

## 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 provide supplemental foods designed to address the specific nutritional needs of the WIC eligible population who are at nutritional risk. The Illinois WIC foods have been selected based on nutrient content criteria established by Federal Regulation and Department specification. Refer to IL WIC PM Supplemental Foods, Sections 4 and 7 for additional information and IL WIC PM Addendum Minimum Requirements and Specifications for Supplemental Foods for minimum standards each food must meet to be included on the Authorized Food List.

### 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 their full nutrition benefit. WIC staff must follow policy to provide the required education, referrals, and related materials. Some key educational points are listed below.

- **More Choice at the Store.** Certain food categories have been expanded to increase participant choice at the point of purchase. Education should explain the available options within these expanded categories that include formula, milk, whole grains, beans and peanut butter.
- **Product Size Matters.** Choosing certain package sizes may not use the full benefit and can leave amounts remaining. For participants to get the most from the monthly allowance, they should check package sizes before buying. For example, cereal in 12, 18, 24, or 36- ounce boxes are more likely to use the full cereal benefit.
- **It's in the Details.** The Family Shopping List (FSL) provides the most detail regarding participants' benefits and should be reviewed and offered at each visit. Review the FSL, Illinois Authorized WIC Food List and the Interactive Food Guide to facilitate education on successful shopping such as allowable brands, sizes and what is not allowed for purchase, type of milk, yogurt, use of the Cash Value Benefit (CVB) for fruits and vegetables and herbs, how to purchase dry vs canned beans, etc.
- **Don't Wait!** Participants should not wait until the end of the benefit period to redeem as technical issues, product availability, etc. could impact ability to purchase.
- **Know Where to Shop.** Refer to the Authorized WIC Vendor List, Store Type column to educate participants on where to purchase benefits.

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

- **Ask for Help.** Some stores will have formula products behind a locked cabinet or elsewhere in the store, participants should request assistance if they are not able to locate a specific formula.
- **Start Small.** Instruct participants who are issued formula products to buy 1 or 2 containers first to ensure tolerance, WIC cannot replace redeemed benefits.

Formula	Form	Size	Reconst. fl oz	Shopping List Description	EBT Receipt
Similac Powder Formula	Powder	Varies	90 fl oz	Similac Powder Formula - Advance 12.4oz, Gentle Comfort 12.6oz, Soy Isomil 12.4oz, Sensitive 12.5oz	Similac Pwd Formula
Similac Advance	Conc.	13 oz	26 fl oz	Similac Advance Concentrate 13oz Container	Similac Adv Conc
	RTF <sup>2</sup>	32 oz	32 fl oz	Similac Advance Ready to Feed 32oz Container	Similac Adv RTF
Similac Soy Isomil	Conc.	13oz	26 fl oz	Similac Soy Isomil Concentrate 13oz Container	Similac SoyConc
	RTF <sup>2</sup>	32oz	32 fl oz	Similac Soy Isomil Ready To Feed 32oz Container	Similac SoyRTF
Similac Sensitive	RTF <sup>2</sup>	32 oz	32 fl oz	Similac Sensitive Ready To Feed 32oz Container	Similac SensitiveRTF
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 LGG	Powder	12.6 oz	87 fl oz	Nutramigen with Probiotic 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

