

Table 1 - Infant Packages

Package Subgroup	Age of Infant			
	Birth to 1 Month	1 thru 3 months	4 thru 5 months	6 thru 11 months
Food Package	Pkg I-FBF			Pkg II-FBF
Fully Breastfed Package (FBF)	None	None	None	baby food meats: 77.5 oz (31-2.5 oz) jars baby fruit or vegetable: 256 oz (64-4 oz) jars *at 9mo may issue: 128oz (32-4oz) jars + \$8 CVV Infant cereal: 24 oz
[Mom on Pkg. VII]				
Partially/Mostly Breastfed Package (Part/MBF) (Contract Formula)†	Pkg I(A)-Part/MBF & Pkg. III(A)-Part/MBF	Pkg I(B)-Part/MBF & Pkg. III(B)-Part/MBF	Pkg I(C)-Part/MBF & Pkg. III(C)-Part/MBF	Pkg II-Part/MBF & Pkg. III-Part/MBF
		FNB: 364fl. oz.	FNB: 442fl. oz.	FNB: 312fl. oz.
	Maximum Monthly Allowance (MMA)	MMA	MMA	MMA
	104fl. oz. Pwdr. (1 can)	388fl. oz. Conc., or	460fl. oz. Conc., or	315fl. oz. Conc., or
		384fl. oz. RTU, or	474fl. oz. RTU, or	338fl. oz. RTU, or
		435fl. oz. Pwdr.	522fl. oz. Pwdr.	384fl. oz. Pwdr.
	OR:			plus††
Formula Can be adjusted from the maximum amounts				baby fruit or vegetable: 128oz (32-4oz) jars *at 9mo may issue: 64oz (16-4oz) jars + \$4 CVV
	104fl. oz. Conc. (5 cans)			Infant cereal: 24 oz
	104fl. oz. RTU (4 cans)			Note: Infants ≥ 6mo. On Pkg. III, who cannot consume foods orally, may receive increased formula at the maximum level for 4-5 mo. olds, does not include Contract Formula
[Mom on Pkg. V or VII]				
Fully Formula Fed/ Some Breastfed Package (FFF/SBF) (Contract Formula)†	Birth thru 3 Months		4 thru 5 months	6 thru 11 months
	Pkg I-FFF(A) & Pkg III-FFF(A)		Pkg I-FFF(B) & Pkg III-FFF(B)	Pkg II-FFF & Pkg III-FFF
	Full Nutritional Benefit (FNB): 806fl. oz.		FNB: 884fl. oz.	FNB: 624fl. oz.
	MMA		MMA	MMA
	823fl. oz. Conc., or		896fl. oz. Conc., or	630fl. oz. Conc., or
	832fl. oz. RTU, or		913fl. oz. RTU, or	643fl. oz. RTU, or
	870fl. oz. Powdered		960fl. oz. Pwdr.	696fl. oz. Pwdr.
	Note: For 0 through 3 months powdered formula is the preferred form for infants in Package I-FFF/SBF			plus†† FOOD PKG. ABOVE
[Mom on Pkg. VI]				See Note Above

Powdered Formula is the preferred form

* After individual nutrition assessment, infants 9 through 11 months of age may receive a CVB in lieu of a portion of the infant food fruits and vegetables.

The full nutrition benefit is defined as the minimum amount of reconstituted fluid ounces of liquid concentrate infant formula as specified for each infant food package category and feeding variation (e.g. Food Package IA-FFF/SBF). The maximum monthly allowance is specified in reconstituted fluid ounces for liquid concentrate, RTU liquid and powder forms of infant formula and exempt infant formula. Reconstituted fluid ounce is the form prepared for consumption as directed on the container. Indiana WIC provides at least the full nutrition benefit authorized to non-breastfed infants up to the maximum monthly allowance for the physical form of the product specified for each food package category.

†Exempt or Medical Formulas require a Physician's prescription for Food Package III.

††Prescriptions for infants 6 months of age or older on Food Package III must include both a formula prescription **and** a food prescription.

