

Supplemental Food and Delivery

Illinois WIC Policy Manual

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Section 1: Food Distribution

1. General (Effective: February 2026)

- A. WIC benefits are authorized through local WIC clinics and provided to WIC participants in a format that allows only specific food items to be redeemed within a benefit month. WIC participants receive a WIC EBT card from their clinic, select a Personal Identification Number (PIN) and purchase their authorized foods from approved WIC vendors.
- B. The State of Illinois maintains a uniform statewide retail food delivery system and enters into agreements with food retailers to participate in the program and provide specific authorized foods for purchase. The Department provides vendors with an electronic list of authorized foods called the Authorized Product List (APL).
- C. To redeem benefits, participants use their EBT card to purchase authorized foods at authorized WIC vendors. Benefits may be redeemed through either of two methods:
 - 1. Retail delivery utilizing authorized WIC vendors (food retailers) throughout the State.
 - 2. WIC Food and Nutrition Centers (WFNC) in the city of Chicago.
 - a) Catholic Charities of Chicago operates the Food and Nutrition Centers through a grant agreement with the Department to ensure access to WIC foods, particularly near WIC clinics located in food deserts, while also offering additional services. See Addendum *WIC Food and Nutrition Center Program* for details and a list of WFNC sites.
- D. All WIC foods are provided free of charge to WIC participants.
- E. The WIC Cash Value Benefit (CVB) is designed to allow any combination of authorized fresh, frozen, or canned fruits or vegetables in quantities up to the allowed benefit.
- F. The steps for redeeming WIC benefits at the authorized vendors and the WFNC depend on the type of equipment or Point of Sale (POS) device used by the retailer. There are two types of devices:
 - 1. Single Function
 - 2. Multi-Function
 - 3. General steps for purchasing benefits for the two different types of equipment, including self-checkout, are described in the addendum: WIC-EBT Transactions.
- G. Upon redemption by participants, the WIC EBT processor confirms the benefits and pays the authorized vendor.

Addendum: WIC Food and Nutrition Center Program

Addendum: WIC – EBT Transactions

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Section 2: WIC Household and Other Roles in IWIC

1. Head of Household (Effective: February 2026)

- A. Each Family Unit must have a Head of Household (HOH).
 - 1. The Head of Household is the person responsible for attending WIC appointments, participating in nutrition education, redeeming WIC benefits, and is considered the primary WIC EBT cardholder.
 - 2. The date of birth and zip code of the Head of Household are used to link the family and benefits to the WIC EBT card.
 - 3. Household and participant identification numbers are generated by the WIC MIS.
- B. Head of Household Assignment
 - 1. For the following categories:
 - a) Pregnant, Breastfeeding or Non-Breastfeeding Postpartum participants will serve as the HOH, regardless of age.
 - b) Child or Infant
 - 1) Mothers will serve as the HOH, as they are often enrolled or likely to enroll in the WIC program.
 - 2) The enrolling parent, guardian, or caretaker with whom the child resides most of the time will serve as HOH.
 - c) Foster Children
 - 1) The foster parent will function as the HOH.
 - (a) A foster child will be the only participant in their household.
 - (b) A foster parent with multiple foster children will have a separate household and separate EBT card for each child.

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Section 2: WIC Household and Other Roles in IWIC

2. *Understanding Roles in IWIC (Effective: February 2026)*

- A. The Head of Household (HOH) may assign a Second Parent, Proxy, and/or a designated shopper. For guidance on the responsibilities of roles in IWIC (Head of Household, Second Parent, Caretaker, Proxy, Designated Shopper) refer to Addendum *Understanding Roles in WIC* (IL WIC PM CS 5.2).
- B. Second Parent: In two-parent households, the HOH may name the other parent as “Second Parent” allowing that parent to bring the child to subsequent appointments, including recertification appointments (IL WIC PM CS 1.1; 5.2). The Second Parent has the same obligations and responsibilities as the HOH.
- C. Proxy: Any person designated by the HOH, to obtain and transact supplemental foods on behalf of a participant.
 - 1. The Head of Household must be informed at the certification visit:
 - a) The right to a Proxy.
 - b) The Proxy must follow all program rules.
 - c) If it has been determined a violation by a Proxy has occurred, the HOH will be held responsible.
 - 2. One Proxy may be identified, and the name of the Proxy must be documented in the WIC MIS.
 - 3. If the HOH chooses to change the Proxy during a certification period, staff must confirm the HOH identity and update the Proxy field in the WIC MIS.
 - a) If the HOH is requesting this change via phone, confirm the HOH DOB, address, and zip code prior to making the change.
 - b) WIC ID card should be replaced (IL WIC PM CS 5.3)
 - 4. Local agency staff must request identification and compare this identification to the name entered in the WIC MIS prior to the agency providing any type of service, including issuance of benefits.
- D. Designated Shopper: Any person, including the Proxy, the Head of Household allows access to both the WIC EBT card and the PIN number that allows them to shop on behalf of the HOH.
 - 1. Designated Shopper must follow all program rules. If it has been determined a violation by a Designated Shopper has occurred, the HOH will be held responsible.