Food	UOM	Food Description	Shopping List Description	EBT Receipt Description
Cheese	LB	Cheese	Cheese – 8oz or 16oz Block or Sliced	Cheese
Tofu	LB	Tofu	Tofu	Tofu
Eggs	DOZ	Eggs	Eggs	Eggs
Cereal	OZ	Cereal	Cereal	Cereal
Beans and Peanut Butter	CTR	Beans and Peanut Butter	16-18oz Jar Peanut Butter or 4 Cans (15-16oz) Canned Beans or 16oz Dry Beans	Beans/Peanut Butter
Fish	OZ	Canned Fish	Canned Fish – Chunk Light Tuna, Pink Salmon or Sardines	Canned Fish
Infant Cereal	OZ	Infant Cereal	Infant Cereal	Infant Cereal
Jarred Infant Fruits and Vegetables	OZ	Jarred Infant Fruits and Vegetables	Jarred Infant Fruits and Vegetables	Infant Fruit & Veg
Infant Meats	CTR	Jarred Infant Meats	Jarred Infant Meats	Infant Meats
Whole Grains	OZ	Whole Wheat Bread and Whole Grains	Whole Wheat Bread, Buns, Bagels, English Muffins, Tortilla, Pasta, Brown Rice, Bulgur, Corn Masa, Corn Tortilla, Oatmeal	Whole Wheat/Grains
Fruit and Vegetable CVB	\$\$	Fruits and Vegetables Cash Value Benefit	Fruits/Vegetables - Fresh, Frozen, or Canned, and Fresh Herbs	Fruits/Vegetables
Yogurt- Whole	QT	Yogurt – Whole Milk and Lowfat	Yogurt- 32oz Whole Milk and Lowfat	Yogurt – Whole Milk
Yogurt – Nonfat	QT	Yogurt – Lowfat/Nonfat	Yogurt – 32oz Nonfat and Lowfat	Yogurt – Non/Lowfat
Whole Milk	GAL/HGL	Whole Milk	Milk - Whole, Lactose Free, Soy (Gallon/Half Gallon)	Milk - Whole
Soy Milk	HGL	Soy Milk Half Gallon	Milk – Soy	Soy Milk
Ultra High Temperature (UHT)	QT	Ultra High Temperature (UHT) – Whole Quart	Ultra High Temperature (UHT) – Whole Milk	UHT Whole Milk
Kosher Milk	GAL/HGL	Milk – Whole Kosher	Milk- Whole Kosher	Kosher Whole Milk
Lowfat/Skim Milk	GAL/HGL	Milk - 1% Lowfat or Fat Free	Milk – 1% Lowfat or Fat Free, Lactose Free, Soy (Gallon/Half Gallon)	Milk 1% or Fat Free
Ultra High Temperature (UHT) Low Fat/Skim	QT	Ultra High Temperature (UHT) - 1% Lowfat or Fat Free	Ultra High Temperature (UHT) – 1% Lowfat or Fat Free	UHT 1% LF/Fat Free
Kosher Milk Low Fat/Skim	GAL	Milk – 1% Lowfat or Fat Free Kosher	Milk – 1% Lowfat or Fat Free Kosher	Kosher 1% LF/Fat Free
Juice	CTR	Juice – Fruit or Vegetable	Juice – Fruit or Vegetable	Juice

