

## II. NUTRITION SERVICES

**(Please indicate)** State Agency: AR for FY 2015

**Nutrition services include the full range of activities performed by a variety of staff to operate a WIC Program such as, participant screening and assessment, nutrition education and counseling, breastfeeding promotion and support and health promotion, food package prescriptions, and health care referrals. WIC State agencies should refer to the WIC Nutrition Service Standards, available WIC Works Resource System at <http://wicworks.nal.usda.gov/> for recommended criteria and best practices to incorporate activities that are consistent with providing quality nutrition services and revitalizing quality nutrition services (RQNS).**

**A. Nutrition Education - 246.4(a)(9); 246.11(a)(1-3)(c)(1,3-7):** describe the nutrition education goals and action plan and the provisions for providing nutrition education contacts and materials to all participants including the special nutrition education needs of migrant farmworkers and their families, Native Americans, and homeless persons. Also describe methods to be used to provide drug and other harmful substance abuse prevention information. Establish standards for breastfeeding promotion and support.

**B. Food Package Design - 246.10:** describe the procedures for determining which foods should be authorized and how the food package should be nutritionally tailored and by whom, and plans for substitutions or eliminations to WIC food package.

**C. Staff Training - 246.11(c)(2):** describe the training and technical assistance provided to WIC professional and paraprofessional personnel who provide nutrition education, and breastfeeding promotion/education to participants.

NUTRITION SERVICES

A. Nutrition Education

1. Nutrition Education Plans (§246.11)

- a. The State agency develops and coordinates the nutrition education component with consideration of local agency plans, needs, and available nutrition education resources. (§246.11(c))

Yes  No

- b. The State agency monitors local agency activities to ensure compliance with provisions set forth in paragraphs §246.11 (c)(7), (d), and (e) of this section. (§246.11(c)(5))

Yes  No

- c. The local agency develops an annual nutrition education plan that is consistent with the State's nutrition education component of Program operations. (§246.11(d)(2))

Yes  No

- d. (i). The State agency requires that local agency nutrition education include:

- a needs assessment  
 goals and objectives for participants  
 evaluation/follow-up  
 other (list): \_\_\_\_\_

- (ii). The State agency monitors local agency progress toward meeting nutrition education goals, nutrition education action plans, and objectives via:

- quarterly or annually written reports  
 year-end summary report  
 annual local agency reviews  
 other (specify): Require nutrition education yearly plan submission

- e. State policies reflect the definition of "nutrition education" as defined in §246.2 and in the Child Nutrition Act. The definition is "Nutrition education means individual and group sessions and the provision of materials that are designed to improve health status and achieve positive change in dietary and physical activity habits, and that emphasize the relationship between nutrition, physical activity, and health, all in keeping with the personal and cultural preferences of the individual."

Yes  No

**ADDITIONAL DETAIL: Nutrition Services Appendix  
and/or Procedure Manual (citation):AR WIC Policy WIC-40-43**

NUTRITION SERVICES

A. Nutrition Education

2. Annual Assessment of Participant Views on Nutrition Education and Breastfeeding Promotion and Support

a. Is an annual Assessment of Participant Views on Nutrition Education and Breastfeeding Promotion and Support conducted:

Yes  No

b. Check below the method(s) used in the past fiscal year to assess participant views on nutrition education and breastfeeding promotion and support provided by WIC:

- State-developed questionnaire issued by local agencies
- Locally-developed questionnaires (need approval by SA:  Yes  No)
- State-developed questionnaire issued by State agency
- Focus groups
- Other (specify): N/A

c. Results of participant views are:

- used in the development of the State Plan
- used in the development of local agency nutrition education plans and breastfeeding promotion and support plans
- other (specify): N/A

ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (citation):

3. **Nutrition Education Contacts (§246.11(a)(1-3):** *(1) Nutrition education shall be considered a benefit of the program, and shall be made available at no cost to the participant. Nutrition education shall be designed to be easily understood by participants, and it shall bear a practical relationship to participant nutritional needs, household situations, and cultural preferences including information on how to select food for themselves and their families. Nutrition education shall be thoroughly integrated into participant health care plans, the delivery of supplemental foods, and other Program operations. (2) Nutrition education is made available to all participants. Nutrition education may be provided through the local agencies directly, or through other agencies. At the time of certification, the local agency shall stress the positive, long term benefits of nutrition education and encourage the participant to attend and participate in nutrition education activities. However, individual participants shall not be denied supplemental foods for failure to attend or participate in nutrition education activities. (3) The State agency shall ensure that local agencies provide drug and other harmful substance abuse information to all pregnant, postpartum, and breastfeeding women and to parents or caretakers of infants and children participants. Drug and other harmful substance abuse information may also be provided to pregnant, postpartum, and breastfeeding women and to parents or caretakers of infants and children participating in local agency services other than the Program.*

a. The State agency assures that each local agency offers adult participants, parents, or caretakers of infant and child participants, and whenever possible, the child

NUTRITION SERVICES

**A. Nutrition Education**

**participants themselves at least two ( $\geq 2$ ) nutrition education contacts per 6 month certification period, and quarterly nutrition education contacts to participants certified in excess of 6 months, to ensure adequate nutrition education in accordance with §246.11(e) via:**

- local agency addresses in annual nutrition education plan
- state nutrition staff monitoring annually during local agency reviews
- local agency providing periodic reports to State agency
- other (specify): AR WIC Policy WIC-38; State and local MEs

**b. The State agency has developed minimum nutrition education standards for the following participant categories:**

- |                                                      |                                                            |
|------------------------------------------------------|------------------------------------------------------------|
| <input checked="" type="checkbox"/> pregnant women   | <input checked="" type="checkbox"/> breastfeeding women    |
| <input checked="" type="checkbox"/> postpartum women | <input checked="" type="checkbox"/> infants                |
| <input checked="" type="checkbox"/> children         | <input checked="" type="checkbox"/> high-risk participants |

