfeeding/Prenatal or MB* with Multiples	MEDICAL DOCUMENTATION REQUIRED With Food Package III Only
W49	No Milk for Exclusively Breastfeeding/Prenatal or MB* with Multiples	MEDICAL DOCUMENTAION REQUIRED With Food Package III Only
W50	Exclusively Breastfeeding/Prenatal or MB* with Multiples Alternative Package	
W51	Soy Milk for Exclusively Breastfeeding/Prenatal or MB* with Multiples	
W52	Evaporated Milk for Exclusively Breastfeeding/Prenatal or MB* with Multiples	
W53	Soy Milk with Tofu for Exclusively Breastfeeding/Prenatal or MB* with Multiples	
W55	Reduced Fat (2%) Milk for Exclusively Breastfeeding/ Prenatal or MB* Multiples	

Women EBW2	Fruits & Vegetables	Fluid Milk / CA Source	Alternative Calcium	Cheese	Juice	Eggs	Cereal	Whole Grains	Peanut Butter	Beans	Fish
W41 Standard	\$10	6 gals		1 lb	3 - 48 oz	2 dozen	36 oz	16 oz	1- 16 to 18 oz	1 lb OR 4 - cans	30 oz
W42 ↓ Lactose	\$10	24 qts		1 lb	3 - 48 oz	2 dozen	36 oz	16 oz	1- 16 to 18 oz	1 lb OR 4 - cans	30 oz
W43 Goat Milk	\$10	24 qts		1 lb	3 - 48 oz	2 dozen	36 oz	16 oz	1- 16 to 18 oz	1 lb OR 4 - cans	30 oz
W44* ↑ Cheese	(discontinued August 2014)										
W45 W/Tofu	\$10	5 gals	4 lb Tofu	1 lb	3 - 48 oz	2 dozen	36 oz	16 oz	1- 16 to 18 oz	1 lb OR 4 - cans	30 oz
W46* ↑ Tofu	(discontinued August 2014)										
W47*¹ Whole Milk	\$10	6 gals Whole		1 lb	3 - 48 oz	2 dozen	36 oz	16 oz	1- 16 to 18 oz	1 lb OR 4 - cans	30 oz
W49*¹ No Milk	\$10			1 lb	3 - 48 oz	2 dozen	36 oz	16 oz	1- 16 to 18 oz	1 lb OR 4 - cans	30 oz
W50 Alternative	\$10	96- 8 oz UHT		1 lb	24 - 6 oz		36 oz	16 oz	2- 16 to 18 oz	8 - 16 oz cans	30 oz
W51 Soy Milk	\$10	6 gals Soy		1 lb	3 - 48 oz	2 dozen	36 oz	16 oz	1- 16 to 18 oz	1 lb OR 4 - cans	30 oz
W52 Evaporated	\$10		28-12 oz Evaporated	2 lb	3 - 48 oz	2 dozen	36 oz	16 oz	1 - 16-18 oz	1 lb OR 4 - cans	30 oz
W53 Soy-Tofu	\$10	5 gals Soy	4 lb Tofu	1 lb	3 - 48 oz	2 dozen	36 oz	16 oz	1 - 16-18 oz	1 lb OR 4 - cans	30 oz
W55 2% Milk	\$10	6 gals 2%		1 lb	3 - 48 oz	2 dozen	36 oz	16 oz	1 - 16-18 oz	1 lb OR 4 - cans	30 oz

*Medical Documentation Required

¹ With Food Package III Only² or Prenatal or MB with Multiples

Exclusively Breastfeeding Multiples		W60 - W79 (V60 - V79)
W61	Standard Exclusively Breastfeeding Multiples Package A	
(V61)	Standard Exclusively Breastfeeding Multiples Package B	
W62	Lactose Intolerant Exclusively Breastfeeding Multiples Package A	
(V62)	Lactose Intolerant Exclusively Breastfeeding Multiples Package B	
W63	Goat Milk for Exclusively Breastfeeding Multiples Package A	
(V63)	Goat Milk for Exclusively Breastfeeding Multiples Package B	
W65	Tofu for Exclusively Breastfeeding Multiples Package A	
(V65)	Tofu for Exclusively Breastfeeding Multiples Package B	
W69	No milk for Exclusively Breastfeeding Multiples Package A	MEDICAL DOCUMENTATION REQUIRED
(V69)	No milk for Exclusively Breastfeeding Multiples Package B	MEDICAL DOCUMENTATION REQUIRED
W71	Soy Milk for Exclusively Breastfeeding Multiples Package A	
(V71)	Soy Milk for Exclusively Breastfeeding Multiples Package A	

