# Child Food Package – Monthly Amounts

CHILD, 12 to 23 months of age

4 gal whole milk <u>or</u> 3 gal whole milk plus 16 oz cheese & 32 oz whole milk yogurt \*In lieu of 32 oz whole milk yogurt, one extra quart of whole milk may be prescribed by provider.

128 oz (2 – 64 oz containers) juice

2 -16 oz whole grain/whole wheat bread  $\underline{or}$  2 – 16 oz brown rice  $\underline{or}$  2 – 16 oz whole wheat pasta 1 doz eggs

36 oz cereal

16-18 oz peanut butter <u>or</u> 16 oz dried peas/beans <u>or</u> 4 – 15-16 oz cans of canned peas/beans \$9.00 value Food Instrument for fresh fruits/vegetables

#### CHILD, 12 to 23 months of age receiving special formula

4 gal whole milk <u>or</u> 3 gal whole milk plus 16 oz cheese & 32 oz whole milk yogurt \*In lieu of 32 oz whole milk yogurt, one extra quart of whole milk may be prescribed by provider.

128 oz (2 – 64 oz containers) juice

2 -16 oz whole grain/whole wheat bread or 2 –16 oz brown rice or 2 – 16 oz whole wheat pasta 1 doz eggs

36 oz cereal

16-18 oz peanut butter <u>or</u> 16 oz dried peas/beans <u>or</u> 4 – 15-16 oz cans of canned peas/beans \$9.00 value Food Instrument for fresh fruits/vegetables

Maximum 910 fluid oz special formula

#### CHILD, 24 months to 60 months of age

4 gal 1%, fat free milk or 3 gal 1%, fat free milk plus 16 oz cheese & 32 oz low-fat/nonfat yogurt 128 oz (2 – 64 oz containers) juice

2 -16 oz whole grain/whole wheat bread or 2 - 16 oz brown rice or 2 - 16 oz whole wheat pasta 1 doz eggs

36 oz cereal

16-18 oz peanut butter <u>or</u> 16 oz dried peas/beans <u>or</u> 4 – 15-16 oz cans of canned peas/beans \$9.00 value Food Instrument for fresh fruits/vegetables

#### CHILD, 24 months to 60 months of age receiving special formula

4 gal 1%, fat-free milk <u>or</u> 3 gal 1%, fat-free milk plus 16 oz cheese & 32 oz low-fat/nonfat yogurt 128 oz (2 – 64 oz containers) juice

2 -16 oz whole grain/whole wheat bread or 2 -16 oz brown rice <u>or</u> 2 -16 oz whole wheat pasta 1 doz eggs

36 oz cereal

16-18 oz peanut butter <u>or</u> 16 oz dried peas/beans <u>or</u> 4 – 15-16 oz cans of canned peas/beans \$9.00 value Food Instrument for fresh fruits/vegetables

Maximum 910 fluid oz special formula

**NOTE:** 8-half gallon cartons soy milk may be issued in place of milk upon request. A prescription is not required. Cheese and yogurt are allowed. However, prior to issuance, an individual nutrition assessment with CPA should be done to determine if child can tolerate the cheese and/or yogurt.

#### \*\* For children 24-60 months, a maximum of 1 gallon 1% or fat-free chocolate milk may be prescribed by provider in lieu of 1 gallon 1% or fat-free regular milk.

# Pregnant Woman Food Package – Monthly Amounts

#### \*PREGNANT WOMAN

5 ½ gal 1%, fat-free milk or 4 ½ gal 1%, fat-free milk plus 16 oz cheese & 32 oz lowfat/nonfat yogurt 144 oz (3 - 48 oz containers or 3 - 12 oz frozen) juice 16 oz whole grain/whole wheat bread or 16 oz brown rice or 16 oz whole wheat pasta 1 doz eggs 36 oz cereal (2) 16-18 oz peanut butter or 16 oz dried peas/beans or (8) – 15-16 oz cans of canned peas/beans \$11.00 value Food Instrument for fresh fruits/vegetables PREGNANT WOMAN WITH MULTIPLES

6 gal 1%, fat-free milk or 5 gal 1%, fat-free milk plus 16 oz cheese & 32 oz lowfat/nonfat yogurt 16 oz cheese 144 oz (3 - 48 oz containers or 3 - 12 oz frozen) juice 16 oz whole grain/whole wheat bread or 16 oz brown rice or 16 oz whole wheat pasta 2 doz egas 36 oz cereal (2) 16-18 oz peanut butter or 16 oz dried peas/beans or (8) – 15-16 oz cans of canned peas/beans 30 oz canned tuna/salmon \$11.00 value Food Instrument for fresh fruits/vegetables

