# Special Supplemental Food Program for Women, Infants and Children

January 25, 2025

# Learning Objectives

- Define and highlight the benefits and services offered by WIC
- Identify the formulas provided by WIC for participants
- Connect families to WIC appointments
- Understand the features of the WIC Mobile App

September 2024

# THE STATE OF WIC

## Celebrating 50 Years of Impact

CELEBRATING WIC 50 YEARS

CELEBRATING 50 years of WIC
National WIC Association

# What is WIC?

Nutrition Counseling

Nutritious Foods

Breastfeeding Support

Referrals to Health & Community Services

# Who does WIC Serve?

Residential Eligibility

Income Eligibility

Categorical Eligibility


Nutrition Risk Eligibility

# Income Eligibility

- If not automatically eligible must meet income eligibility.
- Household income must fall within 185% of the national poverty level.
- Pregnant women can count as a household of 2.

USDA Income Eligibility Guidelines

| WIC INCOME ELIGIBILITY GUIDELINES EFFECTIVE JULY 1, 2024 TO JUNE 30, 2025 | | | | | |
|---|---|---|---|---|---|
| | INCOME (185% POVERTY) | | | | |
| FAMILY SIZE | YEARLY | MONTHLY | TWICE MONTHLY | BI-WEEKLY | WEEKLY |
| 1 | $27,861 | $2,322 | $1,161 | $1,072 | $536 |
| 2 | 37,814 | 3,152 | 1,576 | 1,455 | 728 |
| 3 | 47,767 | 3,981 | 1,991 | 1,838 | 919 |
| 4 | 57,720 | 4,810 | 2,405 | 2,220 | 1,110 |
| 5 | 67,673 | 5,640 | 2,820 | 2,603 | 1,302 |
| 6 | 77,626 | 6,469 | 3,235 | 2,986 | 1,493 |
| 7 | 87,579 | 7,299 | 3,650 | 3,369 | 1,685 |
| 8 | 97,532 | 8,128 | 4,064 | 3,752 | 1,876 |
| For each additional family member add | $9,953 | $830 | $415 | $383 | $192 |

# Connecting Families to WIC: Appointments

- **Online:** Go to DPH home page and select WIC Prescreening Application
- **By phone:** Call 1-855-472-3432 to make an in-person or online appointment.
- **Call or Go to a WIC office**: find locations and contact information at https://dph.sc.gov/public/public-health-clinics

# WIC Pre- Application

South Carolina

## Women, Infant and Children (WIC) Nutrition Program

Login

Thank you for your interest in the Women, Infants and Children (WIC) Program!
Please enter your Email Address and Pin. After submitting your pre-application, your information will be securely sent to your preferred Health Department and a WIC staff member will contact you to answer your questions and to schedule an appointment if necessary. Completing this pre-application does not guarantee your enrollment in the program.

Email Address

PIN

Login

Forgot Pin?

No account? Sign up.

South Carolina

# Women, Infant and Children (WIC) Nutrition Program

WIC Pre Application

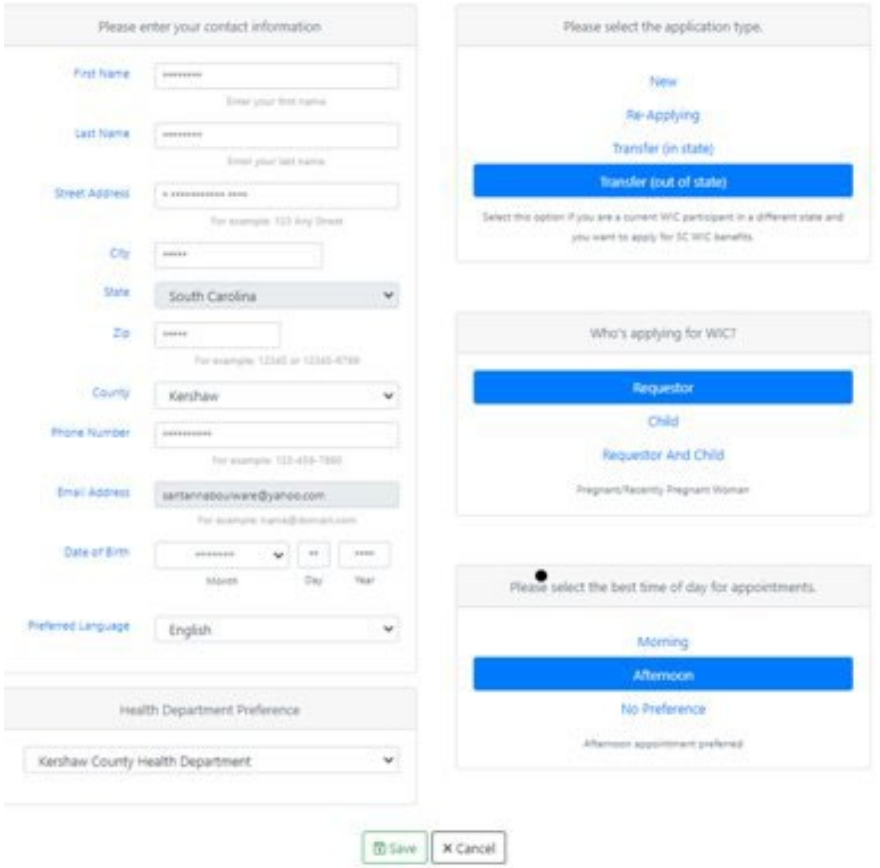
Thank you for your interest in the Women, Infants and Children (WIC) Program!

