

# Modifying Food Packages

This resource provides step-by-step instructions on how to complete the following types of food prescription modifications in Crossroads:

- Modifying the Default Food Package
- Adding Food Prescription Items (Egg Substitution Calculator)
- Adding Food Prescription Items (Milk Substitution Calculator)
- Modifying the Subcategory or Quantity of Infant Formula
- Adding WIC Eligible Nutritionals (WEN)
- Adding Exempt Infant Formula (EXF)
- Changing Breastfeeding Status from Fully Breastfed to Partially Breastfed
- Food Package VII for Pregnant and Breastfeeding Woman

## Modifying the Default Food Package

1. Go to **Quick Links > Issue Benefits > Prescribe Food**. The **Prescribe Food** screen displays.
2. Review the default system-generated food items and quantity (based on the WIC category and breastfeeding status) in the Food Prescription Items box.
3. To modify the item quantity displayed in the Food Prescription Items box, click on the Quantity field and replace the original value with the appropriate quantity value.

**Note:** The Category Maximum Quantity cannot be exceeded. Since an item cannot be deleted from the prescription, simply set the quantity to “0” when a food item is not used.

Category	Subcategory	Quantity	Category Max Quantity	UOM
Eggs	Eggs	0	1	Dozen
Breakfast Cereal	Breakfast Cereal	36	36	Ounces
Legumes	Bean/Pea, 4 Cans, 1 Dry, or Peanut Btr	2	3	Containers
Bread/Whole Grains	WW Bread or Whole Grains	48	48	Ounces
Fruit & Vegetable CVB	Fruit and Vegetables	\$50.00	\$50.00	\$\$\$
Fish	Chnk Lt Tuna/Pink Salmon	10	10	Ounces
Milk - Fat Reduced	Skim/Non Fat or 1% Milk	5.50	5.50	Gallons
Juice 64	Juice 64 oz fl	0	1	Containers

## Adding Food Prescription Items (Egg Substitution)

**NOTE:** If the participant would like to substitute 1 package of Tofu for 1 dozen eggs, please follow these steps **BEFORE** completing Milk Substitutions. Otherwise, Crossroads will attempt to substitute tofu for milk instead of eggs.

1 Package Tofu or 1 Container Legumes can be substituted for 1 dozen Eggs

1. Go to **Quick Links > Issue Benefits > Prescribe Food**. The **Prescribe Food** screen displays.

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- To substitute 1 Package Tofu for 1 dozen Eggs, reduce the quantity of Eggs by 1 dozen and enter Quantity 1 for Tofu in **Add Item to Food Prescription**. If the participant has more than 1 dozen eggs in their food package, additional tofu can be substituted for eggs.

**Food Prescription**

12/23/2025 P

Food Prescription Date: 12/23/2025 WIC Category: Pregnant Family Issuance Day: 18 Issuance Frequency: 3 Month(s)

**Food Prescription Items** Total Items: 8

Category	Subcategory	Quantity	Category Max Quantity	UOM
Eggs	Eggs	0	1	Dozen
Breakfast Cereal	Breakfast Cereal	36	36	Ounces
Legumes	Bean/Pea, 4 Cans, 1 Dry, or Peanut Btr	2	3	Containers
Bread/Whole Grains	WW Bread or Whole Grains	48	48	Ounces
Fruit & Vegetable CVB	Fruit and Vegetables	\$50.00	\$50.00	\$\$\$
Fish	Chnk Lt Tuna/Pink Salmon	10	10	Ounces
Milk - Fat Reduced	Skim/Non Fat or 1% Milk	5.50	5.50	Gallons
Juice 64	Juice 64 oz fl	0	1	Containers

**Add Item to Food Prescription**

Category: Cheese Subcategory: Tofu 14-16oz Pkg Quantity: 1 Max / Med Max: 17 / 17 UOM: LB Add Item Clear

- Before clicking **Add Item**, review the **Egg Substitution Calculator**. Eggs Prescribed=0 and Eggs Remaining= 1

**Egg Substitution Calculator**

Eggs Prescribed: 0 Remaining: 1 Unit of Measure: Dozen

- After clicking **Add Item**, the **Egg Substitution Calculator** will list Eggs Prescribed=0 and Eggs Remaining=0.