**The minimum nutrition education standards address:**

- |                                                                                                                      |                                                   |
|----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| <input checked="" type="checkbox"/> number of contacts                                                               | <input checked="" type="checkbox"/> documentation |
| <input checked="" type="checkbox"/> protocols                                                                        | <input checked="" type="checkbox"/> referrals     |
| <input checked="" type="checkbox"/> breastfeeding promotion and support                                              | <input checked="" type="checkbox"/> care plans    |
| <input checked="" type="checkbox"/> information on drug and other harmful substance abuse                            |                                                   |
| <input checked="" type="checkbox"/> counseling methods/teaching strategies                                           |                                                   |
| <input checked="" type="checkbox"/> content (WIC appropriate topics)                                                 |                                                   |
| <input checked="" type="checkbox"/> nutrition topics relevant to participant assessment                              |                                                   |
| <input checked="" type="checkbox"/> appropriate use of educational reinforcements (videos, brochures, posters, etc.) |                                                   |

**c. The State agency allows the following nutrition education delivery methods:**

- face-to-face, individually or group
- online/Internet
- telephone
- food demonstration
- a delivery method performed by other agencies, i.e., EFNEP
- other (specify): Telemedicine Video Conferencing

**d. The State agency ensures that nutrition risk data is used in providing appropriate nutrition education by:**

- individual nutrition education contacts tailored to the participant's needs.
- group nutrition education contacts relevant to the participant's needs (please explain how appropriate group nutrition classes are identified and offered to the participant.)
- other (specify):

NUTRITION SERVICES

**A. Nutrition Education**

**e. An individual care plan is provided based on:**

- |                                     |                                    |                                     |                     |
|-------------------------------------|------------------------------------|-------------------------------------|---------------------|
| <input checked="" type="checkbox"/> | nutritional risk                   | <input checked="" type="checkbox"/> | CPA discretion      |
| <input type="checkbox"/>            | priority level                     | <input checked="" type="checkbox"/> | participant request |
| <input checked="" type="checkbox"/> | healthcare provider's prescription | <input type="checkbox"/>            | other:              |

**f. Individual care plans developed include the following components:**

- | <b>Must Include</b>                 | <b>May Include</b>                                                                                                                                                                                                   |
|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> individualized food package                                                                                                                                                                 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> identification of nutrition-related problems                                                                                                                                                |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> nutrition education and breastfeeding support                                                                                                                                               |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> a plan for follow-up                                                                                                                                                                        |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> referrals                                                                                                                                                                                   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> timeframes for completing action plan                                                                                                                                            |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> documentation of completing action plan                                                                                                                                          |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> a practical relationship to a participant's nutritional needs, household situations, and cultural preferences including information on how to select food for themselves and their families |
| <input type="checkbox"/>            | <input type="checkbox"/> other (specify): _____                                                                                                                                                                      |

**g. Check the following individuals allowed to provide general or high-risk nutrition education:**

- | <b>General Nutrition Education</b>  | <b>High-risk Nutrition Contact</b>                                                                |
|-------------------------------------|---------------------------------------------------------------------------------------------------|
| <input type="checkbox"/>            | <input type="checkbox"/> Paraprofessionals (non B.S. degree with formal WIC training by SA or LA) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> Licensed Practical Nurses                                                |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> Registered Nurses                                                        |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> B.S. in Home Economics                                                   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> B.S. in the field of Human Nutrition                                     |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Registered Dietitian or M.S. in Nutrition (or related field)  |
| <input type="checkbox"/>            | <input type="checkbox"/> Dietetic Technician (2-year program completed)                           |
| <input type="checkbox"/>            | <input type="checkbox"/> Other (specify): _____                                                   |

**h. The State agency allows adult participants to receive nutrition education by proxy.**

- No
- Yes (If yes, check the applicable conditions below):
- proxy is spouse/significant other
  - proxy is parent of adolescent prenatal participant
  - proxy is neighbor
  - only for certain priorities (specify): \_\_\_\_\_
  - other (specify): Any proxy can attend

NUTRITION SERVICES

**A. Nutrition Education**

**i. The State agency allows parents/guardians of infant and child participants to receive nutrition education by proxy.**

No

Yes (If yes, check the applicable conditions below):

proxy is grandparent or legal guardian of infant or child participant

proxy is neighbor

only for certain priorities (specify): \_\_\_\_\_

other (specify): Any proxy can attend

**ADDITIONAL DETAIL: Nutrition Services Appendix  
and/or Procedure Manual (citation): AR WIC Policy WIC-29**

NUTRITION SERVICES

**A. Nutrition Education**

**4. Nutrition Education Materials** (§246.11(c)(1,3,4,6,7): The State agency shall (1) develop and coordinate the nutrition education component of Program operations with consideration of local agency plans, needs, and available nutrition education resources; (3) identify or develop resources and educational materials for use in local agencies, including breastfeeding promotion and instruction materials, taking reasonable steps to include materials in languages other than English in areas where a significant number or proportion of the population needs the information in a language other than English; (4) develop and implement procedures to ensure that nutrition education is offered to all adult participants and to parents/caregivers of infant or child participants, as well as child participants whenever possible; (6) establish standards for participant contacts that ensure adequate nutrition education in accordance with paragraph 246.11(e); and (7) establish standards for breastfeeding promotion and support, including a positive breastfeeding supportive clinic environment, a local agency breastfeeding coordinator, breastfeeding promotion, and support for new staff .

**a. The State agency shares material with the Child and Adult Care Food Program (CACFP):**

Yes  No

If applicable, list other agencies: \_\_\_\_\_

A written material sharing agreement exists between the relevant agencies

Yes  No

**b. The State agency recommends and/or makes available nutrition education materials for the following topics:**

	<b>English</b>	<b>Spanish</b>	<b>Other languages (specify):</b>
General nutrition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Specific nutrition-related disorders	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Maternal nutrition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Infant nutrition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Child nutrition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Nutritional needs of homeless	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nutritional needs of migrant farmworkers & their families	<input type="checkbox"/>	<input type="checkbox"/>	_____

**NUTRITION SERVICES**

**A. Nutrition Education**

Nutritional needs of Native Americans	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nutritional needs of Teenage prenatal women	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Breastfeeding promotion and support (including troubleshooting problems)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Danger of harmful substances (alcohol, tobacco and other drugs), as well as secondhand smoke during pregnancy and breastfeeding	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Food Safety	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Physical activity	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Other:			
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Attach a listing of the nutrition education resources available from the State agency or other sources for use by local agencies or specify the location in the Procedure Manual and reference below.**

**c. The State agency follows written procedures to ensure that nutrition education materials recommended/made available are appropriate in terms of the following:**

content     
  reading level/language     
  graphic design  
 cultural relevance     
  Other: \_\_\_\_\_