**CORE PACKAGE: FPI – A & B, FPIII INFANTS FULLY, PARTIALLY (MOSTLY) BREASTFED 0-5 MONTHS**

<b>Fully Breastfed</b>				
0-5 Months		WIC Provides Breastfeeding Support		
<b>Partial (Mostly) Breastfed</b>				
<b>Contract Formula</b>	<b>Size (oz)</b>	<b>Form</b>	<b>0-3 months</b>	<b>4-5 months</b>
Similac Advance	12.4	Powder*	1-4	1-5
	13	Concentrate	1-14	1-17
	32	RTF	1-12	1-14
Similac Gentle Comfort	12.6	Powder*	1-4	1-5
Similac Soy Isomil	12.4	Powder*	1-4	1-5
	31	Concentrate	1-14	1-5
	32	RTF	1-12	1-14
Similac Sensitive	12.5	Powder*	1-4	1-5
	32	RTF	1-12	1-14
<b>Medically Prescribed Formula</b>	<b>Size (oz)</b>	<b>Form</b>	<b>0-3 months</b>	<b>4-5 months</b>
Enfamil NeuroPro EnfaCare	13.6	Powder	5	6
Similac NeoSure	13.1	Powder	5	6
	32	RTF	12	14
Similac Alimentum	12.1	Powder	5	6
	32	RTF	12	14
Nutramigen with Probiotic LGG	12.6	Powder	5	6
Nutramigen	32	RTF	14	10
<b>Full Formula or Partial Breastfeeding (Some)</b>				
<b>Contract Formula</b>	<b>Size (oz)</b>	<b>Form</b>	<b>0-3 months</b>	<b>4-5 months</b>
Similac Advance	12.4	Powder*	5-9	6-10
	13	Concentrate	15-31	18-34
	32	RTF	13-26	15-28
Similac Gentle Comfort	12.6	Powder*	5-9	6-10
Similac Soy Isomil	12.4	Powder*	5-9	6-10
	13	Concentrate	15-31	18-34
	32	RTF	13-26	15-28
Similac Sensitive	12.5	Powder*	5-9	6-10
	32	RTF	13-26	15-28
<b>Medically Prescribed Formula</b>	<b>Size (oz)</b>	<b>Form</b>	<b>0-3 months</b>	<b>4-5 months</b>
Enfamil NeuroPro EnfaCare	13.6	Powder	10	11
Similac NeoSure	13.1	Powder	10	11
	32	RTF	26	28
Similac Alimentum	12.1	Powder	10	11
	32	RTF	26	28
Nutramigen with Probiotic LGG	12.6	Powder	10	11
Nutramigen	32	RTF	26	28

\*Participant chooses which contract powder formula to purchase at the store

**CORE PACKAGE: FP II – A & B, FP III INFANTS FULLY, PARTIALLY (MOSTLY) BREASTFED 6-11 MONTHS**

Fully Breastfed									
Fully Breastfed				Infant Cereal	Jarred Infant FV	Infant Meats			
6-11 months	WIC provides breastfeeding support.			16oz	32-4oz (128oz) containers	16-2.5oz (40oz) containers			
Partial (Mostly) Breastfed									
Contract* Formula	Size (oz)	Form	6-12 months	Infant Cereal	Jarred Infant FV	Infant Meats			
Similac Advance	12.4	Powder*	1-4	8 oz	32-4 oz containers	0			
	13	Concentrate	1-12						
	32	RTF	1-10						
Similac Gentle Comfort	12.6	Powder*	1-4						
Similac Soy Isomil	12.4	Powder	1-4						
	13	Concentrate	1-12						
	32	RTF	1-10						
Similac Sensitive	12.5	Powder*	1-4						
	32	RTF	1-10						
Medically Prescribed Formula	Size (oz)	Form	6-12 months				Infant Cereal	Jarred Infant FV	Infant Meats
Enfamil NeuroPro EnfaCare	13.6	Powder	1-4				8 oz	32-4 oz containers	0
Similac NeoSure	13.1	Powder	1-4						
	32	RTF	1-10						
Similac Alimentum	12.1	Powder	1-4						
	32	RTF	1-10						
Nutramigen with Probiotic LGG	12.6	Powder	1-4						
Nutramigen	32	RTF	1-10						

\*Participant chooses which contract powder formula to purchase at the store

**SUBSTITUTIONS**

Core Food	Package Size	Substitution Amount	Description	Substitution Amount
Jarred Infant Fruits and Vegetables	\$\$\$	<ul style="list-style-type: none"> <li>– 16-4 oz jars and \$11 CVB</li> <li>– 0 jars, \$22 CVB</li> </ul>	Fruits and Vegetables – Cash Value Benefit	<ul style="list-style-type: none"> <li>– Half (64oz) jarred infant foods exchanged for \$11 CVB</li> <li>– All (128oz) jarred infant foods exchanged for \$22 CVB</li> </ul>

