

CT WIC Policy 300-02 Addendum I - Maximum Monthly Allowances of Supplemental Food for Infant, Children and Women in Food packages II, VI, V, VI, VII and Food package III

Food Package II Infants 6 to 11 months Fully Breastfeeding		
Foods	Maximum Amount of Benefits	9 to 11 months CVB after nutrition assessment is done
WIC Formula	None	None
Infant Cereal	24 ounces	Same
Fruits and Vegetables Cash Value Benefits (CVB)	256 Oz (64 – 4 Oz jars)	Same OR \$8 and 128 ounces (32 – 4 Oz jars) of infant fruits and vegetables
Infant Meats	77.5 Oz (31 – 2.5 Oz jars)	Same

Food Package II Infants 6 to 11 months Fully Formula and Partially (mostly) Breastfeeding		
Foods	Maximum Amount of Benefits	9 to 11 months CVB after nutrition assessment is done
WIC Formula	Tailored	Tailored
Infant Cereal	24 ounces	Same
Fruits and Vegetables Cash Value Benefits (CVB)	128 Oz (32 – 4 Oz jars)	Same OR \$4 and 64 ounces (16 – 4 Oz jars) of infant fruits and vegetables
Infant Meats	None	

Food Package IV and Food Package III Children 1 to 4 Years		
Foods	Maximum Amount of Benefits	Amount when Medical Food is prescribed by the Health Care Provider on Food Package III
WIC Formula or Medical Food	None	Monthly Maximum of 910 reconstituted fluid ounces, needs to be assessed and tailored
Juice*	128 Fluid Ounces	Same
Milk (Regular, Lactose free, Soy); Substitutions: Tofu- Amount varies, Cheese 1 LB, Yogurt 1QT) **	16 QT	Same
Breakfast Cereal	36 ounces	Same OR 32 dry ounces of infant food
Eggs	1 dozen	
Fruits and Vegetables Cash Value Benefits (CVB)	\$9	Same OR 144 Oz (36 – 4 Oz jars) of infant fruits and vegetables
Whole wheat or Whole grain bread (brown rice, pasta, whole wheat tortillas)	2 LB	Same
Canned Beans, legumes dry or Peanut Butter	Dry legumes 1 LB OR Canned Beans (UP to 4 cans) Or Peanut Butter 18 oz	Same

Food Package V and Food Package III Women – Pregnant and Partially Breastfeeding (Up to 1year post-partum)		
Foods	Maximum Amount of Benefits	Amount when Medical Food is prescribed by the Health Care Provider on Food Package III
WIC Formula or Medical Food	None	Monthly Maximum of 910 R reconstituted fluid ounces, needs to be assessed and tailored
Juice*	144 Fluid Ounces	Same
Milk (Regular, Lactose free, Soy); Substitutions: Tofu – amount varies, cheese up to 1LB, Or Yogurt 1QT) **	22 QT	Same
Breakfast Cereal	36 ounces	Same OR 32 dry ounces of infant food
Eggs	1 dozen	Same
Fruits and Vegetables Cash Value Benefits (CVB)	\$11	Same OR 176 Oz (44 – 4 Oz jars) of infant fruits and vegetables
Whole wheat or Whole grain bread (brown rice, pasta, whole wheat tortillas)	1LB	Same
Fish	None	Same
Beans, legumes dry or Peanut Butter	Dry legumes 1 LB or Canned Beans up to 4 cans, AND Peanut butter 18 oz	Same

Food Package VI and Food Package III Women – Post Partum (Up to 6 months post-partum)

Foods	Maximum Amount of Benefits	Amount when Medical Food is prescribed by the Health Care Provider on Food Package III
WIC Formula or Medical Food	None	Monthly Maximum of 910 reconstituted fluid ounces, needs to be assessed and tailored
Juice*	96 Fluid Ounces	Same
Milk (Regular, Lactose free, Soy); Substitutions: Tofu – amount varies, cheese up to 1LB, Or Yogurt up to 1QT**	16 QT	Same
Breakfast Cereal	36 ounces	Same OR 32 dry ounces of infant food
Eggs	1 dozen	Same
Fruits and Vegetables Cash Value Benefits (CVB)	\$11	Same OR 176 Oz (44 – 4 Oz jars) of infant fruits and vegetables
Whole wheat or Whole grain bread (brown rice, pasta, whole wheat tortillas)	None	Same
Fish	None	Same
Beans, legumes dry OR Peanut Butter	Dry legumes 1 LB or Canned Beans up to 4 cans OR Peanut Butter 18 oz	Same

Food Package Women VII and Food Package III – Fully Breastfeeding (Up to 1-year post-partum)		
Foods	Maximum Amount of Benefits	Amount when Medical Food is prescribed by the Health Care Provider on Food package III
WIC Formula or Medical Food	None	Monthly Maximum of 910 reconstituted fluid ounces, needs to be assessed and tailored
Juice *	144 Fluid Ounces	Same
Milk (Regular, Lactose free, Soy); Substitutions: Tofu – amount varies, Cheese up to 2LB, Or Yogurt up to 1QT) **	24 QT	Same
Breakfast Cereal	36 ounces	Same OR 32 dry ounces of infant cereal
Eggs	2 dozen	
Fruits and Vegetables Cash Value Benefits (CVB)	\$11	Same OR 176 oz (44 – 4 Oz jars) of infant fruits and vegetables
Whole wheat or Whole grain bread (brown rice, pasta, whole wheat tortillas)	1 LB	Same
Fish	30 Oz	Same
Beans, legumes dry and Peanut Butter	2	Same
Cheese	1 LB	Same

Food Package Women VII and Food Package III – Fully Breastfeeding multiple infants from the same pregnancy (Up to 1-year post-partum):

Foods	Maximum amount of Benefits	Amount when Medical Food is prescribed by the Health Care Provider on Food package III
WIC Formula or Medical Food	None	Monthly Maximum of 910 reconstituted fluid ounces, needs to be assessed and tailored
Juice *	216 fl oz	Same
Milk (Regular, Lactose free, Soy); Substitutions: Tofu – amount varies, Cheese up to 2LB, Or Yogurt up to 1QT) **	36 QT	Same
Breakfast Cereal	54 oz	Same OR 48 dry ounces of infant cereal
Eggs	3 dozen	
Fruits and Vegetables Cash Value Benefits (CVB)	\$16.5	Same OR 264 oz (66 – 4 Oz jars) of infant fruits and vegetables
Whole wheat or Whole grain bread (brown rice, pasta, whole wheat tortillas)	1.5 LB	Same
Fish	45 oz	Same
Beans, legumes dry and Peanut Butter	3	Same
Cheese	1.5	Same
*Refer to the CT WIC Policy 300-02 Addendum III		
** Refer to the CT WIC Policy 300-02 Addendum II		