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Section 3 Card Management

1. WIC EBT Cards (Effective: February 2026)

- A. WIC EBT transactions in Illinois are processed using a payment card with a magnetic stripe to perform a series of real-time transactions between the Point of Sale (POS) equipment at the authorized WIC vendor and the EBT processor to approve the WIC EBT transaction. The WIC EBT card is used by program participants to obtain supplemental foods.
- B. To use an EBT card, the card must be assigned to the Household, in an Active status, benefits issued, and a Personal Identification Number (PIN) selected.
- C. The PIN is the four-digit number the Head of Household (HOH) assigns to the WIC EBT card to transact food purchases.
 - 1. If the PIN is entered wrong four times in a row, the card will be locked until midnight.
 - a) The PIN can be changed prior to midnight.
 - b) If the PIN is not reset, it will automatically be unlocked at midnight. The HOH must set the PIN at the time of card issuance to ensure they are able to successfully set the PIN and therefore able to access benefits.
 - c) Local agency staff should never ask a participant for their PIN or establish the PIN for them.
- D. WIC EBT Cards must not be preassigned. Cards must be assigned when the participant is present at the clinic at the time of benefit issuance.
 - 1. To ensure card security, only a HOH may be issued the initial WIC EBT card.
- E. Distribution of WIC EBT cards by mail, home delivery, or special pick up require Department approval. Such requests must be submitted to the Regional Nutritionist Consultant in writing (IL WIC PM NE 8) At the time of issuance, the HOH must be educated on the proper use of the EBT card by reviewing Addenda *Using Your Illinois eWIC Card and Bnft App for Illinois eWIC* brochures, including:
 - 1. How to select the PIN
 - 2. What to do when they forget the PIN
 - 3. How to use the card at the store
 - 4. Importance of bringing the EBT card to all appointments
 - 5. Educating the Proxy and designated shopper on use of the card
 - 6. Keeping the card safe
 - 7. How to report a card that is lost, stolen or damaged
 - 8. How to place a card on hold
 - 9. WIC will not replace any food benefits used improperly or not made available to the Head of Household by the Proxy or designated shopper
- F. Use and Misuse of Card
 - 1. The Head of Household is responsible for the proper use of the food benefits received and is liable for any resulting sanctions. (IL WIC PM CS 15.1)

Addendum: Using Your Illinois eWIC Card

Addendum: Bnft App for Illinois eWIC

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Section 3 Card Management

2. WIC EBT Card Management (Effective: February 2026)

- A. WIC EBT card inventory must be monitored and managed to ensure card security and adequate inventory is available for issuance and replacement.
- B. Card stock thresholds have been determined for each agency. When the remaining card inventory reaches the threshold, a notification is sent to the State office and a reorder is initiated.
- C. WIC EBT cards that are part of the inventory stock, issued, damaged, lost or replaced are tracked by the WIC MIS and EBT Processor. The Department will monitor the security of all WIC EBT cards regardless of status.
- D. Local agencies are responsible for accurately accounting for the agency's WIC EBT cards through the following actions:
 1. Maintaining a secure, locked area (safe, limited-access closet, etc.) for holding unissued WIC EBT cards after receipt, during issuance, and during transportation from one site to another. Only the WIC Coordinator, WIC site supervisor, or one approved WIC staff should have access to the storage area.
 2. Entering the card ranges into the WIC MIS the day they are delivered and on the WIC EBT Card Inventory Log found in the IWIC Clinic User Manual.
 3. Keeping the Manifest Report which accompanies the card shipment on file.
 4. Maintaining a log of WIC EBT card stock that is removed from inventory and distributed to issuing staff.
 - a) The first and last card stock number distributed to each staff person must be verified and documented on the Daily WIC EBT Card Inventory Log at the start and end of each EBT card issuance day.
 - b) Smaller caseload agencies may issue a limited number of cards and may not assign cards to staff on a daily basis. If an agency chooses to remove a card from inventory for issuance on an as-needed basis, those cards do not need to be logged, as the expectation is that the card will be assigned immediately in the WIC MIS.
 5. To effectively deal with unissued lost or stolen EBT cards, the following actions must be taken immediately by the Local agency:
 - a) Unissued WIC EBT cards that are unusable must be documented on the WIC MIS Card Inventory Log and reported to the RNC.
 - b) Card log must include:
 - 1) The date
 - 2) Card number(s)
 - 3) Reason cards cannot be issued (i.e., damaged, lost, stolen)
 - 4) Staff initials
 - 5) The WIC MIS Card Inventory Log must be retained for review upon request.