An email was sent to Participant's with further instructions to get your pre application started. If you did not receive the email, please try again or contact us for help.

Have a pin? Continue here.

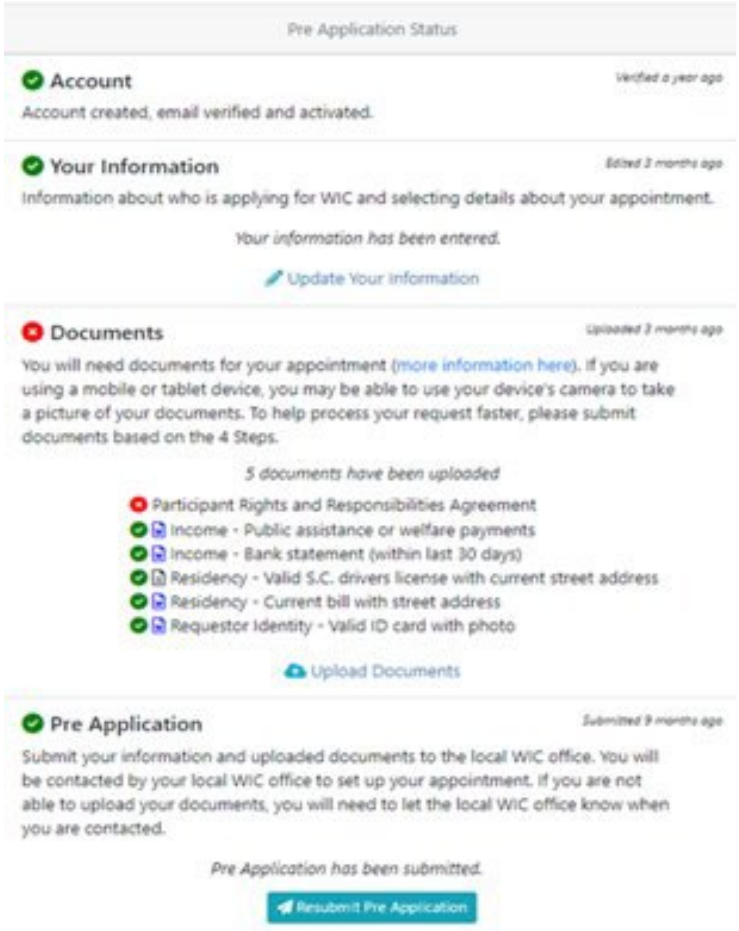
# WIC Online Pre-Application- Applicant's Application Screen

- **Demographics**
- **Health Department Preferred**
- **Application Type:**
  - New- Applicant has never been on WIC
  - Re-Applying- Applicant has previously been on WIC
  - Transfer (in-state)- Current WIC Applicants that transfer from another SC WIC Clinic
  - Transfer (out of state)- Current WIC Applicants that transfer from another state WIC Clinic
- **Who's applying for WIC:**
  - Requestor- The person that is applying for WIC.
  - Child- The person that is applying for WIC on behalf of a minor
  - Requestor and Child- The person that is applying for WIC and their minor.
- **Please select the best time of day for appointments**
  - Option for morning, afternoon, or no preference.