**CORE PACKAGE: FP II – A & B, FP III INFANTS FULLY FORMULA, PARTIAL (SOME) BREASTFED 6-11 MONTHS**

Full Formula or Partial Breastfeeding (Some)						
Contract Formula	Size (oz)	Form	6-12 months	Infant Cereal	Jarred Infant FV	Infant Meats
Similac Advance	12.4	Powder	5-7	8 oz	32-4 oz (128 oz) containers	0
	13	Concentrate	13-24			
	32	RTF	11-20			
Similac Gentle Comfort	12.6	Powder	5-7			
Similac Soy Isomil	12.4	Powder	5-7			
	13	Concentrate	13-24			
	32	RTF	11-20			
Similac Sensitive	12.5	Powder	5-7			
	32	RTF	11-20			
Medically Prescribed Formula	Size (oz)	Form	6-12 months	Infant Cereal	Jarred Infant FV	Infant Meats
Enfamil NeuroPro EnfaCare	13.6	Powder	5-8	8 oz	32-4 oz (128 oz) containers	0
Similac NeoSure	13.1	Powder	5-8			
	32	RTF	11-20			
Similac Alimentum	12.1	Powder	5-8			
	32	RTF	11-20			
Nutramigen with Probiotic LGG	12.6	Powder	5-8			
Nutramigen	32	RTF	11-20			

\*Participant chooses which contract powder formula to purchase at the store

**SUBSTITUTIONS**

Core Food	Package Size	Substitution Amount	Description	Substitution Amount
Jarred Infant Fruits and Vegetables	\$\$\$	<ul style="list-style-type: none"> <li>- 16-4 oz jars and \$11 CVB</li> <li>- 0 jars, \$22 CVB</li> </ul>	Fruits and Vegetables – Cash Value Benefit	<ul style="list-style-type: none"> <li>- Half (64oz) jarred infant foods exchanged for \$11 CVB</li> <li>- All (128oz) jarred infant foods exchanged for \$22 CVB</li> </ul>

## CORE PACKAGE – FPIV-A CHILDREN 12 THROUGH 23 MONTHS

Food Category	Max Allowed	Food Item	Quantity	Form
Whole Milk	4.00 (16 qts)	<b>Whole Milk</b> (Choose at the store between Cow's Milk and Lactose Free)	4.00	GAL
Fruit and Vegetable CVB	26.00	Fruits and Vegetables – Cash Value Benefit	26.00	\$\$\$
Juice	1.00 (64oz)	<b>Juice – Fruit or Vegetable</b>	1.00	CTR
Beans and Peanut Butter	1.00	Beans and Peanut Butter (Choose at the store between dry or canned beans or peanut butter)	1.00	CTR
Eggs	1.00	<b>Eggs</b>	1.00	DOZ
Cereal	36.00	Cereal	36.00	OZ
Fish	6.00	Canned Fish	6.00	OZ
Whole Grains	24.00	Whole Wheat Bread and Whole Grains	24.00	OZ

## CORE PACKAGE – FPIV-B CHILDREN 2 THROUGH 4 YEARS

Food Category	Max Allowed	Food Item	Quantity	Form
Low Fat/Skim Milk	4.00 (16 qts)	<b>1% Lowfat or Fat Free Milk</b> (Choose at the store between Cow's Milk, Lactose Free and Soy)	4.00	GAL
Fruit and Vegetable CVB	26.00	Fruits and Vegetables – Cash Value Benefit	26.00	\$\$\$
Juice	1.00 (64oz)	<b>Juice – Fruit or Vegetable</b>	1.00	CTR
Beans and Peanut Butter	1.00	Beans and Peanut Butter (Choose at the store between dry or canned beans or peanut butter)	1.00	CTR
Eggs	1.00	<b>Eggs</b>	1.00	DOZ
Cereal	36.00	Cereal	36.00	OZ
Fish	6.00	Canned Fish	6.00	OZ
Whole Grains	24.00	Whole Wheat Bread and Whole Grains	24.00	OZ