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Section 3 Card Management

- E. Local Agencies are fiscally responsible for proper issuance and accountability of EBT cards assigned to the agency and any clinics. This includes food funds being lost for any of the reasons listed below and which are subsequently paid by the Department's contract bank.
 - 1. Theft
 - 2. Embezzlement or unexplained causes
 - 3. Misuse of WIC EBT cards

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Section 3 Card Management

3. Issued WIC EBT Cards Lost, Stolen, or Damaged (Effective: February 2026)

- A. WIC EBT cards reported lost, stolen, damaged, or destroyed by a household must be replaced by the local agency within 7 business days. Education on obtaining a replacement card must be documented in the eWIC Card Account Maintenance Note field in the EBT Accounts grid. This field becomes enabled when Stop Access button is clicked. EBT Account note field.
 - 1. Detail on WIC EBT card status and steps to replace cards can be found within the WIC MIS.
 - 2. Cards returned to the local agency must be documented in the WIC MIS using the appropriate reason code and shredded. HOH must be contacted on steps to obtain a new EBT card.
- B. Local agency staff must verify the HOH's name, date of birth, and zip code prior to replacing EBT card.
- C. The Personal Identification Number (PIN) and any remaining benefits will transfer to the replacement card. HOH must be informed that benefits used by unauthorized users will not be replaced.
- D. HOH, Second Parent, or Proxy must come to the clinic to receive the replacement card, and the card must not be assigned until they are present in the clinic.
- E. The person picking up the replacement card must be re-educated on proper use of the WIC EBT card (IL WIC SFD 3.2)

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Section 4: Authorized WIC Foods

1. Authorized WIC Foods (Effective: February 2026)

- A. Food authorized for purchase with the WIC EBT card in the State of Illinois shall be limited to those allowed by Federal Regulations (7 CFR 246) and listed on the Addendum *Illinois Authorized WIC Food List*. These foods must meet the definition for supplemental foods set by the Child Nutrition Act P.L. 108-269.
 - 1. The Illinois Authorized WIC Food List identifies the foods that may be purchased with the WIC EBT card.
 - 2. Revisions to this list may be made once each year. See IL WIC PM SFD 4.2 for more information.
- B. Illinois WIC foods have been selected based on nutrient content criteria established by Federal Regulation and Department specification. Addendum *USDA Minimum Requirements and Specifications for Supplemental Foods* identifies the minimum standards that each food must meet to be approved for distribution to WIC participants.

Addendum: Illinois Authorized WIC Food List

Addendum: Minimum Requirements and Specifications for Supplemental Foods

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Section 4: Authorized WIC Foods

2. Procedure for Evaluation of Authorized Food Products (Effective: February 2026)

- A. The following process is used for evaluation of products for possible inclusion on the Illinois Authorized WIC Food List.
- B. The Department considers products for inclusion on the Illinois Authorized WIC Food List on an annual basis. The following general criteria will be considered:
 - 1. Products should be widely available throughout the state..
 - 2. Products should be perceived as desirable to Illinois WIC participants.
 - 3. Product cost should be comparable to other products in the same category.
 - 4. The Department may consider other nutrition and or programmatic concerns.
 - 5. Product information should be sent to the state office:

DHS.WICFoods@illinois.gov

or

Illinois Department of Human Services

WIC Program

815/823 E. Monroe Street

Springfield, IL 62701

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Section 5: Infant Formula

1. General Information (Effective: July 2025)

- A. Infant formulas must be issued in compliance with Federal Regulations. The following general policies and procedures are provided to ensure observance of 7 CFR part 246.10.
- B. Breastfeeding is the normal and expected method of infant feeding and staff should assume all pregnant women will breastfeed and postpartum women are breastfeeding unless notified otherwise. Mothers should be educated and counseled according to the Addendum *NPS Breastfeeding* (IL WIC PM AD 10.1) before formula is considered.
- C. Formula-fed infants will be issued food benefits for the contract brand of formula unless a documented medical need for a medically prescribed formula exists.
- D. Ready-to-feed (RTF)/Ready to Use (RTU) formula must only be given to participants in the following situations, when a rationale for issuance and related risk factors can be documented in the WIC MIS.
 - 1. Household has unsanitary or restricted water supply and/or poor refrigeration.
 - 2. Person caring for infant has difficulty with preparation.
 - 3. Physician prescribes a formula in RTF form for a premature infant.
 - 4. Formula only comes in RTF form, and a comparable powdered version of the formula is not available.

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Section 5: Infant Formula

2. Procedure for Evaluation of Authorized Formulas (Effective: February 2021)

- A. Illinois WIC infant formulas and exempt infant formulas must comply with Food and Drug Administration (FDA) Standards of Identity per USDA Food and Nutrition Service (FNS) requirements for WIC-eligible foods (7 CFR part 246.10.). The following process is used for evaluation of formulas to be made available through the Illinois WIC Program.
 1. All products must meet FNS and FDA standards.
 2. The Formulary will be evaluated annually to determine any needed changes.
 - a) Formulas will be retained or deleted from the list based on the frequency of usage.
 - b) Formulas will be added to the available list based on the frequency of requests received for the product. In addition, statewide availability and current inclusion of products of similar composition will be considered in the decision.
 3. When changes are made to authorized formulas, the formulary will be provided to local agencies.

