Chapter 7
Food Package

Table of Contents

The WIC Food Package is a major benefit of the WIC Program. The purpose of this chapter is to provide policy on what the allowable foods are and how to determine the most appropriate food package prescription to meet the participant's needs. The chapter also provides information on infant formulas and other products allowed through WIC medical documentation requirements.

Section 1. Maximum Monthly Allowances of Supplemental Foods……1
- Food Packages I – VII
- Crossroads Description of Food Packages
- Exempt Infant Formulas (EXF) and WIC-Eligible Nutritionals (WEN)
- Maximum Monthly Quantities of Supplemental Foods
- Infants Ages 6 – 11 Months on Food Package III
- Women Fully Breastfeeding Multiple Infants – Food Package VII+
- Participants who Need Formula and Other Products in Excess of Amounts Allowed through WIC

Section 2. WIC Supplemental Foods……....5
- WIC-Eligible Foods

Section 3. WIC Formulas……11
- Participants Eligible to Receive Formulas
- Types (Forms) of Formulas
- Formulas and Other Products
- Donated and Promotional Formula
- Metabolic Formulas
- Non-Approved WIC Costs

Section 4. Prescribing Food Packages……15
- Default (Standard) Food Package
- Adjusted Food Package
- Situations Prompting Food Package Adjustment
- Breastfeeding Status
- Infant Food Packages
- Infants 6-11 Months of Age on Food Package III
- Automatic Food Package Change when an Infant Turns One Year of Age

Section 5. Medical Documentation Requirements……..21
- Situations Requiring Medical Documentation
- Individuals Authorized to Prescribe
- Required Medical Documentation
- Types of Medical Documentation

- Medical Conditions Indicating Need for Prescribed Products
- Medical Documentation Changes for Formula and Other Products
- Participant Transfers

Section 6. Ordering Formula and Other Products from the Community Nutrition Services Section……..…….25
- Crossroads Operations
- Ordering Products
- Receiving Products
- Issuing Products

Section 7. Inventory and Issuance of Formula and Other Products……27
- Receipt of Formulas and Other Products
- Storage of Formulas and Other Products
- Quarterly Reconciliation of Physical Inventory
- Issuance of Formula and Other Products from Inventory
- Disposal of Damaged or Expired Product

Section 8. Inventory and Issuance of Metabolic Formulas.……..29
- Receipt of Metabolic Formulas
- Storage of Metabolic Formulas
- Documentation of Issuance of Metabolic Formula
- Confidentiality of Information
- Disposal of Damaged or Expired Product

Attachments

Attachment 1. Infant Formulas, Exempt Infant Formulas and WIC-Eligible Nutritionals Allowed through WIC
Attachment 2. WIC Program Medical Documentation
Attachment 3. Ordering WIC Infant Formulas and WIC-Eligible Nutritionals
Attachment 4. Examples of Metabolic Product Inventory and Issuance Logs
Attachment 5. Maximum Monthly Allowances of Supplemental Foods for Food Packages I-VII
Attachment 6. NC Formula Disposal Log

Maximum Monthly Allowances of Supplemental Foods

There are seven federally defined WIC food packages, each with maximum quantities of supplemental foods allowed each month.

- **Food Packages I - VII**

  - **I:** Available supplemental foods for infants receiving contract infant formula (IF) ages 0 through 5 months. The NC contract infant formulas include Similac Advance, Similac Soy Isomil, Similac Sensitive and Similac Total Comfort.

  - **II:** Available supplemental foods for infants receiving contract infant formula (IF) ages 6 through 11 months.

  - **III:** Available supplemental foods for infants, women or children who have medical documentation (qualifying condition) to receive an IF, exempt infant formula (EXF) or WIC-eligible nutritionals (WEN).

  - **IV (A):** Available supplemental foods for children 12 through 23 months.

  - **IV (B):** Available supplemental foods for children 1 through 4 years.

  - **V (A):** Available supplemental foods for pregnant women, pregnant women fully formula feeding, pregnant women (single or multiple fetuses) partially breastfeeding > MMA.

  - **V (B):** Available supplemental foods for partially breastfeeding women ≤ MMA, women who are pregnant with multiple fetuses, or women who are pregnant with multiples fetuses AND partially breastfeeding > MMA or fully formula feeding.

  - **VI:** Available supplemental foods for non-breastfeeding postpartum women or women who are partially breastfeeding > MMA (single or multiple infants).

  - **VII:** Available supplemental foods for fully breastfeeding women, women who are partially breastfeeding multiple infants (from the same pregnancy) who receive formula amount ≤ MMA, pregnant women (single or multiple infants) who are fully breastfeeding or partially breastfeeding ≤ MMA.
    NOTE: women who are fully breastfeeding multiple infants are eligible for 1.5 times the foods available in Food Package VII.

  For Food Packages I, II and III, only one infant formula, exempt infant formula or WIC-eligible nutritional at a time can be issued.

- **Crossroads Description of Food Packages**
  Crossroads describes food packages using WIC category, age category and breastfeeding status. The following terms are used throughout this section:
  - **Monthly Maximum Allowance** (MMA) indicates a specific amount of formula that may

be provided to an infant in an age category with a particular breastfeeding status. This is not the same as the Category Max Quantity listed on the Prescribe Food Screen.

- **WIC Category**
  - Pregnant woman means a woman who has one or more fetuses in utero.
  - Breastfeeding woman means a woman up to one year postpartum who is feeding her breastmilk to her infant on the average of at least once a day.
  - Postpartum woman means a woman up to six months after the end of a pregnancy who is not breastfeeding.
  - Infant means an individual under one year of age.
  - Child means an individual one year of age up to their fifth birthday.

- **Age Category**
  - Infant 0 months
  - Infant 1 to 3 months
  - Infant 4 to 5 months
  - Infant 6 to 11 months
  - Child 12 to 23 months
  - Child 2 years to 5 years

- **Breastfeeding Status:** applies to both women and infants.
  - 'Fully Breastfeeding' means the dyad is breastfeeding and receiving no formula from WIC.
  - 'Partially Breastfeeding ≤ MMA' means the dyad is breastfeeding and is receiving some formula from WIC up to the maximum amount allowed for the partially breastfed infant in an age range.
  - 'Partially Breastfeeding > MMA' means the dyad is breastfeeding and is receiving formula from WIC in a range above the maximum for partially breastfed infants in an age range.
  - 'Fully Formula Feeding' means the dyad is not breastfeeding and receives the maximum amount of formula allowed for fully formula fed infants in an age range.

- **Additional Options:** applies to women only.
  - Multiple Fetuses means a woman reports more than one fetus in a pregnancy.
  - Multiple Infants means a woman is fully breastfeeding more than one infant.

- **Reconstituted Fluid Ounces** (RFO) means the amount of formula that a product will produce when prepared at standard dilution.

- **Full Authorized Nutrition Benefit** (FNB) is the minimum amount of formula for a fully formula fed infant. The amount is established at the level for reconstituted liquid concentrate. This is the Category Max Quantity listed on the Prescribe Food page. Note that the Category Max Quantity in Crossroads is not always the MMA. Crossroads will allow any form of IF to be prescribed on the Prescribe Food screen.
  NOTE: The food package with maximum quantities of supplemental foods allowed each

month to WIC participants are described in Attachment 5 based on a participant's WIC category, age, and breastfeeding status.

■ **Exempt Infant Formulas (EXF) and WIC-Eligible Nutritionals (WEN)**
WIC-eligible nutritional products can be prescribed only after appropriate medical documentation is completed in the system.

The competent professional authority (CPA) can prescribe any amount of formula up to the MMA for that feeding option depending on the form of product (powder, concentrate or ready-to-feed).

- Example:
  - Category Max Quantity for Similac Advance Powder is listed at 806 oz.
  - CPA prescribes maximum amount of 806 oz. for a fully formula fed 2-month-old infant.
    - 9 total cans of formula will be issued.
    - Each can reconstitutes to 90 ounces.
    - Total RFO = 9 x 90 =810.
    - Crossroads will issue at least the FNB up to the MMA.

- Ready-to-feed (RTF) formula may only be prescribed under certain circumstances. See Chapter 7, Section 3 for specific information.
  NOTE: There is no range in the amount of formula available in Food Package III to women and children. There is only one value of 910 RFO; this is the MMA. Issued is the greatest RFO of a product without going over the MMA.

- Example:
  - A 2-year-old has Medical Documentation of a qualifying condition and is prescribed to have Pediasure 4 cans per day.
    - Each can is 8 oz.
    - 4 cans/day x 8 oz. = 32 oz./day
    - 32 oz. /day x 30 days per month = 960 oz.
    - WIC maximum = 910 oz.
    - CPA prescribes 910 oz.
    - 113 cans will be issued.
    - 113 cans x 8 oz. /can = 904 oz.
    - 904 oz. is the maximum that can be provided for that product
    - One more can would put the issuance at 912 oz. which would be over the maximum allowed.

■ **Maximum Monthly Quantities of Supplemental Foods**
In most instances the default amounts initially displayed on the Prescribe Food screen is the maximum quantity allowed per food category. The exception is the partially breastfed infant which defaults to zero and requires the quantity of formula to be prescribed with intention.

- **Infants Ages 6 – 11 Months on Food Package III**
  Infants ages 6 – 11 months on Food Package III on IF, EXF or WEN may receive formula at the amounts of an infant age 4 – 5 months if no infant foods (infant cereal and infant fruits and vegetables) are provided.

- **Women Fully Breastfeeding Multiple Infants – Food Package VII+**
  The food package for women fully breastfeeding multiple infants is equal to 1.5 times the food items in Food Package VII. The provision of 1.5 times the juice quantity in containers is not possible on a monthly basis due to approved foods sizes; therefore, juice container amounts must alternate every other month. For example, only 64-ounce containers of juice are approved, but 1.5 times offers 96 ounces of juice monthly in this food package. Juice must be issued as one 64-ounce container in one month and then two 64-ounce containers the following month. This distribution allows for the maximum provision in purchasable sizes. The fluid juice alternative as CVB benefit does appropriately issue with this food package and does not require alternating month amounts.

  Food package III for women who are fully breastfeeding multiple infants includes all of the foods listed above plus up to 1365 RFO of an approved and prescribed WIC-eligible nutritional.

- **Participants who Need Formula and Other Products in Excess of Amounts Allowed through WIC**
  The amounts outlined earlier in this section are the maximum amounts available for distribution through the WIC Program. Alternative options may be available for participants on Medicaid requiring excess amounts of formula not provided by WIC. Staff is encouraged to assist participant families in obtaining the approval for additional product through Medicaid. Additional information is available at www.ncdhhs.gov/ncwic under Local Agency Resources.

  Information about assistance provided to the family should be documented in the participant care plan in Crossroads.

WIC Supplemental Foods

Federal regulations define the minimum criteria for determining WIC supplemental foods with each State Agency having the ability to further define the selection criteria. The tables below outline the criteria to assess if a food item may be approved in the NC WIC Program for each WIC-eligible food category. Retail availability and cost are also reviewed in assessment of a food item prior to approval in the NC WIC Program.