# WIC Prescreening Application (Applicant Dashboard)

- **Account**- Account created email verified and activated.
- **Your Information**- Information about who is applying for WIC and selecting details about your appointment.
- **Documents**- It will show the participant the documents that have been uploaded.
- **Pre-Application submission or resubmit button**-The participant will use this button to submit their application.



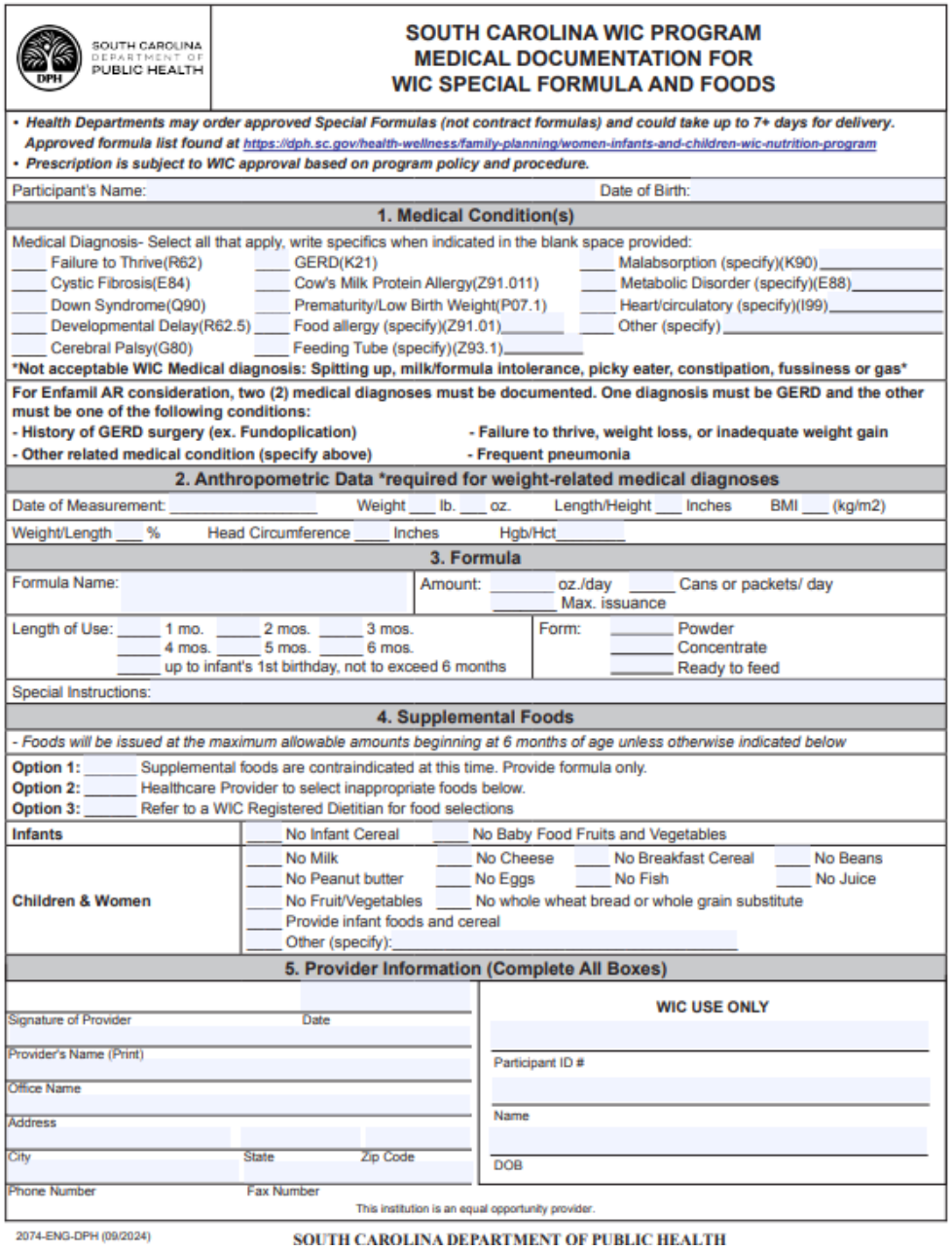
# Appointments

# What happens at a WIC appointment?

- Identification
- Proof of Residence
- Proof of Income
- Height/Weight/HGB check
- Nutrition Assessment
- Nutrition Care Plan:
  - Goals
  - Nutrition Education
  - Food Prescription
  - Referrals

