Total Reconstituted Fluid Ounces (RFO) Per Can/Container

Contract Formulas	Powder		Concentra	ıte	Ready-to-Feed		
	Can Size	RFO	Can Size	RFO	Can Size	RFO	
Similac Advance	12.4 oz	90	13 oz	26	32 oz	32	
Similac Soy Isomil	12.4 oz	90	13 oz	26	32 oz	32	
Similac Sensitive	12.5 oz	90			32 oz	32	
Similac Total Comfort	12.6 oz	90					

Added Rice Formulas	Powder		Concentra	ıte	Ready-to-Feed	
	Can Size	RFO	Can Size	RFO	Can Size	RFO
Enfamil A.R	12.9 oz	93				

Exempt Formulas	Powder		Concentra	Ite	Ready-to-Feed		
	Can Size	RFO	Can Size	RFO	Can Size	RFO	
Similac NeoSure	13.1 oz	87			32 oz	32	
Enfamil NeuroPro EnfaCare	13.6 oz	87			6- pack 2 oz per bottle	12	
Similac Alimentum	12.1 oz	87			32 oz	32	
Enfamil Nutramigen	12.6 oz	87	13 oz	26	32 oz	32	

Fully Formula Feeding

Full Nutrition Benefit (FNB) Benefit Amount by Age Category – Fully Formula Feeding

- 0-3 Months 806 Reconstituted Fluid Ounces (RFO)
- 4-5 Months 884 RFO
- 6-11 Months 624 RFO
- 6-11 Months No baby foods 884 RFO

Fully Formula Feeding Contract Formulas– Powder

Similac Advance 12.4 oz Powder – RFO 90 oz Similac Soy Isomil 12.4 oz Powder – RFO 90 oz Similac Sensitive 12.5 oz Powder – RFO 90 oz Similac Total Comfort 12.6 oz Powder – RFO 90 oz

- 0-3 Months: 9 cans per month
- 4-5 Months: **10** cans per month
- 6-11 Months: 7 cans per month
- <u>6-10 Months (no baby foods): 10 cans per month</u>
- <u>11 Months (no baby foods)</u>: **9** cans

Fully Formula Feeding Added Rice Formula–Powder

Enfamil A.R 12.9 oz Powder – RFO 93 oz

- 0-2 Months: 9 cans per month
- 3 Months: 8 cans
- 4-5 Months: **10** cans per month
- 6-10 Months: 7 cans per month
- 11 Months: 6 cans
- <u>6-10 Months (no baby foods): **10** cans per month</u>
- <u>11 Months (no baby foods):</u> **10** cans

Fully Formula Feeding Exempt/Therapeutic Formulas - Powder

Enfamil NeuroPro EnfaCare 13.6 Powder – RFO 87 oz Similac Alimentum 12.1 oz Powder – RFO 87 oz Enfamil Nutramigen 12.6 oz Powder – RFO 87 oz Similac NeoSure 13.1 oz Powder – RFO 87 oz

- 0-1 Months: 10 cans per month
- 2-3 Months 9 cans per month
- 4 Months: **11** cans
- 5 Months: 10 cans
- 6-7 Months: 8 cans per month
- 8-11 Months: **7** cans per month
- <u>6 Months (no baby foods): 11 cans</u>
- <u>7-11 Months (no baby foods)</u>: **10** cans per month

Fully Formula Feeding Contract and Exempt Formulas – Concentrate

Similac Advance 13 oz Concentrate – RFO 26 oz Similac Soy Isomil 13 oz Concentrate – RFO 26 oz Enfamil Nutramigen 13 oz Concentrate – RFO 26 oz

- 0-3 Months: **31** cans per month
- 4-5 Months: **34** cans per month
- 6-11 Months: 24 cans per month
- 6-11 Months (no baby foods): 34 cans per month

Fully Formula Feeding Contract and Exempt Formulas - Ready-to-feed (RTF)

Similac Advance 32 oz RTF – RFO 32 oz Similac Soy Isomil 32 oz RTF – RFO 32 oz Similac Sensitive 32 oz RTF – RFO 32 oz Enfamil Nutramigen 32 oz RTF – RFO 32 oz Similac NeoSure 32 oz RTF – RFO 32 oz Similac Alimentum 32 oz RTF – RFO 32 oz

- 0-1 Months: 26 cans per month
- 2-3 Months: **25** cans per month
- 4-5 Months: 28 cans per month
- 6-8 Months: **20** cans per month
- 8-11 Months: **19** cans per month
- 6-9 Months (no baby foods): 28 cans per month
- 10-11 Months (no baby foods): 27 cans per month

Enfamil NeuroPro EnfaCare 6 pack – 12 oz total RTF - RFO 12 oz

- 0-1 Months: 68 6-packs per month
- 2-3 Months: 67 6-packs per month
- 4-5 Months: 74 6-packs per month
- 6-11 Months: 52 6-packs per month
- <u>6-9 Months (no baby foods): **74** 6-packs per month</u>
- 10-11 Months (no baby foods): 73 6-packs per month

Partially Breastfeeding < Half Package

FNB Benefit Amount by Age Category – Partially Breastfeeding < Half Package

- 0 BF Infant 104 RFO
- 1-3 Months 364 RFO
- 4-5 Months 442 RFO
- 6-11 Months 312 RFO

Partially BF < Half Package Contract and Alternate Contract Formulas - Powder

Similac Advance 12.4 oz Powder – RFO 90 oz Similac Sensitive 12.5 oz Powder – RFO 90 oz Similac Soy Isomil 12.4 oz Powder – RFO 90 oz Similac Total Comfort 12.6 oz Powder – RFO 90 oz