Women EBM	Fruits & Vegetables	Fluid Milk or Calcium Source	Alternative Calcium	Cheese	Juice	Eggs	Cereal	Whole Grains	Peanut Butter	Beans ²	Fish
W61	\$15	9 gals		2 lb	4 - 48 oz	3 dozen	54 oz	16 oz	1 - 16/18 oz	2 lb	45 oz
(V61)	\$15	9 gals		1 lb	5 - 48 oz	3 dozen	54 oz	32 oz	2 - 16/18 oz	1 lb	45 oz
W62 ↓Lactose	\$15	36 qts ↓ Lactose		2 lb	4 - 48 oz	3 dozen	54 oz	16 oz	1 - 16/18 oz	2 lb	45 oz
(V62) ↓Lactose	\$15	36 qts ↓ Lactose		1 lb	5 - 48 oz	3 dozen	54 oz	32 oz	2 - 16/18 oz	1 lb	45 oz
W63 Goat Milk	\$15	36 qts Goat Milk		2 lb	4 - 48 oz	3 dozen	54 oz	16 oz	1 - 16/18 oz	2 lb	45 oz
(V63) Goat Milk	\$15	36 qts Goat Milk		1 lb	5 - 48 oz	3 dozen	54 oz	32 oz	2 - 16/18 oz	1 lb	45 oz
W65 W/Tofu	\$15	8 gals	4 lb Tofu	2 lb	4 - 48 oz	3 dozen	54 oz	16 oz	1 - 16/18 oz	2 lb	45 oz
(V65) W/Tofu	\$15	8 gals	4 lb Tofu	1 lb	5 - 48 oz	3 dozen	54 oz	32 oz	2 - 16/18 oz	1 lb	45 oz
W69*¹ No Milk	\$15			2 lb	4 - 48 oz	3 dozen	54 oz	16 oz	1 - 16/18 oz	2 lb	45 oz
(V69)*¹ No Milk	\$15			1 lb	5 - 48 oz	3 dozen	54 oz	32 oz	2 - 16/18 oz	1 lb	45 oz
W71 Soy Milk	\$15	9 gals Soy		2 lb	4 - 48 oz	3 dozen	54 oz	16 oz	1 - 16/18 oz	2 lb	45 oz
(V71) Soy Milk	\$15	9 gals Soy		1 lb	5 - 48 oz	3 dozen	54 oz	32 oz	2 - 16/18 oz	1 lb	45 oz

*Medical Documentation Required

¹ With Food Package III Only

² 4 - 14 to 16 oz cans can be substituted for 1 lb dry beans

Voucher Code	Infant / Special Formulas - Medical Foods / 999 Food Packages	Allowed Category ¹
	Voucher Message	
358	Alimentum or Similac Expert Care Alimentum (powder) 1 - 1lb can	I, C1, C2
359	Alimentum or Similac Expert Care Alimentum (RTF) 1 - 32 oz	I, C1, C2
A69	Alimentum or Similac Expert Care Alimentum (RTF) 6 - 32 oz	I, C1, C2
553	Boost (ready to feed) 1 - 8 oz container	W5, W6, W7
554	Boost (ready to feed) 6 -8 oz containers	W5, W6, W7
A43	Boost Kid Essentials (RTF) 1-8.25 oz container	C1, C2
A44	Boost Kid Essentials (RTF) 4-8.25 oz containers (one 4-pack)	C1, C2
A45	Boost Kid Essentials 1.5 (RTF) 1-8 oz container	C1, C2
A46	Boost Kid Essentials 1.5 With Fiber (RTF) 1-8 oz container	C1, C2

Voucher Code	Infant / Special Formulas - Medical Foods / 999 Food Packages	Allowed Category ¹
	Voucher Message	
A60	Compleat Pediatric (RTF) 1-250 ml container	C1, C2
511	Duocal (powder) 1 - 400 gram (14.1 oz) can	All
512	Duocal (powder) 4 - 400 gram (14.1 oz) cans	All
S36	EleCare for Infants (powder) 1 - 14.1 oz can	I, C1, C2
300	EleCare Jr. (powder) 1 - 14.1 oz can	I, C1, C2
591	EnfaCare or Enfamil EnfaCare (powder) 1 - 12.8 can	I, C1, C2
544	EnfaCare or Enfamil EnfaCare (ready to feed) 1 - 32 oz container	I, C1, C2
590	Enfamil EnfaCare (ready to feed) 6 - 2 oz containers	I, C1, C2
307	Enfamil AR (powder) 1 - 12.9 oz can	I, C1, C2
308	Enfamil AR (ready to feed) 1 - 32 oz container (quart) or 1 - 32 oz (4 pack)	I, C1, C2

Voucher Code	Infant / Special Formulas-Medical Foods / 999 Food Packages	Allowed Category
	Voucher Message	
N75	Enfamil Human Milk Fortifier Acidified Liquid (RTF) 1 carton (100 vials, 25 pouches with 4-5ml vials per pouch)	I
305	Enfamil Premature 20 (RTF) 6 - 2 oz containers (1-6 pack)	I, C1, C2
306	Enfamil Premature 24 (RTF) 6 - 2 oz containers (1-6 pack)	I, C1, C2
A64	Enfaport LIPIL (ready to feed) 1 - 8 oz can	I, C1, C2
301	Ensure (ready to feed) 1 - 8 oz container	W5, W6, W7
302	Ensure (ready to feed) 6 - 8 oz containers	W5, W6, W7
310	EO28 Splash 1 - 237 ml container	C1, C2