**d. Locally-developed nutrition education materials must be approved by State agency prior to use.**

Yes                     
  No

**If no, State agency requires local agency to follow a standardized format for evaluating nutrition education materials.**

Yes                     
  No

NUTRITION SERVICES

A. Nutrition Education

e. **If planning to share materials, State agency established a written materials sharing agreement between the relevant agencies to allow local agencies to share nutrition educational materials with institutions participating in the Child and Adult Care Food Program at no cost to that program.**

Yes  No

**ADDITIONAL DETAIL: Nutrition Services Appendix Nutrition Services Appendix I Education Materials and/or Procedure Manual (citation):AR WIC Policy WIC-41**

5. **Nutrition Education Needs of Special Populations**

**The State agency tailors its nutrition education efforts to address the specific needs of migrant farmworkers (M), homeless individuals (H), substance-abusing individuals (S), and/or breastfeeding women (B) through (check all that apply):**

**M   H   S   B**

providing nutrition education materials appropriate to this population and language needs

providing nutrition curriculum or care guidelines specific to this population

requiring local agencies who serve this population to address its special needs in local agency nutrition education plans

arranging for special training of local agency personnel who work with this population

distributing resource materials related to this population

encouraging WIC local agencies to network with one another

coordinating at the State and local levels with agencies who serve this population

other (specify): \_\_\_\_\_

**ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (citation): AR WIC Policy 40-54**

6. **Breastfeeding Promotion and Support Plan**

NUTRITION SERVICES

**A. Nutrition Education**

**a. The State agency coordinates with local agencies to develop a breastfeeding promotion plan that contains the following elements (check all that apply):**

- activities such as development of breastfeeding coalitions, task forces, or forums to address breastfeeding promotion and support issues
- identification of breastfeeding promotion and support materials
- procurement of breastfeeding aids which support the initiation and continuation of breastfeeding (e.g., breast pumps, breastshells, nursing supplementers, and nursing pads and bras).
- training for State/local agency staff.
- designating roles and responsibilities of staff
- evaluation of breastfeeding promotion and support activities
- other (specify): \_\_\_\_\_

**b. The State agency has established minimum protocols for breastfeeding promotion and support which include the following (check all that apply):**

- a policy that creates a positive clinic environment which endorses breastfeeding as the preferred method of infant feeding
- a requirement that each local agency designate a local agency staff person to coordinate breastfeeding promotion and support activities
- a requirement that each local agency incorporate task-appropriate breastfeeding promotion and support training into orientation programs for new staff involved in direct contact with WIC clients
- a plan to ensure that women have access to breastfeeding promotion and support activities during the prenatal and postpartum periods
- participant assessment
- food package prescription
- data collection (at State and local level)
- referral criteria
- peer counseling
- other (specify): \_\_\_\_\_
- other (specify): \_\_\_\_\_

**State agencies that receive WIC Breastfeeding Peer Counseling Funds complete item 7.**

**7. The State agency coordinates with local agencies to develop a breastfeeding peer counseling program that contains the following components (see [Loving Support Model](#)):**

**a. An appropriate definition of peer counselor defined as follows: paraprofessional (see [Loving Support Model for definition](#)); recruited and hired from target population; available to WIC clients outside usual clinic hours and outside the WIC clinic**

- Yes                       No

**b. Designated breastfeeding peer counseling program managers/coordinators at State and/or local level**

NUTRITION SERVICES

**A. Nutrition Education**

Yes  No

**c. Defined job parameters and job descriptions for breastfeeding peer counselors**

Yes  No

**If yes, the job parameters for peer counselors (check all that apply):**

- Define settings for peer counseling service delivery (check all that apply):
  - Home (peer counselor makes telephone calls from home)
  - Participant's home (peer counselor makes home visits)
  - Clinic
  - Hospital
- Define frequency of client contacts
- Define procedures for making referrals
- Define scope of practice of peer counselor

**d. Adequate compensation and reimbursement of breastfeeding peer counselors**

Yes  No

**e. Training of State and local management staff through *Using Loving Support to Manage Peer Counseling Programs* training curriculum**

Yes  No

**f. Training of WIC clinic staff about the role of the WIC peer counselor**

Yes  No

**g. Establishment of standardized breastfeeding peer counseling program policies and procedures (check all that apply):**

- timing and frequency of contacts
- documentation of client contacts
- referral protocols
- confidentiality
- use of social media
- other, (specify)\_\_\_\_\_

**h. Adequate supervision and monitoring of breastfeeding peer counselors through (check all that apply):**

- regular, systematic contact with peer counselor
- regular, systematic review of peer counselor contact logs
- regular, systematic review of peer counselor contact documentation
- spot checks

NUTRITION SERVICES

**A. Nutrition Education**

- observation
- other, (specify)\_\_\_\_\_

**i. Participation in community partnerships to enhance the effectiveness of breastfeeding peer counseling programs (check all that apply):**

- breastfeeding coalitions
- businesses
- community organizations
- cooperative extension
- La Leche League
- hospitals
- home visiting programs
- private clinics
- other, (specify)\_\_\_\_\_

**j. Adequate support of peer counselors by providing the following (check all that apply):**

- timely access to WIC-designated breastfeeding experts for referrals outside peer counselors' scope of practice
- mentoring of newly trained peer counselors in early months of job
- regular contact with supervisor
- participation in clinic staff meetings as part of WIC team
- opportunities to meet regularly with other peer counselors
- other, (specify)\_\_\_\_\_

**k. Provision of training and continuing education of peer counselors (check all that apply):**

- standardized training using *Loving Support Peer Counseling* curriculum
- ongoing training at regularly scheduled meetings
- home study
- opportunities to “shadow” or observe lactation experts and other peer counselors
- training/experience to become senior level peer counselors, IBCLC, etc.)
- other, (specify)\_\_\_\_\_

**l. Attach a copy of an updated line item budget, with written narrative, demonstrating how peer counseling funds are being used for approved peer counseling activities.**

**m. Please provide the approximate number of WIC peer counselors in your State 15**

**n. Please provide the number of local agencies designated by the State agency to receive funds to operate peer counseling programs. N/A**

**ADDITIONAL DETAIL: Nutrition Services Appendix Nutrition Services Appendix IV Breastfeeding Peer Counselor Budget and Narrative and/or Procedure Manual (citation): AR WIC Policy WIC-49-54**