### Substitutions:

Core Food	Package Size	Substitution Amount	Description	Substitution Amount
Milk	LB	1 pound	Cheese	3 qts exchanged for 1 lb
	LB	1-16 pounds	Tofu	1 qt exchanged for 1 lb
	QT	1-2 quarts	Yogurt*	1 qt exchanged for 1 qt
	QT	16 quarts	UHT Milk	Equal exchange
	GAL	8 – ½ gallons (16 quarts)	Kosher Milk	Equal exchange
	GAL	8 – ½ gallons (16 quarts)	Soy Milk**	Equal Exchange
Core Food	Package Size	Substitution Amount	Description	Substitution Amount
Juice	\$\$\$	\$3.00	Fruits and Vegetables – Cash Value Benefit	64 oz exchanged for \$3
Core Food	Package Size	Substitution Amount	Description	Substitution Amount
Eggs	CTR	1 lb dry, 64oz canned, or 18oz peanut butter (choose at the store)	Beans and Peanut Butter	1 doz exchanged for 1 lb dry, 64 oz canned, or 18 oz peanut butter

\*Whole/Lowfat yogurt for children 12 through 23 months, lowfat/nonfat for 2 through 4 years

\*\*Substitution for children 12 through 23 months only, children 2 through 4 years Soy Milk is part of the broadband option.

## CORE PACKAGE – FPIII MEDICALLY PRESCRIBED FORMULA CHILDREN

Food Category	Max Allowed	Food Item	Quantity	Form
Whole Milk Low Fat/Skim	4.00 (16 qts)	<b>Whole Milk (12-23 Months)</b> (Choose at the store between Cow's Milk and Lactose Free) <b>1% Lowfat or Fat Free Milk (2-4 Year Old)</b> (Choose at the store between Cow's Milk, Lactose Free, and Soy)	4.00	GAL
Infant Formula (Choose One)	Varies	– Similac Powder Formula (Advance, Gentle Comfort, Isomil, Sensitive)	10	CTR
		– Similac Advance Concentrate	35	CTR
		– Similac Advance RTF	28	CTR
		– Similac Soy Isomil Concentrate	35	CTR
		– Similac Soy Isomil RTF	28	CTR
		– Similac Sensitive RTF	28	CTR
		– Similac Alimentum Powder	10	CTR
		– Similac Alimentum RTF	28	CTR
		– Nutramigen with Probiotic LGG	10	CTR
		– Nutramigen RTF	28	CTR
		– PediaSure No Fiber	18	CTR
– PediaSure with Fiber	18	CTR		
Fruit and Vegetable CVB	26.00	<b>Fruits and Vegetables Cash Value Benefit</b>	26.00	\$\$\$
Juice	1.00 (64oz)	<b>Juice – Fruit or Vegetable</b>	1.00	CTR
Beans and Peanut Butter	1.00	Beans and Peanut Butter (Choose at the store between dry, canned beans or peanut butter)	1.00	CTR
Eggs	1.00	<b>Eggs</b>	1.00	DOZ
Cereal	36.00	Cereal	36.00	OZ
Fish	6.00	Canned Fish	6.00	OZ
Whole Grains	24.00	Whole Wheat Bread and Whole Grains	24.00	OZ

### Substitutions:

Core Food	Package Size	Substitution Amount	Description	Substitution Amount
Milk	LB	1 pound	Cheese	3 qts exchanged for 1 lb
	LB	1-16 pounds	Tofu	1 qt exchanged for 1 lb
	QT	1-2 quarts	Yogurt*	1 qt exchanged for 1 qt
	QT	16 quarts	UHT Milk	Equal exchange
	GAL	8 – ½ gallons (16 quarts)	Kosher Milk	Equal exchange
	GAL	8 – ½ gallons (16 quarts)	Soy Milk**	Equal Exchange
Core Food	Package Size	Substitution Amount	Description	Substitution Amount
Fruit and Vegetable CVB	OZ	160oz (40 – 4oz containers)	Jarred Infant Fruits and Vegetables	6.25oz exchanged per \$1
Core Food	Package Size	Substitution Amount	Description	Substitution Amount
Juice	OZ	16oz (4-4oz containers)	Jarred Infant Fruits and Vegetables	6.25oz exchanged per \$1
Juice	\$\$\$	\$3.00	Fruits and Vegetables – Cash Value Benefit	64 oz exchanged for \$3
Core Food	Package Size	Substitution Amount	Description	Substitution Amount
Eggs	CTR	1 lb dry, 64oz canned, or 18oz peanut butter (choose at the store)	Beans and Peanut Butter	1 doz exchanged for 1 lb dry, 64 oz canned, or 18 oz peanut butter