**Egg Substitution Calculator**

Eggs Prescribed: 0 Remaining: 0 Unit of Measure: Dozen

The Tofu has successfully been substituted for Eggs.

**Food Prescription**

12/23/2025 P

Food Prescription Date: 12/23/2025 WIC Category: Pregnant Family Issuance Day: 18 Issuance Frequency: 3 Month(s)

**Food Prescription Items** Total Items: 9

Category	Subcategory	Quantity	Category Max Quantity	UOM
Eggs	Eggs	0	1	Dozen
Breakfast Cereal	Breakfast Cereal	36	36	Ounces
Legumes	Bean/Pea, 4 Cans, 1 Dry, or Peanut Btr	2	3	Containers
Bread/Whole Grains	WW Bread or Whole Grains	48	48	Ounces
Fruit & Vegetable CVB	Fruit and Vegetables	\$50.00	\$50.00	\$\$\$
Fish	Chnk Lt Tuna/Pink Salmon	10	10	Ounces
Milk - Fat Reduced	Skim/Non Fat or 1% Milk	5.50	5.50	Gallons
Juice 64	Juice 64 oz fl	0	1	Containers
Cheese	Tofu 14-16oz Pkg	1	17	LB

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- To substitute 1 Container Legumes for 1 dozen Eggs, reduce the quantity of Eggs by 1 dozen and increase the quantity of Legumes by 1 container as shown below. If the participant has more than 1 dozen eggs in their food package, additional containers of legumes can be substituted for eggs.

**Food Prescription**

12/23/2025 P

Food Prescription Date: 12/23/2025 WIC Category: Pregnant Family Issuance Day: 18 Issuance Frequency: 3 Month(s)

**Food Prescription Items** Total Items: 8

Category	Subcategory	Quantity	Category Max Quantity	UOM
Eggs	Eggs	0	1	Dozen
Breakfast Cereal	Breakfast Cereal	36	36	Ounces
Legumes	Bean/Pea, 4 Cans, 1 Dry, or Peanut Btr	3	3	Containers
Bread/Whole Grains	WW Bread or Whole Grains	48	48	Ounces
Fruit & Vegetable CVB	Fruit and Vegetables	\$50.00	\$50.00	\$\$\$
Fish	Chnk Lt Tuna/Pink Salmon	10	10	Ounces
Milk - Fat Reduced	Skim/Non Fat or 1% Milk	5.50	5.50	Gallons
Juice 64	Juice 64 oz fl	0	1	Containers

The **Egg Substitution Calculator** will list Eggs Prescribed=0 and Eggs Remaining=0.

**Egg Substitution Calculator**

Eggs Prescribed	Remaining	Unit of Measure
0	0	Dozen

## Adding Food Prescription Items (Milk Substitution)

- Go to **Quick Links > Issue Benefits > Prescribe Food**. The **Prescribe Food** screen displays.
- Under **Add Item to Food Prescription**, select an item from the **Category** and **Subcategory** drop down list box to add another item to the prescription.
- Enter **Quantity**. The quantity cannot be more than the maximum without medical documentation.
- Click **Add Item**. The screen refreshes and the newly added food item displays within the Food Prescription grid.

**Add Item to Food Prescription**

Category	Subcategory	Quantity	Max / Med Max	UOM	
Cheese	Cheese	1	1 / 1	LB	<input type="button" value="Add Item"/> <input type="button" value="Clear"/>

- Refer to the **Milk Substitution Calculator** located beneath **Add Items to Food Prescription**. Adjust the Milk Quantity on the Food Prescription grid to allow for the substitution. In this example, cheese is being substituted. One pound (1lb) of cheese is equivalent to 0.75 gallon of milk. The Validation Summary warns that the Milk Substitution Calculator indicates the milk must be reduced by 0.75 gallon. By reducing the total milk Quantity from 4 to 3.25 gallons, the error message disappears and the package may be saved.