- 0 Months: 1 can
- 1-3 Months: 4 cans per month
- 4-5 Months: **5** cans per month
- 6-7 Months: 4 cans per month
- 8-11 Months: 3 cans per month

Partially Breastfeeding ≤ Half Package Added Rice Formula– Powder

Enfamil A.R 12.9 oz Powder – RFO 93 oz

- 0 Months: 1 can
- 1-3 Months: 4 cans per month
- 4-5 Months: **5** cans per month
- 6-8 Months: 4 cans per month
- 9-11 Months: **3** cans

Partially Breastfeeding < Half Package Exempt/Therapeutic Formulas - Powder

Similac NeoSure 13.1 oz Powder – RFO 87 oz Enfamil Nutramigen 12.6 oz Powder – RFO 87 oz Enfamil NeuroPro EnfaCare 13.6oz Powder – RFO 87 oz Similac Alimentum 12.1 oz Powder – RFO 87 oz

- 0 Months: 1 can
- 1 Month: 5 cans
- 2-3 Months: 4 cans
- 4 Months: 6 cans per month
- 5 Months: 5 cans per month
- 6-9 Months: 4 cans per month
- 10-11 Months: 3 cans per month

Partial BF < Half Package Contract and Exempt Formulas - Concentrate

Similac Advance 13 oz Concentrate – RFO 26 oz Similac Soy Isomil 13 oz Concentrate – RFO 26 oz Enfamil Nutramigen 13 oz Concentrate – RFO 26 oz

- 0 Months: 4 cans (< 104 RFO or 1 can powder)
- 1-3 Months: 14 cans per month
- 4-5 Months: 17 cans per month
- 6-11 Months: 12 cans per month

Partially BF < Half Package Contract and Exempt Formulas - Ready-to-feed (RTF)

Similac Advance 32 oz RTF – RFO 32 oz Similac Sensitive 32 oz RTF – RFO 32 oz Similac Soy Isomil 32 oz RTF – RFO 32 oz Enfamil Nutramigen 32 oz RTF – RFO 32 oz Similac NeoSure 32 oz RTF – RFO 32 oz Similac Alimentum 32 oz RTF – RFO 32 oz

- 0-1 Months: 3 cans (< 104 RFO or 1 can powder)
- 1-2 Months: **12** cans per month
- 3 Months: 11 cans per month
- 4-5 Months: 14 cans per month
- 6-10 Months: 10 cans per month
- 11 Months: 9 cans per month

Enfamil NeuroPro EnfaCare 6 pack – 12 oz total RTF – RFO 12 oz

- 0 Months: **8**6-packs per month (< 104 RFO or 1 can powder)
- 1 Months: **31** 6-packs per month
- 2-3 Months: 30 6-packs per month
- 4-5 Months: **37** 6-packs per month
- 6-11 Months: 26 6-packs per month

*The amounts in the tables above are based on an infant certified in the first month of life. If the infant is certified later the amounts may fluctuate slightly because the system calculates issuance based on an average.

*Rounding methodology calculates benefit issuance based on age and averages the amount needed over a specific timeframe. This result in participants who are the same number of months old but different number of days old being issued slightly different benefit packages.

Example:

- Two 1-month old infants drinking 10 oz of Similac Advance powder formula/day
- Infant A is 41 days and Infant B is 53 days on the day they are issued their 1-3 month benefit package
- Infant A receives 13 cans and Infant B receives 10 cans over the timeframe
- Infant A receives more because they have more days remaining in the 1-3 month timeframe

Notes:

- Cascades calculates the number of cans of formula needed per category per month based on the total ounces of formula per day entered on the infant's health information screen.
- For more information regarding the use of rounding up methodology to calculate formula issuance please see:
 - o 7 CFR 246.10(h)
 - USDA Special Supplemental Nutrition Program for Women, Infants and Children (WIC) Food Package Policy and Guidance – March 2018

Maximum Formula - Children and Adult Participants										
Formula	Powder Max. Mo. Amount Recon. = 910 oz			Concentrate Max. Mo. Amount Recon. = 910 oz			Ready-To-Feed Max. Mo. Amount Recon. = 910 oz			
	can size(oz)	yield	total cans	CTN size(oz)	yield	total CTNS	CTN size(oz)	total CTNS	4- pack	6- pack
Similac Advance (20 kcal/oz)	12.4	90	10	13	26	35	32	28	N/A	N/A
Similac Soy Isomil (20 kcal/oz)	12.4	90	10	13	26	35	32	28	N/A	N/A
Similac Sensitive (20 kcal/oz)	12.5	90	10	N/A	N/A	N/A	32	28	N/A	N/A
Similac Total Comfort (20 kcal/oz)	12.5	90	10	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Enfamil A.R. (20 kcal/oz)	12.9	93	10	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Similac NeoSure	13.1	87	10	N/A	N/A	N/A	32	28	N/A	N/A
Similac Alimentum	12.1	87	10	N/A	N/A	N/A	32	29	N/A	N/A
Enfamil NeuroPro EnfaCare	13.6	87	10	N/A	N/A	N/A	N/A	N/A	N/A	75
Enfamil Nutramigen w/ probiotic LGG	12.6	87	10	13	26	35	N/A	N/A	N/A	N/A
PediaSure with or without Fiber	N/A	N/A	N/A	N/A	N/A	N/A	8	N/A	N/A	19

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