Image: WIC Works Resource System (USDA)

# Healthcare Providers & Formulas



SOUTH CAROLINA DEPARTMENT OF PUBLIC HEALTH

## SOUTH CAROLINA WIC PROGRAM MEDICAL DOCUMENTATION FOR WIC SPECIAL FORMULA AND FOODS

- ***Health Departments may order approved Special Formulas (not contract formulas) and could take up to 7+ days for delivery. Approved formula list found at https://dph.sc.gov/health-wellness/family-planning/women-infants-and-children-wic-nutrition-program***
- ***Prescription is subject to WIC approval based on program policy and procedure.***

Participant's Name: Date of Birth:

### 1. Medical Condition(s)

Medical Diagnosis- Select all that apply, write specifics when indicated in the blank space provided:

____ Failure to Thrive(R62) ____ GERD(K21) ____ Malabsorption (specify)(K90)_____
____ Cystic Fibrosis(E84) ____ Cow's Milk Protein Allergy(Z91.011) ____ Metabolic Disorder (specify)(E88)_____
____ Down Syndrome(Q90) ____ Prematurity/Low Birth Weight(P07.1) ____ Heart/circulatory (specify)(I99)_____
____ Developmental Delay(R62.5) ____ Food allergy (specify)(Z91.01)_____ ____ Other (specify) _____
____ Cerebral Palsy(G80) ____ Feeding Tube (specify)(Z93.1)_____

***Not acceptable WIC Medical diagnosis: Spitting up, milk/formula intolerance, picky eater, constipation, fussiness or gas***

**For Enfamil AR consideration, two (2) medical diagnoses must be documented. One diagnosis must be GERD and the other must be one of the following conditions:**

**- History of GERD surgery (ex. Fundoplication)**
**- Other related medical condition (specify above)**
**- Failure to thrive, weight loss, or inadequate weight gain**
**- Frequent pneumonia**

### 2. Anthropometric Data *required for weight-related medical diagnoses

Date of Measurement: _____ Weight ___ lb. ___ oz. Length/Height ___ Inches BMI ___ (kg/m2)

Weight/Length ___ % Head Circumference ____ Inches Hgb/Hct_____

### 3. Formula

Formula Name:

Amount: _____ oz./day _____ Cans or packets/ day
_____ Max. issuance

Length of Use: _____ 1 mo. _____ 2 mos. _____ 3 mos.
_____ 4 mos. _____ 5 mos. _____ 6 mos.
_____ up to infant's 1st birthday, not to exceed 6 months

Form: _____ Powder
_____ Concentrate
_____ Ready to feed

Special Instructions:

### 4. Supplemental Foods

*- Foods will be issued at the maximum allowable amounts beginning at 6 months of age unless otherwise indicated below*

**Option 1:** _____ Supplemental foods are contraindicated at this time. Provide formula only.
**Option 2:** _____ Healthcare Provider to select inappropriate foods below.
**Option 3:** _____ Refer to a WIC Registered Dietitian for food selections

| | |
|---|---|
| **Infants** | ____ No Infant Cereal ____ No Baby Food Fruits and Vegetables |
| **Children & Women** | ____ No Milk ____ No Cheese ____ No Breakfast Cereal ____ No Beans<br>____ No Peanut butter ____ No Eggs ____ No Fish ____ No Juice<br>____ No Fruit/Vegetables ____ No whole wheat bread or whole grain substitute<br>____ Provide infant foods and cereal<br>____ Other (specify):_____ |

### 5. Provider Information (Complete All Boxes)

Signature of Provider Date

Provider's Name (Print)