# Modifying Food Packages

**Food Prescription**

**Validation Summary: 1**  
 • Please check milk substitution.

Food Prescription Date: 12/23/2025  
 WIC Category: Child  
 Age Category: 2 yr to 5 yr  
 Family Issuance Day: 22  
 Issuance Frequency: 3 Month(s)

12/23/2025  
 2 yr to 5 yr

**Food Prescription Items** Total Items: 9

Category	Subcategory	Quantity	Category Max Quantity	UOM
Eggs	Eggs	1	1	Dozen
Breakfast Cereal	Breakfast Cereal	36	36	Ounces
Legumes	Bean/Pea, 4 Cans, 1 Dry, or Peanut Btr	1	2	Containers
Bread/Whole Grains	WW Bread or Whole Grains	24	24	Ounces
Fruit & Vegetable CVB	Fruit and Vegetables	\$29.00	\$29.00	\$\$\$
Fish	Chnk Lt Tuna/Pink Salmon	6	6	Ounces
Milk - Fat Reduced	Skim/Non Fat or 1% Milk	4	4	Gallons
Juice 64	Juice 64 oz fl	0	1	Containers
Cheese	Cheese	1	1	LB

**Milk Substitution Calculator**

Total Milk Available	Milk Prescribed	Total Milk Substituted	Milk Remaining	Unit of Measure
4	4	0.75	-0.75	Gallons

Click **Save** to assign the new prescription.

**Food Prescription**

4/22/2025 7/11/2025 12/18/2025 12/23/2025  
 2 yr to 5 yr 2 yr to 5 yr 2 yr to 5 yr 2 yr to 5 yr

Food Prescription Date: 12/23/2025  
 WIC Category: Child  
 Age Category: 2 yr to 5 yr  
 Family Issuance Day: 22  
 Issuance Frequency: 3 Month(s)

**Food Prescription Items** Total Items: 9

Category	Subcategory	Quantity	Category Max Quantity	UOM
Eggs	Eggs	1	1	Dozen
Breakfast Cereal	Breakfast Cereal	36	36	Ounces
Legumes	Bean/Pea, 4 Cans, 1 Dry, or Peanut Btr	1	2	Containers
Bread/Whole Grains	WW Bread or Whole Grains	24	24	Ounces
Fruit & Vegetable CVB	Fruit and Vegetables	\$29.00	\$29.00	\$\$\$
Fish	Chnk Lt Tuna/Pink Salmon	6	6	Ounces
Milk - Fat Reduced	Skim/Non Fat or 1% Milk	3.25	4	Gallons
Juice 64	Juice 64 oz fl	0	1	Containers
Cheese	Cheese	1	1	LB

## New Food Package Rules:

- A maximum of 2 containers of Yogurt may be substituted for 2 quarts of Milk
- 1 lb Cheese may be substituted for 3 quarts of Milk.
  - Cheese is no longer in any default food packages.
  - Food Packages IVa, IVb, Va, Vb, and VI allow for 1 lb of cheese to be substituted for milk.
  - Food Package VII allows for 2 lbs of cheese to be substituted for milk.
  - Food Package VII+ allows for 3 lbs of cheese to be substituted for milk.

# Modifying Food Packages

## Modifying the Subcategory or Quantity of Infant Formula

1. Go to **Quick Links > Issue Benefits > Prescribe Food**. The **Prescribe Food** screen displays.
2. For Initial Certifications of Infants, **Breastfeeding Status** will be based on the answer to 'How much formula do you give your infant in a 24-hour period?' on the Health Information screen. Quantity will default to 0 if the infant is receiving a quantity of formula below category max. CPA must adjust Quantity based on discussion with mother. Quantity chosen will determine Breastfeeding Status.
  - a. Enter the **Quantity** of formula to be prescribed
  - b. Click **Save**. A status message indicates success and the **Issue Food Instruments** screen is displayed.

**Note:** It is up to the CPA to determine the quantity for each of the prescriptions covering the infant certification period. If a default quantity is provided, the CPA may change the quantity or confirm the default quantity.

**Bread Family**  
Family ID: F00600004868  
521 Bakery Lane  
BOLIVIA, NC 28422

**Banana T. Bread**  
Participant ID: 957640292L  
Age: 9 days  
WIC Category: Infant

**Food Prescription**

12/29/2025 0 to 3 months 4/20/2026 4 to 5 Months 6/20/2026 6 to 11 Months 12/20/2026 12 to 23 Months

Food Prescription Date: 12/29/2025 WIC Category: Infant Age Category: 0 to 3 months Breastfeeding Status: Partially Breastfed <= MMA Family Issuance Day: 28 Issuance Frequency: 3 Month(s)

**Food Prescription Items**

Category	Subcategory	Quantity	Category Max Quantity	UOM
Infant Formula (IF)	Similac Advance Powder 12.4 oz	0	806	Ounces

Total Items: 1

3. Click on each future date/age range in the Food Prescription Carousel and validate that the correct formula name and quantity is listed.

