

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	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
Package (Part/MBF) (Contract Formula)†		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††
	104fl. oz. Conc. (5 cans)			baby fruit or vegetable: 128oz (32-4oz) jars
	104fl. oz. RTU (4 cans)			*at 9mo may issue: 64oz (16-4oz) jars + \$4 CVV
				Infant cereal:
				24 oz
				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	Birth thru 3 Months		4 thru 5 months	6 thru 11 months
Package (FFF/SBF) (Contract Formula)†	Pkg I-FFF(A) & Pkg III-FFF(A)		Pkg I-FFF(B) & Pkg III-FFFB	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	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 <

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	\$10.00	None	None	455 fl oz liquid concentrate
		OR		64oz Canned									
		Per month	AND						Alternating				
		12 quarts	1#/mo	1qt/mo					Mo. A - 1# or 64 oz canned				
		substitute 4 qts milk each month							Mo. B - 18 oz Peanut Butter				
		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	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# Or	\$10.00	1 # whole grain	None	455 fl oz liquid concentrate
		OR		64oz Canned									
		OR						MAY TAILOR					
		Per month	AND					36oz AND →	No Beans				
		18qts	1#/mo	1qt/mo				OR					
		substitute 4 qts milk each month						No Peanut Butter AND →	1# AND 64oz Canned				
		OR		OR									
		Alternating	AND					No Peanut Butter AND →	2# Or 128 oz Cnd				
		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** - (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																		
		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																				
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) Alternating Mo. A - 4 Mo. B - 5 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							
		Alternating Mo. A																		
		18 oz AND →		1# Or 64 oz Cnd																
		with Mo. B																		
		36 oz AND →		2# Or 128 oz Cnd																
		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																		
		substitute 2 qt milk over 2 months																		
		OR																		
		Alternating		AND																
		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							Or 64 oz Canned		
		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						OR			
		Same Monthly amounts as for Children < 2yr						Alternating			
								Mo. A - 1# or 64 oz canned Mo. B - 18 oz Peanut Butter			

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	Milk¹	Cheese	Yogurt	Juice	Cereal	Eggs (doz)	Peanut Butter	Beans	Fruits & Vegetables	Whole Grains²	Fish
The Infant Food Package determines the Postpartum Food Package												
VI	PP-FFF/SBF Pkg. 											

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#	0qt	(144 oz) 3 11.5oz-12oz Concentrate	36 oz	2	18oz AND →	1# Dry Or	\$10.00	1 # whole grain	30 oz		
		1%, non-fat milk		64 oz Canned										
		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. <													

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