NUTRITION SERVICES  
**A. Nutrition Education**

## II. NUTRITION SERVICES

### B. Food Package Design

#### 1. Authorized WIC-Eligible Foods

a. **Include a copy of the current State-authorized food list and the individual food package design for each category in the Appendix or cite Procedure Manual reference: AR WIC Policy WIC 57-77; Nutrition Services Appendix II AR Approved Food List**

b. **The State agency considers the following when making decisions about authorizing WIC-eligible foods other than infant formula:**

- |                                     |                                 |                                     |                            |
|-------------------------------------|---------------------------------|-------------------------------------|----------------------------|
| <input checked="" type="checkbox"/> | Federal regulatory requirements | <input checked="" type="checkbox"/> | nutritional value          |
| <input checked="" type="checkbox"/> | participant acceptance          | <input checked="" type="checkbox"/> | cost                       |
| <input checked="" type="checkbox"/> | statewide availability          | <input checked="" type="checkbox"/> | participant/client request |
| <input type="checkbox"/>            | healthcare provider request     | <input type="checkbox"/>            | other (specify): _____     |

c. **The State agency utilizes additional State nutritional criteria for authorizing foods for the State WIC food list, in addition to the minimum Federal regulatory requirements.**

- Yes  No

**If yes, describe actual values or criteria identified by the State. Enter “n/a” if not applicable. (i.e. artificial sweeteners, artificial color/flavor, low-sodium, etc.):**

Nutrition Services Appendix III State Established Food Guidelines

#### d. WIC Formulas:

**(1) The State agency establishes policies regarding the issuance of primary contract, contract, and non-contract brand infant formula.**

- Yes  No

**(2) The State agency requires medical documentation for contract infant formula (other than the primary contract formula).**

- Yes  No

**(3) The State agency requires medical documentation for non-contract infant formula.**

- Yes  No

**(4) The State agency requires medical documentation for exempt infant formula/ WIC eligible medical foods.**

- Yes  No

NUTRITION SERVICES

**B. Food Package Design**

**(5) State agency authorizes local agencies to issue a non-contract brand infant formula that meets requirements without medical documentation in order to meet religious eating patterns:**

Yes  No

**(6) The State agency coordinates with medical payors and other programs that provide or reimburse for formulas per Section 246.10(e)(3)(vi).**

Yes  No

**e. Rounding:**

**(1) Does the State agency issue infant formula according to the specific rounding methodology per Section 246.10(h)(1)?**

Yes  No

**(2) If the State agency implemented the rounding option for issuing infant formula, are there established written policies in place?**

Yes  No

**(3) Does the State agency issue infant foods according to the specific rounding methodology per Section 246.10(h)(2)?**

Yes  No

**(4) If the State agency implemented the rounding option for issuing infant foods, are there established written policies in place?**

Yes  No

**f. Is infant formula issued in the 1<sup>st</sup> month to partially breastfed infants?**

Yes  No

NUTRITION SERVICES

**B. Food Package Design**

**g. State policies & materials reflect the definition of “supplemental foods” as defined §246.2 and in the Child Nutrition Act.**

Yes  No

**h. The State agency requires that lowfat (1%) or nonfat milks are the standard milk for issuance to children  $\geq$  24 months of age and women.**

Yes  No

**ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (citation): AR WIC Policy WIC-56-58**

**2. Individual Nutrition Tailoring**

**a. The State agency provides the maximum amount of all authorized foods allowed in accordance with the Federal WIC regulations at section 246.10 for each of the seven WIC Food Packages (I-VII).**

<b>Yes</b>	<b>No</b>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pregnant women/Partially (Mostly) Breastfeeding
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fully Breastfeeding women
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Postpartum, non-breastfeeding women
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Infants 0-5 months
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Infants 6-11 months
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Children

**b. The State agency provides a specially tailored package for:**

Homeless individuals and those with limited cooking facilities  
 Residents of institutions  
 Other (specify): N/A

**Provide a copy of the actual foods included in the homeless and institution packages in the Appendix or cite Procedure Manual reference below.**

**ADDITIONAL DETAIL: Please attach copies of all food packages that are tailored, Nutrition Services Appendix N/A and/or Procedure Manual (citation): N/A**

**c. The State agency develops written individual nutrition tailoring policies and supportive science-based nutrition rationale based on the following participant characteristics:**

NUTRITION SERVICES

**B. Food Package Design**

- does not develop individual nutrition tailoring policies
- develops based on (check all that apply):
  - nutrition risk/nutrition and breastfeeding needs
  - participant preference
  - household condition
  - other (specify): \_\_\_\_\_

**d. The State agency allows local agencies to develop specific individual tailoring guidelines.**

- Yes                       No

**If yes, check those of the following methods used by the State agency to review or approve local agency tailoring guidelines:**

- Local agencies are required to submit individual tailoring guidelines for State approval
- Local agency individual tailoring guidelines are monitored annually during local agency reviews
- Other (specify): N/A

**ADDITIONAL DETAIL: Nutrition Services Appendix  
and/or Procedure Manual (citation): AR WIC Policy WIC 55-60**

**3. Prescribing Packages**

**a. Individuals allowed to prescribe food packages:**

	<b>Standard food package</b>	<b>Individually-tailored food package</b>
CPA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (specify):	<input type="checkbox"/> _____	<input type="checkbox"/> _____

**ADDITIONAL DETAIL: Nutrition Services Appendix  
and/or Procedure Manual (citation): AR WIC Policy WIC-55**

## II. NUTRITION SERVICES

### C. Staff Training

The State agency provides or sponsors the following training for WIC competent professional authorities:

	Professionals		Paraprofessionals (may or may not be CPAs in some States)	
	<u>Regularly</u>	<u>As Needed</u>	<u>Regularly</u>	<u>As Needed</u>
General nutrition education methodology	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State certification policies/procedures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anthropometric measurements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood work procedures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition counseling techniques	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breastfeeding promotion/support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dietary assessment techniques	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescribing & tailoring food packages	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referral protocol	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maternal, infant, and child nutrition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cultural competencies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Customer service	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immunization screening/referral	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care Plan Development	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VENA staff competency training	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (citation): AR WIC Policy WIC 134-136**