\*Whole/Lowfat yogurt for children 12 through 23 months, lowfat/nonfat for 2 through 4 years,

\*\*Substitution for children 12 through 23 months only, children 2 through 4 years Soy Milk is part of the broadband option.

## CORE PACKAGE – FPV-A PREGNANT

Food Category	Max Allowed	Food Item	Quantity	Form
Low Fat/Skim Milk	5.50 (22 qts)	<b>1% Lowfat or Fat Free Milk</b> (Choose at the store between Cow's Milk, Lactose Free, and Soy)	5.50	GAL
Fruit and Vegetable CVB	48.00	Fruits and Vegetables – Cash Value Benefit	48.00	\$\$\$
Juice	1.00 (64 oz)	<b>Juice – Fruit or Vegetable</b>	1.00	CTR
Beans and Peanut Butter	2.00**	Beans and Peanut Butter (Choose at the store between dry, canned beans and peanut butter)	2.00	CTR
Eggs	1.00	<b>Eggs</b>	1.00	DOZ
Cereal	36.00	Cereal	36.00	OZ
Fish	10.00	Canned Fish	10	OZ
Whole Grains	48.00	Whole Wheat Bread and Whole Grains	48.00	OZ

## CORE PACKAGE – FPV-B PARTIALLY (MOSTLY) BREASTFEEDING AND WOMEN PREGNANT WITH 2 OR MORE FETUSES

Food Category	Max Allowed	Food Item	Quantity	Form
Low Fat/Skim Milk	5.50 (22 qts)	<b>1% or Lowfat or Fat Free Milk</b> (Choose at the store between Cow's Milk, Lactose Free, and Soy)	5.50	GAL
Fruit and Vegetable CVB	52.00	Fruits and Vegetables – Cash Value Benefit	52.00	\$\$\$
Juice	1.00 (64oz)	<b>Juice – Fruit or Vegetable</b>	1.00	CTR
Beans and Peanut Butter	2.00**	Beans and Peanut Butter (Choose at the store between dry, canned beans and peanut butter)	2.00	CTR
Eggs	1.00	<b>Eggs</b>	1.00	DOZ
Cereal	36.00	Breakfast Cereal	36.00	OZ
Fish	15.00	Canned Fish	15.00	OZ
Whole Grains	48.00	Whole Wheat Bread and Whole Grains	48.00	OZ

\*\* For **each CTR**, choose one of the following options: 1 (16-18oz) jar peanut butter or 4 cans (15-16oz) canned beans, or 1 (16oz) bag of dry beans.

### Substitutions:

Core Food Item	Package Size	Substitution Amount	Description	Substitution Amount
Low Fat/Skim Milk	LB	1 pound	Cheese	3 qts exchanged for 1 lb
	LB	1 to 22 pounds	Tofu	1 qt exchanged for 1 lb
	QT	1 to 2 quarts	Yogurt	1 qt exchanged for 1 qt
	QT	22 quarts	UHT Milk	Equal exchange
	GAL	11 -1/2 gallons (22 quarts)	Kosher Milk	Equal exchange
Core Food Item	Package Size	Substitution Amount	Description	Substitution Amount
Juice	\$\$\$	\$3.00	Fruits and Vegetables – Cash Value Benefit	64 oz exchanged for \$3
Core Food Item	Package Size	Substitution Amount	Description	Substitution Amount
Eggs	CTR	1 lb dry, 64 oz canned, or 18 oz peanut butter (choose at the store)	Beans and Peanut Butter	1 doz exchanged for 1 lb dry, 64 oz canned, or 18 oz peanut butter