Local agency staff refer participants to the most current "NC WIC Program Shopping Guide" and to the most current "North Carolina WIC Vendor Transaction Guide" used by vendors. These guides may be ordered from the Community Nutrition Services Section. The most current NC WIC Approved Product List (APL) and NC WIC Approved Foods Nutrition Criteria are available at https://www.ncdhhs.gov/ncwicfoods.

■ WIC-Eligible Foods

- Milk and milk substitutes including cow's milk, plant-based milk alternative, cheese, plant-based cheese alternative, yogurt, plant-based yogurt alternative, and tofu.

Cow's Milk	
Approved ▪ 1 gallon, ½ gallon and 1-quart fresh fluid milk ▪ ½ gallon lactose-reduced or lactose-free milk ▪ 1 quart Ultra High Temperature (UHT) milk ▪ 12 oz. canned evaporated milk ▪ Skim, 1%, 2% and whole pasteurized milk	**Not Approved** ▪ Buttermilk ▪ Chocolate or other flavored milk ▪ Goat's milk ▪ Milk drinks ▪ Powdered milk ▪ Organic milk
Plant-based Milk Alternative	
Approved ▪ 64 oz. container, unflavored	**Not Approved** ▪ Flavored plant-based milk alternatives ▪ Plant-based milk alternatives with artificial sweeteners ▪ Organic plant-based milk alternatives
Cheese	
Approved ▪ 8 oz. or 16 oz. prepackaged block or sliced (wrapped or unwrapped), snack, cubed, shaped, crumbled, strips, sticks, diced, grated, string or shredded cheese ▪ Any of the following types of cheese or blends of any of these cheeses: o Brick o Cheddar o Colby o Monterey Jack o Mozzarella o Muenster o Pasteurized processed American o Provolone o Swiss	**Not Approved** ▪ Cheese foods ▪ Cheese products ▪ Cheese spreads ▪ Cheese with additions such as wine, nuts, seeds, jalapenos, pimentos, herbs, spices, seasonings or flavorings (wine or smoked) ▪ Deli or hoop cheese ▪ Organic cheese

▪ Lower-sodium varieties ▪ Reduced-fat and reduced-cholesterol varieties	
Plant-Based Cheese Alternative	
Approved ▪ 8 oz. or 16 oz. prepackaged block or sliced (wrapped or unwrapped), snack, cubed, shaped, crumbled, strips, sticks, diced, grated, string or shredded cheese ▪ Must contain a minimum of 250 mg of calcium per 1.5 ounces plant-based cheese ▪ Must contain a minimum of 6.5 grams of protein per 1.5 ounces plant-based cheese	**Not Approved** ▪ Plant-based curd cheese ▪ Organic plant-based cheese
Yogurt	
Approved ▪ 32 oz. (quart) container or 2 oz. and 4 oz. packages that total exactly 16 oz. or 32 oz. ▪ Pasteurized ▪ Must contain no more than 16 grams of *added sugar* per 1 cup plant-based yogurt	**Not Approved** ▪ Yogurt sold with accompanying mix-in ingredients such as granola, candy pieces, honey, nuts and similar ingredients ▪ Drinkable yogurt ▪ Organic yogurt
Plant-Based Yogurt Alternative	
Approved ▪ 32 oz. (quart) container or 2 oz. and 4 oz. packages that total exactly 16 oz. or 32 oz. ▪ Must contain no more than 16 grams of *added sugar* per 1 cup plant-based yogurt	**Not Approved** ▪ Plant-based yogurts sold with accompanying mix-in ingredients such as granola, candy pieces, honey, nuts and similar ingredients ▪ Drinkable plant-based yogurt ▪ Organic plant-based yogurt
Tofu	
Approved ▪ 14 oz. - 16 oz. prepackaged ▪ Must contain a minimum of 100 mg of calcium per 100 grams of tofu	**Not Approved** ▪ Tofu with added fats, sugars, oils or sodium ▪ Tofu with artificial sweeteners ▪ Organic tofu

- Juice.

Juice	
Approved ▪ 64 oz. container ▪ 100% juice, unsweetened, pasteurized ▪ Juices fortified with calcium, vitamin D or vitamin C ▪ Vegetable juice may be regular or low sodium ▪ Packaged in plastic, glass, cans or refrigerated paper cartons	**Not Approved** ▪ Freshly squeezed juices ▪ Juice drinks or cocktails ▪ Juices promoted for use by infants ▪ Juices with added nutrients/additives other than calcium, vitamin D or vitamin C ▪ Sports drinks ▪ Organic juice

- Peanut, Nut, and Seed Butters.

Peanut Butter	
Approved ▪ 16 oz. – 18 oz. containers ▪ Less-sugar varieties	**Not Approved** ▪ Freshly ground peanut butter ▪ Peanut butter combinations (such as jelly, chocolate, marshmallow)

▪ Lower-sodium, sodium-free or salt-free varieties ▪ Plain, creamy, crunchy, or chunky ▪ Reduced-fat varieties ▪ Natural varieties	▪ Peanut butter spread ▪ Peanut butter with artificial sweeteners ▪ Organic peanut butter
Nut and Seed Butter	
Approved ▪ 16 oz. – 18 oz. containers ▪ Less-sugar varieties ▪ Lower-sodium, sodium-free or salt-free varieties ▪ Plain, creamy, crunchy, or chunky ▪ Reduced-fat varieties ▪ Natural varieties	▪ Freshly ground nut and seed butter ▪ Nut and seed butter combinations (such as jelly, chocolate, marshmallow) ▪ Nut and seed butter spread ▪ Nut and seed butter with artificial sweeteners ▪ Organic nut and seed butter

- Legumes including mature beans, peas, or lentils packaged dry and/or canned.

Mature Legumes (Beans, Peas, Lentils)	
Approved ▪ 16 oz. bag or box ▪ 15 oz. - 16 oz. cans **Dry** beans, peas, lentils ▪ Any type of plain, unseasoned mature dry beans, peas, or lentils **Canned** beans, peas, lentils ▪ Any type of plain, unseasoned mature canned beans, peas, or lentils ▪ Low-sodium mature canned beans, peas or lentils	**Not Approved** ▪ Canned beans with meat or added sugars, fat, or oils ▪ Frozen mature legumes (beans, peas, or lentils) o **May only obtain with cash-value benefit** ▪ Green beans or green peas (canned, fresh, or frozen) o **May only obtain with cash-value benefit** ▪ Soup mixes ▪ Organic dry or canned beans, peas, lentils

- Eggs.

Eggs	
Approved ▪ One dozen container ▪ Grade A, Large, white chicken eggs	**Not Approved** ▪ Powdered, liquid or hard-boiled eggs ▪ Brown eggs ▪ Specialty eggs ▪ Organic eggs

- Whole wheat bread and other whole grains.

Bread/Buns/Bagels/Rolls	
Approved ▪ 14 - 24 oz. loaf or package ▪ 100% whole-grain and/or whole-wheat bread, buns, bagels, or rolls	**Not Approved** ▪ Bread, buns, bagels, or rolls with artificial sweeteners ▪ Organic bread, buns, bagels, or rolls
Brown Rice	
Approved ▪ 14 oz. - 24 oz. bag or box ▪ Plain, whole-grain brown rice ▪ Instant, quick, or regular cooking	**Not Approved** ▪ Mixtures of rice ▪ Seasoned or flavored rice

	▪ Brown rice with added sugar, fats, oils, or salt (i.e., sodium) ▪ Brown rice with artificial sweeteners ▪ Organic brown rice
Tortillas	
Approved ▪ 14 - 24 oz. package ▪ Soft corn (yellow or white) tortillas ▪ Whole wheat tortillas	**Not Approved** ▪ Hard-shelled corn tortillas ▪ Tortillas with artificial sweeteners ▪ Organic tortillas
Whole Wheat Pasta	
Approved ▪ 14 - 24 oz. bag or box ▪ 100% whole-grain and/or whole-wheat pasta ▪ All shapes	**Not Approved** ▪ Added sugars, fats, oils, or salt (i.e., sodium) ▪ Organic pasta
Bulgur	
Approved ▪ 14 oz. - 24 oz. bag or box ▪ Plain, whole-grain bulgur ▪ Instant, quick, or regular cooking	**Not Approved** ▪ Added sugars, fats, oils or salt (i.e., sodium) ▪ Organic bulgur
Whole Grain Barley	
Approved ▪ 14 oz. - 24 oz. bag or box ▪ Plain whole-grain barley ▪ Instant, quick, or regular cooking	**Not Approved** ▪ Added sugars, fats, oils or salt (i.e., sodium) ▪ Organic whole-grain barley
Oatmeal/Oats	
Approved ▪ 14 oz. - 24 oz. bag or box ▪ Plain, old fashioned, rolled, cut, or steel cut ▪ Instant, quick, or regular cooking	**Not Approved** ▪ Added sugars, fats, oils or salt (i.e., sodium) ▪ Organic oatmeal/oats

- Breakfast cereal.

Breakfast Cereal	
Approved ▪ 12 oz. - 36 oz. bag or box ▪ At least 28 mg iron per 100 grams dry cereal ▪ Less than or equal to 6 grams added sugar per dry oz. cereal ▪ Includes whole grain as the primary ingredient by weight AND meets labeling requirements for making a health claim as a "whole-grain food with moderate fat content"	**Not Approved** ▪ Single serving packets ▪ Cereals with artificial sweeteners ▪ Organic cereals

- Infant cereal.

Infant Cereal	
Approved	**Not Approved**
▪ 8 oz. box ▪ Plain, dry infant cereal ▪ Organic infant cereal	▪ Infant cereal with added fruit or formula ▪ Infant cereal with artificial sweeteners

- Infant fruits and vegetables.

Infant Fruits and Vegetables	
Approved	**Not Approved**
▪ 2 oz, 3.5 oz, and 4 oz containers (single or multi-packs) ▪ Single fruit or blend of fruits ▪ Single vegetable or blend of vegetables ▪ Combination of fruit and vegetable ▪ Organic infant fruits and vegetables	▪ Infant fruits and vegetables with added sugar, starches, or salt (sodium) ▪ Infant fruits and vegetables with artificial sweeteners

- Infant meats.

Infant Meats	
Approved	**Not Approved**
▪ 2.5 oz. containers (single or multi-packs) ▪ Plain meat with gravy or with broth ▪ Organic infant meats	▪ Meat and pasta mixtures ▪ Meat and vegetable mixtures ▪ Infant meats with added sugars or salt (sodium)

- Canned fish.

Fish	
Approved	**Not Approved**
▪ 5 oz.- 6 oz. cans or foil packs ▪ **Pink Salmon**: Any brand, plain unseasoned, packed in water and with or without bones ▪ **Chunk-Light Tuna**: Any brand, plain unseasoned, packed in water	▪ Fish with added ingredients ▪ Lunch packs or kits ▪ Organic fish

- Formulas or WIC-Eligible Nutritionals.

