

## Illinois WIC Food Package Tables

WIC food packages and nutrition education are the primary means by which WIC affects the dietary quality and habits of participants. Food packages are developed based on the deficiencies in the diets of low-income pregnant women, infants, and children to improve the nutritional balance of the WIC population. The Illinois WIC foods have been selected based on nutrient content criteria established by Federal Regulation and Department specification. Refer to IL WIC PM SFD 4.1 for minimum standards each food must meet to be included on the Authorized Food List. Food packages are designed with the following principles:

- Reduce the prevalence of inadequate or excessive nutrient intake by WIC participants.
- Help participants achieve dietary patterns consistent with the Dietary Guidelines for Americans.
- Bring the diets of infants and children under the age of two into closer conformity with accepted recommendations, encouraging and supporting breastfeeding.
- Include foods in the packages that are commonly consumed and widely available, accommodate cultural preferences, and encourage WIC participation.

### Education on Food and Formula Benefits

Providing education on shopping for and the use of WIC benefits is essential for participants to be successful in their shopping experience and obtaining full nutrition benefit. WIC staff must follow policies to provide the required education, referrals, and related materials. Staff should be familiar with the following educational points regarding WIC Medically Prescribed Formulas and Foods:

- Educate on the issued formula by reviewing the Family Shopping List Description, product form, container size and the description on the EBT receipt; refer to page 2.
- Where to shop for WIC formulas:
  - Refer to the Authorized WIC Vendors List, Store Type column to educate participants on where to purchase.

Authorized Vendor	Store Type Column
Grocer	WIC Foods & Contract Formula Only
Grocery with Pharmacy	All WIC Eligible Products
Pharmacy	All Formulas Only NO FOOD
Commissary	All WIC Eligible Products
WIC Food Grocery	All WIC Eligible Products

- Instruct participants who are issued Medically Prescribed products on the following:
  - Take Shopping List to get correct product, medically prescribed formulas may need to be ordered and take at least 24 hours for the pharmacy to obtain, do not wait until benefits are close to expiring.
  - If the formula is new to participant, ask if the pharmacy can only order 1 or 2 containers to ensure tolerance, WIC cannot replace redeemed benefits.
  - Ask Pharmacy about how to obtain future months benefits (i.e. how and when to order)
  - Provide with appointment reminder when another prescription form is needed to issue more benefits.
- Review Core Food Package tables and footnotes to understand the WIC allowed substitutions and foods provided for each category.
- Review Family Shopping List and Illinois Authorized WIC Food List to facilitate education on successful shopping such as: allowable brands, sizes and what is not allowed for purchase, type of milk, yogurt; whole grain options, use of Cash Value Benefit (CVB) for fruits and vegetables, how to purchase dry vs canned beans, etc.

