

Issuing Foods First Month of Life Partially BF Infant and BF Participant

Steps	Cascades Screens
<p>1. Select Infant</p> <ul style="list-style-type: none"> Click on infant's name. <p>Important! Always prescribe the infant's food package before the BF participant to prevent system errors.</p>	
<p>2. Health Information</p> <ul style="list-style-type: none"> Step a: Click on Health Information. Step b: Under Breastfeeding Information, complete all BF and formula questions. Step c: Click save. <p>Note: BF Peer Counselors (BFPC) will document the same information in the BF Peer Counseling Care Plan section and those responses will appear in Health Information. The CPA will verify information is correct.</p>	

Issuing Foods First Month of Life Partially BF Infant and BF Participant

3. Infant Prescription

- **Step a:** Click on **Prescribe Food**.
- **Step b:** If today's date isn't in the carousel, under **Food Prescription Date**, click on the green plus sign (+) to add the date.
- **Step d:** Click on the pencil to change **Issuance Frequency**.
- **Step e:** Click **save**.

WILSON Family
Family ID: F05400001852
210 MAIN ST
PORT ORCHARD, WA 98367

Food Prescription

12/17/2018 12/28/2018 3/28/2019 5/28/2019 11/28/2019
0 Months 1 to 3 Months 4 to 5 Months 6 to 11 Months 12 to 23 Months

Food Prescription Date	WIC Category	Age Category	Breastfeeding Status	Family Issuance Day	Issuance Frequency
12/17/2018	Infant	0 Months	Partially Breastfed <= half plg	17	1 Month(s)

Food Prescription Items

Category	Subcategory
Infant Formula (IF)	Similac Advance, powder

Quantity	Category Max Quantity	UOM
104	104	Ounce

Issue Benefits

- Prescribe Food
- Issue Food Instruments
- Food Instrument List

Save **Cancel**

TAB 100%

Issuing Foods First Month of Life Partially BF Infant and BF Participant

<p>4. Select BF Participant</p> <ul style="list-style-type: none"> Click on BF participant name at top of screen. 	
<p>5. BF Participant Prescription</p> <ul style="list-style-type: none"> Step a: Click on Prescribe Food. Step b: If today's date isn't in the carousel, under Food Prescription Date, click on the green plus sign (+) to add the date. Step c: Verify participant's prescription matches the infant's. Step d: Click on the pencil to change Issuance Frequency. Step e: Click save. 	

Issuing Foods First Month of Life Partially BF Infant and BF Participant

6. Issue Benefits

- **Step a:** Click **Issue Food Instruments**.
- **Step b:** **Verify** food package includes the correct foods and amount.
- **Step c:** Select **Issue**.

Step a

Step b

Verify foods listed and amounts are correct

Step c

Subcategory	Quantity	UOM
Cereal All WIC - hot and cold	36	Ounce
Juice - All WIC - 12 oz frozen or 46/48 oz liquid	3	CTNR
Similac Advance, powder	1	Can
Fruit and Vegetables - Cash Value Benefit	\$11.00	\$\$\$\$
Milk Reduced Fat or Nonfat All WIC	4.75	Gallon
Peanut Butter	1	CTNR
Dry beans, peas, or lentils	1	CTNR
Whole Wheat Bread or Whole Grains	16	Ounce
Eggs - all WIC	1	Dozen
Cheese - all WIC	1	Pound

This institution is an equal opportunity provider.

Washington State WIC Nutrition Program does not discriminate.

For persons with disabilities, this document is available on request in other formats.

To submit a request, please call 1-800-525-0127 (TDD/TTY call 711)

DOH 961-1171 June 2025