**Food Prescription**

12/29/2025 0 to 3 months 4/20/2026 4 to 5 Months 6/20/2026 6 to 11 Months 12/20/2026 12 to 23 Months

Food Prescription Date: 4/20/2026 WIC Category: Infant Age Category: 4 to 5 Months Breastfeeding Status: Partially Breastfed <= MMA Family Issuance Day: 28 Issuance Frequency: 3 Month(s)

**Food Prescription Items**

Category	Subcategory	Quantity	Category Max Quantity	UOM
Infant Formula (IF)	Similac Advance Powder 12.4 oz	180	884	Ounces

Total Items: 1

4. To select a different contract infant formula, go to the **Food Prescription Items** grid and select the desired formula under the **Subcategory** column.
5. Enter the **Quantity** of the formula prescribed.
6. Click **Save**. A status message indicates success and the **Issue Food Instruments** screen displays.
7. To modify the quantity of formula (based on your estimate of usage) enter the appropriate amount in the **Quantity** column field.

# Modifying Food Packages

**Bread Family**  
Family ID: F00600004868  
521 Bakery Lane  
BOLIVIA, NC 28422

Ginger  
 Banana

**Banana T. Bread**  
Participant ID: 957640292L  
Age: 9 days  
WIC Category: Infant

**Food Prescription**

12/29/2025 0 to 3 months  
4/20/2026 4 to 5 Months  
6/20/2026 6 to 11 Months  
12/20/2026 12 to 23 Months

Food Prescription Date: 12/29/2025  
WIC Category: Infant  
Age Category: 0 to 3 months  
Breastfeeding Status: Partially Breastfed <= MMA  
Family Issuance Day: 28  
Issuance Frequency: 3 Month(s)

**Food Prescription Items**

Category	Subcategory	Quantity	Category Max Quantity	UOM
Infant Formula (IF)	Similac Advance Powder 12.4 oz	180	806	Ounces

Add Item to Food Prescription  
Category:  Subcategory:  Quantity:  Max / Me:

**Infant Formula**

	Month	Dec	Jan	Feb	Mar	Total
Similac Advance Pwd	Quantity	180	180	180	180	720 / 90
	# Cans	2	2	2	2	8

## Infant Formula Container

Infant Formula						
Similac Advance Pwd	Month	Dec	Jan	Feb	Mar	Total
	Quantity	180	180	180	180	720 / 90
	# Cans	2	2	2	2	8

- The value of the subcategory description field is the name of the formula.
- The value of the **months** field is the number of months in the certification period.
- The value of the **quantity** field is the prescribed ounces per month.
- The value of the **# can** field is the number of whole cans prescribed per month.
- The **Total** field represents the total number of ounces to be issued during the time-period according to the federal regulations based on age and food classification.
- The **Total** field also displays the reconstituted ounces of the formula being issued and the total number of cans that will be issued over the time-period.

# Modifying Food Packages

## Adding WIC Eligible Nutritionals (WEN)

1. Go to **Quick Links > Issue Benefits > Prescribe Food**. The **Prescribe Food** screen displays
2. Under **Add Item to Food Prescription**, select an item from the **Category** and **Subcategory** drop down list box to add item to the prescription.
3. Enter **Quantity**. The quantity cannot be more than the maximum.
4. Click **Add Item**. This will bring up the **Medical Documentation Screen**.

**Bread Family**  
Family ID: F00600004868  
521 Bakery Lane  
BOLIVIA, NC 28422

**Ginger T. Bread**  
Participant ID: 957640291N  
Age: 26 years  
WIC Category: Breastfeeding Woman

**Food Prescription**  
12/29/2025  
WIC Category: Breastfeeding  
Breastfeeding Status: Fully Breastfed  
Family Issuance Day: 28  
Issuance Frequency: 3 Month(s)