Formula	Form	Size	Reconst. fl oz	Shopping List Description	EBT Receipt Description
Enfamil	Powder	12.5 oz	90 fl oz	Enfamil Infant Powder-12.5oz Container	Enfamil Infant Pdr
	Conc.	13 oz	26 fl oz	Enfamil Infant Concentrate-13oz Container	Enfamil Infant Conc
Enfamil NeuroPro Infant	RTF <sup>2</sup>	32 oz	32 fl oz	Enfamil Infant Ready To Feed-32oz Container	Enf NPr Infant RTF
Enfamil Gentlease	Powder	12.4 oz	90 fl oz	Enfamil Gentlease Powder-12.4oz Container	Enfamil Gentlease
Enfamil NeuroPro Gentlease	RTF <sup>2</sup>	32 oz	32 fl oz	Enfamil NeuroPro Gentlease RTF- 32oz Container	Enf NPrGentlease RTF
Enfamil Reguline	Powder	12.4 oz	90 fl oz	Enfamil Reguline Powder-12.4oz Container	Enfamil Reguline Pdr
Enfamil ProSobee	Powder	12.9 oz	93 fl oz	Enfamil ProSobee Powder-12.9oz Container	Enfamil ProSobee Pdr
	Conc.	13 oz	26 fl oz	Enfamil ProSobee Concentrate- 13oz Container	Enfamil ProSobee Con
	RTF <sup>2</sup>	32 oz	32 fl oz	Enfamil ProSobee Ready To Feed-32oz Container	Enfamil ProSobee RTF
Enfamil AR	Powder	12.9 oz	91 fl oz	Enfamil AR Powder- 12.9oz Container	Enfamil AR Powder
Enfamil NeuroPro EnfaCare	Powder	13.6 oz	87 fl oz	Enfamil NeuroPro EnfaCare Powder- 13.6oz Container	Enf NProEnfaCare Pdr
Similac NeoSure	Powder	13.1 oz	87 fl oz	Similac NeoSure Powder-13.1oz Container	Similac NeoSure Pdr
	RTF <sup>2</sup>	32 oz	32 fl oz	Similac NeoSure Ready To Feed- 32oz Container	Similac NeoSure RTF
Similac Alimentum	Powder	12.1 oz	87 fl oz	Similac Alimentum Powder-12.1oz Container	Similac Alimentum Pdr
	RTF <sup>2</sup>	32 oz	32 fl oz	Similac Alimentum Ready To Feed-32oz Container	Similac Alimentum RTF
Nutramigen with Prebiotic	Powder	12.6 oz	87 fl oz	Nutramigen with Prebiotic LGG Powder-12.6oz Container	NutramigenPrebLGG
Nutramigen	RTF <sup>2</sup>	32 oz	32 fl oz	Nutramigen Ready to Feed- 32oz Container	Nutramigen RTF
PediaSure – No Fiber	RTF	8 oz (6 pk)	8 fl oz	PediaSure (Any Flavor)-Pack-6-8oz Containers	PediaSure RTF 6Pack
PediaSure – With Fiber	RTF	8 oz (6 pk)	8 fl oz	PediaSure with Fiber (Any Flavor)-Pack-6-8oz Container	PediaSure Fiber 6Pk

### Core Food Packages – Women & Children

	Woman, Mostly BF one infant <u>or</u> PG single fetus (FP V <sup>2</sup> )	Woman, Fully BF one infant <sup>1</sup> <u>or</u> PG multiples <u>or</u> PG Fully/Mostly BF one infant (FP VII <sup>2</sup> )	Woman, Limited BF 0-5 months <u>or</u> Postpartum Non-BF (FP VI <sup>2</sup> )  Woman, Limited BF beyond 6 months (No FP)	Child, 12-23 months (FP IV <sup>2</sup> ) and Child, 24-60 months (FP IV <sup>2</sup> )
<b>Milk Group (Cow's Milk, Milk Alternatives, and substitutions for milk<sup>2,3</sup>):</b>				
Milk (Cow's milk) (GAL, HGL)	5 1/2 gallons	6 gallons	4 gallons	4 gallons
Lactose Free milk (HGL)	11 half-gallons	12 half-gallons	8 half-gallons	8 half-gallons
Soy-based beverage (HGL)	11 half-gallons	12 half-gallons	8 half-gallons	8 half-gallons
UHT milk (HGL)	11 half-gallons	12 half-gallons	8 half-gallons	8 half-gallons
Cheese (LB)	NA <sup>2</sup>	1-pound cheese	NA	NA
<b>Protein Group (Beans, Eggs, Peanut Butter, Fish):</b>				
Peanut Butter (JAR)	1 (16-18 oz) jar	1 (16-18 oz) jar	1 (16-18 oz) jar OR 1 (16 oz) container OR 4 (15.5-16 oz) container	1 (16-18 oz) jar OR 1 (16 oz) container OR 4 (15.5-16 oz) container
Dry Beans OR (CTR)	1 (16 oz) container OR	1 (16 oz) container OR		
Canned Beans (CTR)	4 (15.5-16 oz) container	4 (15.5-16 oz) container		
Eggs (DOZ)	1 dozen	2 dozen	1 dozen	1 dozen
Canned Fish (OZ)	N/A	6 (5 oz) cans	N/A	N/A
<b>Grain Group (Whole Grains, Cereal):</b>				
Whole Grains (OZ) 100% whole wheat bread, buns, pasta, or tortillas; brown rice; bulgur; soft corn tortillas; or oatmeal	16 ounces	16 ounces	N/A	32 ounces
Cereals (OZ)	36 ounces	36 ounces	36 ounces	36 ounces
<b>Fruit &amp; Vegetables (Fruit &amp; Vegetables, Juice):</b>				
Fruits & Vegetables <sup>4</sup> Fresh, Canned and/or Frozen ( \$ )	\$47.00	\$52.00	\$47.00	\$26.00
100% Juice (CTR)	3 (48 oz)	3 (48 oz)	2 (48 oz)	2 (64 oz)
<sup>1</sup> Breastfeeding Multiples will be issued one and one-half times the amount of foods listed for FP VII. .				
<sup>2</sup> Allowed to substitute up to 4 quarts of milk/alternatives and FVII is allowed to substitute up to 6 quarts as follows: 3 quarts = 1-pound (lb.) Cheese 1 quart = 32 ounces (oz) Yogurt 1 quart = 16 ounces (oz) Tofu Note: Whole milk and whole milk yogurt is provided to Child category 12-23 months, all other categories will be provided non- or low-fat milk and yogurt.				
<sup>3</sup> Milk is issued only by ½ gallons (HGL) or gallons (GAL); thereby, any benefits with a 'dangling quart' that quantity of milk is rounded up to ½ gallon every other month.				
<sup>4</sup> Medically fragile children, if prescribed, may substitute 128 ounces of infant fruits & vegetables in lieu of the Cash Value Benefit (CVB)				