Infant Formula, Exempt Infant Formula, or WIC-Eligible Nutritionals
Approved
▪ Only the brand, size, type and quantity as indicated on shopping list.

- Fruits and vegetables per the cash-value benefit (CVB).

Fruits and Vegetables	
Approved ▪ **FRUITS** with no added sugar, fats, oils or salt o Fresh fruit o Frozen fruit o Fruit, juice-packed or water-packed in cans, glass or plastic containers o Pre-cut, diced or sliced fruit o Single serving packets o Organic fruits ▪ **VEGETABLES** with no added sugar, fats, or oils o Fresh vegetables o Frozen mature legumes (beans, peas or lentils) o Frozen vegetables o Vegetables in cans, glass or plastic containers o Low-sodium vegetables o Pre-cut, diced, sliced or shredded vegetables o Canned tomato sauce or canned tomato paste o Single serving packets o Organic vegetables o Fresh herbs	**Not Approved** ▪ Breaded vegetables ▪ Catsup or other condiments ▪ Dried fruits or vegetables ▪ Dry or canned mature legumes (beans, peas, or lentils) o May obtain when listed under legume category. ▪ Fruit and/or vegetable juices o May obtain when listed under the juice category. ▪ Fruit baskets ▪ Fruit leathers and fruit roll-ups ▪ Fruit or vegetable items on salad bars ▪ Fruits or vegetables mixed with sauces or foods other than other fruits and vegetables ▪ Fruits or vegetables with added corn syrup, high-fructose corn syrup, maltose, dextrose, sucrose, honey, and/or maple syrup ▪ Fruit packed in cans, glass, or plastic containers with artificial sweeteners ▪ Infant fruits and vegetables ▪ Ornamental and decorative fruits and vegetables ▪ Pickled vegetables, olives ▪ Soups

WIC Formulas

The WIC program safeguards the health of women, infants, and children by encouraging and protecting breastfeeding and ensuring that families are making infant feeding decisions based on complete and impartial information. Following a breastfeeding assessment, the WIC program can provide infant formula options when appropriate. When medically necessary, exempt infant formulas or WIC-Eligible nutritionals are available for participants. For any participant, only one formula/WIC-Eligible nutritional can be issued at a time.

Participants Eligible to Receive Formulas

The following groups of participants may receive formulas and other products through WIC:

- Infants (birth up to 12 months of age)
- Children and women when a physician, physician extender (physician assistant or nurse practitioner) or certified nurse midwife determines that the use of formula or other product is medically necessary
- Participants who are not hospitalized or living in an institution

Types (Forms) of Formulas

Formulas may come in three types (or forms): powder, concentrate, and ready-to-feed. Often, the same product is available in more than one type/form but only one form of formula may be included in current food benefit issuance.

- **Powder.** These products must be mixed with water or added to another fluid product according to manufacturer's instructions or to instructions of the prescribing health care provider.
- **Concentrate**. These products must be mixed with water according to manufacturer's instructions or to instructions of the prescribing health care provider.
- **Ready-to-Feed (RTF).** These products do not require mixing with water. They may be used only when the CPA confirms and documents one or more of the following:
  - **Multi-serving containers (e.g., 32 oz.)**
    - The product is available only in ready-to-feed.
    - The participant's household has an unsanitary or restricted water supply.
    - The caretaker may have difficulty in correctly diluting the concentrate and powder products.
  - **Single-serving containers (e.g., 2 oz., 8 oz.)**
    - The product is available only in single-serving RTF sizes.
    - No other size may be appropriate (i.e., participant is homeless and without adequate refrigeration and/or a way to prepare product in a sanitary manner).
    - There is an emergency or catastrophic situation such as a hurricane or major flood. In these instances, additional guidance would be distributed by the State WIC Program.

- **Participants on Food Package III**. There are two allowances for the issuance of a ready-to-feed product for participants with a documented medical condition on Food Package III:
  - If a ready-to-feed form better accommodates the participant's condition; or
  - If it improves the participant's compliance in consuming the prescribed product.

NOTE: Single-serving nursette bottles (i.e., 2 oz.) should not be used simply to provide a higher caloric density formula. If a health care provider provides medical documentation for a higher caloric density formula (i.e., 22 or 24 calories per ounce), the CPA should contact the prescribing individual to discuss if an alternative method of providing additional calories is appropriate.

Formulas and Other Products

- **Infant Formulas (IF). (contract standard milk- and soy-based)** Most infants who are not fully breastfed consume standard milk- or soy-based infant formulas (IF) for the first year of life. Contract standard milk- or soy-based IF are products for which the North Carolina WIC Program receives a reimbursement per unit of formula transacted (i.e., a rebate). The contract formulas allowed by the North Carolina WIC Program are Similac Advance, Similac Sensitive, Similac Total Comfort and Similac Soy Isomil.

  NOTE: Standard milk- and soy-based IF which are nutritionally comparable to the contract IF but for which the North Carolina WIC Program does not have under contract are NOT allowed.

- **Exempt Infant Formulas (EXF).** WIC allows EXF to meet the nutritional needs of infants with a medical condition for which a standard milk-or soy-based infant formula is contraindicated.

- **WIC-Eligible Nutritionals (WEN).** WIC also allows other formulas and products to meet the nutritional needs of participants with a documented medical condition.

Medical documentation is required for a participant to receive an EXF or a WEN through WIC. Refer to Section 5 for information about medical documentation requirements and to Attachment 1 for a listing of the more frequently used EXF and WEN.

If medical documentation is received for an EXF or WEN and it is not listed on Attachment 1, the CPA should contact the Community Nutrition Services Section.

Donated and Promotional Formula

A local agency is prohibited from the acceptance of donated and/or promotional formulas, bottles, pacifiers, or nipple/teats for distribution to WIC Program participants and/or staff.

Metabolic Formulas

Most products used by individuals with a metabolic disorder are ordered by the Community Nutrition Services Section (CNSS) or Innovation Health Center and shipped to the local

agency WIC Program (Refer to Section 8 for information on receipt of products from the CNSS). Staff should receive a memo from the ordering agency in advance of any shipment of metabolic products. This correspondence includes the contact information for staff at the tertiary medical center that follows the participant. It also includes instructions regarding nutrition care and nutrition education for the participant, and other products and/or WIC-allowable foods which may be provided.

- **Non-Approved WIC Costs**
  All apparatus or devices (e.g., enteral feeding tubes, bags, and pumps) designed to administer WIC formulas are not allowable WIC costs. Refer to Chapter 12, Section 1 for further information on WIC costs.

(Blank Page)

Prescribing Food Packages

Staff must offer but not exceed the monthly maximum allowances of supplemental foods in each food package category. A Competent Professional Authority (CPA) must prescribe a specific food package at each certification and when modifications are requested or required. There are several considerations in prescribing an appropriate food package.

- **Default (Standard) Food Package**
  When the CPA navigates to the Prescribe Food screen in Crossroads, the default (standard) food package appropriate for the participant WIC category, age category and breastfeeding status will display. The standard package offers the maximum monthly allowances (MMA) for each category of supplemental food.

- **Adjusted Food Package**
  Adjustments to the standard food package may be made by the CPA to reflect nutrition tailoring for a category MMA and/or supplemental food substitutions. A CPA must document in the care plan the justification for adjustments to the food package due to:

  - Medical documentation which indicates one of the following modifications to a standard food package:
    - exempt infant formula (EXF) for an infant,
    - contract infant formula (IF), EXF or WIC-Eligible nutritionals (WEN) for a woman or child, or
    - whole milk for a child over 2 years of age or a woman participant;

  - Participant request or medical documentation for elimination of a specific category as requested can be completed on the Prescribe Food screen;

  - Substitution within and between categories or participant declination of one or more of the following specific food categories:
    - Infant formula
    - Infant cereal (no subcategories)
    - Infant meats (no subcategories)
    - Milk
    - Juice
    - Breakfast cereal (no subcategories)
    - Eggs
    - Legumes (dry beans, canned beans or peanut butter)
    - Breads/Whole Grains
    - Canned fish (tuna or salmon) (no subcategories)
    - Fruits and vegetables (cash value benefit) (no subcategories).

  - Standard milk type for issuance:
    - For children 24 months of age and older and women, low-fat (1%) milk or non-fat (skim) milk is the standard milk type for issuance.

- Reduced fat (2%) milk may be issued to children age 24 months of age and older or to women when a CPA determines there is a medical need based on an individual nutrition assessment. Reduced fat (2%) milk may not be issued based on a personal preference.
  - Examples of medical need include underweight BMI, weight loss in children and weight loss during pregnancy. When 2% milk is offered or provided to women or children 24 months of age and older, the justification must be clearly documented in the participant's care plan.
- Whole milk is the standard milk for issuance to children 12 to 23 months of age.
  - Reduced-fat (2%) milk may be issued to a child 12 to 23 months of age when a CPA determines there is a medical need based on an individual nutrition assessment, not a preference.
  - Examples of medical need include children for whom overweight or obesity is a concern. Reduced-fat milk may also be issued to children 12 to 23 months of age when the child's health care provider has instructed that the child have it in place of whole milk. When 2% milk is offered or provided for children 12 to 23 months of age, the justification must be clearly documented in the child's care plan.
- Participants may choose milk from one of the following subcategories (no medical documentation by participant's health care provider is required):
  - Evaporated milk
  - UHT milk (only if participant has limited refrigeration)
  - Lactose-free or lactose-reduced milk
  - Plant-based milk alternative
- Participants may choose one or more of the following milk substitutions (no medical documentation by participant's health care provider is required):
  - Cheese
    - Food Package IV, V or VI: maximum of one pound of cheese may be substituted for 3 quarts of milk.
    - Food Package VII: maximum of two pounds of cheese may be substituted for 6 quarts of milk.
  - Tofu (see table on page 17)
  - Yogurt (maximum of 2 quarts of yogurt may be substituted for 2 quarts of fluid milk)

NOTE: The same guidance in the preceding section on whole milk and reduced fat milk options to children (12-23 months of age) apply to yogurt issuance. Low fat or nonfat yogurts are the only types of yogurt authorized for children age 24 months of age and older and women.

■ Situations Prompting Food Package Adjustment

‣ Participants with Specific Food Intolerances/Vegan Diet.

- **Lactose Intolerance.** When the condition is reported by the participant, parent/guardian/caretaker of an infant or child, or by the health care provider, it must be documented in the participant's health record. Adaptation may include:
  - Lactose-reduced milk as a substitute for fresh fluid milk.