Category	Subcategory	Quantity	Category Max Quantity	UOM
Eggs	Eggs	2	2	Dozen
Breakfast Cereal	Breakfast Cereal	36	36	Ounces
Legumes	Bean/Pea, 4 Cans, 1 Dry, or Peanut Btr	2	4	Containers
Bread/Whole Grains	WW Bread or Whole Grains	48	48	Ounces
Fruit & Vegetable CVB	Fruit and Vegetables	\$55.00	\$55.00	\$\$\$
Fish	Chnk Lt Tuna/Pink Salmon	20	20	Ounces
Milk - Fat Reduced	Skim/Non Fat or 1% Milk	6	6	Gallons
Juice 64	Juice 64 oz fl	0	1	Containers

**Add Item to Food Prescription**

Category: WIC Eligible Nutritionals (WEN) Subcategory: Boost RTF 8 oz Quantity: 904 Max / Med Max: 0 / 904 UOM: Ounces [Add Item] [Clear]

5. Complete starred fields on **Attach Medical Documentation** screen based on the prescription from the participant's medical provider. **For ICD Code, enter the ICD code from the prescription or if it is not available, enter N/A.**

Use the **Scan/Upload Document** button to scan the prescription. **Save** Attach Medical Documentation screen. Review Food Prescription to verify that WEN has been added to the Food Prescription and click **Save**.

**Attach Medical Documentation**

**Prescription Dates**  
Effective Date: 12/29/2025 Expiration Date: 3/29/2026 Prescription Date: 12/29/2025

**Diagnosis Information**  
Medical Reason: Special Dietary Need ICD Code: N/A OR Diagnosis Code: OR Verbal Order: ☐

**Physician Information**  
Physician's Name: Dr. Seuss Physician's Phone: (919) 555-1212 Physician's Email: Medical Food Prescribed: Non-Medical Food Prescribed:

Category	Subcategory
<input type="checkbox"/> Eggs	Eggs
<input type="checkbox"/> Breakfast Cereal	Breakfast Cereal
<input type="checkbox"/> Legumes	Bean/Pea, 4 Cans, 1 Dry, or Peanut Btr
<input type="checkbox"/> Bread/Whole Grains	WW Bread or Whole Grains
<input type="checkbox"/> Fruit & Vegetable CVB	Fruit and Vegetables
<input type="checkbox"/> Fish	Chnk Lt Tuna/Pink Salmon
<input type="checkbox"/> Milk - Fat Reduced	Skim/Non Fat or 1% Milk

**Add Additional Medical Foods**  
Category: Subcategory: [Add Item] [Clear]

[Scan/Upload Document] [View Documents] [View Telehealth Documents] [Save] [Cancel]

# Modifying Food Packages

## Adding Exempt Infant Formula (EXF)

1. Go to **Quick Links > Issue Benefits > Prescribe Food**. The **Prescribe Food** screen displays
2. Under **Add Item to Food Prescription**, select an item from the **Category** and **Subcategory** drop down list box to add item to the prescription.
3. Enter **Quantity**. The quantity cannot be more than the maximum.
4. Click **Add Item**. This will bring up the **Medical Documentation Screen**.

**Nissan Family**  
Family ID: F00100006635  
654 California Drive  
BOLIVIA, NC 28422

**Natasha T. Nissan**  
Participant ID: 957639816T  
Age: 5 months  
WIC Category: Infant

**Food Prescription**

12/18/2025 12/29/2025 1/2/2026 7/2/2026  
4 to 5 Months 4 to 5 Months 6 to 11 Months 12 to 23 Months

Food Prescription Date: 12/29/2025 WIC Category: Infant Age Category: 4 to 5 Months Breastfeeding Status: Fully Breastfed Family Issuance Day: 5 Issuance Frequency: 3 Month(s)

**Food Prescription Items** Total Items: 0

Category	Subcategory	Quantity	Category Max Quantity	UOM
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**Add Item to Food Prescription**

Category: Exempt Infant Formula (EXF) Subcategory: Nutramigen with Probiotic LGG Powder 12.6 oz Quantity: 884 Max / Med Max: 0 / 884 UOM: Ounces [Add Item] [Clear]

5. Complete starred fields on **Attach Medical Documentation** screen based on the prescription from the participant's medical provider. **For ICD Code, enter the ICD code from the prescription or if it is not available, enter N/A.**

Use the **Scan/Upload Document** button to scan the prescription. **Save** Attach Medical Documentation screen. Review Food Prescription to verify that EXF has been added to the Food Prescription and click **Save**.