### Core Food Packages for Infants – Breastfeeding or Fully Formula with Contract Formulas

Breastfeeding and/or with Contract Formula - Amounts per Infant Age								Infant Foods <i>(offered 6-11 months)</i>		
Exclusive Breastfeeding										
			0-5 months		6-8 months	9-11 months	Infant Cereal	Infant Fruits & Vegetables	Infant Meats	
WIC provides No formula			0		0	0	24 oz	64-4 oz containers <sup>1</sup>	31-2.5 oz containers	
Partial Breastfeeding (Mostly)										
Contract Formula:	Form	Size (oz)	0-1 month	1-3 months	4-5 months	6-8 months	9-11 months	Infant Cereal	Infant Fruit & Vegetables	Infant Meats
Enfamil Infant	powder	12.5 oz	1	up to 4	up to 5	up to 4	up to 4	24 oz	32-4 oz containers <sup>1</sup>	0
	concentrate	13	4	up to 14	up to 17	up to 12	up to 12			
Enfamil NeuroPro Infant	RTF <sup>2, 3</sup>	32	3	up to 12	up to 14	up to 10	up to 10			
Enfamil Gentlease	powder	12.4 oz	1	up to 4	up to 5	up to 4	up to 4			
Enfamil NeuroPro Gentlease	RTF <sup>2, 3</sup>	32 oz	3	up to 12	up to 14	up to 10	up to 10			
Enfamil Reguline	powder	12.4 oz	1	up to 4	up to 5	up to 4	up to 4			
Enfamil ProSobee	powder	12.9 oz	1	up to 4	up to 5	up to 4	up to 4			
	concentrate	13	4	up to 14	up to 17	up to 12	up to 12			
	RTF <sup>2</sup>	32	3	up to 12	up to 14	up to 10	up to 10			
Enfamil AR	powder	12.9 oz	1	up to 4	up to 5	up to 4	up to 4			
Breastfeeding Some/Limited or Fully Formula Feeding										
Contract Formula:	Form	Size (oz)	0-3 months		4-5 months	6-8 months	9-11 months	Infant Cereal	Infant Fruits & Vegetables	Infant Meats
Enfamil Infant	powder	12.5 oz	9		10	7	7	24 oz	32-4 oz containers <sup>1</sup>	0
	concentrate	13	31		34	24	24			
Enfamil NeuroPro Infant	RTF <sup>2, 3</sup>	32	26		28	20	20			
Enfamil Gentlease	powder	12.4 oz	9		10	7	7			
Enfamil NeuroPro Gentlease	RTF <sup>2, 3</sup>	32 oz	26		28	20	20			
Enfamil Reguline	powder	12.4 oz	9		10	7	7			
Enfamil ProSobee	powder	12.9 oz	9		10	7	7			
	concentrate	13	31		34	24	24			
	RTF <sup>2</sup>	32	26		28	20	20			
Enfamil AR	powder	12.9 oz	9		10	7	7			

<sup>1</sup> Infants 9-11 months option: replace a portion of the jarred infant fruits and vegetables (FV) with a cash-value benefit (CVB) towards fresh fruits/vegetables. Exclusive breastfeeding portion replaced with \$8 CVB plus 128 oz of jarred infant FV; Partially breastfeeding and Fully Formula fed replaced with \$4 CVB plus 64 ounces of jarred infant FV.