Voucher Code	Infant / Special Formulas-Medical Foods / 999 Food Packages	Allowed Category
	Voucher Message	
G07	Gerber Good Start Gentle (concentrate) 1 - 12.1 oz cartons	I, C1, C2
G08	Gerber Good Start Gentle (concentrate) 2 - 12.1 oz cartons	I, C1, C2
G09	Gerber Good Start Gentle (concentrate) 3 - 12.1 oz cartons	I, C1, C2
G01	Gerber Good Start Gentle (powder) 1 - 12.7 oz can	I, C1, C2
G11	Gerber Good Start Gentle (ready to feed) 1 - 33.8 oz (4-pack)	I, C1, C2
G20	Gerber Good Start Gentle (ready to feed) 2 - 33.8 oz (4-packs)	I, C1, C2
G41	Gerber Graduates Gentle (powder) 1 - 22 oz can	I, C1, C2
477	Gerber Good Start SOY (concentrate) 1 - 12.1 oz carton	I, C1, C2
G23	Gerber Good Start SOY (concentrate) 2 - 12.1 oz cartons	I, C1, C2
G24	Gerber Good Start SOY (concentrate) 3 - 12.1 oz cartons	I, C1, C2
476	Gerber Good Start SOY (powder) 1 - 12.9 oz can	I, C1, C2
G28	Gerber Good Start SOY (RTF) 1 - 33.8 oz (4-pack)	I, C1, C2
L09	Gerber Good Start Nourish (powder) 1-12.6 oz can	I, C1, C2
L04	Gerber Good Start Soothe (powder) 1-12.4 oz can	I, C1, C2

Voucher Code	Infant / Special Formulas - Medical Foods / 999 Food Packages	Allowed Category
	Voucher Message	
G29	Gerber Good Start SOY (ready to feed) 2 - 33.8 oz (4-packs)	I, C1, C2
G43	Gerber Graduates SOY (powder) 1 - 24 oz can	I, C1, C2
530	Human Milk Fortifier (Similac) 1 carton (50 packs per carton)	C1, I
531	Human Milk Fortifier (Similac) 1 case (150 packs per case)	C1, I
582	MCT Oil 1 - 32 oz container	All
583	MCT Oil 6 - 32 oz containers (1 case)	All
474	Neocate Junior (powder) 1 - 400 gram (14.1 oz) can	C1, C2
482	NeoSure (Similac Expert Care NeoSure (powder) - 1 - 13.1 oz)	I, C1, C2
518	NeoSure (Similac Expert Care) (ready to feed) 1 - 32 oz container	I, C1, C2
481	NeoSure (Similac Expert Care) (RTF) 4 - 2 oz containers (1-4 pack)	I, C1, C2
A62	Nepro (ready to feed) 1 - 8 oz can	All
159	Nutramigen (concentrate) 1 - 13 oz can	I, C1, C2

Voucher Code	Infant / Special Formulas - Medical Foods / 999 Food Packages	Allowed Category
	Voucher Message	
A67	Nutramigen (RTF) 1 - 32 oz	I, C1, C2
A68	Nutramigen (RTF) 6 - 32 oz	I, C1, C2
157	Nutramigen with Enflora LGG (powder) 1 - 12.6 oz can	I, C1, C2
A63	Nutren 1.5 (ready to feed) 1 - 250 ml container	W5, W6, W7
563	Nutren 2.0 (ready to feed) 1 - 250 ml container	W5, W6, W7
557	Nutren Junior (ready to feed) 1 - 250 ml container	C1, C2
558	Nutren Junior Fiber (ready to feed) 1 - 250 ml container	C1, C2
716	PediaSure (ready to feed) 1 - 8 oz container	C1, C2
717	PediaSure (ready to feed) 6 - 8 oz containers	C1, C2
720	PediaSure with Fiber (ready to feed) 1 - 8 oz container	C1, C2
721	PediaSure with Fiber (ready to feed) 6 - 8 oz containers	C1, C2

Voucher Code	Infant / Special Formulas - Medical Foods / 999 Food Packages	Allowed Category
	Voucher Message	
A65	PediaSure 1.5 cal (ready to feed) 1 - 8 oz container	C1, C2
A66	PediaSure 1.5 cal with Fiber (ready to feed) 1 - 8 oz container	C1, C2
A58	PediaSure Enteral Formula 1.0 Cal (ready to feed) 1 - 8 oz container	C1, C2
A59	PediaSure Enteral Formula 1.0 Cal (fiber) (ready to feed) 1 - 8 oz container	C1, C2
A49	PediaSure Peptide 1.0 cal (RTF) 1 - 8 oz container	C1, C2
557	PediaSure Peptide 1.0 cal (RTF) 6 - 8 oz container	C1, C2
479	Peptamen (ready to feed) 1 - 250 ml container	W5, W6, W7
480	Peptamen Junior (ready to feed) 1 - 250 ml container	C1, C2
578	Peptamen Junior with Prebio (ready to feed) 1 - 250 ml container	C1, C2
A47	Peptamen Junior 1.5 (ready to feed) 1 - 250 ml container	C1, C2
A48	Peptamen Junior Fiber (ready to feed) 1 - 250 ml container	C1, C2