Office Name

Address

City State Zip Code

Phone Number Fax Number

**WIC USE ONLY**

Participant ID #

Name

DOB

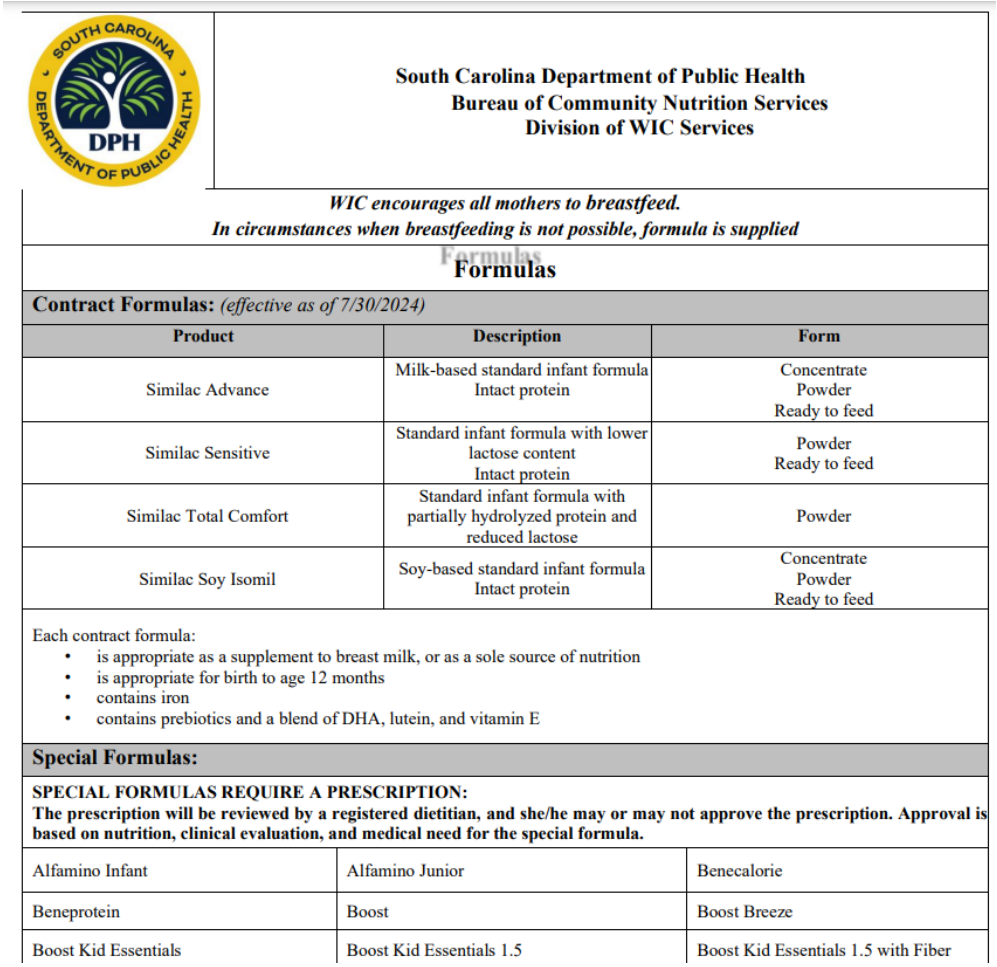
This institution is an equal opportunity provider.

2074-ENG-DPH (09/2024)

SOUTH CAROLINA DEPARTMENT OF PUBLIC HEALTH

# Healthcare Providers & Formulas

## SC WIC Approved Formulas



South Carolina Department of Public Health
Bureau of Community Nutrition Services
Division of WIC Services

***WIC encourages all mothers to breastfeed.***
***In circumstances when breastfeeding is not possible, formula is supplied***

**Formulas**

**Contract Formulas:** *(effective as of 7/30/2024)*

| Product | Description | Form |
|---|---|---|
| Similac Advance | Milk-based standard infant formula<br>Intact protein | Concentrate<br>Powder<br>Ready to feed |
| Similac Sensitive | Standard infant formula with lower lactose content<br>Intact protein | Powder<br>Ready to feed |
| Similac Total Comfort | Standard infant formula with partially hydrolyzed protein and reduced lactose | Powder |
| Similac Soy Isomil | Soy-based standard infant formula<br>Intact protein | Concentrate<br>Powder<br>Ready to feed |

Each contract formula:
- is appropriate as a supplement to breast milk, or as a sole source of nutrition
- is appropriate for birth to age 12 months
- contains iron
- contains prebiotics and a blend of DHA, lutein, and vitamin E

**Special Formulas:**

**SPECIAL FORMULAS REQUIRE A PRESCRIPTION:**
**The prescription will be reviewed by a registered dietitian, and she/he may or may not approve the prescription. Approval is based on nutrition, clinical evaluation, and medical need for the special formula.**

| | | |
|---|---|---|
| Alfamino Infant | Alfamino Junior | Benecalorie |
| Beneprotein | Boost | Boost Breeze |
| Boost Kid Essentials | Boost Kid Essentials 1.5 | Boost Kid Essentials 1.5 with Fiber |

# WIC Mobile App

# Questions

# Thank You

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https://dph.sc.gov