**Attach Medical Documentation**

**Prescription Dates**  
Effective Date: 12/29/2025 Expiration Date: 3/29/2026 Prescription Date: 12/29/2025

**Diagnosis Information**  
Medical Reason: Formula Intolerance ICD Code: N/A OR Diagnosis Code: [ ] OR Verbal Order: [ ]

**Physician Information**  
Physician's Name: Dr. Seuss Physician's Phone: (919) 555-1212 Physician's Email: [ ] Medical Food Prescribed: [ ] Non-Medical Food Prescribed: [ ]

**Medical Food Prescription** Total Items: 1

Category	Subcategory
<input checked="" type="checkbox"/> Exempt Infant Formula (EXF)	Nutramigen with Probiotic LGG Powder 12.6 oz

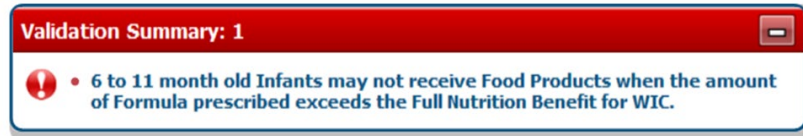
**Add Additional Medical Foods**

Category: [ ] Subcategory: [ ] [Add Item] [Clear]

[Scan/Upload Document] [View Documents] [View Telehealth Documents] [Save] [Cancel]

# Modifying Food Packages

- If the infant is 6 to 11 months old and prescribed an exempt infant formula, a maximum of 884 ounces of exempt formula may be prescribed if the Infant Cereal and Infant Fruits and Vegetables are zeroed out. If the family would like to keep Infant Cereal and Infant Fruits and Vegetables, a maximum of 624 ounces of exempt formula is allowed.



In this example, Infant Cereal and Infant Fruits and Vegetables are zeroed out:

**Nissan Family**  
Family ID: F00100006635  
654 California Drive  
BOLIVIA, NC 28422

**Natasha T. Nissan**  
Participant ID: 957639816T  
Age: 5 months  
WIC Category: Infant

**Food Prescription**

12/18/2025 12/29/2025 1/2/2026 7/2/2026  
4 to 5 Months 4 to 5 Months 6 to 11 Months 12 to 23 Months

Food Prescription Date: 1/2/2026 WIC Category: Infant Age Category: 6 to 11 Months Breastfeeding Status: Fully Formula Fed Family Issuance Day: 5 Issuance Frequency: 3 Month(s)

**Food Prescription Items**

Category	Subcategory	Quantity	Category Max Quantity	UOM
Infant Fruit & Vegetable	Infant Fruit & Vegetable	0	128	Ounces
Breakfast Cereal	Infant Cereal	0	8	Ounces
Infant Meats		0	0	Ounces
Exempt Infant Formula (EIF)	Nutramigen with Probiotic LGG Powder 12.6 oz	884	884	Ounces

Total Items: 4

- Go to each age category in the Carousel if appropriate. Click Save to assign the new prescription.

## Changing Breastfeeding Status from Fully Breastfed to Partially Breastfed

These instructions are for modifying food packages to an infant and mother dyad at the infant's first formula issuance. To add or increase formula after issuance, refer to the resources [Add Formula Quick Guide](#) or [Increase Formula Quick Guide](#).

- Navigate to the **Prescribe Food** screen to review the current Food Prescription.
- Select Infant record in the Family Carousel.
- Navigate to the infant's **Health Information** screen on the Quick Links menu.
- Scroll down to change the **Breastfeeding Information**. Answer the following questions:
  - Are you breastfeeding?
  - Do you give your infant any formula?
  - How much formula do you give your infant in a 24- hour period?
- Click **Save**.

**Breastfeeding Information**

Francine T. Franklin

Data Collection Date: 12/29/2025

Breastfeeding Frequency: [Dropdown]

Complications: [Text Area]

Are you breastfeeding? ☒ Yes ☐ No

Age Infant Stopped Breastfeeding: [Dropdown]

Ever Breastfed? ☒ Yes ☐ No ☐ Unknown

Reason Infant Stopped Breastfeeding: [Dropdown]

Age Supplement Was Given: 4 months

Number of Wet Diapers / 24 hr Period: [Text]

Number of Stools / 24 hr Period: [Text]

Do you give your baby any formula? ☒ Yes ☐ No

How much formula do you give your infant in a 24-hour period? 12 oz.