Addendum: Illinois WIC Program Formulary

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Section 5: Infant Formula

3. *Emergency Formula (Effective: February 2021)*

A. Due to safety concerns:

1. Local agencies must not accept, nor issue formula donated by an individual or group
2. Formula shall not be returned to a store

B. A WIC agency cannot have formula on-site from a distributor.

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Section 5: Infant Formula

4. Contract Formula (Effective: July 2025)

- A. Contract formula is an infant formula (standard milk-based, lactose free and soy-based) that complies with the definition in section 201(z) of the Federal Food, Drug and Cosmetic Act (21U.S.C. 321(z)) and meets the requirements under section 412 of the Federal Food, Drug Act (21 U.S.C. 350a) and regulations at 21 CFR parts 106 and 107.
- B. Contract formula is:
 - 1. Nutritionally complete infant formula not requiring the addition of any ingredients other than water prior to being served in a liquid state.
 - 2. Iron-fortified, containing at least 10 milligrams of Iron per liter of formula at standard dilution.
 - a) According to the United States Department of Agriculture, Food and Nutrition Service, *Infant Nutrition and Feeding, A Guide for Use in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC)*, there is no indication for use of low-iron infant formula under any circumstance. Therefore, low-iron infant formula is not available through the Illinois WIC Program.
 - 3. Supplies 67 calories per 100 milliliters of formula at standard dilution (i.e., 20 calories per fluid ounce of prepared formula)
- C. The State of Illinois contracts via a competitive bid to receive a cash rebate for iron-fortified formula (milk-based and soy-based) in concentrate, powder, and ready-to-feed forms. The rebate is determined based on redeemed WIC food benefits that specify formula manufactured by the contractor.

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Section 5: Infant Formula

5. Non-Contract Formula (Effective: July 2025)

- A. Issuance of non-contract formula is not allowed in the IL WIC Program.
- B. Participants requesting non-contract formula should be screened as follows:
 - 1. Most infants who demonstrate intolerance of contract infant formulas will tolerate breast milk. Therefore, for infants up to one month of age, assessment of readiness to breastfeed, counseling and education on re-lactation/breastfeeding techniques should be discussed.
 - 2. If there are no feeding problems or illnesses, and mother chooses not to re-lactate, determine if another contract brand formula may be appropriate and issue contract brand WIC formula.
 - 3. If a medical problem is indicated through the screening process, refer participant to the medical provider for evaluation and if needed, the WIC Formula and Medical Nutritional Prescriptions Form for medically prescribed formula.

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Section 6: Medically Prescribed Formulas

1. *Medically Prescribed Formulas (Effective: July 2025)*

- A. The Illinois WIC Program makes available certain exempt infant formulas and WIC Eligible Nutritionals. These items comply with the definition in section 412(h) of the Federal Food, Drug and Cosmetic Act (21U.S.C. 350a(h)) and meet the requirements under section 412 of the Federal Food, Drug Act (21 U.S.C. 350a) and regulations at 21 CFR parts 106 and 107. These items are referred to as “Medically Prescribed Formulas,” and are identified on the IL WIC Program Formulary and require a completed WIC Formula and Medical Nutritional Prescription form.
- B. Medically Prescribed Formulas may be prescribed for the following conditions: premature birth, low birth weight, failure to thrive, inborn errors of metabolism and metabolic disorders, gastrointestinal disorders, malabsorption syndromes, immune system disorders, severe food allergies that require an elemental formula, and life threatening disorders, diseases and medical conditions that impair ingestion, digestion, absorption or the utilization of nutrients that could adversely affect the participants nutritional status.
- C. Medically Prescribed Formulas cannot be authorized for:
 - 1. Infants whose only medical condition is a diagnosed formula intolerance or food allergy to lactose, sucrose, milk protein or soy protein that does not require the use of an exempt formula or a non-specific formula or food intolerance.
 - 2. Children who have food intolerances to lactose or milk protein that can be successfully managed with the use of one of the other WIC food packages.
 - 3. Any participant solely for the purpose of enhancing nutrient intake or managing body weight without an underlying qualifying condition.
- D. The following circumstances are allowed when indicated by the Health Care Provider on the Illinois WIC Formula and Medical Nutritional Prescription and a qualifying medical condition has been identified:
 - 1. Infants greater than six months, receiving contract infant formula or medically prescribed infant formula can receive the maximum monthly allowance of formula provided to infants ages four through five months of age who are of the same feeding option (i.e. mostly breastfed, some breastfeeding, or non-breastfed) in lieu of infant foods.
 - 2. Children over one year of age may receive contract infant formula.
 - 3. Children one to five years of age may be prescribed jarred infant fruits and vegetables in lieu of the Cash Value Benefit (CVB) for fruits and vegetables.
- E. Local agency staff is encouraged to contact the Regional Nutritionist Consultant with any questions or concerns regarding specific formulas and their issuance.