### PREGNANT WOMAN RECEIVING SPECIAL FORMULA

5 ½ gal 1%, fat-free milk or 4 ½ gal 1%, fat-free milk plus 16 oz cheese & 32 oz lowfat/nonfat yogurt

144 oz (3 - 48 oz containers or 3 - 12 oz frozen) juice

16 oz whole grain/whole wheat bread or 16 oz brown rice or 16 oz whole wheat pasta 1 doz egas

36 oz cereal

(2) 16-18 oz peanut butter or 16 oz dried peas/beans or (8) – 15-16 oz cans of canned peas/beans

\$11.00 value Food Instrument for fresh fruits/vegetables Maximum 910 fluid oz special formula

### \*PREGNANT AND PARTIALLY (MOSTLY) BREASTFEEDING

NOTE: 11 half gallon cartons of soy milk may be issued upon request. Participant has the option of selecting cheese and low-fat/nonfat yogurt.

#### \*\* For women, a maximum of 1 gallon 1% or fat-free chocolate milk may be prescribed by provider in lieu of 1 gallon 1% or fat-free regular milk.

# Non-Breastfeeding Woman & Partially (Minimally) Breastfeeding Food Package – Monthly Amounts

#### NON-BREASTFEEDING WOMAN

4 gal 1%, fat-free milk <u>or</u> 3 gal 1%, fat-free milk plus 16 oz cheese & 32 oz lowfat/nonfat yogurt 96 oz (2 – 48 oz containers <u>or</u> 2 – 12 oz frozen) juice 1 doz eggs 36 oz cereal 16-18 oz peanut butter <u>or</u> 16 oz dried peas/beans <u>or</u> 4 – 15-16 oz cans of canned peas/beans \$11.00 value Food Instrument for fresh fruits/vegetables

NON-BREASTFEEDING WOMAN RECEIVING SPECIAL FORMULA 4 gal 1%, fat-free milk <u>or</u> 3 gal 1%, fat-free milk plus 16 oz cheese & 32 oz lowfat/nonfat yogurt 96 oz (2 – 48 oz containers <u>or</u> 2 – 12 oz frozen) juice 1 doz eggs 36 oz cereal 16-18 oz peanut butter <u>or</u> 16 oz dried peas/beans <u>or</u> 4 – 15-16 oz cans of canned peas/beans \$11.00 value Food Instrument for fresh fruits/vegetables Maximum 910 fluid oz special formula

**NOTE**: 8 half gallon cartons of soy milk may be issued upon request. Participant has the option of selecting cheese and low-fat/nonfat yogurt.

\*\* For women, a maximum of 1 gallon 1% or fat-free chocolate milk may be prescribed by provider in lieu of 1 gallon 1% or fat-free regular milk.

# \*Fully Breastfeeding Woman, Women Pregnant with Multiples Food Package – Monthly Amounts

#### FULLY BREASTFEEDING WOMAN

6 gal 1%, fat-free milk or 5 gal 1%, fat-free milk plus 16 oz cheese & 32 oz low-fat/nonfat yogurt 16 oz cheese

144 oz (3 – 48 oz containers or 3 – 12 oz frozen) juice

16 oz whole grain/whole wheat bread or 16 oz brown rice <u>or</u> 16 oz whole wheat pasta 2 doz eggs

36 oz cereal

(2) 16-18 oz peanut butter <u>or</u> 16 oz dried peas/beans <u>or</u> (8) – 15-16 oz cans of canned peas/beans

30 oz canned tuna/salmon

\$11.00 value Food Instrument for fresh fruits/vegetables

#### FULLY BREASTFEEDING WOMAN RECEIVING SPECIAL FORMULA

6 gal 1%, fat-free milk or 5 gal 1%, fat-free milk plus 16 oz cheese & 32 oz low-fat/nonfat yogurt 16 oz cheese

144 oz (3 – 48 oz containers or 3 – 12 oz frozen) juice

16 oz whole grain/whole wheat bread or 16 oz brown rice <u>or</u> 16 oz whole wheat pasta 2 doz eggs

36 oz cereal

(2) 16-18 oz peanut butter <u>or</u> 16 oz dried peas/beans <u>or</u> (8) – 15-16 oz cans of canned peas/beans

30 oz canned tuna/salmon

\$11.00 value Food Instrument for fresh fruits/vegetables

Maximum 910 fluid oz special formula

#### FULLY BREASTFEEDING WOMAN WITH MULTIPLES

**NOTE:** the <u>average</u> monthly amounts shown below are provided over a 2 month period. Amounts for first month are the same as for the Fully Breastfeeding Woman; amounts for the second month are double the amounts for the first month.