- Note:**
- 1) Fluid ounce amounts for Concentrate and Powdered formula are fluid ounces of reconstituted formula.
 - 2) All moms and babies must be linked for accurate caseload

Table 2 - Child & Women Pkg III

Package	Category	Milk ^{1,2}	Cheese	Yogurt	Juice	Cereal ²	Eggs (doz)	Peanut Butter	Beans	Fruits & Vegetables ³	Whole Grains ⁴	Standard Contract Formula, Exempt Infant Formula or WIC-eligible nutritionals
III	Child 1 to 2 years of age.	16 quarts whole milk	0	0	(128 oz) 2 - 64oz Single Strength	36 oz	1	Due to the risk of choking, Peanut Butter is not allowed until 2 years of age, offer beans instead.	1# Dry	\$8.00	2 # whole grain	455 fl oz liquid concentrate
		OR										
		Per month	AND									
		12 quarts	1#/mo	1qt/mo								
		substitute 4 qts milk each month										
		OR										
		Alternating	AND									
		Mo. A - 16qts	0#/mo	1qt/mo								
		Mo. B - 14qts										
		substitute 2qts milk over 2 months										
		OR										
		Alternating	AND									
		Mo. A - 14qts	1#/mo	0qt/mo								
Mo. B - 12qts												
substitute 6 qts milk over 2 months												
III	Child > 2yrs	16 quarts 1%, non-fat milk	0	0	(128 oz) 2 - 64oz Single Strength	36 oz	1	18 oz	1# OR 64 oz Canned	\$8.00	2 # whole grain	455 fl oz liquid concentrate
		OR										
		Alternating										
		Mo. A - 1# or 64 oz canned										
		Mo. B - 18 oz Peanut Butter										
Same Mo. A & B as for Children < 2yr												

¹ **Milk** - (1) With a qualifying condition on the Med Doc form, reduced fat milks and/or reduced fat yogurt (2%, 1% or Skim) may be issued to children 1 to 2 years of age. Yogurt may be substituted at the rate of 1qt of yogurt to 1qt of milk. Max. monthly issuance of yogurt is 1qt. (2) With a qualifying condition, Whole fat milk and/or whole fat yogurt may be issued to children >2 years of age. (3) With a qualifying condition, or another condition listed on the Med Doc form, Soy Beverage can be substituted for milk on a quart for quart basis for Children >1yr.

² **Cereal** - 32oz of infant cereal may be substituted for 36 oz of adult cereal as requested on the Med Doc form.

³ **Fruits & Vegetables** - With a qualifying condition on the Med Doc form, 128 oz infant fruits and vegetables may be issued in lieu of an \$8.00 CVB.

⁴ **Whole grain** - whole grain bread, whole wheat pasta, soft whole wheat or corn tortilla, or brown rice

For all Alternating Food Items: Month A = Odd Months; Month B = Even Months

Please refer to TABLE 1 - Infant Packages, for information on Package III for that category

Table 2 - Child & Women Pkg III

Package	Category	Milk ¹	Cheese	Yogurt	Juice	Cereal ²	Eggs (doz)	Peanut Butter	Beans	Fruits & Vegetables	Whole Grains ³	Fish	Std Cont Form, Expt Inf Form or WIC-elig nutritional	
The Infant Food Package determines the Postpartum Food Package														
III	PP-FFF/SBF Pkg. (0-12mo dyad)	➤ Food Packages for PP-FFF/SBF women are issued for no longer than 6 months postpartum												
		16 quarts 1%, non-fat milk	0	0	(96 oz) 2 11.5oz-12oz Concentrate	36 oz	1	18oz OR →	1# Or 64oz Canned	\$10.00	None	None	455 fl oz liquid concentrate	
		OR							Alternating Mo. A - 1# or 64 oz canned Mo. B - 18 oz Peanut Butter					
		Per month		AND										
		12 quarts	1#/mo	1qt/mo					substitute 4 qts milk each month					
		OR												
		Alternating		AND										
		Mo. A - 16qts	0#/mo	1qt/mo					substitute 2qts milk over 2 months					
		Mo. B - 14qts												
		OR												
		Alternating		AND										
		Mo. A - 14qts	1#/mo	0qt/mo					substitute 6 qts milk over 2 months					
		Mo. B - 12qts												

¹ **Milk** - (1) With a qualifying condition on the Med Doc form, Whole or 2% milk and/or yogurt may be issued for prenatal and postpartum women. Yogurt may be substituted at the rate of 1qt of yogurt to 1qt of milk. Max. monthly issuance of yogurt is 1qt. (2) Soy Beverage can be substituted for milk on a quart for quart basis for prenatal and postpartum women without a qualifying condition listed on the Med Doc form.