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Section 6: Medically Prescribed Formulas

2. *WIC Formula and Medical Nutritional Prescriptions Form (Effective: July 2025)*

- A. Those requiring specialized formulas require close medical supervision. The Illinois WIC Program uses the Addendum WIC Formula and Medical Nutritional Prescription Form as its method for communicating and documenting special formula/food needs from the medical home to the WIC agency.
- B. Infants and Children who require a Medically Prescribed Formula must have a completed Illinois WIC Formula and Medical Nutritional Prescription at least every six months unless:
 - 1. Physician specifically requests the formula for a shorter time period.
 - 2. In judgement of CPA, medical condition dictates need for product should be verified more frequently.
- C. All areas of the form must be completed by a physician (or other licensed health care professional authorized to write medical prescriptions under state law) and are valid for a maximum of 6 months.
- D. The completed WIC Medical and Nutritional Prescriptions form must be scanned into the participant's record at time of issuance or upon receipt.
- E. If medical documentation is missing or needs clarification, the local agency may obtain required information by telephone:
 - 1. It must be accepted by a Competent Professional Authority (CPA)
 - 2. Promptly documented in the participant's record
 - 3. Done only when necessary to prevent undue hardship to participant and/or delay in receiving needed infant formula, placing participant at increased nutritional risk
 - 4. Written documentation must be requested and received within a reasonable amount of time (i.e., 1-2 weeks)
 - 5. Received written documentation is then scanned and kept in participant's records with initial telephone documentation
- F. Any other information related to a contact with a participant or medical provider regarding the WIC Medical and Nutritional Prescriptions form must be documented in the WIC MIS. Refer to Addendum *NPS Documenting in WIC MIS* for additional guidance (IL WIC PM CS 11).
- G. In certain circumstances the Illinois Department of Healthcare and Family Services may also provide formulas, via a medical durable goods provider, for those receiving public assistance (IL WIC PM SFD 6.4).

Addendum: WIC Formula and Medical Nutritional Prescription Form

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Section 6: Medically Prescribed Formulas

3. Inborn Errors of Metabolism (Effective: July 2025)

- A. All States screen newborns for Inborn Errors of Metabolism (IEM), typically, infants are screened for amino acid disorders, urea cycle disorders, organic acid disorders, and fatty acid oxidation defects.
 - 1. Screening and follow up in Illinois is provided by the Illinois Department of Public Health (IDPH) Newborn Screening Program.
- B. It is important that caregivers of infants and children with IEM ensure that the participant follows the prescribed dietary regimen.
 - 1. Most of the dietary regimens for IEM require a combination of medical food (special formula in most cases) and standard infant formula or prescribed conventional foods.
 - a) WIC does not provide any specialized metabolic formulas, participants requiring these products should be referred to IDPH for assistance.
 - b) A WIC core food package may be issued and tailored to the Health Care Provider's specifications for the participant, upon receipt of the WIC Formula and Medical Nutritional Prescription form.

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Section 6: Medically Prescribed Formulas

4. Referral for Formula Assistance (Effective: July 2025)

- A. Federal WIC regulations require WIC State agencies to coordinate with Federal, State or local government agencies or with private agencies that operate programs that also provide or could reimburse for exempt infant formulas and WIC-eligible Nutritionals to mutual participants. At a minimum, the WIC State agency must coordinate with the State Medicaid program.
- B. The Department coordinates services with the Illinois Department of Healthcare and Family Services (HFS) as the primary payer, for formulas for medically fragile WIC participants who receive the Illinois medical card. Participants may be able to obtain products through a Durable Medical Equipment (DME) provider who contracts with HFS in the following situations as referenced in Addendum NPS: Explanation of WIC Food Benefits Letter:
 - 1. Physician requests a formula not provided through WIC and an appropriate substitute is not available on the formulary.
 - a) A letter from WIC is not needed in this instance as the WIC formulary is shared annually with HFS.
 - 2. A WIC approved formula in which the prescribed amount exceeds the amount provided by WIC.
 - a) Completion of the Explanation of WIC Food Benefits Letter is required.
 - 3. A WIC approved formula in which the participant does not consume food orally and is fed via a feeding tube.
 - a) Completion of the Explanation of WIC Food Benefits Letter is required.
- C. The completed Explanation of WIC Benefits Letter must be scanned into the WIC MIS to retain a copy in the participant's record.