Clear

# Modifying Food Packages

6. Navigate back to the **Prescribe Food** screen. Note the infant's category.

**Franklin Family**  
Family ID: F00600004860  
863 Pine Tree Lane  
BOLIVIA, NC 28422

**Frederick S. Franklin**  
Participant ID: 957639840L  
Age: 4 months  
WIC Category: Infant

**Food Prescription**

12/29/2025 2/1/2026 8/1/2026  
4 to 5 Months 6 to 11 Months 12 to 23 Months

Food Prescription Date: 12/29/2025 WIC Category: Infant Age Category: 4 to 5 Months Breastfeeding Status: Partially Breastfed <= MMA Family Issuance Day: 21 Issuance Frequency: 3 Month(s)

**Food Prescription Items** Total Items: 1

Category	Subcategory	Quantity	Category Max Quantity	UOM
Infant Formula (IF)	Similac Advance Powder 12.4 oz	0	884	Ounces

7. Enter the Quantity of Formula to be Prescribed to the Infant.

**Franklin Family**  
Family ID: F00600004860  
863 Pine Tree Lane  
BOLIVIA, NC 28422

**Frederick S. Franklin**  
Participant ID: 957639840L  
Age: 4 months  
WIC Category: Infant

**Food Prescription**

12/29/2025 2/1/2026 8/1/2026  
4 to 5 Months 6 to 11 Months 12 to 23 Months

Food Prescription Date: 12/29/2025 WIC Category: Infant Age Category: 4 to 5 Months Breastfeeding Status: Partially Breastfed <= MMA Family Issuance Day: 21 Issuance Frequency: 3 Month(s)

**Food Prescription Items** Total Items: 1

Category	Subcategory	Quantity	Category Max Quantity	UOM
Infant Formula (IF)	Similac Advance Powder 12.4 oz	360	884	Ounces

8. Click through the age categories in the food prescription carousel and update the Quantity on each prescription as needed.
9. Click on the mother's icon in the Family Carousel. The mother's WIC Category and Food Prescription should automatically update. Review the mother's prescription, modify as needed and select **Save**.

NOTE: If you click **Save** on the Infant's Prescribe Food screen before you update the Mother's Food Prescription screen, the following message will appear:

**Dyad Prescription Contradiction Notification**

The infant and mother prescriptions contradict for the FI beginning on 12/29/2025. Francine T. Franklin has a Fully Breastfed prescription. Frederick S. Franklin has a Partially Breastfed <= MMA prescription. Modify one of their prescriptions to complete the issuance.

OK

# Modifying Food Packages

## Food Package VII for Pregnant *and* Breastfeeding:

The participant who is pregnant **and** fully or partially breastfeeding  $\leq$  MMA is entitled to receive Food Package VII until the infant she is breastfeeding turns one year of age.

Crossroads will indicate **Food Package VII** on the Prescribe Food screen, **IF** the following steps are completed on the **Health Information** screen of the Pregnant Woman:

- 1) A checkmark is placed in the **Currently Breastfeeding?** box

The screenshot shows the 'Pregnancy' section of a software interface. At the top, there is a header for 'Kansas Family' with a Family ID and address, and a user profile for 'Karen T. Kansas' with a Participant ID, Age, and WIC Category. Below the header, there are three icons representing family members: Karen, Michael, and Lily. The main section is titled 'Pregnancy' and contains several fields and checkboxes. The 'Last Menstrual Period' is set to 9/25/2025. The 'Expected Delivery Date' is set to 7/2/2026. The 'First Prenatal Healthcare Visit Date' is empty. The 'Date Last Seen By Physician' is empty. The 'Number of Prenatal Healthcare Visits' is empty. The 'Proof of Pregnancy' is empty. The 'Dietary Supplement Taken Before Pregnancy' is empty. The 'Medical Home' is empty. The 'Number of Fetuses this Pregnancy' is set to 1. The 'Gravida' and 'Para' checkboxes are empty. The 'Adequacy of Prenatal Care' is set to 'No'. The 'Age at Conception' is set to '26 years and 8 months'. The 'Inter-Conception Time in Months' is set to '2'. The 'Currently Breastfeeding?' checkbox is checked and highlighted with a red box.