Voucher Code	Infant / Special Formulas - Medical Foods / 999 Food Packages	Allowed Category
	Voucher Message	
259	Portagen (powder) 1 - 1 lb can	I, C1, C2
141	Pregestimil (powder) 1 - 1 lb can	I, C1, C2
A50	Pregestimil 20 (ready to feed) 6 - 2 oz containers (one 6-pack)	I
A51	Pregestimil 24 (ready to feed) 6 - 2 oz containers (one 6-pack)	I
707	PurAmino (powder) 1 - 400 gram (14.1oz) can	I, C1, C2
A61	RCF 1 - 13 oz container concentrate	I
N74	RCF 12 - 13 oz container concentrate (1 - case)	I
A53	Boost Breeze (ready to feed) 1 - 8 oz container	All - C & W

Voucher Code	Infant / Special Formulas - Medical Foods / 999 Food Packages	Allowed Category
	Voucher Message	
530	Similac Human Milk Fortifier 1 carton (50 packs per carton)	I, C1
531	Similac Human Milk Fortifier 1 case (150 packs per case)	I, C1
483	Similac PM 60/40 (powder) 1 - 14.1 oz can	I, C1, C2

Voucher Code	Infant / Special Formulas - Medical Foods / 999 Food Packages	Allowed Category
	Voucher Message	
588	Similac Special Care 20 (RTF) 4-2 oz containers (1 - 4 pack)	I, C1, C2
502	Similac Special Care 20 (RTF) 8 - 2 oz containers (1 - 8 pack)	I, C1, C2
587	Similac Special Care 24 (RTF) 4-2 oz containers (1 - 4 pack)	
503	Similac Special Care 24 (RTF) 8 - 2 oz containers (1 - 8 pack)	I, C1, C2
586	Similac Special Care 30 (RTF) 4-2 oz containers (1 - 4 pack)	
504	Similac Special Care 30 (RTF) 8 - 2 oz containers (1 - 8 pack)	I, C1, C2
A76	SolCarb 1-227g (8 oz) can	All-C & W
A77	SolCarb 4-227g (8 oz) can	All-C & W
A52	Suplena (RTF) 1-8 oz container	All-C & W
A54	Vivonex Pediatric (powder) 1 - 1.7 oz	C1, C2
A55	Vivonex Pediatric (powder) 6-1.7 oz packets (one box= 6 packets)	C1, C2

999 Single Item Voucher Codes

W5 = Prenatal/Mostly Breastfeeding Women / **W6** = Non-Breastfeeding Postpartum/Some Breastfeeding Woman

W7 = Exclusively Breastfeeding Women/Prenatal with Multiples/ Mostly Breastfeeding Multiples

C1 = Child 12-23 months old / **C2** = Child >23 months old / **I** = Infant

Supplemental Foods			
Voucher code	Voucher message		Allowed Category
781	Beans or Peanut Butter	1 lb dried or 4 cans (15 to 16 oz) beans or 1 container (16-18 oz) peanut butter	W6, C2
782	Beans:	1 lb dried or 4 cans (15 to 16 oz)	W5, W6, W7, C1, C2
205	Cereal - Infant	1 - 8 oz container	I, C1, C2
A13	Cereal - Infant	3 - 8 oz containers	I, C1, C2
A37	Cereal - Infant	4 - 8 oz containers	W5, W6, W7, C1, C2
A05	Cereal:	No more than 18 oz	W5, W6, W7, C1, C2
779	Cereal:	No more than 24 oz	W5, W6, W7, C1, C2
780	Cereal:	No more than 36 oz	W5, W6, W7, C1, C2
774	Cheese:	1 - 16 oz package	W5, W6, W7, C1, C2
773	Cheese:	2 - 16 oz packages	W5, W6, W7, C1, C2
703	Eggs:	1 dozen Least expensive brand	W5, W6, W7, C1, C2
775	Eggs:	2 dozen Least expensive brand	W7

Voucher code	Voucher message		Allowed Category
A10	Fish:	No more than 15 ounces (canned tuna or salmon)	W7
783	Fish:	No more than 30 ounces (canned tuna or salmon)	W7
778	Juice	1 - 48 oz container or 1 - 12 oz can frozen or 11.5 oz can pourable	W5, W6, W7
273	Juice:	2 - 48 oz containers or 2 - 12 oz cans frozen or 2 - 11.5 oz cans pourable	W5, W6, W7
A02	Juice:	3 - 48 oz containers or 3 - 12 oz cans frozen or 3 - 11.5 oz cans pourable	W5, W7
776	Juice	4 - 48 oz containers or 4 - 12 oz cans frozen or 4 - 11.5 oz cans pourable	W7 (EBF twins only)
A04	Juice:	1 - 64 oz container	C1,C2
A03	Juice:	2 - 64 oz containers	C1, C2
A01	Milk - Whole	1 gallon Whole milk Only - Least \$ brand	W5, W6, W7, C1, C2
A21	Milk - Whole	2 gallons Whole milk Only - Least \$ brand	W5, W6, W7, C1, C2
A34	Milk	1 half gallon low-fat (fat-free, 1%, 2%) No whole milk Least expensive brand	W5, W6, W7, C2
772	Milk	1 gallon low-fat (fat-free, 1%, 2%) No whole milk Least expensive brand	W5, W6, W7, C2
771	Milk	2 gallons low-fat (fat-free, 1%, 2%) No whole milk Least expensive brand	W5, W6, W7, C2