  - Plant-based milk alternative as a substitute for fresh fluid milk (refer to the additional information below for restrictions).
  - Tofu as a substitute for fresh fluid milk (refer to the additional information below for restrictions).
  - Yogurt as a substitute for fresh fluid milk (refer to the additional information below for restrictions).
- **Food Allergies.** When a food allergy is reported by the participant/caretaker or by the health care provider, it must be documented. Participants who have a food allergy should receive a food package adapted to their needs. The CPA must remove one or more categories of foods when requested by the participant/caretaker or indicated on the medical documentation.
- **Vegan Diet.** When adherence to a vegan diet is reported by the participant or parent/guardian/caretaker of an infant or child, it must be documented, and the food package adapted to their needs.

Issuance of Plant-Based Milk Alternative and Tofu

Children:

Issuance of tofu and plant-based milk alternative as substitutes for milk must be based on an individual assessment and consultation with the child's health care provider if necessary.

- Plant-based milk alternative may be substituted for milk on a quart-for-quart basis up to the total maximum allowance of milk.
- Tofu may be substituted for milk at the rate of 1 pound per quart of milk up to the maximum allowance of milk, for lactose intolerance or other reasons assessed and documented by CPA.

Women:

- Plant-based milk alternative may be substituted for milk on a quart-for-quart basis up to the total maximum allowance of milk.
- Tofu may be substituted for milk at the rate of 1 pound per quart of milk up to the maximum allowance of milk, for lactose intolerance or other reasons assessed and documented by CPA.
- One pound tofu OR one pound dry or four 15-16 ounce cans beans, peas, or lentils OR one 16-18 ounce container of peanut, nut, or seed butter may be substituted for each one dozen eggs with CPA assessment and documentation.

- **Participants Who are Homeless.** If an individual is homeless, it should be indicated in the Participant Demographics in Crossroads. Depending on the living situation, a homeless participant may need certain foods and/or alternative packaging to accommodate available food storage and preparation facilities.

- **Participants Who Have Limited or No Refrigeration.** Changes that can be made in the food package to adapt for any participant with limited or no refrigeration include:
  - Ordering single-serving ready-to-feed infant formula from the state office
  - Substituting UHT milk or evaporated milk for fresh fluid milk
  - Not issuing cheese or eggs

■ **Breastfeeding Status**

The certified woman (breastfeeding and postpartum) and her infant(s) are considered a dyad. The selections made on the Health Information screen by the CPA during a full nutrition

assessment reflect the actual feeding information and corresponding breastfeeding status of the dyad.

- There are four breastfeeding status classifications in Crossroads: fully breastfeeding, partially breastfeeding < = Maximum Monthly Allowance (MMA), partially breastfeeding > MMA and non-breastfeeding/fully formula feeding. See Section 1 of this chapter for more information on MMA.

Dyad Breastfeeding Status	**Infant: Participant Category**	**Woman: Participant Category**
Fully breastfeeding	Infant	Breastfeeding Woman
Partially breastfeeding < = MMA	Infant	Breastfeeding Woman
Partially breastfeeding > MMA	Infant	Breastfeeding Woman*
Non-breastfeeding / Fully formula feeding	Infant	Postpartum Woman*

**Note: After six months of age, this woman is not eligible for food benefits.*

- All postpartum women and infants are assigned the standard fully breastfeeding food package by default at certification. Adjustments to the infant food package are determined by the breastfeeding status. The infant food package drives the assignment of the corresponding food package for the woman.

- There are four corresponding food packages/feeding options for dyads: fully breastfeeding, partially breastfeeding < = MMA, partially breastfeeding >MMA, and non-breastfeeding/fully formula feeding.
  - If infant formula is added to the infant food package, the amount of formula in the infant food package in Crossroads will drive the assignment of the mother's food package prescription. After an infant food prescription has been saved, adjustments to the woman's food package may be initiated on the Prescribe Foods screen.
  - If the food packages within the dyad contradict, Crossroads will provide an error message alerting the user that corrections must be made to prevent over issuance or to provide both dyad members the maximum allowable supplemental foods.
  - Women breastfeeding an infant six months of age or older and receiving the 'partially breastfeeding > MMA' or 'non-breastfeeding' food packages are not eligible for food benefits but continue to be certified as a breastfeeding woman eligible for breastfeeding education, support and supply issuance.

  NOTE: It is possible for the breastfeeding status on the Prescribe Food page to not correspond with the dyad's actual feeding practice.

■ Infant Food Packages

- **Partially Breastfeeding**. For breastfeeding dyads who do not receive the fully

breastfeeding food package:

- The CPA is expected to tailor the amount of formula prescribed based on the assessed needs of the breastfed infant. The MMA quantity for the fully formula feeding food package should not be issued as the standard for any breastfeeding infant, rather the minimum amount of formula that meets but does not exceed the infant's nutritional needs should be prescribed.
  - Care must be exercised to ensure that the provision of formula does not interfere with or undermine the breastfeeding relationship.
  - When the CPA issues formula to a breastfeeding infant during the first month of life, the CPA must document the justification of issuance and appropriate provision of counseling and breastfeeding support.
- Automatic changes occur in formula amount for fully formula fed (IF or EXF).

- **Complementary Foods.** When an infant turns six months of age, the infant is age-eligible to receive complementary foods including WIC supplemental foods: infant cereal, infant fruits and vegetables and/or a cash-value benefit (CVB) for fresh, frozen, and canned fruits and vegetables, and infant for the fully breastfeeding infant. The Crossroads system automatically notes this date in the carousel to take effect on the first issue date after reaching six months of age.
  - Fully breastfeeding infants receive:
    - Infant fruits and vegetables and/or CVB
    - Infant meats, and
    - Infant cereal.
  - Partially breastfeeding < = MMA; partially breastfeeding > MMA and fully formula feeding infants receive:
    - Infant fruits and vegetables and/or CVB and
    - Infant cereal.

  The default food package for infants 6-11 months old includes both infant fruits and vegetables as ounces and CVB categories. Refer to Chapter 5, Section 1 for nutrition education requirements prior to issuance of the infant CVB.
  - Default: $11 CVB and 64 ounces infant fruits and vegetables
  - A CPA can tailor the infant food package as appropriate to offer instead:
    - 128 ounces infant fruits and vegetables or
    - $22 CVB.

  If complementary foods are not appropriate for the participant, staff must adjust the food package and document in the participant care plan.

■ **Infants 6 – 11 Months of Age on Food Package III**

Federal regulations allow the issuance of exempt infant formula (EXF) at the MMA for a 4-5 month old infant if no infant foods (infant cereal and infant fruits and vegetables) are prescribed. Medical documentation is required for the issuance of any exempt infant formula.

Federal regulations allow the issuance of contract infant formula (IF) at the MMA for a 4-5 month old infant if no infant foods (infant cereal and infant fruits and vegetables) are

provided. Medical documentation is required for this *level* of issuance for the contract infant formulas.

- If the increased amount (MMA level as that of 4-5 month old infant) of IF or EXF is prescribed, the CPA must delete the infant foods before saving the prescription in Crossroads.

- **Automatic Food Package Change when an Infant Turns One Year of Age**
  The infant food package is provided throughout the first year. In Crossroads, all infant participants are assigned a default 12 to 23 month old child food package in the carousel effective the first birthday of the participant.

  - When the first date to spend is on or after the first birthday of the participant, a child food package (IV(A) will be issued.

Medical Documentation Requirements

WIC Program medical documentation from an authorized health care provider is required for the prescription and issuance of many products allowed through the WIC Program. All medical documentation is subject to WIC approval and provision based on program policy and procedures.

■ Situations Requiring Medical Documentation

- An infant requires a formula other than the contract milk-or soy-based infant formulas (IF)
- A child or woman requires an exempt infant formula (EXF) or WIC-Eligible nutritional (WEN)
- A child 24 months of age and older or a woman requires whole milk
- Any IF, EXF, WEN or supplemental foods prescribed to an infant, child, or adult who receives Food Package III.

Nutrition assessment and determination of appropriate nutrition risk code by a Competent Professional Authority (CPA) is required when:

- New medical documentation changes the IF, EXF or WEN, or supplemental foods.
- The medical documentation form expires and the participant will no longer receive Food Package III.
- The participant requests a different formula or supplemental foods that are not prescribed by their health care provider.

■ Individuals Authorized to Prescribe

Formula/products or foods requiring medical documentation may be authorized only when prescribed by a physician, a physician extender (physician assistant or nurse practitioner) or a certified nurse midwife.

■ Required Medical Documentation

The WIC Program medical documentation must include the following information as applicable:

- Participant’s name and date of birth,
- Specific name of the formula, product or whole milk prescribed, including amount of formula/product needed per day,
- Specific qualifying condition(s) requiring use of the prescribed formula/product or whole

milk,

- Duration of medical documentation
  - Infants: not to exceed 12 months of age
  - Children and women: not to exceed 12 months in duration,
- Specific WIC foods not allowed due to the qualifying condition,
- Signature of the prescribing individual,
- Prescribing individual's printed name,
- Contact information (address, phone, fax) for the healthcare provider, and
- Date of signature (considered to be the date of medical determination).

If a CPA has questions about the medical documentation, including the appropriateness of the product prescribed, the CPA should contact the prescribing individual. Staff unfamiliar with the product prescribed should refer to the manufacturer's website for up-to-date information.

Types of Medical Documentation

- **Written Medical Documentation.** The medical documentation must be on the WIC Program Medical Documentation Form (Attachment 2), a physician's prescription pad, or documented in the health record if the participant receives health care within the local agency. All required information must be included. Prescription forms developed by product manufacturers are not acceptable. Staff may accept written medical documentation that is faxed, emailed, or mailed by the prescribing individual, or is brought to the agency by the participant. Medical documentation must be scanned into the participant record in Crossroads.

- **Verbal Medical Documentation**. One month's issuance may be provided with verbal medical documentation from the prescribing healthcare provider. Documentation of verbal medical documentation must be made in the participant record in Crossroads and include the date, name and contact information of prescribing individual and required data elements. Staff must obtain written confirmation of the medical documentation within 2 weeks after accepting the medical documentation verbally. Upon receipt of the medical documentation, the timeframe for the approval should be adjusted by re-entering the medical documentation in Crossroads.

Medical Conditions Indicating Need for Prescribed Products

In the WIC program, a qualifying condition is a medical condition that impairs ingestion, digestion, absorption or utilization of nutrients that could adversely affect a participant's nutrition status.

- **Formula or WEN.** The prescribing individual must document a qualifying condition that indicates a need for the prescribed formula or WEN in the treatment or management of

the condition. The responsibility for this treatment or management of the condition remains with the prescribing individual.

- **Food Package III Contraindications.** The issuance of formula or WEN in food package III is **not** allowed for the following:
  - infants with a non-specific formula or food intolerance that can be successfully managed with the use of a standard infant formula;
  - infants with a diagnosed formula intolerance or food allergy to lactose, sucrose, milk protein or soy protein that can be successfully managed with the use of a standard infant formula;
  - women and children who have food intolerance to lactose or milk protein that can be successfully managed with tailoring of the other WIC food packages; or
  - solely for the purpose of enhancing nutrient intake or managing body weight.