Addendum: Nutrition Practice Standard (NPS) - Explanation of WIC Food Benefits Letter

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Section 7: Food Package Prescription

1. General Information (Effective: October 2025)

- A. The WIC food packages provide supplemental foods designed to address the specific nutritional needs of low-income pregnant, breastfeeding, and non-breastfeeding postpartum individuals, infants, and children up to five years of age who are at nutritional risk. Each WIC participant receives a monthly food benefit from one of seven science-based food packages, according to their participant category and nutritional needs.
- B. The monthly WIC food packages are prescribed to:
 - 1. Address the prevalence of inadequate and excessive nutrient intakes for each WIC participant category,
 - 2. Contribute to an overall dietary pattern consistent with the Dietary Guidelines for Americans (DGA), and
 - 3. Deliver priority nutrients to participants to meet their supplemental nutrition needs.
- C. The Breastfeeding food packages are created and designed to better promote and support breastfeeding by focusing on market value of the package for the mother/infant dyad. They are provided for the first year after birth, minimize early supplementation, and address differences in supplementary nutrition needs of breastfed and formula fed infants.
- D. Women who report being pregnant with multiples or breastfeeding multiples are eligible for an enhanced food package to provide the additional calories and nutrients needed to support multiple gestation.
- E. Each participant found to be eligible for WIC is assigned a supplemental food package by the Competent Professional Authority (CPA) or Competent Professional Authority Assistant (CPAA) at certification only after a complete nutritional and breastfeeding (when applicable) assessment is completed and documented.

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Section 7: Food Package Prescription

2. Core Food Packages (Effective: February 2026)

A. Core food packages are the standard Federal science-based food packages without individual tailoring or substitutions. There are seven core food packages available in the following participant categories:

Food Package #	Participant Category
I	Infants birth through 5 months (Fully Breastfed, Partially (Mostly) Breastfed, and Fully Formula Fed)
II	Infants 6 months through 11 months (Fully Breastfed, Partially (Mostly) Breastfed, and Fully Formula Fed)
III	Medically Fragile Infants and Children
IV	A: Children 12-23 months B: Children 2-4 years
V	A: Pregnant B: Issued to 2 categories: <ul style="list-style-type: none"> • Partially (Mostly) Breastfeeding (up to 1 year postpartum) • Pregnant with 2 or more fetuses
VI	Issued to 2 categories: <ul style="list-style-type: none"> • Postpartum (up to 6 months postpartum) • Breastfeeding Postpartum women whose infant is receiving more than the MMA for partially “mostly” breastfeeding (Breastfeeding Some/Limited)
VII	Issued to 3 categories: <ul style="list-style-type: none"> • Fully Breastfeeding (up to 1 year postpartum) <ul style="list-style-type: none"> ○ Fully Breastfeeding multiples from the same pregnancy receive 1.5 times MMA • Partially (Mostly) Breastfeeding multiple infants from the same pregnancy • Pregnant and (Fully / Mostly) Breastfeeding one infant

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Section 7: Food Package Prescription

B. Below are the Maximum Monthly Allowances (MMA) of Supplemental Foods for the core food packages. Review the Addendum *Illinois WIC Food Package Tables* for information on available substitutions and options specific to Illinois.

Infant Food Packages I, II, and III						
Food Packages	Fully Formula Fed (FF)		Partially (Mostly) Breastfed (BF/FF)		Fully Breastfed (BF)	
	I-FF & III-FF	II-FF & III-FF	I BF/FF & III BF/FF	II-BF/FF & III-BF/FF	I-BF	II-BF
	A: 0-3 months B: 4-5 months	6-11 months	A: 0-3 months B: 4-5 months	6-11 months	0-5 months	6-11 months
WIC Formula ¹	A: 806-870 fl oz B: 884-960 fl oz	624-696 fl oz	A: 364-435 fl oz B: 442-522 fl oz	312-384 fl oz	N/A	N/A
Infant Cereal	N/A	8 oz	N/A	8 oz	N/A	16 oz
Infant Fruits and Vegetables	N/A	128 oz	N/A	128 oz	N/A	128 oz
Infant Meat	N/A	N/A	N/A	N/A	N/A	40 oz

¹USDA Federal Regulations 7 CFR 246.10; fluid ounces (fl oz) amounts listed range from the full nutrition benefit (FNB) to the maximum monthly allowance (MMA) for reconstituted powder formula.