Voucher code	Voucher message		Allowed Category
A14	Milk - Dry	1 - 3 quart box non-fat dry powder Least expensive brand	W5, W6, W7, C2
A15	Milk - Dry	2 - 3 quart boxes non-fat dry powder Least expensive brand	W5, W6, W7, C2
A16	Milk - Dry	3 - 3 quart boxes non-fat dry powder Least expensive brand (LEB)	W5, W6, W7, C2
A20	Milk - Whole Evaporated	1 - 12 ounce cans evaporated (whole) Least expensive brand (LEB)	W5, W6, W7, C1, C2
A19	Milk - Whole Evaporated	4 - 12 ounce cans evaporated (whole) Least expensive brand (LEB)	W5, W6, W7, C1, C2
A39	Milk - Whole Evaporated	8 - 12 ounce cans evaporated (whole) Least expensive brand (LEB)	W5, W6, W7, C1, C2
A18	Milk - Evaporated	1 - 12 ounce cans low-fat (fat-free, skimmed, 2%) evaporated (LEB)	W5, W6, W7, C2
A17	Milk - Evaporated	4 - 12 ounce cans low-fat (fat-free, skimmed, 2%) evaporated (LEB)	W5, W6, W7, C2
A38	Milk - Evaporated	8 - 12 ounce cans low-fat (fat-free, skimmed, 2%) evaporated (LEB)	W5, W6, W7, C2

Voucher code	Voucher message		Allowed Category
A24	Milk - Goat	1 quart low-fat goat milk No whole milk	W5, W6, W7, C2
A22	Milk - Goat	4 quarts low-fat goat milk No whole milk	W5, W6, W7, C2
A23	Milk - Goat	8 quarts low-fat goat milk No whole milk	W5, W6, W7, C2
A29	Milk - Reduced Lactose Free	1 - 3 quart container low-fat (fat-free, 1%, 2%) Lactose free, Acidophilus, OR Acidophilus and Bifidum. No whole milk.	W5, W6, W7, C2
A31	Milk - Whole Lactose Free	1 - 3 quart container whole Lactose free, Acidophilus, OR Acidophilus and Bifidum. Whole milk.	W5, W6, W7, C1, C2
786	Milk - Reduced Lactose Free	1 gallon or 2 half gallons low-fat (fat-free, 1%, 2%) Lactose free, Acidophilus, or Acidophilus and Bifidum. No whole milk (LEB)	W5, W6, W7, C2
A06	Milk - Whole Lactose Free	1 gallon or 2 half gallons whole Lactose free, Acidophilus, or Acidophilus and Bifidum. No low-fat milk (LEB)	W5, W6, W7, C1, C2
785	Milk: Reduced Lactose Free	1 half gallon low-fat (fat-free, 1%, 2%) Lactose free, Acidophilus, or Acidophilus and Bifidum. No whole milk (LEB)	W5, W6, W7, C2

Voucher code	Voucher message		Allowed Category
A41	Milk: Soy	1 half gallon Silk (original) OR 8th Continent (Original or Vanilla flavors only)	W5, W6, W7, C1, C2
A33	Milk: Soy	1 half gallon Silk (original) OR 8th Continent (Original or Vanilla flavors only)	W5, W6, W7, C1, C2
A07	Peanut Butter	1 container (16-18 oz)	W5, W6, W7, C2
P03 P09*	Produce: P09* - \$6 - includes Baby Food F&V wording	\$6 for fresh, frozen, or canned fruit and vegetables (No potatoes except for sweet potato or yams; no products with added sugar, seasonings, fat, or oils, no creamed vegetables, no stewed tomatoes)	C1, C2
P02	Produce:	\$10 for fresh, frozen, or canned fruit and vegetables (No potatoes except for sweet potato or yams; no products with added sugar, seasonings, fat, or oils, no creamed vegetables, no stewed tomatoes)	W5, W6, W7
P07	Produce:	\$7 for fresh, frozen, or canned fruit and vegetables (No potatoes except for sweet potato or yams; no products with added sugar, seasonings, fat, or oils, no creamed vegetables, no stewed tomatoes)	W7 - Multiples
P01	Produce:	\$8 for fresh, frozen, or canned fruit and vegetables (No potatoes except for sweet potato or yams; no products with added sugar, seasonings, fat, or oils, no creamed vegetables, no stewed tomatoes)	W7 - Multiples
A12	Tofu:	No more than 16 ounces	W5, W6, W7, C1, C2
A11	Tofu:	No more than 4 pounds	W5, W6, W7, C1, C2