## Stock Levels

Women, Infant & Children 07/01/2014

Product ID	Inventory.Description
2076	WIC Prenatal Breastfeeding Education Bag (Eng) (25/BX)
4058	Breastfeeding - Keep It Simple, By Amy Spangler (25/PK)
4059	Baby's Book ABC (25/PK)
4060	Caring For Your Baby Photo Handbook (25/PK)
4061	Health Tips For New Moms - Postpartum (50/PK)
4062	Prenatal Tips For A Healthy Pregnancy (50/PK)
4063	Help Me Be Healthy - 0 To 6 Months (25/PK)
4064	Help Me Be Healthy - 6 To 12 Months (25/PK)
4065	Help Me Be Healthy - 1 To 1.5 Years (25/PK)
4066	Help Me Be Healthy - 1.5 To 2 Years (25/PK)
4067	Help Me Be Healthy - 2 To 2.5 Years (25/PK)
4068	Help Me Be Healthy - 2.5 To 3 Years (25/PK)
4069	Help Me Be Healthy - 3 To 3.5 Years (25/PK)
4070	Help Me Be Healthy - 3.5 To 4 Years (25/PK)
4071	Help Me Be Healthy - 4 To 4.5 Years (25/PK)

4072	Help Me Be Healthy - 4.5 To 5 Years (25/PK)
4073	Information Sheet - Formula Feeding (Eng/Sp) (25/PK)
4087	WIC Shopping Guide (25/PK)
4094	WIC Shopping Guide (Sp) (25/PK)
5109	Breastfeeding - Positions For (50/PK)
5110	Starting A Feeding (50/PK)
5119	The Nipple Pinch Test (Eng/Sp) (50/PK)
5120	Breastfeeding - Difficult Latch On During (Eng/Sp) (50/PK)
5121	Breastfeeding - Sore Nipples During (50/PK)
5122	Breastfeeding - Engorgement During (Eng/Sp) (50/PK)
5123	Breastfeeding - Mastitis During (Eng/Sp) (50/PK)
5124	Breastfeeding - Yeast Infection During (Eng/Sp) (50/PK)
5125	Cold Facts On Storing Breastmilk (Eng/Sp) (50/PK)
5126	Breastfeeding And Biting (Eng/Sp) (50/PK)
5161	I Feel Like A Good Mom (Eng/Sp) (50/PK)
5202	Tips For Building Iron In Your Blood (Eng/Sp) (100/PK)
5203	Building Blood Foods & Snack Foods (25/PK)
5204	What Makes Good Snacks (25/PK)
5205	Increasing Protein And Calories (25/PK)

5206	Calcium Facts For You And Your Family (25/PK)
5208	Is Breastfeeding Right For Me? (25/PK)
5209	Yes! I'm Going To Breastfeed (25/PK)
5210	Babies First Family Support (25/PK)
5211	Babies First - Teen Moms Breastfeeding (25/PK)
5214	Breastfeeding And Weaning (Eng/Sp) (25/PK)
5218	Why Every Woman Needs Folic Acid (25/PK)
5219	Rate Your Folate (25/PK)
5220	Healthy Eaters - Healthy Kids (25/PK)
5226	Healthy Eaters - Healthy Families (25/PK)
5230	Your Quick Guide To Pregnancy, Wheel (25/PK)
5233	Do You Need These Services? (Eng/Sp) (50/PK)
5245	Lead Poisoning - Taking Steps To Keep Your Children Safe. (50/PK)
5276	Pregnant? (25/PK)
5284	Fighting Food Bacteria, How To Keep Food Safe From Germs (50/PK)
5286	Infant Formula, Preparing Powered Or Concentrated Formula For Your Baby (50/PK)
5291	Breastfed Baby Diaper Count - First 4 Weeks Of Life (50/PK)
8028	Breastfeeding - Sore Nipples During (Sp) (50/PK)
8037	Is Breastfeeding Right For Me? (Sp) (25/PK)

8038	Yes! I'm Going To Breastfeed (Sp) (25/PK)
8039	Babies First Family Support (Sp) (25/PK )
8040	Babies First - Teen Moms Breastfeeding (Sp) (25/PK)
8042	Breastfeeding - Keep It Simple, By Amy Spangler (Sp)
8043	Why Every Woman Needs Folic Acid (Sp) (25/PK)
8044	Healthy Eaters - Healthy Kids (Sp) (25/PK)
8046	Healthy Eaters - Healthy Families (Sp) (25/PK)
8047	Baby's Book ABC (Sp) (25/PK)
8052	Your Quick Guide To Pregnancy, Wheel (Sp) (25/PK)
8054	Caring For Your Baby Photo Handbook (Sp) (25/PK)
8063	Fighting Food Bacteria, How To Keep Food Safe From Germs (Sp) (50/PK)
8065	Infant Formula, Preparing Powered Or Concentrated Formula For Your Baby (Sp) (50/PK)
8069	Health Tips For New Moms Postpartum (Sp)
8070	Prenatal Tips For A Healthy Pregnancy (Sp)
8071	Help Me Be Healthy - 0 To 6 Months (Sp)
8072	Help Me Be Healthy - 6 To 12 Months (Sp)
8073	Help Me Be Healthy - 1 To 1.5 Years (Sp)
8074	Help Me Be Healthy - 1.5 To 2 Years (Sp)
8075	Help Me Be Healthy - 2 To 2.5 Years (Sp)

8076	Help Me Be Healthy - 2.5 To 3 Years (Sp)
8077	Help Me Be Healthy - 3 To 3.5 Years (Sp)
8078	Help Me Be Healthy - 3.5 To 4 Years (Sp)
8079	Help Me Be Healthy - 4 To 4.5 Years (Sp)
8080	Help Me Be Healthy - 4.5 To 5 Years (Sp)



ARKANSAS WIC PROGRAM  
**APPROVED  
FOOD LIST**



Think Healthy! Think WIC!

For more information, contact the WIC State Office at (501) 661-2508, 1-800-235-0002, your local health unit or [www.healthy.arkansas.gov/wic](http://www.healthy.arkansas.gov/wic).