**CORE PACKAGE – FPVI POSTPARTUM (UP TO 6 MONTHS POSTPARTUM) & BREASTFEEDING POSTPARTUM  
WOMEN WHOSE INFANT IS RECEIVING MORE THAN THE MMA FOR PARTIALLY “MOSTLY”  
BREASTFEEDING (BREASTFEEDING SOME)**

Food Category	Max Allowed	Food Item	Quantity	Form
Low Fat/Skim Milk	4.00 (16 qts)	<b>1% or Lowfat or Fat Free Milk</b> (Choose at the store between Cow’s Milk, Lactose Free, and Soy)	4.00	GAL
Fruit and Vegetable CVB	48.00	Fruits and Vegetables – Cash Value Benefit	48.00	\$\$\$
Juice	1.00 (64oz)	<b>Juice – Fruit or Vegetable</b>	1.00	CTR
Beans and Peanut Butter	1.00	Beans and Peanut Butter (Choose at the store between dry, canned beans or peanut butter)	1.00	CTR
Eggs	1.00	<b>Eggs</b>	1.00	DOZ
Cereal	36.00	Cereal	36.00	OZ
Fish	10.00	Canned Fish	10.00	OZ
Whole Grains	48.00	Whole Wheat Bread and Whole Grains	48.00	OZ

**Substitutions:**

Core Food Item	Package Size	Substitution Amount	Description	Substitution Amount
Low Fat/Skim Milk	LB	1 pound	Cheese	3 qts exchanged for 1 lb
	LB	1 to 16 pounds	Tofu	1 qt exchanged for 1 lb
	QT	1 to 2 quarts	Yogurt	1 qt exchanged for 1 qt
	QT	16 quarts	UHT Milk	Equal exchange
	GAL	8 – ½ gallons (16 quarts)	Kosher Milk	Equal exchange
Core Food Item	Package Size	Substitution Amount	Description	Substitution Amount
Juice	\$\$\$	\$3.00	Fruits and Vegetables – Cash Value Benefit	64 oz exchanged for \$3
Core Food Item	Package Size	Substitution Amount	Description	Substitution Amount
Eggs	CTR	1 lb dry, 64 oz canned, or 18 oz peanut butter (choose at the store)	Beans and Peanut Butter	1 doz exchanged for 1 lb dry, 64 oz canned, or 18 oz peanut butter

**CORE PACKAGE – FPVII FULLY BREASTFEEDING WOMEN, WOMEN PARTIALLY (MOSTLY) BREASTFEEDING MULTIPLE INFANTS FROM THE SAME PREGNANCY AND PREGNANT WOMEN WHO ARE FULLY OR PARTIALLY (MOSTLY) BREASTFEEDING ONE INFANT**

Food Category	Max Allowed	Food Item	Quantity	Form
Low Fat/Skim Milk	6.00 (24 qts)	<b>1% or Lowfat or Fat Free Milk</b> (Choose at the store between Cow's Milk, Lactose Free, and Soy)	6.00	GAL
Fruit and Vegetable CVB	52.00	Fruits and Vegetables – Cash Value Benefit	52.00	\$\$\$
Juice	1.00 (64oz)	<b>Juice – Fruit or Vegetable</b>	1.00	CTR
Beans and Peanut Butter	2.00**	Beans and Peanut Butter (Choose at the store between dry or canned beans or peanut butter)	2.00	CTR
Eggs	2.00	<b>Eggs</b>	2.00	DOZ
Cereal	36.00	Cereal	36.00	OZ
Fish	20.00	Canned Fish	20.00	OZ
Whole Grains	48.00	Whole Wheat Bread and Whole Grains	48.00	OZ

\*\* For **each CTR**, choose one of the following options: 1 (16-18oz) jar peanut butter, 4 cans (15-16oz) canned beans, or 1 (16oz) bag of dry beans.