Voucher code	Voucher message		Allowed Category
A09	Whole Grains	Pick 1: 16 oz (bread, or brown rice or whole grain tortilla) or 16 oz bun	W5, W6, C1, C2
A08	Whole Grains	Pick 2: 16 oz ; 16 oz brown rice; 16 oz tortilla; or 16 oz bun	C1, C2
A30	Milk: Eggs: Cheese: Fish:	1 half gallon low-fat (fat-free, 1%, 2%) (LEB) 1 dozen 1 - 16 oz No more than 30 oz (canned tuna or salmon)	W7 Prenatal Conversion to an Exclusively Breastfeeding Package (FP W01 to EBF FP W41)
A35	Milk: Dry: Cheese: Peanut Butter:	1 - 3 quart box or 4 cans - 12 oz evaporated milk 1 - 16 oz 1 - 16 to 18 oz container	C2
A80	Milk: Milk: Eggs: Fish:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand 1 half gallon low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand 1 dozen No more than 30 oz (canned tuna OR canned Salmon)	W7 Prenatal Conversion to an Exclusively Breastfeeding Package (FP W14 Package A to EBF FP W41)
A81	Milk: Eggs: Fish:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk Least expensive brand 1 dozen No more than 30 oz (canned tuna OR canned Salmon)	W7 Prenatal Conversion to an Exclusively Breastfeeding Package (FP W14 Package B to EBF FP W41)
C23	Juice: Eggs: Cereal:	1 - 64 oz container Eggs: 1 dozen No more than 36 oz	C1, C2
C24	Juice: Grains: Beans:	1 - 64 oz container Pick 2: Whole Grains 1 lb dry or 4 cans (15 -16 oz)	C1, C2
040	Milk: Juice:	1 gallon low-fat (fat-free, 1%, 2%) (LEB) 1 - 48 oz container or 1 - 12 oz can frozen or 11.5 oz can pourable	W5, W6, W7
W71	Juice: Eggs: Cereal:	1- 48 oz juice (or frozen or pourable) Eggs: 1 dozen No more than 36 oz	W5, W6, W7

CONVERSION TABLES AND EQUIVALENTS

I. TABLE OF EQUIVALENTS

3 teaspoon (tsp)	=	1 Tablespoon (Tbsp.)
2 Tbsp.	=	1 ounce (oz.)
8 oz.	=	1 cup (c.)
16 Tbsp.	=	1 c.
2 c.	=	1 pint (pt.)
2 pts.	=	1 quart (qt.)
4 c. (32 oz)	=	1 qt.
4 qts.	=	1 gallon (gal.) = 128 oz.

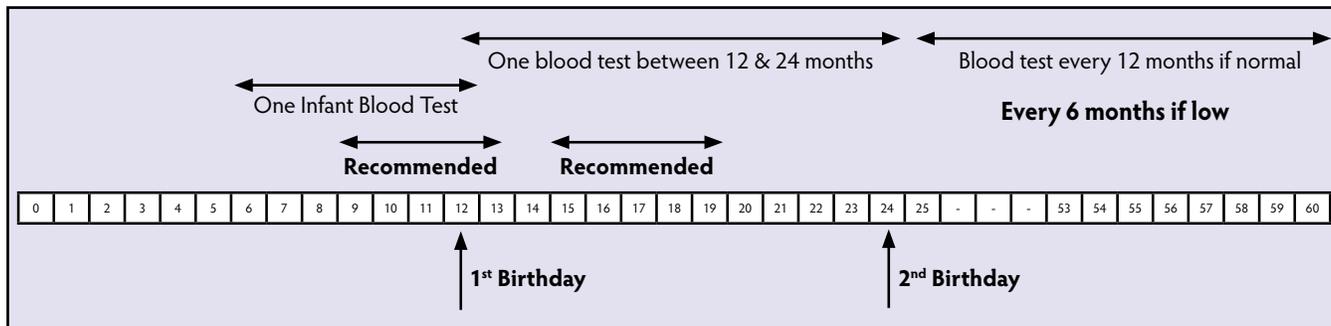
II. METRIC SYSTEM

A. Approximate Weights/Measures		
20 drops	=	1 milliliter (ml.)
1 ml.	=	1 gram (g.)
1 ml.	=	1 cubic centimeter (cc)
1 tsp.	=	5 ml. = 5 cc = 5 g.
1 Tbsp.	=	15 ml. = 15 cc = 15 g.
1 oz., fluid	=	29.57 ml. = 30 cc
1 cup, fluid	=	240 ml.
1 oz., dry	=	28.35 g. (approx. 30)
1 pound (lb.)	=	453.6 g.
2.2 lbs.	=	1 kilogram (kg.)
33.81 oz	=	1 liter (L.)
1.1 qts.	=	1000 ml = 1 liter
1 quart	=	32 ounces

B. Weights		
1 milligram	=	1000 micrograms (mcg)m
1 gram (g)	=	1000 mg.
1 kilogram	=	1000 g.
1 gram (g)	=	0.0353

C. Conversions	
To convert ounces to grams, multiply by 30.	
To convert grams to ounces, divide by 30.	
To convert pounds to kilograms, divide by 2.2.	
To convert kilograms to pounds, multiply by 2.2.	
To convert inches to centimeters, multiply by 2.54.	