- 2) The Breastfeeding Information section indicates full breastfeeding or partial breastfeeding  $\leq$  MMA

The screenshot shows the 'Breastfeeding Information' section of a software interface. At the top, there is a header for 'Michael S. Kansas'. Below the header, there are several fields and checkboxes. The 'Data Collection Date' is set to 12/29/2025. The 'Breastfeeding Frequency' is set to '8 times per day'. The 'Complications' field is empty. The 'Are you breastfeeding?' checkbox is checked. The 'Age Infant Stopped Breastfeeding' is empty. The 'Ever Breastfed?' checkbox is checked. The 'Reason Infant Stopped Breastfeeding' is empty. The 'Age Supplement Was Given' is set to '4-10 days'. The 'Number of Wet Diapers / 24 hr Period' is set to '8'. The 'Number of Stools / 24 hr Period' is set to '3'. The 'Do you give your baby any formula?' checkbox is checked. The 'How much formula do you give your infant in a 24-hour period?' is set to '5.00 oz.'. There is a 'Clear' button at the bottom right.

# Modifying Food Packages

The Prescribe Food screen will then list Pregnant Fully Breastfed (Food Package VII) until the breastfed infant turns 1 year of age.

**Kansas Family**  
Family ID: F00600004808  
521 Basketball Lane  
BOLIVIA, NC 28422

**Karen T. Kansas**  
Participant ID: 957639635M  
Age: 26 years and 10 months  
WIC Category: Pregnant

**Food Prescription**

2/27/2025  
P

7/11/2025  
P

8/7/2025  
B

12/18/2025  
B

12/29/2025  
P

7/30/2026  
P

**Food Prescription Date** 12/29/2025  
**WIC Category** Pregnant  
**Breastfeeding Status** Partially Breastfed <= MMA  
**Family Issuance Day** 27  
**Issuance Frequency** 3 Month(s)

**Food Prescription Items**

Category	Subcategory	Quantity	Category Max Quantity	UOM
Eggs	Eggs	2	2	Dozen
Breakfast Cereal	Breakfast Cereal	36	36	Ounces
Bread/Whole Grains	WW Bread or Whole Grains	48	48	Ounces
Fruit & Vegetable CVB	Fruit and Vegetables	\$55.00	\$55.00	\$\$\$
Legumes	Bean/Pea, 4 Cans, 1 Dry, or Peanut Btr	2	4	Containers
Fish	Chnk Lt Tuna/Pink Salmon	20	20	Ounces
Milk - Fat Reduced	Skim/Non Fat or 1% Milk	6	6	Gallons
Juice 64	Juice 64 oz fl	0	1	Containers

In this scenario, the breastfed infant turns 1 year of age on 7/30/26: Crossroads automatically changes the woman's Food Package to Va (Pregnant) on 7/30/26.

**Kansas Family**  
Family ID: F00600004808  
521 Basketball Lane  
BOLIVIA, NC 28422

**Karen T. Kansas**  
Participant ID: 957639635M  
Age: 26 years and 10 months  
WIC Category: Pregnant

**Food Prescription**

7/11/2025  
P

8/7/2025  
B

12/18/2025  
B

12/29/2025  
P

7/30/2026  
P

**Food Prescription Date** 7/30/2026  
**WIC Category** Pregnant  
**Family Issuance Day** 27  
**Issuance Frequency** 3 Month(s)

**Food Prescription Items**

Category	Subcategory	Quantity	Category Max Quantity	UOM
Eggs	Eggs	1	1	Dozen
Breakfast Cereal	Breakfast Cereal	36	36	Ounces
Legumes	Bean/Pea, 4 Cans, 1 Dry, or Peanut Btr	2	3	Containers
Bread/Whole Grains	WW Bread or Whole Grains	48	48	Ounces
Fruit & Vegetable CVB	Fruit and Vegetables	\$50.00	\$50.00	\$\$\$
Fish	Chnk Lt Tuna/Pink Salmon	10	10	Ounces
Milk - Fat Reduced	Skim/Non Fat or 1% Milk	5.50	5.50	Gallons
Juice 64	Juice 64 oz fl	0	1	Containers

If you have questions regarding any policy aspect of this document, please contact your Regional Nutrition Consultant. If you have any questions about Crossroads procedures, please contact the Community Nutrition Services Section Customer Service Desk at 919.707.5795, or via email at [CNS.CustomerService@dhhs.nc.gov](mailto:CNS.CustomerService@dhhs.nc.gov).