- Per federal regulations, the following list includes but is not limited to the example qualifying conditions which impair ingestion, digestion, absorption or utilization of nutrients that could adversely affect a participant's nutrition status:
  - cancer
  - cardiac disorder
  - eating disorder (anorexia or bulimia)
  - endocrine disorders
  - failure to thrive
  - gastrointestinal disorder
  - feeding disorder
  - hyperemesis gravidarum
  - immune system disorder
  - inborn errors of metabolism
  - liver disease
  - low birth weight
  - lung disease
  - malabsorption syndrome
  - metabolic disorder
  - neuromuscular or neurological disorder
  - premature birth
  - renal disease
  - severe food allergies that require an elemental formula.

- **Whole milk for children 24 months of age and older and for women.** The prescribing individual must document a qualifying condition that indicates a need for whole milk in the treatment or management of the condition.

■ **Medical Documentation Changes for Formulas and Other Products**
Refer to Chapter 8 for information about procedures when medical documentation changes after issuance has occurred.

- **Participant Transfers**
  Transferring participants who are eligible to receive WIC formula (IF, EXF, or WEN) in Food Package III must have one or more qualifying conditions, and who can be verified as having received the product via verification of certification (VOC), can be issued the product for the duration of the certification period with no further documentation. However, the transferring participant should be encouraged to establish a medical home in the new area as soon as possible for continuity of care.

Product Used By Transferring Participant	Actions That Staff Must Take
Contract milk- or soy-based infant formula	▪ An infant should be issued the same product. ▪ A child should be issued the same product if s/he has VOC documentation of the product issuance.
Non-contract milk-or soy-based infant formula	▪ Participant must be switched to a corresponding contract product.
Exempt formula/product or WIC-eligible nutritionals offered by NC WIC	▪ Verify VOC documentation of issuance of the EXF or WEN. ▪ Complete Medical Documentation in Crossroads prior to issuing the product: • Prescription Date: o Effective Date = Date VOC was prepared o Expiration Date = End of Certification Period per VOC o Prescription Date = Transfer Date • Diagnosis Information: o Medical Reason = Diagnosed Condition • Physician Information: o Physician's Name = VOC o Physician's Phone = Phone number listed on VOC ▪ Document circumstances and issuance of the transferring participant in the Nutrition Assessment section of the Care Plan Summary screen.
Whole milk	▪ Children who are 24 months of age or older and women may only be issued whole milk if they have medical documentation for its use.

Ordering Formula and Other Products from the Community Nutrition Services Section

Certain products must be ordered from the Community Nutrition Services Section (CNSS) because they are not readily available in the retail system. Generally, only human milk fortifier and nursettes are ordered through CNSS.

Attachment 1 indicates which products must be ordered from CNSS. Retail availability in certain geographic areas may necessitate the ordering of products not designated on Attachment 1 and should be addressed on a case by case basis.

- **Crossroads Operations**
  When a participant requires a product that **must** be ordered from CNSS, follow the below guidance for Crossroads food benefits.

  - Participant must be de-aggregated from family issuance.
  - Place family on a monthly issuance frequency.
  - Prescribe food package and save.
  - **DO NOT ISSUE.**
  - Place order with CNSS per ordering guidelines (see below.)
  - Upon receipt of product order, follow guidelines below to add product to local agency inventory and contact family to alert them to product availability.
  - Refer to Section 7 for guidance on documentation of issuance of formula and other products received from the CNSS.

- **Ordering Products**
  To order products from CNSS, a local agency CPA must complete a 'Formula and WIC-Eligible Nutritionals Order Request' (Attachment 3: Ordering WIC Infant Formulas and WIC-Eligible Nutritionals') and submit it to CNSS. The 'Formula and WIC-Eligible Nutritionals Order Form' contains instructions for completing and submitting the order to the CNSS.

  - The original order form must be scanned into the participant's medical record in Crossroads.

  Unless otherwise notified, orders will be processed by the CNSS within two working days of receipt. Products should arrive at the local agency within five working days from the date CNSS processes the order. Local agency staff should inform the WIC participant/parent/guardian/caretaker of the anticipated delivery date (e.g. up to 7 working days from the time the order is submitted to CNSS by the local agency).

- **Submitting Orders.** Order no more than a one (1) month supply of formula or other product.
  - Local agency staff is responsible for reordering products as participant need dictates.

- **Confirmation of Orders by the CNSS.** Once an order has been approved by CNSS and processed by the manufacturer, CNSS will return the original order form to the originating local agency with completed order information.

■ **Receiving Products**

Immediately upon product delivery at the local agency, staff must verify that the correct product and quantity is received without damage.

- **Correct Shipment**. If the shipment is correct and undamaged, local agency staff should:
  - Document receipt of the shipment. Refer to Section 7 for guidance on inventory of formula and other products.
  - Contact the participant/parent/guardian/caretaker and arrange product issuance from the agency.
  - Within 24 hours of product receipt, send the signed and dated packing slip to the CNSS via email NSB.PHNUReceipts@dhhs.nc.gov.
    - Some address labels serve as packing slips.
    - Do not send freight/trucking slips as these do not contain complete information.
    - If the packing slip is lost, misplaced, or was never received, local agency staff can fill out the 'Memo of Receipt: CNSS Nutritional Product Order' form under Local Agency Resources on the NC WIC website and submit per instructions on the form.

  Note: A timely packing slip is required for CNSS to pay an invoice.

- **Problem Shipment.** If the shipment arrives incorrect (product or quantity) or in damaged condition, local agency staff must call CNSS immediately to report directly with CNSS staff responsible for ordering formula and other products.
  - **Resolution.** To expedite resolution for orders with incorrect or damaged product, it is recommended for local agency to take pictures of all delivered products showing labels on boxes and documenting the extent of damage. These pictures can be shared with CNSS staff via NSB.PHNUReceipts@dhhs.nc.gov.
  - **Disposal**. Whenever a product is received damaged and approved by CNSS for disposal, local agency staff must dispose of product per guidelines and document the disposal of products on the Formula Disposal Log.

  Note: If a formula shipment has not arrived within the expected timeframe, local agency staff should contact CNSS staff via NSB.PHNUReceipts@dhhs.nc.gov.

■ **Issuing Products**

Refer to Section 7 for guidance on documentation of issuance of formula and other products received from the CNSS.

Inventory and Issuance of Formula and Other Products

Local agencies may have formula or other products on hand that were ordered by the Community Nutrition Services Section (CNSS) for a program participant or received from another local agency. In each of these situations, staff is accountable for the management of the products and associated documentation related to product receipt, storage, inventory, issuance, and disposal.

- **Receipt of Formulas and Other Products**
  Products received from the CNSS are intended for issuance to a specific individual. Any product received must be checked immediately for damage, signs of tampering, and expiration date, and should not be used if problems are identified. Do not issue damaged products to a participant.

  Within 24 hours of product receipt, send the signed and dated packing slip to the CNSS via email NSB.PHNUReceipts@dhhs.nc.gov. Refer to Section 6 for additional guidance.

  - **Received from manufacturer**. Local agency staff must add the complete shipment into the local agency formula inventory in Crossroads.

  - **Received from another local WIC agency**. A local agency may have a specialized formula or other product in their inventory that could be used by a participant in another local agency. The transfer of product from one agency to another must be documented by both agencies (issuance from one agency and receipt by the other). Any product received must be checked immediately for damage, signs of tampering, and expiration date and should not be used if problems are identified. Do not issue the damaged product to participant.

  - **Received from a Participant/Parent/Guardian/Caretaker**. Any formula returned by a participant or not received directly from the manufacturer (or another local agency) must be properly disposed of and documented. r. Returned formula must not be donated to food banks, food pantries, shelters, or animal shelters.
    - Products containing formula must be opened and emptied.
      - Liquid formula must be opened and poured down the drain.
      - Powder formula must be opened and emptied into the trash or reconstituted and poured down the drain.
    - Two staff members must be present for disposing formula and documenting it on the Formula Disposal Log, Attachment 6.
    - Local agency staff should maintain Formula Disposal Logs on site and maintain records according to retention rules (see Chapter 13).

- **Storage of Formulas and Other Products**
  Staff must store all formula and other products in a secure area which is not visible to participants.

  - Store formula received from CNSS, another local agency, authorized vendor or

wholesaler separate from formula received from a Participant/Parent/Guardian/Caretaker until it is disposed of in safe manner.

- **Quarterly Reconciliation of Physical Inventory**
  Staff must maintain an ongoing inventory and complete inventory at least quarterly (recommend February, May, August and November) by reconciling the issuance/inventory log with the physical inventory of containers on hand.

- **Issuance Of Formulas and Other Products from Inventory**

  - Documentation of issuance of infant formula, exempt infant formula, or WIC-eligible nutritionals must be done in the Crossroads system and can be found in the Journal of Transactions.

  - Inventory must be deducted when product is sent to another local agency for use by one of their program participants.

- **Disposal of Damaged or Expired Product**
  Products must not be issued if problems are identified. Whenever a product in inventory is damaged, shows signs of tampering, or is past its expiration date, the product must be opened, disposed of in a safe manner and removed from the clinic and Crossroads inventory.

  - **Product Received from the Manufacturer.** Prior to disposing of product received from the manufacturer through CNSS order, call the CNSS for instructions.

  - **Documentation of Disposal.** Staff must document the disposal of products on the Formula Disposal Log.

Inventory and Issuance of Metabolic Formulas

Local agencies serve as metabolic formula pick-up locations for individuals receiving care in NC metabolic clinics. Orders for metabolic formulas are placed by the Community Nutrition Services Section (CNSS) and Innovation Health regardless of WIC status (e.g., many individuals receiving metabolic products are not categorically or income eligible for WIC).

Local agency staff is responsible for the accountability of metabolic products including receipt, storage, inventory, issuance, and documentation of issuance regardless of the recipient's WIC participation status. Issuance is a paper system separate from Crossroads.

- **Receipt of Metabolic Formulas**
  Metabolic formulas ordered by the CNSS or Innovation Health are intended for issuance to a specific individual. For metabolic product orders placed by CNSS, additional communication will be sent by CNSS to the receiving local agency to guide order receipt and issuance.

  - **Product Received from the Manufacturer.** Any product received must be checked immediately for damage, signs of tampering, and expiration date and should not be used if problems are identified. Do not issue damaged product to participant.

    Within 24 hours of product receipt, send the signed and dated packing slip to CNSS via email NSB.PHNUReceipts@dhhs.nc.gov. Refer to Section 6 for additional guidance.

    NOTE: Metabolic products can not be accepted for return at the local WIC agency. Metabolic clients should be advised to contact the metabolic clinic that manages their prescription.

  - **Received From Another Local WIC Program**. A local agency has metabolic formula that is not picked up by the client for whom the product was ordered and which could be used by a metabolic client in another county. In such cases, CNSS will coordinate the transfer of the product from one agency to the other. This transfer between agencies must be documented by both agencies (issuance from one agency and receipt by the other). Upon delivery, the products must again be checked for damage, signs of tampering, and expiration date and must not be issued if problems are identified.