Bloodwork Requirements Infants / Children



Note: Blood test results taken between 12 and 13 months cannot be used for both the infant and the 12-24 month bloodwork requirement

Participant Category	Bloodwork Requirements
Prenatal	Value must be entered at certification, Blood work date must be entered, Blood work date must meet two requirements: Must be < 90 days old / Must be performed during current pregnancy.
Postpartum / Non Breastfeeding	Value must be entered at certification, Blood work date must be entered, Blood work date must meet two requirements: Must be < 90 days old, Must be performed after delivery or termination of most recent pregnancy.
Postpartum / Breastfeeding	Value must be entered at postpartum certification, Blood work date must be entered, Blood work date must meet two requirements: Must be < 90 days old, Must be performed after delivery. Blood work is not required for mid-assessment certification.
Infant	Value or 88.8 must be entered at mid-certification. Blood work date must be < 90 days old, Must be performed for infants certified at > 9 months of age.
Children	Value must be entered at certification, Blood work date must be entered, Blood work date must be < 90 days old: For children < 24 months blood work must be performed at each certification and half certification. For children > 24 months blood work must be performed at each certification and at half certification if blood work was abnormal at most recent certification.

Iron Guidelines				
Women	Hemoglobin Value		Hematocrit Value	
	Non-Smokers	Smokers	Non-Smokers	Smokers
Prenatal Woman 1st Trimester & 3rd Trimester	10.9 gm or lower	11.2 gm or lower	32.9% or lower	33.9% or lower
Prenatal Woman 2nd Trimester	10.4 gm or lower	10.7 gm or lower	31.9% or lower	32.9% or lower
Non-Pregnant and/or Lactating Woman (<15 yrs of age)	11.7 gm or lower	12.0 gm or lower	35.8% or lower	36.8% or lower
Non-Pregnant and/or Lactating Woman (>15 years of age)	11.9 gm or lower	12.2 gm or lower	35.8% or lower	36.8% or lower

Infants & Children	Hemoglobin Value	Hematocrit Value
Infant 6 through 11 months	10.9 gm or lower	32.8% or lower
Child 12 through 23 months	10.9 gm or lower	32.8% or lower
Child 2 through 5 years	11.0 gm or lower	32.9% or lower

Nutrition Related Medical Conditions			
341	NUTRIENT DEFICIENCY DISEASES	353	FOOD ALLERGIES
342	GASTRO-INTESTINAL DISORDERS:	354	CELIAC DISEASE
343	DIABETES MELLITUS	355	LACTOSE INTOLERANCE (not high risk)
344	THYROID DISORDERS	356	HYPOGLYCEMIA
345	HYPERTENSION	357	DRUG NUTRIENT INTERACTIONS
346	RENAL DISEASE	358	EATING DISORDERS (Women only)
347	CANCER	359	RECENT MAJOR SURGERY, TRAUMA OR BURNS
348	CENTRAL NERVOUS SYSTEM DISORDERS	360	OTHER MEDICAL CONDITIONS
349	GENETIC AND CONGENITAL DISORDERS	361	DEPRESSION (Women & Children only)
351	INBORN ERRORS OF METABOLISM	362	DEVELOPMENTAL, SENSORY OR MOTOR DELAYS INTERFERING WITH THE ABILITY TO EAT
352	INFECTIOUS DISEASES		

Pre-pregnancy Weight Groups	Definition (BMI)	Low Maternal Weight Gain		Recommended Weight Gain		High Maternal Weight Gain	
		Single Fetal	Multi	Single Fetal	Multi	Single Fetal	Multi
# Fetus(es)		Single Fetal	Multi	Single Fetal	Multi	Single Fetal	Multi
Underweight	< 18.5	<28	No Data	28 - 40	**	> 40	No Data
Normal Weight	18.5 to 24.9	<25	<37	25 - 35	37 - 54	> 35	>54
Overweight	25.0 to 29.9	<15	<31	15 - 25	31 - 50	> 25	>50
Obese	> 30.0	<11	<25	11 - 20	25 - 42	> 20	>42

**Recommended - Multi-Fetal: 1.5#s/week during 2nd & 3rd trimesters

Prorating Food Packages

Why Prorate a Food Package?

- *If a participant is late picking up their vouchers.
- *Vouchers are replaced due to damage.
- *There is a change in the food package.

How to Prorate?

Begin counting days late from the First Date To Use.
Count calendar days including weekends. Issue per late pick-up prorating guidelines;

If an error is made by the clinic, which results in the loss of vouchers by the participants, there are two options:

- * Issue the entire food package and document why vouchers were not prorated.
- * Submit an update TAD changing the pick up code.

