

## State of Nevada WIC Food Package Guide

This guide shows the maximum quantities of supplemental foods authorized per month by category. *Refer to Policy FD: 3 for tailoring guidelines.*  
 Enter Food Items into the WIC Application in the following sequence

CATEGORY				EG	CE	JG©	JH(b)	LD/BN/LP	WG	CV	FI
<b>Pregnant or Mostly Breastfeeding</b>	CH	0	1	1	36	3		<i>Pick 2</i>	16oz	1100	
	MX/MZ	5 ½	4 ½					1#			
	MV		1qt					4 cans			
								18 oz			
<b>**Exclusively Breastfeeding (No WIC Formula) and Pregnant or Mostly Breastfeeding with Multiple Fetuses</b>	CH	1*	2	2	36	3		<i>Pick 2</i>	16oz	1100	30
	MX/MZ	6	5					1#			
	MV		1qt					4 cans			
								18 oz			
<ul style="list-style-type: none"> <li>For an exclusively breastfeeding women of multiples issue double amounts first month, standard package the next, continue rotation throughout the participants eligible timeframe.</li> </ul>											
<b>Non-Breastfeeding or Mostly Breastfeeding Women that infant exceeds PBF formula amount</b>	CH	0	1	1	36	2		<i>Pick 1</i>	N/A for Non BF	1100	
	MX/MZ	4	3					1#			
	MV		1qt					4 cans			
								18 oz	16 oz		
<ul style="list-style-type: none"> <li>At 6 months postpartum: partially breastfeeding mothers whose infant exceeds the amount of formula will receive their last month of benefits just like a non-breastfeeding women.</li> <li>However, if she is still breastfeeding her infant, change mom's status from an "F" or "H" to an "S" provide education and referral for as long as she continues to breastfeed up until 12 months postpartum. If she stops breastfeeding at any time after 6 months postpartum change her status to an "N" and terminate.</li> </ul>											
<b>Child 1-2 Child 2-5</b>	CH	0	1	1	36			2	32oz	800	
	MW/MX MU/MV	4	3								
			1qt								
<b>Medical Food Package-Infants</b>	Infants with serious nutritionally related medical conditions which require an exempt infant formula or a WIC-eligible medical food will be served under this food package.  Refer to the Medical Food Breakdown (Appendix FD: G)				<b>GB</b>	<b>BF</b>	<b>BM</b>	Infants over 6 months of age whose medical condition prevents them from consuming supplemental foods can receive the max formula allowed for 4-5 months in lieu of the supplemental infant foods.			
				0-5 Months	0	0	0				
				6-11 Months	3	128	0				

- Cheese for milk at 1 pound per 3 qt of fluid milk \* Tofu for milk at 1 pound Tofu per 1 qt of fluid milk \* Evaporated Milk: 4 cans = 1 gallon
- Powdered Milk: 2 quarts = 1/2 gallon (product comes in 3qt/8qt) \* UHT: (5) 8oz / 3-packs = 1 gallon

<b>Medical Food Package – Children 1 - 5 and Women</b>	Refer to the Medical Food Breakdown (Appendix FD: G)	In addition to the medically prescribed formula, participants in this category will also receive the standard food package for their category with prescription from a physician indicating what foods if any are contradictory.
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**Mostly Breastfed Infants:**

The following is a guideline when issuing formula to a partially breastfed infant. Clinic staff will inform the mother that supplementation may result in a decrease of her milk supply.

Before issuing formula to a breastfeeding mother:

- Assess the need for supplementation
- Discuss the option of pumping breastmilk
- Offer only enough formula as needed at the time
- Remember to encourage the mother to delay supplementation until the baby is 4 weeks of age
- Refer to a lactation specialist if needed

To Calculate Formula Volume:

1. Calculate the approximate amount of formula (in ounces) the participant consumes each day and multiply it by the number of days in the month to give the total monthly volume.
2. Determine the ounces of prepared formula one (1) can of formula will provide. Prepared ounces will vary by formula.
3. Divide the total monthly volume by the ounces one (1) can of prepared formula provides to establish the approximate number of cans the client will need for the month.

**Example:** Baby is partially breastfed and consuming about 12 ounces of prepared Similac Advance powdered formula each day. The Similac Advance powdered formula can size is 12.4 ounces.

12 ounces per day X 30 days = 360 ounces per month

1 -12.4 ounce can of Similac Advance = 90 fl. ounces prepared

360 ounces per month / 90 fl ounces prepared = 4 cans

Round 3.829 up to 4 cans per month.

**Do Not exceed Maximum Can Issuance Per Age**

# Of Ounces of Formula Consumed in 24 hours	# Can Powdered Formula/Month 12.3, 12.4, and 12.6 oz can (90 fl oz)
0-5	1
6-8	2
9-11	3
12-14	4
15-17	5
18-20	6
21-23	7
24-26	8
27-30	9
31-32	10

**Formula Fed Infants:** Formula issuance cannot exceed maximum amounts even with a physician's prescription.