- **Storage of Metabolic Formulas**
  Staff must store all metabolic formula in a secured area which is not visible to program participants.

- **Documentation of Issuance of Metabolic Formula**
  Documentation of receipt and issuance of metabolic products is kept on a paper log regardless of WIC participation status. Refer to Attachment 4 which offers a description and examples of inventory/issuance logs that can be used to document receipt and issuance of metabolic formula.

  - **Receipt** must be documented using the paper system outlined above for all metabolic formulas received directly from the manufacturer or from another local WIC Program.

- **Issuance** must be documented using the paper system outlined above for a metabolic product issued to a WIC participant, to an individual not on WIC but receiving a metabolic formula, or to another local WIC Program for use by one of their program participants.

■ **Confidentiality of Information**

Inventory and issuance logs do not directly disclose medical information; however, recipient and specialized nutritional product names are shown. To protect participant privacy staff are encouraged to:

- Not document any medical information on inventory and issuance logs.
- Cover any participant identifiers or use a separate page when the participant/parent/caretaker signs for receipt of the product.

■ **Disposal of Damaged or Expired Product**

Products must not be issued if problems are identified. Whenever a product is damaged, shows signs of tampering, or is past its expiration date, the product must be opened, and disposed of in a safe manner.

- **Product Received from the Manufacturer.** Prior to disposing of product received from the manufacturer through CNSS order, call the CNSS for instructions.
- **Documentation of Disposal.** Staff must document the disposal of products on the Formula Disposal Log.

Infant Formulas, Exempt Infant Formulas and WIC-Eligible Nutritionals Allowed Through WIC

Contact the Community Nutrition Services Section (CNSS) to inquire about a product not listed.

Product Manufacturer	**Must Order from CNSS**	**Category in Crossroads**	**Size**	**Type**	**Reconstituted Fluid Ounces (RFO)**
Alfamino Infant *Nestle*		EXF	14.1 oz.	PWDR	96
Alfamino Jr. *Nestle*		WEN	14.1 oz.	PWDR	62
Boost *Nestle*		WEN	8 oz.	RTF	8
Boost Breeze *Nestle*		WEN	8 oz.	RTF	8
Boost High Protein *Nestle*		WEN	8 oz.	RTF	8
Boost Kid Essentials 1.0 *Nestle*		WEN	8 oz.	RTF	8
Boost Kid Essentials 1.5 *Nestle*		WEN	8 oz.	RTF	8
Boost Kid Essentials 1.5 with Fiber *Nestle*		WEN	8 oz.	RTF	8
Boost Plus *Nestle*		WEN	8 oz.	RTF	8
Compleat Pediatric Organic Blends *Nestle*		WEN	300 ml	RTF	10.1
Compleat Pediatric Original *Nestle*		WEN	250 ml	RTF	8.45
Compleat Pediatric Original 1.5 *Nestle*		WEN	250 ml	RTF	8.45
Compleat Pediatric Peptide 1.0 *Nestle*		WEN	250 ml	RTF	8.45
Compleat Pediatric Peptide 1.5 *Nestle*		WEN	250 ml	RTF	8.45
Compleat Pediatric Standard 1.0 *Nestle*		WEN	250 ml	RTF	8.45
Compleat Pediatric Standard 1.4 *Nestle*		WEN	250 ml	RTF	8.45
Compleat Pediatric Reduced Calorie *Nestle*		WEN	250 ml	RTF	8.45
EleCare for Infant *Abbott*		EXF	14.1 oz.	PWDR	95
EleCare Jr Flavored *Abbott*		WEN	14.1 oz.	PWDR	65
EleCare Jr Unflavored *Abbott*		WEN	14.1 oz.	PWDR	65
Enfamil NeuroPro EnfaCare *Mead Johnson*		EXF	13.6 oz.	PWDR	87
	X	EXF	2 oz.	RTF	2
Enfamil Human Milk Fortifier *Mead Johnson*	X	EXF	5 ml	LIQUID	1
Enfamil Human Milk Fortifier HP *Mead Johnson*	X	EXF	5 ml	LIQUID	1
Enfamil 24 *Mead Johnson*	X	EXF	2 oz.	RTF	2

Infant Formulas, Exempt Infant Formulas and WIC-Eligible Nutritionals Allowed Through WIC

Contact the Community Nutrition Services Section (CNSS) to inquire about a product not listed.

Product Manufacturer	**Must Order from CNSS**	**Category in Crossroads**	**Size**	**Type**	**Reconstituted Fluid Ounces (RFO)**
Enfamil Premature 20 *Mead Johnson*	X	EXF	2 oz.	RTF	2
Enfamil Premature 24 *Mead Johnson*	X	EXF	2 oz.	RTF	2
Enfamil Premature High Protein 24 *Mead Johnson*	X	EXF	2 oz.	RTF	2
Enfamil Premature 30 *Mead Johnson*	X	EXF	2 oz.	RTF	2
Enfaport Infant *Mead Johnson*		EXF	6 oz.	RTF	6
Ensure *Abbott*		WEN	8 oz.	RTF	8
Ensure Clear Nutritional Beverage *Abbott*		WEN	10 oz.	RTF	10
Ensure Plus *Abbott*		WEN	8 oz.	RTF	8
Fortini Infant *Nutricia*	X	EXF	4 oz.	RTF	4
Glucerna *Abbott*		WEN	8 oz.	RTF	8
KetoCal 4:1 *Nutricia*		WEN	11 oz.	PWDR	70
			8 oz.	RTF	8
KetoCal 3:1 *Nutricia*		WEN	11 oz.	PWDR	69.9
Monogen *Nutricia*		WEN	400 gm	PWDR	88.5
Neocate Infant DHA/ARA *Nutricia*		EXF	14.1 oz.	PWDR	97
Neocate Junior Unflavored *Nutricia*		WEN	14.1 oz.	PWDR	64
Neocate Junior with Prebiotic Chocolate *Nutricia*		WEN	14.1 oz.	PWDR	62
Neocate Junior with Prebiotics Vanilla, Strawberry *Nutricia*		WEN	14.1 oz.	PWDR	64
Neocate Splash Flavored *Nutricia*		WEN	8 oz.	RTF	8
Neocate Splash Unflavored *Nutricia*		WEN	8 oz.	RTF	8
Neocate Syneo Infant *Nutricia*		EXF	14.1 oz.	PWDR	95
Neocate Syneo Junior *Nutricia*		WEN	14.1 oz.	PWDR	62
Nepro *Abbott*		WEN	8 oz.	RTF	8
Nestle Extensive HA *Nestle*		EXF	14.1 oz.	PWDR	96

Infant Formulas, Exempt Infant Formulas and WIC-Eligible Nutritionals Allowed Through WIC

Contact the Community Nutrition Services Section (CNSS) to inquire about a product not listed.

Product Manufacturer	**Must Order from CNSS**	**Category in Crossroads**	**Size**	**Type**	**Reconstituted Fluid Ounces (RFO)**
Nutramigen *Mead Johnson*		**EXF**	13 oz.	CONC	26
			8 oz.	RTF	8
			32 oz	RTF	32
Nutramigen with Probiotic LGG *Mead Johnson*		EXF	12.6 oz.	PWDR	87
Nutren Junior *Nestle*		WEN	8.45 oz.	RTF	8.45
Nutren Junior with Fiber *Nestle*		WEN	8.45 oz.	RTF	8.45
PediaSure *Abbott*		WEN	8 oz.	RTF	8
PediaSure with Fiber *Abbott*		WEN	8 oz.	RTF	8
PediaSure Peptide 1.0 Cal Flavored *Abbott*		WEN	8 oz.	RTF	8
PediaSure Peptide 1.0 Cal Unflavored *Abbott*		WEN	8 oz.	RTF	8
PediaSure Peptide 1.5 Cal Flavored *Abbott*		WEN	8 oz.	RTF	8
PediaSure Standard 1.0 *Abbott*		WEN	8 oz.	RTF	8
PediaSure Standard 1.0 with Fiber *Abbott*		WEN	8 oz.	RTF	8
PediaSure Standard 1.5 *Abbott*		WEN	8 oz.	RTF	8
PediaSure Standard 1.5 with Fiber *Abbott*		WEN	8 oz.	RTF	8
Peptamen Junior *Nestle*		WEN	8.45 oz.	RTF	8.45
Peptamen Junior High Protein *Nestle*		WEN	8.5 oz.	RTF	8.5
Peptamen Junior with Fiber *Nestle*		WEN	8.45 oz.	RTF	8.45
Peptamen Junior 1.5 *Nestle*		WEN	8.45 oz.	RTF	8.45
Peptamen Junior with Prebiotics *Nestle*		WEN	8.45 oz.	RTF	8.45
Pepticate Infant *Nutricia*		EXF	13.2 oz.	PWDR	86
Pregestimil *Mead Johnson*		EXF	16 oz.	PWDR	112
Pregestimil 24 *Mead Johnson*	X	EXF	8 oz.	RTF	8
ProPhree *Abbott*		EXF	14.1 oz.	PWDR	102
PurAmino DHA & ARA *Mead Johnson*		EXF	14.1 oz.	PWDR	98

Infant Formulas, Exempt Infant Formulas and WIC-Eligible Nutritionals Allowed Through WIC

Contact the Community Nutrition Services Section (CNSS) to inquire about a product not listed.

Product Manufacturer	**Must Order from CNSS**	**Category in Crossroads**	**Size**	**Type**	**Reconstituted Fluid Ounces (RFO)**
PurAmino Junior *Mead Johnson*		WEN	14.1 oz.	PWDR	65
Renastart *Vitaflo (Nestle)*	X	WEN	14.1 oz.	PWDR	57
Renastep *Vitaflo (Nestle)*	X	WEN	6.7 oz.	RTF	6.7 oz
Ross Carbohydrate Free (RCF) *Abbott*		EXF	13 oz.	CONC	25.6
Similac Advance *Abbott*		IF	12.4 oz.	PWDR	90
			13 oz.	CONC	26
			32 oz.	RTF	32
Similac Sensitive *Abbott*		IF	12.5 oz.	PWDR	90
			32 oz.	RTF	32
Similac Gentle Comfort *Abbott*		IF	12.6 oz.	PWDR	90
Similac Soy Isomil *Abbott*		IF	12.6 oz.	PWDR	90
			13 oz.	CONC	26
			32 oz.	RTF	32
Similac Alimentum *Abbott*		EXF	12.1 oz.	PWDR	87
		EXF	32 oz.	RTF	32
	X	EXF	2 oz.	RTF	2
Similac for Diarrhea *Abbott*		EXF	32 oz.	RTF	32
Similac NeoSure *Abbott*		EXF	13.1 oz.	PWDR	87
		EXF	32 oz.	RTF	32
	X	EXF	2 oz.	RTF	2
Similac Human Milk Fortifier *Abbott*	X	EXF	5 ml	CONC	1
Similac PM 60/40 *Abbott*		EXF	14.1 oz.	PWDR	102
Similac Special Care 20 *Abbott*	X	EXF	2 oz.	RTF	2
Similac Special Care 24 *Abbott*	X	EXF	2 oz.	RTF	2
Similac Special Care 24 High Protein *Abbott*	X	EXF	2 oz.	RTF	2
Similac Special Care 30 *Abbott*	X	EXF	2 oz.	RTF	2

Infant Formulas, Exempt Infant Formulas and WIC-Eligible Nutritionals Allowed Through WIC

Contact the Community Nutrition Services Section (CNSS) to inquire about a product not listed.