Processing Standards

Applicants must be notified of their eligibility status

Ten (10) calendar days from their initial contact date:

- Pregnant Women
- Breastfeeding Women
- Infants
- Members of migrant farm worker families

Twenty (20) calendar days from initial contact date:

- Postpartum Non-Breastfeeding Women
- Children 1-5 years old
- All other applicants

LATE PICK-UP		
Number of Days Late	Women & Children	Infants
Less than 7 days late	full package + F/V voucher	full package
7 - 13 days late	3/4 package + F/V voucher	full package
14 - 20 days late	1/2 package + F/V voucher	1/2 package
21 - 31 days late	1/4 package + F/V voucher	1/2 package

Body Mass Index (BMI) Table for Determining Weight Classification for Women¹				
Height (Inches)	Underweight BMI <18.5	Normal Weight BMI 18.5-24.9	Overweight BMI 25.0-29.9	Obese BMI >29.9
58"	<89	89 - 118	119 - 142	>142
59"	<92	92 - 123	124 - 147	>147
60"	<95	95 - 127	128 - 152	>152
61"	<98	98 - 131	132 - 157	>157
62"	<101	101 - 135	136 - 163	>163
63"	<105	105 - 140	141 - 168	>168
64"	<108	108 - 144	145 - 173	>173
65"	<111	111 - 149	150 - 179	>179
66"	<115	115 - 154	155 - 185	>185
67"	<118	118 - 158	159 - 190	>190
68"	<122	122 - 163	164 - 196	>196
69"	<125	125 - 168	169 - 202	>202
70"	<129	129 - 173	174 - 208	>208
71"	<133	133 - 178	179 - 214	>214
72"	<137	137 - 183	184 - 220	>220

¹Adapted from Institute *Clinical Guidelines on the Identification, Evaluation and Treatment of Overweight and Obesity in Adults*. National Heart, Lung and Blood Institute (NHLBI), National Institutes of Health (NIH). NIH Publication No. 98-4083.

*These calculations are based on estimated height and weights; your system will calculate a more exact BMI based on actual height and weights including fractional ounces and inches.

Automatic Risk Referrals

134	FAILURE TO THRIVE
211	ELEVATED BLOOD LEAD LEVELS
348	CENTRAL NERVOUS SYSTEM DISORDERS
349	GENETIC AND CONGENITAL DISORDERS
351	INBORN ERRORS OF METABOLISM
362	DEVELOPMENTAL, SENSORY OR MOTOR DELAYS INTERFERING WITH ABILITY TO EAT
382	FETAL ALCOHOL SYNDROME
703	INFANT BORN TO MOTHER WITH MENTAL RETARDATION, OR ALCOHOL OR DRUG ABUSE DURING MOST RECENT PREGNANCY
801	HOMELESS
901	RECIPIENT OF ABUSE

Children with the above nutritional risks should be automatically referred to the District Children 1st coordinator using the Children 1st Screening and Referral Form. Children 1st is Public Health's single point of entry for children birth to age five. Parents whose infants and children are at risk for poor health and developmental outcomes are linked to prevention-based programs and services

To locate the District Children 1st coordinator, please call 800-822-2539

Table: Cheese Substitution¹ Children & N/BF or SBF Women: Standard Milk Allotment – 16 quarts			
For this amount of cheese (lb)	Give this amount of fluid milk (gallon)	Plus this amount of powder milk OR evaporated milk "CHOOSE ONE"	
		Powder Milk (3qt)	Evaporated Milk (12 oz)
0	4	0	0
1	3	1	4
2	2 ½	0	0
3	1	1	4
4*	1	0	0

¹ Includes: Non-Breastfeeding & Some Breastfeeding Women * Maximum amount of cheese allowed to be substituted for milk

Table: Tofu Substitution¹	
For this amount of tofu (lb)	Give this amount of fluid milk (gallon)
0	4
2	3 ½
4	3
6	2 ½
8**	2

** Maximum amount of tofu which is allowed to be substituted for milk

Table: Cheese Substitution¹ Pregnant & MBF Women: Standard Milk Allotment - 22 quarts						
For this amount of cheese (lb)	Give this amount of fluid milk (gallon)	EBF	Plus this amount of powder milk OR evaporated milk "CHOOSE ONE"			
			Powder Milk (3qt)	EBF	Evaporated Milk (12 oz)	EBF
0	5 ½	6	0	0	0	0
1	4	4	1	1	4	4
2	4	4	0	0	0	0
3	2 ½	2 ½	1	1	4	4
4	2 ½	2 ½	0	0	0	0
5	1	1	1	1	4	4
6*	1	1	0	0	0	0

¹ For Exclusively Breastfeeding Woman See Shaded Area (EBF) * Maximum amount of cheese allowed to be substituted for milk

Table: Tofu Substitution¹ Exclusively Breastfeeding Women: Standard Allotment - 24 qts milk & one pound cheese		
For this amount of tofu (lb)	Give this amount of fluid milk (gallon)	EBF
0	5 ½ (6)	6
2	5 (5 ½)	5 ½
4	4 ½	5
6	4	4 ½
8	3 ½	4
10	3	3 ½
12**	2 ½	3

** Maximum amount of tofu which is allowed to be substituted for milk