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Children & Women Food Packages IV, V, VI, VII				
	Children	Women		
Food Packages	IV	V	VI	VII
	A: 12-23 months B: 2-4 years	A: Pregnant B: Partially (Mostly) Breastfeeding; Pregnant with 2 or more fetus	Postpartum; Partially (Some) Breastfeeding	Fully Breastfeeding ² ; Partially (Mostly) BF multiples; Pregnant (Fully / Mostly) Breastfeeding
Juice	64 fl oz	64 fl oz	64 fl oz	64 fl oz
Milk	16 qt (4 gal)	22 qt (5.5 gal)	16 qt (4 gal)	24 qt (6 gal)
Breakfast Cereal	36 oz	36 oz	36 oz	36 oz
Eggs	1 dozen	1 dozen	1 dozen	2 dozen
Fruits and Vegetables ¹	\$26	A: \$48 B: \$52	\$48	\$52
Whole Grains	24 oz	48 oz	48 oz	48 oz
Fish (canned)	6 oz	A: 10 oz B: 15 oz	10 oz	20 oz
Legumes and/or Peanut Butter	1 lb dry / 64 oz canned legumes OR 18 oz peanut butter	1 lb dry / 64oz canned legumes AND 18 oz peanut butter	1 lb dry / 64oz canned legumes OR 18 oz peanut butter	1 lb dry / 64oz canned legumes AND 18 oz peanut butter

¹ WIC regulations require that the monthly value of all fruit and vegetable CVBs be adjusted annually for inflation, for current dollar values refer to the Illinois WIC Food Package Tables.

²Fully Breastfeeding multiples receive 1.5 times MMA.

Addendum: Illinois WIC Food Package Tables

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3. *Cash Value Benefit (October 2025)*

- A. The Cash Value Benefit (CVB) is part of the food package that provides participants with a fixed dollar amount each month that allows the purchase of fruits and vegetables as part of their WIC food package. The CVB allows participants the most flexibility to meet their cultural needs as most fresh, frozen, or canned fruits and vegetables are allowed.
- B. The CVB is part of the core package for Pregnant, Breastfeeding, Non-Breastfeeding, and Children.
- C. The maximum monthly amounts are intended to provide approximately half of the recommended daily amounts of fruits and vegetables for adults and children.
- D. When using CVB at the retail vendor:
 - 1. Participants may pay the difference if the dollar amount of the fruits and vegetables exceeds the maximum value of the CVB.
 - 2. Participants may not accept change from CVB transactions.
- E. When using the CVB at the WIC Food and Nutrition Centers (WFNC), fruit/vegetable purchases have no mark-up and are packaged in even dollar amounts, thus participants are not able to pay over the CVB amount available.

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4. Tailoring and Substitutions of Core WIC Food Packages (February 2026)

A. Tailoring

1. Nutrition tailoring is the process of modifying an individual food package to better meet the supplemental nutritional needs of each participant. Food packages can be individually tailored by making substitutions, reductions and/or eliminations to the foods to accommodate the participant's special dietary needs, cultural and personal preferences, and housing/living conditions.
2. When tailoring food packages, it is important for the CPA to convey to participants that the quantities of WIC foods are supplemental, and by design, intended to deliver priority nutrients to WIC participants and address the prevalence of inadequate and excessive nutrient intakes for each WIC participant category. Nutrition education should focus on the optimal use of WIC foods, such as shopping for value and nutrition, and preparing and cooking WIC foods to assist participants in the full use of their WIC food benefits.
3. Food package tailoring must occur prior to issuance unless medically necessary. Only formula and milk type changes can occur during the current benefit issuance period.
 - a) Refer to the Addendum *NPS Breastfeeding* for information on addressing food package changes related to breastfeeding dyads (IL WIC PM AD 10.1).
4. Provision of less than the maximum monthly allowances of supplemental foods to an individual WIC participant is appropriate only under the following circumstances:
 - a) When medically or nutritionally warranted (e.g., to eliminate a food due to a food allergy).
 - b) A participant refuses or cannot use the maximum monthly allowances or chooses to take less than the maximum monthly allowance.
 - c) Following a WIC nutrition and breastfeeding assessment of the needs of the dyad, breastfed infants, even those in the fully formula category, should be issued the quantity of formula needed to support any level of breastfeeding.
5. Rationale and changes must be documented in the WIC MIS per Addendum *NPS Documenting in WIC MIS* (IL WIC PM CS 11.2).

B. Substitutions

1. Federal Regulations allow for substitutions of certain food items to encourage intake of these foods and increase participant choice for more preferred foods. The *Illinois WIC Food Package Tables* provide additional information on substitutions and broadbanded food categories.
2. Milk and Milk Alternatives: Low-fat 1% and fat-free skim is the standard issuance milk type for women and children 2 through 4 years of age. Whole milk is the standard issuance milk type for 1 year old children. Additional choices include lactose free milk, plant-based Soy milk, and Ultra High Temperature (UHT) milk.