9 gal 1%, fat-free milk or 8 gal 1%, fat-free milk plus 16 oz cheese & 32 oz low-fat/nonfat yogurt 24 oz cheese

216 oz juice

24 oz whole grain/whole wheat bread <u>or</u> 24 oz brown rice <u>or</u> 24 oz whole wheat pasta 3 doz eggs

54 oz cereal

(3) 16-18 oz peanut butter <u>or</u> 16 oz dried peas/beans <u>or</u> (12) – 15-16 oz cans of canned peas/beans

45 oz canned tuna/salmon

\$16.50 value Food Instrument for fresh fruits/vegetables

**NOTE**: There are additional categories who receive the fully breastfeeding food packages (See PM, Chapter V). 12 half gallons soy milk may be issued upon request.

# \*\* For women, a maximum of 1 gallon 1% or fat-free chocolate milk may be prescribed by provider in lieu of 1 gallon 1% or fat-free regular milk .

# Partially Breastfeeding Woman Food Package – Monthly Amounts

PARTIALLY (MOSTLY) BREASTFEEDING WOMAN

5 ½ gal 1%, fat-free milk or 4 ½ gal 1%, fat-free milk plus 16 oz cheese & 32 oz low-fat/nonfat yogurt

144 oz (3 – 48 <u>or</u> 3 – 12 oz frozen) juice

16 oz whole grain/whole wheat bread or 16 oz brown rice <u>or</u> 16 oz whole wheat pasta 1 doz eggs

36 oz cereal

(2) 16-18 oz peanut butter <u>or</u> 16 oz dried peas/beans <u>or</u> (8) – 15-16 oz cans of canned peas/beans

\$11.00 value Food Instrument for fresh fruits/vegetables

PARTIALLY (MOSTLY) BREASTFEEDING WOMAN RECEIVING SPECIAL FORMULA

5 ½ gal 1%, fat-free milk or 4 ½ gal 1%, fat-free milk plus 16 oz cheese & 32 oz low-fat/nonfat yogurt

144 oz  $(3 - 48 \text{ oz containers } \underline{\text{or}} 3 - 12 \text{ oz frozen})$  juice

16 oz whole grain/whole wheat bread or 16 oz brown rice <u>or</u> 16 oz whole wheat pasta 1 doz eggs

36 oz cereal

(2) 16-18 oz peanut butter <u>or</u> 16 oz dried peas/beans <u>or</u> (8) – 15-16 oz cans of canned peas/beans

\$11.00 value Food Instrument for fresh fruits/vegetables

Special formula not to exceed 910 fluid ounces

#### PARTIALLY (MOSTLY) BREASTFEEDING WOMAN WITH MULTIPLES

6 gal 1%, fat-free milk or 5 gal 1%, fat-free milk plus 16 oz cheese & 32 oz low-fat/nonfat yogurt 16 oz cheese

144 oz (3 – 48 oz containers or 3 – 12 oz frozen) juice

16 oz whole grain/whole wheat bread or 16 oz brown rice <u>or</u> 16 oz whole wheat pasta 2 doz eggs

36 oz cereal

(2) 16-18 oz peanut butter <u>or</u> 16 oz dried peas/beans <u>or</u> (8) – 15-16 oz cans of canned peas/beans

30 oz canned tuna/salmon

\$11.00 value Food Instrument for fresh fruits/vegetable

#### PARTIALLY (MINIMALLY) BREASTFEEDING NON-BREASTFEEDING WOMAN

4 gal 1%, fat-free milk or 3 gal 1%, fat-free milk plus 16 oz cheese & 32 oz low-fat/nonfat yogurt 96 oz (2 – 48 oz containers or 2 – 12 oz frozen) juice
1 doz eggs
36 oz cereal
16-18 oz peanut butter or 16 oz dried peas/beans or 4 – 15-16 oz cans of canned peas/beans
\$11.00 value Food Instrument for fresh fruits/vegetables

#### PARTIALLY BREASTFEEDING POSTPARTUM WOMAN >6 MONTHS

No food benefits issued; for reporting purposes only; nutrition education/support can be provided.

\*\* For women, a maximum of 1 gallon 1% or fat-free chocolate milk may be prescribed by provider in lieu of 1 gallon 1% or fat-free regular milk .