# Infant Foods



## FRUITS AND VEGETABLES (4 OZ JARS ONLY)

### BEECHNUT STAGE 2

- Apples
- Apple & Banana
- Apple & Blueberry
- Apple & Cherry
- Apple, Mango & Kiwi
- Apple, Pear & Banana
- Apricot, Pear & Apple
- Banana & Mixed Berry
- Chiquita Bananas
- Chiquita Banana & Strawberry
- Corn, Pear & Pineapple
- Corn & Sweet Potato
- Green Beans
- Mango
- Mixed Vegetables
- Peaches
- Pears
- Pear & Pineapple
- Pear & Raspberry
- Squash
- Sweet Carrots
- Sweet Peas
- Sweet Potatoes

### GERBER

- Applesauce
- Apple Blueberry
- Apple Strawberry Banana
- Bananas
- Carrots
- Green Beans
- Pears
- Peas
- Squash
- Sweet Potatoes

## MEATS (2.5 OZ JARS ONLY)

### BEECHNUT

- Beef & Beef Broth
- Chicken & Chicken Broth
- Ham & Ham Broth
- Turkey & Turkey Broth

### GERBER

- Beef & Beef Gravy
- Chicken & Chicken Gravy
- Ham & Ham Gravy
- Turkey & Turkey Gravy

## INFANT FORMULA

- Type and amount to be issued is printed on WIC check
- No exchanges or substitutions

**Not Allowed:** Low iron formula or any brand not listed on WIC check

## INFANT CEREAL

- 8 oz box—dry, plain, unflavored (Beechnut or Gerber) Rice, Oatmeal

**Not Allowed:** Cereal with fruit flakes, high protein, mixed or individual servings

# Milk & Cheese



## MILK

- **Least expensive brand available** at the time of purchase
- Vitamin D or A/D fortified
- Milk type and amount to be issued is printed on WIC check
  - Fat Free, Skim or Non-fat
  - Low Fat, Light or 1%
  - Reduced Fat or 2%
  - Milk (Whole) [Word “WHOLE” does not appear on label]
  - Evaporated
  - Skim Evaporated
  - Non-fat Dry (25.6 oz box only)
  - Acidophilus
  - Lactose Free Milk (store brand, Dairy Ease or Lactaid)  
(Whole or Vitamin D, Reduced Fat or 2%, Low Fat or 1% or Fat Free)

**Not Allowed:** “Deluxe”, “Plus”, organic, flavored, sweetened-condensed, non-dairy, goat’s milk, Copy Cow or Vitamite

## SOY-BASED BEVERAGE

- 8th Continent Soy Original
- 8th Continent Soy Vanilla
- Great Value Original
- Pacific Ultra Soy Original
- Pacific Ultra Soy Vanilla
- Silk Original

## CHEESE

- 14-16 oz package only
- **Least expensive brand available** at time of purchase within variety selected
- Individually wrapped slices allowed if least expensive within variety selected
- Regular or low-fat cheese
- Varieties: American, Cheddar, Colby, Colby-Jack and Mozzarella

**Not Allowed:** Cheese foods, cheese products, whips or spreads, shredded, grated, smoked, cubed, crumbled, imported or deli sliced

# Grains



## WHOLE GRAINS

### TORTILLAS-16 OZ PACKAGE ONLY

- Best Choice 100% Whole Wheat Tortillas
- Best Choice Tortillas, Corn
- Chi Chi's Whole Wheat Tortillas
- Don Pancho White Corn Tortillas
- Don Pancho Whole Wheat Tortillas
- Kroger 100% Whole Wheat Tortillas
- La Banderita Corn Tortillas
- La Banderita Whole Wheat Tortillas
- La Burrita Corn Tortillas
- MiCasa Whole Wheat Tortillas
- Mission Yellow Corn Tortillas Extra Thin
- Mission Whole Wheat Flour Tortillas
- Shurfine Fajita Style Whole Wheat Tortillas
- Shurfine White Corn Tortillas
- Tia Rosa 100% Whole Wheat Tortillas

### OATMEAL-16 OZ CONTAINER ONLY

- Chex Gluten Free Oatmeal
- Crystal Wedding Oats
- Mom's Best Naturals Quick Oats
- Shurfine Quick Oatmeal

### BROWN RICE 14-16 OZ PACKAGE ONLY

- Any brand: plain brown rice in box or bags; may be instant, quick, boil-in-bag or regular cooking

### BREAD-16 OZ PACKAGE ONLY

- Best Choice 100% Whole Wheat Bread
- Bimbo 100% Whole Wheat
- Bunny 100% Whole Wheat Bread
- Great Value 100% Whole Wheat Bread
- Healthy Life Original 100% Whole Wheat Whole Grain
- Healthy Life Sugar-Free 100% Whole Grain Wheat Bread
- Kroger 100% Whole Wheat Bread
- Nature's Own 100% Whole Wheat made with Real Honey
- Nature's Own 100% Whole Grain Sugar Free Bread
- Ozark Hearth 100% Whole Wheat Bread
- Roman Meal Sungrains 100% Whole Wheat Bread
- Sara Lee Classic 100% Whole Wheat Bread
- Wonder Soft 100% Whole Wheat Bread

### WHOLE WHEAT PASTA- 16 OZ PACKAGE ONLY

- Any brand whole wheat pasta (spaghetti and macaroni – any shape)

## CEREAL

- Any combination of the following cereals not to exceed number of ounces listed on the WIC check

### COLD

#### **GENERAL MILLS**

- Cheerios (Dulce de Leche, Multigrain or Plain)
- Chex (Corn, Rice or Wheat)
- Dora the Explorer
- Kix (Berry, Honey or Plain)

#### **KELLOGG'S**

- Corn Flakes
- Frosted Mini Wheats Original (Big Bite, Bite Size or Little Bites)
- Rice Krispies (Original or Gluten Free)

#### **MOM'S (MALT-O-MEAL)**

- Crispy Rice
- Honey & Oat Blenders (Original or with Almonds)
- Mini Spooners (Blueberry, Frosted Original or Strawberry Cream)

#### **POST**

- Bran Flakes
- Grape-Nuts
- Honey Bunches of Oats (Honey Roasted, with Almonds, Vanilla Bunches, Cinnamon Bunches, Tropical Blend or Fruit Blends – Peaches & Raspberries and Banana & Blueberry)

#### **QUAKER**

- Life Plain
- King Vitaman
- Oatmeal Squares (Hint of Brown Sugar or Cinnamon)

### HOT

#### **B & G FOODS**

- Cream of Wheat (Instant, 1-minute or 2½ minute)
- Cream of Wheat Whole Grain 2½ minute
- Cream of Rice

#### **JIM DANDY**

- Quick or Original Grits

#### **MOM'S (MALT-O-MEAL)**

- Quick Cooking Hot Wheat Cereal (Original or Chocolate flavor)