² **Cereal** - 32oz of infant cereal may be substituted for 36 oz of adult cereal as requested on the Med Doc form.

³ **Fruits & Vegetables** - With a qualifying condition on the Med Doc form, 160 oz infant fruits and vegetables may be issued in lieu of a \$10.00 **CVB**; 240oz infant fruits and vegetables may be issued in lieu of a \$15.00 **CVB**.

⁴ **Whole grain** - whole grain bread, whole wheat pasta, soft whole wheat or corn tortilla, or brown rice

Table 2 - Child & Women Pkg III

Package	Category	Milk ¹	Cheese	Yogurt	Juice	Cereal ²	Eggs (doz)	Peanut Butter	Beans	Fruits & Vegetables	Whole Grains ³	Fish	Std Cont Form, Expt Inf Form or WIC-elig nutritional		
III	PN w/ 2 or more fetuses or PP-FBF or PP-Part/MBF Multiples & PN-FBF or PN-Part/MBF Singleton Pkg. (0-12mo dyad)	24 quarts 1%, non-fat milk	1#	0qt	(144 oz) 3 11.5oz-12oz Concentrate	36 oz	2	18oz AND →	1# Or 64 oz Canned	\$10.00	1 # whole grain	30 oz	455 fl oz liquid concentrate		
		OR						OR							
		Alternating						AND							
		Mo. A - 24qts	1#/mo	1qt/mo				May tailor peanut butter and bean combinations: 36oz peanut butter/no beans; or no peanut butter/1# dry beans and 64 oz canned beans; or no peanut butter/2# of dry beans or 128 oz of canned beans							
		Mo. B - 22qts	substitute 2 qt milk over 2 months												
		OR													
		Alternating												AND	
		Mo. A - 22qts	2#/mo	0qt/mo											
		Mo. B - 20qts													
		substitute 6 qts milk over 2 months													
		OR													
		Alternating												AND	
Mo. A - 20qts	2#/mo	1qt/mo													
Mo. B - 20qts															
substitute 8 qts milk over 2 months															
III at 1.5	PN-FBF Multiples & PP-FBF Multiples Pkg. (0-12mo dyad)	36 quarts 1%, non-fat milk	1.5#	0	(216 oz) 11.5oz-12oz Concentrate	54 oz	3	27oz AND →	24oz OR 96oz Canned	\$15.00	1.5 # Alternating Mo. A-1 # Mo. B-2 #	45 oz	455 fl oz liquid concentrate		
		OR						Alternating Mo. A							
		Alternating						AND							
		Mo. A - 36qts	1.5#/mo	1qt/mo				May tailor peanut butter and bean combinations: 54oz peanut butter/no beans; or no peanut butter/24 oz dry beans and 96 oz canned beans; or no peanut butter/48 oz of dry beans or 192 oz of canned beans							
		Mo. B - 34qts													
		substitute 2 qt milk over 2 months												Alternating	
		OR												Mo. A - 4	
		Alternating												Mo. B - 5	
		Mo. A - 34qts	2.5#/mo	0qt/mo											
		Mo. B - 32qts													
		substitute 6 qts milk over 2 months													
		OR													
Alternating			AND												
Mo. A - 32qts	2.5#/mo	1qt/mo													
Mo. B - 32qts															
substitute 8 qts milk over 2 months															

¹ **Milk** - (1) With a qualifying condition on the Med Doc form, Whole or 2% milk and/or yogurt may be issued for prenatal and postpartum women. Yogurt may be substituted at the rate of 1qt of yogurt to 1qt of milk. Max. monthly issuance of yogurt is 1qt. (2) Soy Beverage can be substituted for milk on a quart for quart basis for prenatal and postpartum women without a qualifying condition listed on the Med Doc form.