**Substitutions:**

Core Food Item	Package Size	Substitution Amount	Description	Substitution Amount
Low Fat/Skim Milk	LB	1 to 2 pounds	Cheese	3 qts exchanged for 1 lb
	LB	1 to 24 pounds	Tofu	1 qt exchanged for 1 lb
	QT	1 to 2 quarts	Yogurt	1 qt exchanged for 1 qt
	QT	24 quarts	UHT Milk	Equal exchange
	GAL	12 -1/2 gals (24 quarts)	Kosher Milk	Equal exchange
Core Food Item	Package Size	Substitution Amount	Description	Substitution Amount
Juice	\$\$\$	\$3.00	Fruits and Vegetables – Cash Value Benefit	64 oz exchanged for \$3
Core Food Item	Package Size	Substitution Amount	Description	Substitution Amount
Eggs	CTR	1 to 2 lbs dry, 64 to 128 oz canned, or 36 oz peanut butter (choose at the store)	Beans and Peanut Butter	1 doz exchanged for 1 lb dry, 64 oz canned, or 18 oz peanut butter

**CORE PACKAGE VII – WOMEN FULLY BREASTFEEDING MULTIPLES FROM THE SAME PREGNANCY (1.5 X THE MAX)**

Food Category	Max Allowed	Food Item	Quantity	Form
Low Fat/Skim Milk	9 (36 qts)	<b>1% or Lowfat or Fat Free Milk</b> (Choose at the store between Cow’s Milk, Lactose Free, and Soy)	9.00	GAL
Fruit and Vegetable CVB	78.00	Fruits and Vegetables – Cash Value Benefit	78.00	\$\$\$
Juice	1.50* (64oz)	<b>Juice – Fruit or Vegetable</b>	1.50	CTR
Beans and Peanut Butter	3.00**	Beans and Peanut Butter (Choose at the store between dry or canned beans or peanut butter)	3.00	CTR
Eggs	3.00	<b>Eggs</b>	3.00	DOZ
Cereal	54.00	Cereal	54.00	OZ
Fish	30.00	Canned Fish	30.00	OZ
Whole Grains	72.00	Whole Wheat Bread and Whole Grains	72.00	OZ

\*Allowed juice quantities do not equate to a value that can be purchased. Quantities issued will reflect 2 full containers one month and 1 full container the next month.

\*\*For **each CTR**, choose one of the following options: 1 (16-18oz) jar peanut butter, 4 cans (15-16oz) canned beans, or 1 (16oz) bag of dry beans

**Substitutions:**

Core Food Item	Package Size	Substitution Amount	Description	Substitution Amount
Low Fat/Skim Milk	LB	1 to 3 pounds	Cheese	3 qts exchanged for 1 lb
	LB	1 to 36 pounds	Tofu	1 qt exchanged for 1 lb
	QT	1 to 3 quarts	Yogurt	1 qt exchanged for 1 qt
	QT	36 quarts	UHT Milk	Equal exchange
	GAL	18- ½ gals (36 quarts)	Kosher Milk	Equal exchange
Core Food Item	Package Size	Substitution Amount	Description	Substitution Amount
Juice	\$\$\$	\$4.5	Fruits and Vegetables – Cash Value Benefit	96 oz exchanged for \$4.5
Core Food Item	Package Size	Substitution Amount	Description	Substitution Amount
Eggs	CTR	1 to 3 lbs dry, 64 to 192 oz canned, or 54 oz peanut butter (choose at the store)	Beans and Peanut Butter	1 doz exchanged for 1 lb dry, 64 oz canned, or 18 oz peanut butter