#### **QUAKER**

- Grits (Original flavor only)(instant in individual packets, quick or regular)
- Instant Oatmeal (Original flavor only) (individual packets)

# Vegetables & Fruits



## VEGETABLES & FRUITS

- The Cash Value Benefit (CVB) is issued only for the purchase of fresh and frozen fruits or vegetables
- Purchases can be made for greater than the value of the Cash Value Benefit, but participants must pay the difference
- Purchases can be made for less than the value of the Cash Value Benefit, but participants will not be given any change
- Household members' Cash Value Benefits may be combined together to make a larger fruit & vegetable purchase

## FRESH VEGETABLES & FRUITS

- Any variety of fresh vegetables and fruits. No potatoes except sweet potatoes and yams
- Salad mixtures, vegetables or fruits in bags or containers

**Not Allowed:** White potatoes; items from a salad bar; party trays; fruit baskets; nuts; fruit/nut mixtures; herbs; spices; salad dressings; salad kits or salad mixtures containing salad dressing, croutons, etc.; decorated pumpkins; or gourds

## FROZEN VEGETABLES

- Any brand plain vegetable, plain vegetable mixtures without white potatoes
- Any package type (bag or box)
- Any size
- With or without salt

**Not Allowed:** White potatoes or potato mixtures (except for sweet potatoes or yams); French fries; tator tots; hash browns; vegetables with sauces, seasoning, flavoring or breading; vegetables mixed with pasta, rice or any other non-vegetable ingredient

## FROZEN FRUIT

- Any brand plain fruit or plain fruit mixtures with no added sugar
- Any package type (bag, box or tub)
- Any size

**Not Allowed:** Ingredients other than fruit (including sugar)

# Protein

## EGGS

- **Least expensive brand available** at the time of purchase
- Dozen containers only
- Medium or Large White Grade A or AA

**Not Allowed:** Eggland's Best, Cage Free, Brown or Organic

## PEANUT BUTTER, 16-18 OZ JAR

- JIF, Peter Pan or store brands only; creamy, crunchy or extra crunchy (regular, reduced-fat or natural)

**Not Allowed:** "Plus", Omega-3, organic, peanut butter combinations or whipped

## FISH

- Chunk Light Tuna in Water (any brand)
- Pink Salmon (any brand)
- Sardines - Beach Cliff, Port Clyde, Polar, La Preferida, and Crown Prince brands only; any flavor
- May contain bones and skin
- Canned fish only
- Any brand and any combination of fish types and can sizes not to exceed number of ounces listed on WIC check

**Not Allowed:** Albacore or smoked-flavored tuna, breast of tuna, tuna spread, tuna in oil or low salt/low fat tuna, blueback salmon, red salmon, chum salmon, flavored tuna or flavored salmon

## DRY BEANS

- 1 lb bag, any kind, plain, unseasoned mature dry beans, peas or lentils

**Not Allowed:** Mixed beans or flavored beans

## CANNED BEANS (14-16 OZ CANS)

- **Least expensive brand** within chosen variety at time of purchase
- Regular; low-salt or low sodium; or no salt, salt free or sodium free
- Varieties Allowed:
  - Black Beans
  - Blackeye Peas
  - Butter Beans (all varieties)
  - Chick Peas/Garbanzo Beans
  - Crowder Peas
  - Great Northern Beans
  - Kidney Beans, Red or White (Cannellini Beans)
  - Lima Beans
  - Navy Beans
  - Pinto Beans
  - Purple Hull Peas
  - Red Beans
  - Mayocoba Beans
  - Refried Beans (fat free or no fat only)

**Not Allowed:** Baked beans, chili beans, mixed beans, beans with any added flavoring, fat, oil or meat

# Juice



- **Least expensive brand** at the time of purchase
- Women may receive any variety of flavors and any combination of type (frozen concentrate or 46-48 oz single strength) per WIC check
- Children may receive any combination of flavors within the 64 oz single strength juices
- 100% pure juice

**Not Allowed** for any type juice (frozen concentrate or single strength): Cocktails, fruit or juice drinks, ades, fruit/vegetable blends or blended juices other than noted below

64 oz Plastic Bottles or Cartons (may be refrigerated)

## APPLE

- Always Save
- Best Choice
- Big Tex
- Brookshires
- Essential Everyday
- Great Value
- Kroger
- Old Orchard 100%
- Parade
- Seneca
- Shurfine 100%
- Texusun
- Tipton Grove

## GRAPE

### Purple

- Always Save
- Bay Mist
- Best Choice
- Big Tex
- Brookshires
- Essential Everyday
- Great Value
- Kroger
- Langers Plus
- Old Orchard 100%
- Parade
- Shurfine
- Texusun
- Tipton Grove
- ValuTime

### White

- Best Choice
- Big Tex
- Brookshires
- Essential Everyday
- Great Value
- Kroger
- Langers
- Old Orchard 100%
- Shurfine
- Texusun

## ORANGE

- All brands qualify if 100% juice
- Calcium Fortified must be specified on check

## **PINEAPPLE**

- All brands qualify if 100% juice

## **GRAPEFRUIT**

- All brands qualify if 100% juice

## **BLENDED**

- Best Choice 100% Juice (all flavors-blends)
- Big Tex Orange Pineapple
- Big Tex Orange Mango
- Big Tex Pineapple Mango
- Essential Everyday 100% Juice (all flavors-blends)
- Great Value 100% Juice White Grape Peach
- Juicy Juice (all flavors-blends)
- Kroger Berry
- Kroger Fruit Punch
- Kroger White Grape Peach
- Langers 100% Juice (all flavors-blends)
- Northland Pomegranate Blueberry
- Old Orchard Berry Blend
- Old Orchard Blueberry Pomegranate
- Old Orchard Kiwi Strawberry
- Old Orchard Wild Cherry
- Parade Orange Pineapple
- Parade Orange Mango
- Parade Pineapple Mango
- Shurfine Juice A-Lot (all flavors-blended)
- Teksun Orange Pineapple
- Teksun Orange Mango
- Teksun Pineapple Mango

## **VEGETABLE**

- Best Choice
- Big Tex
- Diane's Garden
- Essential Everyday
- Garden Fest
- Great Value (all flavors)
- Kroger (all flavors)
- Parade
- Red Gold
- Shurfine
- Teksun
- V-8 (all flavors)