² **Cereal** - 32oz of infant cereal may be substituted for 36 oz of adult cereal as requested on the Med Doc form.

³ **Fruits & Vegetables** - With a qualifying condition on the Med Doc form, 160 oz infant fruits and vegetables may be issued in lieu of a \$10.00 **CVB**; 240oz infant fruits and vegetables may be issued in lieu of a \$15.00 **CVB**.

⁴ **Whole grain** - whole grain bread, whole wheat pasta, soft whole wheat or corn tortilla, or brown rice

Table 3 - Child Packages

Package	Category	Milk ¹	Cheese	Yogurt	Juice	Cereal	Eggs (doz)	Peanut Butter	Beans	Fruits & Vegetables	Whole Grains ²
IV	Child < 2yrs	16 quarts whole milk	0	0	(128 oz) 2 - 64oz Single Strength	36 oz	1	Due to the risk of choking, Peanut Butter is not allowed until 2 years of age, offer beans instead.	1# Dry	\$8.00	2 # whole grain
		OR									
		Per month	AND								
		12 quarts	1#/mo	1qt/mo							
		substitute 4 qts milk each month									
		OR									
		Alternating	AND								
		Mo. A - 16qts	0#/mo	1qt/mo							
		Mo. B - 14qts									
		substitute 2qts milk over 2 months									
OR											
Alternating	AND										
Mo. A - 14qts	1#/mo	0qt/mo									
Mo. B - 12qts											
substitute 6 qts milk over 2 months											
IV	Child > 2yrs	16 quarts	0	0	(128 oz) 2 - 64oz Single Strength	36 oz	1	18 oz OR →	1# Dry OR	\$8.00	2 # whole grain
		1%, non-fat milk						64 oz Canned			
		OR									
		Alternating									
		Mo. A - 1# or 64 oz canned									
		Mo. B - 18 oz Peanut Butter									
		OR									
		Same Monthly amounts as for Children < 2yr									

¹ **Milk** - Yogurt may be substituted for milk at the rate of 1qt of yogurt for 1qt of milk. Max. monthly issuance of yogurt is 1qt. UHT milk may be issued for homeless participants on a quart-for-quart basis. (There is no cheese or yogurt substitution for a homeless participant).

² **Whole grain** - whole grain bread, whole wheat pasta, soft whole wheat or corn tortilla, or brown rice
 For all Alternating Food Items: Month A = Odd Months; Month B = Even Months

Table 4 - PN & PP Packages

Package	Category	Milk ¹	Cheese	Yogurt	Juice	Cereal	Eggs (doz)	Peanut Butter	Beans	Fruits & Vegetables	Whole Grains ²	Fish
The Infant Food Package determines the Postpartum Food Package												
➤ Food Packages for PP-FFF/SBF are issued for no longer than 6 months postpartum												
VI	PP-FFF/SBF Pkg. (0-12mo dyad)	16 quarts 1%, non-fat milk	0	0	(96 oz) 2 11.5oz-12oz Concentrate	36 oz	1	18oz OR →	1# Dry Or 64oz Canned OR Alternating Mo. A - 1# or 64 oz canned Mo. B - 18 oz Peanut Butter	\$10.00	None	None
		OR										
		AND										
		Per month										
		12 quarts	1#/mo	1qt/mo								
		substitute 4 qts milk each month										
		OR										
		Alternating	AND									
		Mo. A - 16qts	0#/mo	1qt/mo								
		Mo. B - 14qts										
		substitute 2qts milk over 2 months										
		OR										
Alternating	AND											
Mo. A - 14qts	1#/mo	0qt/mo										
Mo. B - 12qts												
substitute 6 qts milk over 2 months												
V	PN or PP-Part/MBF Pkg. (0-12mo dyad)	22 quarts 1%, non-fat milk	0	0	(144 oz) 3 11.5oz-12oz Concentrate	36 oz	1	18oz AND →	1# Dry Or 64oz Canned OR MAY TAILOR 36oz AND → No Beans OR No Peanut Butter AND → 1# AND 64oz Canned OR No Peanut Butter 2# Or AND → 128 oz Cnd	\$10.00	1 # whole grain	None
		OR										
		AND										
		Per month										
		18qts	1#/mo	1qt/mo								
		substitute 4 qts milk each month										
		OR										
		Alternating	AND									
		Mo. A - 22qts	0#/mo	1qt/mo								
		Mo. B - 20qts										
		substitute 2 qts milk over 2 months										
		OR										
Alternating	AND											
Mo. A - 20qts	1#/mo	0qt/mo										
Mo. B - 18qts												
substitute 6 qts milk over 2 months												