Product Manufacturer	**Must Order from CNSS**	**Category in Crossroads**	**Size**	**Type**	**Reconstituted Fluid Ounces (RFO)**
Suplena with Carb Steady *Abbott*		WEN	8 oz.	RTF	8
Vivonex Pediatric *Nestle*	X	WEN	400 gm	PWDR	70

Category: Infant Formula = IF Exempt Infant Formula = EXF WIC-Eligible Nutritional = WEN

Type: Powder = PWDR Ready to Feed = RTF Concentrate = CONC
Liquid = LIQUID

Infant Formulas, Exempt Infant Formulas and WIC-Eligible Nutritionals Allowed Through WIC

Contact the Community Nutrition Services Section (CNSS) to inquire about a product not listed.

(Blank Page)

WIC Program Medical Documentation

PURPOSE: To facilitate the collection of required medical documentation necessary for the issuance of specific products through the WIC Program.

GENERAL INSTRUCTIONS: WIC Program staff should provide the WIC Program Medical Documentation form to any participant needing the issuance of an exempt infant formula (EXF) or WIC-eligible nutritional (WEN), or whole milk for women or children 24 months of age or older. The WIC Program Medical Documentation form may be faxed, mailed, securely emailed if appropriate, or given to the individual to take to the health care provider.

The health care provider should complete the relevant sections of the form, including:

- qualifying medical condition;
- product information including: name of product and /or suitable substitutions*, amount prescribed per day, identification of WIC supplemental food(s) not allowed during the duration of prescription for the participant;
- duration of prescription (up to 12 months);
- health care provider name, credentials, signature, and date of prescription.

The form must be returned to the local agency in which the participant receives services.

DISTRIBUTION: Maintain a scanned copy of the WIC Program Medical Documentation form in Crossroads.

DISPOSITION: The WIC Program Medical Documentation form should be scanned into Crossroads and saved. The physical form should be destroyed upon confirmation that the scan is legible and retrievable from Crossroads.

REORDER INFORMATION: Additional print copies of this form may be ordered on the Community Nutrition Services Section Requisition Form on the website: https://www.ncdhhs.gov/ncwic. Under information 'For Community Partners' on the website, a fillable form is also available.

* *Medical providers can put more than one infant formula on medical documentation form if substitutions for preferred formula are available.*

(Blank Page)

North Carolina Department of Health and Human Services
Division of Child and Family Well-Being/Community Nutrition Services Section

WIC Program Medical Documentation
Infant (Birth to 12 Months of Age)

The WIC Program promotes breastfeeding for infants the first year of life and beyond and actively supports the American Academy of Pediatrics' Statement on Breastfeeding and the Use of Human Milk.

A written prescription is required for an infant who uses a formula/product other than a North Carolina WIC contract milk- or soy-based infant formula. Prescription is subject to WIC approval and provision based on program policy and procedures.

Please complete all sections (A-D) for <u>all</u> prescriptions.

A. PARTICIPANT INFORMATION

Participant's name:	**DOB:**
Medical condition(s) indicating need for prescribed product:	

B. FORMULA/PRODUCT

Formula/product prescribed:
Amount prescribed per day:
Special instructions for preparation or dilution:
Duration of prescription (limited to 12 months of age):

C. SUPPLEMENTAL FOODS

Beginning at six months of age through the 11th month of age, WIC supplemental foods are available in addition to the prescribed formula. Please indicate which foods this infant should <u>not</u> receive for the duration of this prescription.

❑ No Infant Cereal ❑ No Infant Fruits or Vegetables

D. HEALTH CARE PROVIDER INFORMATION

Signature of health care provider (include credentials):		
Provider's name (please print)**:**		
Medical office/clinic (include address)**:**		
Phone #:	**Fax #:**	**Date:**

Contact your local WIC program for information on formulas allowed through the NC WIC Program.

North Carolina Department of Health and Human Services
Division of Child and Family Well-Being/Community Nutrition Services Section

WIC Program Medical Documentation
Child (12 Months of Age and Older) or Woman

Complete sections A and D for all prescriptions.
► To prescribe a **formula or product** for a child (12 months of age or older) or a woman, also complete **section B.**
► To prescribe **whole milk** for a child (24 months of age or older) or a woman, also complete **section C.**

Prescription is subject to WIC approval and provision based on program policy and procedures.

A. PARTICIPANT INFORMATION

Participant's name:	**DOB:**
Medical condition(s) indicating need for prescribed product:	
Duration of prescription (limited to 12 months):	

B. FORMULA / PRODUCT AND WIC SUPPLEMENTAL FOODS

Formula/product prescribed:

Amount prescribed per day:

Special instructions for preparation or dilution:

Supplemental foods:

❑ No supplemental foods are allowed for this participant as offering these foods is contraindicated at this time.

— or —

Identify any WIC supplemental food not allowed for this participant; otherwise, some or all of the following food options may be provided depending on the participant category:

❑ No Milk	❑ No Breakfast Cereal	❑ No Juice
❑ No Whole-Wheat Bread or Other Whole Grains	❑ No Fruits and Vegetables	❑ No Peanut Butter
❑ No Cheese	❑ No Tofu	❑ No Nut or Seed Butter
❑ No Canned Fish	❑ No Yogurt	❑ No Eggs
❑ No Plant-Based Milk Alternative	❑ No Juice	❑ No Legumes

C. WHOLE MILK — CHILD (24 MONTHS OF AGE OR OLDER) OR WOMAN

❑ Whole milk prescribed. Otherwise, these individuals receive skim/1%.

D. HEALTH CARE PROVIDER INFORMATION

Signature of health care provider (include credentials):		
Provider's name (please print):		
Medical office/clinic (include address):		
Phone #:	**Fax #:**	**Date:**

Contact your local WIC program with any questions about current policy or for more information.

Ordering WIC Infant Formulas and WIC-Eligible Nutritionals

Purpose: To order formulas or WIC-eligible nutritionals through the Community Nutrition Services Section (CNSS).

Preparation: The local agency staff will:

1. Review WIC Program Medical Documentation Form (Attachment 2). A product and/or equivalent substitutions may be listed by the health care provider.
2. Ensure accuracy and appropriateness, then scan in Crossroads.
3. CPA complete assessment and care plan summary of the participant's medical status.
4. Update Nutrition Risk Codes based on diagnosis (if needed).
5. Prescribe Food Package with consideration:
   - only one product and product type can be prescribed on the current participant's food prescription;
   - the product quantity (RFO) prescribed reflects health care provider documentation, discussion of feeding plan with family, with consideration of breastfeeding status and dyad goals.
6. Complete 'Formula and WIC Eligible Order Form' with consideration of family issue date and calculate proration of benefits as needed.
   - The most current form of 'CNSS WIC Formulas and WIC-Eligible Nutritionals Order Form' is available on the North Carolina WIC website as a fillable form.
7. CPA sign and date the form. Then scan into participant's record in Crossroads.
8. Fax the completed order form to the Community Nutrition Services Section. (No cover sheet is required.)

The State agency staff will:

1. Receive the Formula and WIC-Eligible Nutritional Order Form.
2. Review for accuracy of required information needed to approve request.
3. Complete the bottom part of the form.
4. Approve formula request and complete processing of the order.
5. Send confirmation of the processed order to the local agency.

Receiving: Product from CNSS or another local WIC Program:

1. Receive product and collect packing slip.
   - If the packing slip is lost, misplaced, or was never received, local agency staff can fill out the 'Memo of Receipt: CNSS Nutritional Product Order' form under Local Agency Resources on the NC WIC website and submit per instructions on the form.
   - *Note: If a formula shipment has not arrived within the expected timeframe, local agency staff should contact CNSS staff via NSB.PHNUReceipts@dhhs.nc.gov.*
2. Check packages and containers for damage, tampering, and accuracy.

- Immediately report damages or incorrect product to CNSS for additional guidance.

3. Sign and date the packing slip and email to NSB.PHNUReceipts@dhhs.nc.gov within 24 hours or product receipt.
4. Add shipment to formula inventory in Crossroads.
   - Complete inventory log on paper if formula received is not listed in Crossroads.

Any product not received from CNSS, another local agency or authorized vendor or wholesaler must be properly disposed of in a safe manner. See Chapter 7 Attachment 6 instructions for disposal and Formula Disposal Log.

Storage: The local agency staff must store all formula and other products in a safe and secure area which is clean, well-organized, and not visible to program participants.

Distribution: The local and State Agency must retain and file all documents in a secure manner.

Disposition: This form may be destroyed in accordance with the Records Retention and Disposition Schedule for Grants, North Carolina Department of Health and Human Services.

FORMULAS AND WIC-ELIGIBLE NUTRITIONALS ORDER FORM

Department of Health and Human Services
Community Nutrition Services Section (CNSS)

Instructions: Complete Sections I – IV then fax the form to CNSS at (984) 236-8298.

I. Contact Information for Competent Professional Authority (CPA) authorizing order

Order date _____Name and title of CPA: _____

Phone # _____ Email _____ Fax # _____

II. Participant Information

First name _____ Last name _____ DOB _____

Participant ID # _____ Medicaid ❒ Yes ❒ No

List all specific participant medical condition(s) indicating the need for the product

_____

III. Product Information ❒ Initial Order ❒ Reorder

Product Name _____

Flavor (if applicable) _____

Product Type	Product manufacturer
❒ Ready-to-Feed	❒ Abbott ❒ Mead Johnson
❒ Concentrate	❒ Nestle ❒ Nutricia
❒ Powder	❒ Vitaflo

Requested # Reconstituted Fluid Ounces (RFO's) _____

If the amount requested is less than the maximum monthly amount and differs from the amount indicated by the health care provider, indicate if:

❒ Agency has a partial supply of _____ containers or _____ RFO's

❒ Client declines or does not use the maximum monthly amount

❒ Other _____

IV. Shipping Information

Local WIC Agency Name _____

Main Site Shipping Address _____

City / State _____ Zip Code _____

CPA signature _____ _____

Name Date

State Office Use Only

Product _____ # cases_____ Order approved by/ date _____

Account # _____ PO # _____ Confirmation Order # _____

Ordered by/ date _____ Estimated delivery date _____

Order is for _____ containers. Issue ____ containers. Place remaining _____ containers in inventory.