## **TOMATO**

- Best Choice
- Big Tex
- Brookshires
- Campbell's
- Great Value
- Parade
- Shurfine
- Teksun

# Juice – continued

## CRANBERRY/CRANBERRY JUICE BLENDS

- Essential Everyday Cranberry Raspberry
- Great Value 100% Juice Cranberry Concord Grape
- Great Value 100% Juice Cranberry Pomegranate
- Kroger Cranberry Pomegranate
- Kroger Traditional Cranberry
- Langers Apple Cranberry
- Langers Cranberry Grape Plus
- Langers Cranberry Plus
- Langers Cranberry Raspberry Plus
- Northland Cranberry
- Northland Cranberry Pomegranate
- Shurfine Cranberry
- Shurfine Cranberry Grape
- Shurfine Cranberry Raspberry

11-12 oz Frozen

## APPLE

- Always Save
- Best Choice
- Essential Everyday
- Food Club
- Great Value
- Kroger
- Old Orchard
- Parade
- Seneca
- Shurfine
- Tipton Grove

## GRAPE

### Purple

- Best Choice
- Food Club
- Great Value
- Kroger
- Old Orchard
- Parade
- Seneca
- Shurfine
- Welch's

### White

- Old Orchard
- Welch's

## ORANGE

- All brands qualify if 100% juice
- Calcium Fortified must be specified on check

## PINEAPPLE

- All brands qualify if 100% juice

## GRAPEFRUIT

- All brands qualify if 100% juice

## BLENDED

- Dole 100% Juice (all flavors-blended)
- Old Orchard 100% Juice (all flavors-blended)
- Welch's 100% Juice (all flavors-blended)

**APPLE**

- Always Save
- Best Choice
- Brookshires
- Big Tex
- Great Value
- Kroger
- Lucky Leaf
- Parade
- Shurfine
- Seneca
- Textsun

**GRAPE**

**Purple**

- Always Save
- Best Choice
- Big Tex
- Parade
- Seneca
- Shurfine
- Textsun
- Welch's

**White**

- Big Tex
- Textsun
- Welch's

**ORANGE**

- All brands qualify if 100% juice
- Calcium Fortified must be specified on check

**PINEAPPLE**

- All brands qualify if 100% juice

**GRAPEFRUIT**

- All brands qualify if 100% juice

**BLENDED**

- Big Tex Orange Mango
- Big Tex Pineapple Mango
- Big Tex Orange Pineapple
- Brookshires Orange Pineapple
- Juicy Juice (all flavors-blended)
- Parade Orange Mango
- Parade Pineapple Mango
- Parade Orange Pineapple
- Textsun Orange Mango
- Textsun Pineapple Mango
- Textsun Orange Pineapple
- Shurfine Juice A-Lot (all flavors-blended)

**VEGETABLE**

- Always Save
- Best Choice (all flavors)
- Big Tex
- Brookshires
- Essential Everyday
- Great Value
- Kroger
- Parade
- Red Gold
- Shurfine
- Textsun
- V-8 (all flavors)

# Juice – continued

## **TOMATO**

- Always Save
- Best Choice
- Big Tex
- Brookshires
- Campbell's
- Del Monte
- Diane's Garden
- Essential Everyday
- Great Value
- Kroger
- Parade
- Red Gold
- Red Gold No Salt Added
- Shurfine
- Textsun

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Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found online at [http://www.fns.usda.gov/snap/contact\\_info/hotlines.htm](http://www.fns.usda.gov/snap/contact_info/hotlines.htm).

USDA is an equal opportunity provider and employer.

**State Established Guidelines**

	Milk	Cheese	Cereal	Juice	Eggs	Peanut Butter	Fish	Beans/ Peas	Infant Fruits & Veggies	Infant Meats	Fruits & Veggies	Whole grains
Fat	1% or skim milk for all participants over the age of 24 months	Reduced fat choices available	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Sugar	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Sodium	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Fiber	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Artificial Sweeteners	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Artificial Color/Flavor	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Other (e.g., grade, size, etc.)	Soy, acidophilus, and lactose free allowed	16 oz pkg	no mixed infant cereal, single ingredient only	64 oz container for children only; 12 oz, and 46-48 oz containers for women only; Calcium fortified may be provided by CPA tailoring	Medium or large, white only	16-18 oz jar only; two years of age or older	Chunk light packed in water; pink salmon only	No mixed, flavored or seasoned; Canned beans must be 14-16 oz can; dry beans must be 16 oz pkg	4 oz jars only	2.5 oz jars only	No canned; fresh or frozen only	14-16 oz pkg of brown rice; 16 oz pkg only for oatmeal, bread, macaroni (pasta) and tortillas



## *WIC Breastfeeding Peer Counsel*

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**State Agency Name**

**Total FY2014 Budget**

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**Staff Salaries (State and local)**

Staff Salaries (State and local coordinators, supervisors, lactation consultants, etc.) (salary, fringe, indirect)

Peer Counselor Salaries (salary, fringe, indirect)

Other \_\_\_\_\_

**Total Salaries**

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**Program Expenses**

Mileage Reimbursement

Communication (cell phones, texting plans, pagers, long distance reimbursements, etc.)

Office Supplies

Program Forms  
(Contact logs, weekly time reports, referral forms)

Equipment (laptop computer, etc.)

Advertising

Rent

Other: Postage

**Total Program Expenses**

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**Training Expenses**

Training Materials

Conferences and Workshops

Other Quarterly BFPC Meetings

**Total Training Expenses**

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**Educational Materials**

Other: Education Reference & Teaching Materials

**Total Educational Materials**

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**Other Expenses**

Indirect cost

Other\_\_\_\_\_

**Total Other Expenses****TOTAL BFPC EXPENSES**

Includes \$140,283.08 in breastfeeding and NSA funds to supplement Loving Support Breastfeeding Peer Counselor Grant funds.

# ing Budget

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<b>AR WIC</b>
<b>\$711,247.08</b>

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\$167,156.84
\$501,890.24
<b>\$669,047.08</b>

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\$14,000.00
\$2,700.00
\$3,500.00
\$3,500.00
\$1,000.00
<b>\$23,700.00</b>

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\$500.00
\$10,000.00
\$3,000.00
<b>\$13,500.00</b>

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\$5,000.00
<b>\$5,000.00</b>

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\$711,247.08
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