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- a) Participants have the option to substitute a portion of their milk benefits with alternatives such as cheese, yogurt, and tofu.
 - 1) 3 quarts of milk may be substituted for 1 pound of cheese.
 - a. Maximum substitution:
 - i. For Pregnant, Breastfeeding, Non-Breastfeeding and Children receiving food packages IV, V, VI no more than 1 pound of cheese may be substituted for 3 quarts of milk.
 - ii. For women receiving food package VII, no more than 2 pounds of cheese may be substituted for 6 quarts of milk.
 - 2) 1 quart of milk may be substituted for 1 quart of yogurt.
 - a. Maximum substitution:
 - i. For women and children, no more than 2 quarts of yogurt may be substituted for 2 quarts of milk.
 - 3) 1 quart of milk may be substituted for 16 ounces of tofu.
 - a. Maximum substitution:
 - i. Up to the maximum monthly allowance of milk.
3. Canned legumes may be substituted for dry legumes at the rate of 64oz canned beans for 1 pound of dried.
4. Children and women may choose to substitute a \$3 CVB for the full juice amount.
5. Children and women may choose to substitute 18oz peanut butter and/or 1-pound dried beans/64oz canned for eggs.
6. Infants 6 through 11 months may substitute a portion of or all the jarred infant foods for a CVB after an individual assessment has been completed by the Competent Professional Authority (CPA) or CPA Assistant (CPAA).
 - a) Appropriate nutrition education must be provided and documented addressing developmental readiness, safe food preparation, storage techniques and feeding practices outlined in Addendum *Look at Me Now – Infants 6-12 months*.
- C. Broadbanded Food Categories refer to flexible food groupings that allow participants to choose from a wider variety of specific items within a designated category. This approach increases participant choice and makes shopping easier and more personalized to individual preferences and cultural need.

Addendum: Look at Me Now – Infants 6-12 months

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Section 8: Benefit Issuance

1. Benefit Issuance (Effective February 2026)

- A. Local agencies must issue food benefits to the participant at the same time as notification of certification. The WIC Electronic Benefit (EBT) card must provide benefits for the current month or the remaining portion thereof and must be redeemable immediately upon receipt by the participant. Benefits for all family members are combined or aggregated, at the household level and all household member benefits are loaded onto one card.
 - 1. The Benefits Base Day is the same for each household member and is used to determine the Benefits Loaded Through (BLT) date and the Benefits Valid Through (BVT) dates.
 - 2. The Benefits Loaded Through (BLT) date and Benefits Valid Through (BVT) dates will automatically fill based on the Base Day and number of months of benefits being issued.
 - a) The BLT date will assign based on the last day the current month's benefits can be used.
 - b) The BVT date is determined based on the number of months of benefits issued and is the last day of that issuance period.
 - c) For example, with a Base Day of 7/4, benefits will be loaded until the day before that date of the next month, setting the BLT date to 8/3. The BVT date will then show 10/3 (if 3 months are issued).
- B. Maximum issuance is three months and can be adjusted based on participant need. Benefits are loaded onto the card in monthly increments.
 - 1. High-risk participants who need more frequent follow-up should be provided one or two months of food benefits to coincide with their follow-up appointment.
- C. Proration is apportioning the amount of supplemental food a participant is to receive based on the remaining days/weeks in the issuance cycle. Benefits are prorated based on the number of days left in the benefit month. For example, if a participant picks up their benefits late, their benefits will be prorated according to the timeframes listed below. The Illinois WIC Program milk, formula and cereal.
- D. All participants in a Household share the same issuance day (Base Day). Benefits are prorated for a new participant to synchronize with the Household Base Day.
 - 1. The prorate amount is based on the date benefits were issued
 - a) If the participant is less than 11 days after their Base Day, there is no proration and the full amount of benefits will be received.
 - b) If benefits are issued 11 or more days past the Base Day but less than 21 days, a 2/3 monthly allowance of select items will be received (rounded up to the nearest whole number).
 - c) If the participant is 21 days or more from the Base Day, a 1/3 monthly allowance of select items will be received (rounded up to the nearest whole number).
 - 2. The WIC MIS will automatically prorate food packages. Agency staff must not override this function without Department approval or following Department guidance.

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2. *Special Issuances (Effective: February 2026)*

- A. Current benefits that have been issued but have been made inaccessible may be replaced with Department approval in the following situations:
 - 1. Custody changes
 - 2. Natural disasters
- B. Department staff must be contacted for guidance in these situations.

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Section 8: Benefit Issuance

3. Remote Benefit Issuance (Effective: February 2026)

- A. WIC food benefits may be issued without having the participant come onsite when the following conditions are met:
 - 1. Participants should be in compliance with all nutrition education requirements (IL WIC PM NE 5.1).
 - 2. Staff must ensure the correct food benefits are assigned based on participant assessment and preferences. Any changes needed must be made by the Competent Professional Authority (CPA) or CPA Assistant (CPAA).
 - 3. Participant has or is provided the current:
 - a) Vendor List
 - b) Illinois WIC Authorized Food List
 - c) Family Shopping List (IL WIC PM AD 5.2 Addendum PPS Secure and Confidential Communication)
- B. In cases where medically prescribed formula is needed the benefits may be issued if the following are in place:
 - 1. The CPA has provided education on preparation and shopping.
 - 2. A current Medically Prescribed Formula Form is in hand.