©NSS # 7827 (10-2020, Revised: 10-2022)

(Blank Page)

Examples of Metabolic Product Inventory and Issuance Logs

The purpose of a metabolic products inventory log is to track receipt and issuance of metabolic products received by the Local Agency from the Community Nutrition Services Section, from Innovation Health, or from another local WIC Program. The minimum requirements for these logs are outlined in Chapter 7 Section 7.

There are a variety of ways to maintain inventory logs. This attachment includes two examples of logs that local agency staff may use or modify as needed for metabolic products.

Example #1 documents receipt and issuance specific to a product type and size such as RTF, concentrate, powder. That is, each product/product type would have its own inventory log.

Example #2 documents receipt and issuance that is not specific to a product type and size. Every product/product type would be on one inventory log.

Blank Page

Metabolic Product_____ **Page #** _____

		Product Received		Product Issued			
Date	**# Cases Received (+) or Issued (-)**	**Received From** *	**Date Client Contacted** **	**Issued To** *(include WIC ID if client on WIC)*	**Dated signature of parent/ participant/proxy receiving product** *(or document other disposition ***)*	**Total # Cases in Inventory**	**Staff Initials**

* Enter source of product; e.g., CNSS or another local agency or Innovation Health.
** If product was received for a specific individual, enter the date that the client was notified that the product arrived.
*** Other disposition includes sending to another agency, destroying product due to out-of-date or damage, and returned to the CNSS

Page # _____

INVENTORY INFORMATION	ISSUANCE INFORMATION
PRODUCT NAME: _____ Date Received: _____ Amount Received: _____ Received by: _____ Date client contacted: _____ Notes:	Date Issued: _____ Amount Issued: _____ Staff Initials: _____ Client's Name: _____ **WIC ID _____ Client's Signature: _____ **-OR-** Other (e.g., destroyed/shipped elsewhere) Reason _____ Date: _____ Notes:
PRODUCT NAME: _____ Date Received: _____ Amount Received: _____ Received by: _____ Date client contacted: _____ Notes:	Date Issued: _____ Amount Issued: _____ Staff Initials: _____ Client's Name: _____ **WIC ID _____ Client's Signature: _____ **-OR-** Other (e.g., destroyed/shipped elsewhere) Reason _____ Date: _____ Notes:

** Complete only if issued to WIC participant

MAXIMUM MONTHLY ALLOWANCES OF SUPPLEMENTAL FOODS FOR FOOD PACKAGES I – VII

■ Food Package I, II, III

- Fully Breastfed Infants

Supplemental Foods	Maximum Monthly Allowance
0 through 5 months (Food Package I)	
None	None
6 through 11 months (Food Package II)	
Infant cereal	16 ounces
Infant fruits and vegetables	128 ounces OR 64 ounces and $11.00 CVB OR $22.00 CVB
Infant meats	40 ounces

- Partially Breastfed Infants

Supplemental Foods	Maximum Monthly Allowance
0 through 3 months (Food Package I & III)	
Similac Advance Powder	4 - 5 Cans
4 through 5 months (Food Package I & III)	
Similac Advance Powder	5 Cans
6 through 11 months (Food Package II & III)	
Similac Advance Powder	4 Cans
Infant cereal	8 ounces
Infant fruits and vegetables	128 ounces OR 64 ounces and $11.00 CVB OR $22.00 CVB

- Fully Formula Fed Infants

Supplemental Foods	Maximum Monthly Allowances
0 through 3 months (Food Package I & III)	
Similac Advance Powder	9 Cans
4 through 5 months (Food Package I & III)	
Similac Advance Powder	10 Cans
6 through 11 months (Food Package II & III)	
Similac Advance Powder	7 Cans
Infant cereal	8 ounces
Infant fruits and vegetables	128 ounces OR 64 ounces and $11.00 CVB OR $22.00 CVB

MAXIMUM MONTHLY ALLOWANCES OF SUPPLEMENTAL FOODS FOR FOOD PACKAGES I – VII

■ Food Package IV

- Food Package IV(A): Children 12 to 23 Months

Supplemental Foods	Maximum Monthly Allowance
12 through 23 months	
Juice	64 fluid ounces OR $3.00 CVB
Milk	4 gallons
Breakfast cereal	36 ounces
Eggs	1 dozen
Fruits and vegetables	$26.00 CVB
Whole wheat bread or whole grains	24 ounces
Fish	6 ounces
Dry or canned beans, peas or lentils OR peanut butter	1 container beans/peas as: 16-ounce bag dry **or** (4) 15-16-ounce cans **or** 1 peanut butter 16-18 ounces

- Food Package IV(B): Children 2 to 4 Years

Supplemental Foods	Maximum Monthly Allowance
2 through 4 years	
Foods	**Maximum Monthly Allowances**
Juice	64 fluid ounces OR $3.00 CVB
Milk	4 gallons
Breakfast cereal	36 ounces
Eggs	1 dozen
Fruits and vegetables	$26.00 CVB
Whole wheat bread or whole grains	24 ounces
Fish	6 ounces
Dry or canned beans, peas or lentils OR peanut butter	1 container beans/peas as: 16-ounce bag dry **or** (4) 15-16-ounce cans **or** 1 peanut butter 16-18 ounces

MAXIMUM MONTHLY ALLOWANCES OF SUPPLEMENTAL FOODS FOR FOOD PACKAGES I – VII

- **Food Package V**

  - Food Package V(A):
    - Pregnant women
    - Pregnant women who are fully formula feeding an infant
    - Pregnant women who are breastfeeding (single or multiple infants) > MMA

Supplemental Foods	**Maximum Monthly Allowance**
Prenatal/Up to 1 year postpartum	
Foods	**Maximum Monthly Allowances**
Juice	64 fluid ounces OR $3.00 CVB
Milk	5.5 gallons
Breakfast cereal	36 ounces
Eggs	1 dozen
Fish	10 ounces
Fruits and vegetables	$48.00 CVB
Whole wheat bread or whole grains	48 ounces
Dry or canned beans, peas or lentils **and** Peanut butter	1 container beans/peas as: 16-ounce bag dry **or** (4) 15-16-ounce cans **and** 1 peanut butter (16-18 ounces)

  - Food Package V(B):
    - Partially breastfeeding women ≤ MMA
    - Women pregnant with multiples or pregnant with multiples AND partially breastfeeding > MMA or fully formula feeding

Supplemental Foods	**Maximum Monthly Allowance**
Prenatal/Up to 1 year postpartum	
Foods	**Maximum Monthly Allowances**
Juice	64 fluid ounces OR $3.00 CVB
Milk	5.5 gallons
Breakfast cereal	36 ounces
Eggs	1 dozen
Fish	15 ounces
Fruits and vegetables	$52.00 CVB
Whole wheat bread or whole grains	48 ounces
Dry or canned beans, peas or lentils **and** Peanut butter	1 container beans/peas as: 16-ounce bag dry **or** (4) 15-16-ounce can) **and** 1 peanut butter (16-18 ounces)

MAXIMUM MONTHLY ALLOWANCES OF SUPPLEMENTAL FOODS FOR FOOD PACKAGES I – VII

Food Package VI

- Non-breastfeeding postpartum women
- Partially breastfeeding women (single or multiple infants) >MMA

Supplemental Foods	**Maximum Monthly Allowance**
Up to 6 months post-partum	
Foods	**Maximum Monthly Allowances**
Juice	64 fluid ounces OR $3.00 CVB
Milk	4 gallons
Breakfast cereal	36 ounces
Eggs	1 dozen
Fish	10 ounces
Fruits and vegetables	$48.00 CVB
Whole wheat bread or whole grains	48 ounces
Dry or canned beans, peas or lentils or peanut butter	1 container beans/peas as: 16-ounce bag dry **or** (4) 15-16-ounce cans **or** 1 peanut butter 16-18 ounces

Food Package VII

- Fully breastfeeding women whose infant does not receive formula from WIC
- Women who are partially breastfeeding multiple infants (from the same pregnancy) who receive formula amounts ≤ MMA
- Pregnant women (single or multiple fetuses) who are fully breastfeeding or partially breastfeeding ≤ MMA

Supplemental Foods	**Maximum Monthly Allowance**
Up to 1 year postpartum	
Foods	**Maximum Monthly Allowances**
Juice	64 fluid ounces OR $3.00 CVB
Milk	6 gallons
Breakfast cereal	36 ounces
Eggs	2 dozen
Fruits and vegetables	$52.00 CVB
Whole wheat bread or whole grains	48 ounces
Fish	20 ounces
Dry or canned beans, peas or lentils **and** Peanut butter	1 container beans/peas as: 16-ounce bag dry **or** (4) 15-16-ounce cans **and** 1 peanut butter (16-18 ounces)

MAXIMUM MONTHLY ALLOWANCES OF SUPPLEMENTAL FOODS FOR FOOD PACKAGES I – VII

■ Food Package VII +

- Women fully breastfeeding multiple infants who do not receive formula from WIC

Supplemental Foods	**Maximum Monthly Allowance**
Up to 1 year postpartum	
Foods	**Maximum Monthly Allowances**
Juice	96 fluid ounces OR $4.50 CVB
Milk	9 gallons
Breakfast cereal	54 ounces
Eggs	3 dozen
Fruits and vegetables	$78.00 CVB
Whole wheat bread or whole grains	72 ounces
Fish	30 ounces
Dry or canned beans, peas or lentils **and** Peanut butter	1.5 x [1 container beans/peas (16-ounce bag dry **or** (4) 15-16-ounce cans)] **and** 1.5 x 1 peanut butter (16-18 ounces)

MAXIMUM MONTHLY ALLOWANCES OF SUPPLEMENTAL FOODS FOR FOOD PACKAGES I – VII

(Blank Page)

Formula Disposal Log

Date Formula Received	Date of Disposal	Status: **E**xchanged, **D**amaged, **O**ut-of-date, **R**ecall (*If R, include Batch #)	Formula Name and Type	No. of Containers	Container Size	Staff 1: Name and Signature	Staff 2: Name and Signature	WIC Director or Designee: Name, Signature and Date

E = Exchanged D = Damaged, O = Out-of-date, R = Recall

Instructions for Formula Disposal & Completing Formula Disposal Log

Staff 1 & 2:

1. Disposal of formula requires two staff members to be present.
2. Formula containers must be opened, and contents disposed of in a safe manner.
3. Enter the date formula was received, date of disposal, status (exchanged, damaged, out-of-date, recall), formula name, type (powder, concentrate, RTF) and container size.
4. Staff 1 & 2 print name and sign in designated columns.
5. Reconcile Crossroads inventory.
6. WIC Director or designee must, print name, sign and date within 24 hours of disposal.

WIC Director:

1. Create a regular schedule for formula disposal (suggest at least weekly).
2. Designate two (2) staff positions responsible for disposal process.
3. Maintain completed logs on site according to record retention rules (Chapter 13).