¹ **Milk** - Yogurt may be substituted for milk at the rate of 1qt of yogurt for 1qt of milk. Max. monthly issuance of yogurt is 1qt. UHT milk may be issued for homeless participants on a quart-for-quart basis.

(There is no cheese or yogurt substitution for a homeless participant).

² **Whole grain** - whole grain bread, whole wheat pasta, soft whole wheat or corn tortilla, or brown rice

For all Alternating Food Items: Month A = Odd Months; Month B = Even Months

Table 4 - PN & PP Packages

Package	Category	Milk ¹	Cheese	Yogurt	Juice	Cereal	Eggs (doz)	Peanut Butter	Beans	Fruits & Vegetables	Whole Grains ²	Fish						
The Infant Food Package determines the Postpartum Food Package																		
VII	PP-FBF or PN w/ 2 or more fetuses or PP-Part/MBF Multiples or PN-FBF Singletons or PN-Part/MBF Singleton Pkg. (0-12mo dyad)	24 quarts 1%, non-fat milk	1#	0qt	(144 oz) 3 Concentrate	36 oz	2	18oz AND →	1# Dry OR 64 oz Canned	\$10.00	1 # whole grain	30 oz						
		OR						May tailor peanut butter and bean combinations: 36oz peanut butter/no beans; or no peanut butter/1# dry beans and 64 oz canned beans; or no peanut butter/2# of dry beans or 128 oz of canned beans										
		Alternating		AND														
		Mo. A - 24qts	1#/mo	1qt/mo														
		Mo. B - 22qts																
		substitute 2 qt milk over 2 months																
		OR																
		Alternating		AND														
		Mo. A - 22qts	2#/mo	0qt/mo														
		Mo. B - 20qts																
substitute 6 qts milk over 2 months																		
OR																		
Alternating		AND																
Mo. A - 20qts	2#/mo	1qt/mo																
Mo. B - 20qts																		
substitute 8 qts milk over 2 months																		
VII at 1.5	PN-FBF Multiples & PP-FBF Multiples Pkg. (0-12mo dyad)	36 quarts 1%, non-fat milk	1.5#	0qt	(216 oz)	54 oz	3	27oz AND →	24oz Dry OR 96oz Canned	\$15.00	1.5 #	45 oz						
		OR						May tailor peanut butter and bean combinations: 54oz peanut butter/no beans; or no peanut butter/24 oz dry beans and 96 oz canned beans; or no peanut butter/48 oz of dry beans or 192 oz of canned beans										
		Alternating		AND									Alternating					
		Mo. A - 36qts	1.5#/mo	1qt/mo									Mo. A - 4					
		Mo. B - 34qts											Mo. B - 5					
		substitute 2 qt milk over 2 months																
		OR																
		Alternating		AND									Alternating Mo. A-1 # Mo. B-2 #					
		Mo. A - 34qts	2.5#/mo	0qt/mo											18 oz AND →		1# Or 64 oz Cnd	
		Mo. B - 32qts													with Mo. B		36 oz AND →	
substitute 6 qts milk over 2 months																		
OR																		
Alternating		AND																
Mo. A - 32qts	2.5#/mo	1qt/mo																
Mo. B - 32qts																		
substitute 8 qts milk over 2 months																		

¹ Milk - Yogurt may be substituted for milk at the rate of 1qt of yogurt for 1qt of milk. Max. monthly issuance of yogurt is 1qt. UHT milk may be issued for homeless participants on a quart-for-quart basis.

(There is no cheese or yogurt substitution for a homeless participant).

² Whole grain - whole grain bread, whole wheat pasta, soft whole wheat or corn tortilla, or brown rice

For all Alternating Food Items: Month A = Odd Months; Month B - Even Months