<sup>2</sup> RTF/RTU formula must meet policy requirements to be issued, refer to policy and document need.

<sup>3</sup> Product does not meet *Formula only comes in RTF form* rationale for issuance.

### Core Food Packages for Infants – Partial Breastfeeding (Mostly) with Medically Prescribed Formulas

Partial Breastfeeding (Mostly) with Medically Prescribed Formulas - Amounts per Infant Age								Infant Foods <i>(offered 6-11 months)</i>		
Medically Prescribed Formula:	Form	Size (oz)	0-1 month	1-3 months	4-5 months	6-8 months	9-11 months	Infant Cereal	Infant Fruits & Vegetables	Infant Meats
Premature & Transitional										
Enfamil NeuroPro EnfaCare	powder	13.6 oz	1	up to 5	up to 6	up to 4	up to 4	24 oz	32-4 oz containers <sup>1</sup>	0
Similac NeoSure	powder	13.1 oz	1	up to 5	up to 6	up to 4	up to 4			
	RTF <sup>2</sup>	32 oz	3	up to 12	up to 14	up to 10	up to 10			
Casein Hydrolysates										
Similac Alimentum	powder	12.1 oz	1	up to 5	up to 6	up to 4	up to 4	24 oz	32-4 oz containers <sup>1</sup>	0
	RTF <sup>2</sup>	32 oz	3	up to 12	up to 14	up to 10	up to 10			
Nutramigen with Prebiotic LGG	powder	12.6 oz	1	up to 5	up to 6	up to 4	up to 4			
Nutramigen	RTF <sup>2</sup>	32 oz	3	up to 12	up to 14	up to 10	up to 10			

<sup>1</sup> Infants 9-11 months option: replace a portion of the jarred infant fruits and vegetables (FV) with a cash-value benefit (CVB) towards fresh fruits/vegetables. Exclusive breastfeeding portion replaced with \$8 CVB plus 128 oz of jarred infant FV; Partially breastfeeding and Fully Formula fed replaced with \$4 CVB plus 64 ounces of jarred infant FV.

<sup>2</sup> RTF/RTU formula must meet policy requirements to be issued, refer to policy and document need.

### Core Food Packages for Infants – Breastfeeding Some/Limited & Fully Formula Fed with Medically Prescribed Formulas

Fully Formula Fed Infant Medically Prescribed Formula Amounts per Infant Age							Infant Foods (offered 6-11 months)		
Medically Prescribed Formula:	Form	Size (oz)	0-3 months	4-5 months	6-8 months	9-11 months	Infant Cereal	Infant Fruits & Vegetables	Infant Meats
Premature & Transitional									
Enfamil NeuroPro EnfaCare	powder	13.6 oz	10	11	8	8	24 oz	32-4 oz containers <sup>1</sup>	0
Similac NeoSure	powder	13.1 oz	10	11	8	8			
	RTF <sup>2</sup>	32 oz	26	28	20	20			
Casein Hydrolysates									
Similac Alimentum	powder	12.1 oz	10	11	8	8	24 oz	32-4 oz containers <sup>1</sup>	0
	RTF <sup>2</sup>	32 oz	26	28	20	20			
Nutramigen with Prebiotic LGG	powder	12.6	10	11	8	8			
Nutramigen	RTF <sup>2</sup>	32 oz	26	28	20	20			

<sup>1</sup> Infants 9-11 months option: replace a portion of the jarred infant fruits and vegetables (FV) with a cash-value benefit (CVB) towards fresh fruits/vegetables. Exclusive breastfeeding portion replaced with \$8 CVB plus 128 oz of jarred infant FV; Partially breastfeeding and Fully Formula fed replaced with \$4 CVB plus 64 ounces of jarred infant FV.

<sup>2</sup> RTF/RTU formula must meet policy requirements to be issued, refer to policy and document need.