FRAC
Food Research & Action Center

CONNECTING FAMILIES TO WIC:
A Practical Toolkit for Health Care Providers

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To learn more about FRAC's work related to health care providers and screen and intervene, see https://frac.org/screen-intervene.

About FRAC
The Food Research & Action Center (FRAC) improves the nutrition, health, and well-being of people struggling against poverty-related hunger in the United States through advocacy, partnerships, and by advancing bold and equitable policy solutions. For more information about FRAC, visit www.frac.org.

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Dear Colleagues

We are excited to share a new and timely resource with you: *Connecting Families to WIC: A Practical Toolkit for Health Care Providers*. Developed in close partnership with the Food Research & Action Center (FRAC), this toolkit is designed to help health care professionals more effectively identify and address gaps in participation in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).

As pediatricians practicing in very different communities, we've each seen how WIC transforms lives. Whether it's supporting a pregnant patient through a healthy pregnancy, helping a new parent navigate breastfeeding, ensuring a child with a life-threatening allergy has access to specialized formula, or enabling families to put fresh fruits and vegetables on the table — WIC is about far more than nutrition. It's about dignity, development, and opportunity.

Despite WIC's proven impact — reducing infant mortality, improving birth outcomes, supporting healthy child development, and promoting food security — too many eligible families are still not enrolled. Often, health care professionals are one of the most trusted touchpoints these families have. With the right tools, we can bridge that gap.

This comprehensive toolkit provides:

- step-by-step strategies for screening and referring patients to WIC;
- tools to overcome barriers like stigma, lack of information, and system navigation;
- practical guidance for integrating referrals into clinical workflows; and
- real-world examples from diverse care settings, including community health centers and hospital-based WIC enrollment.

We believe this resource is a powerful tool for any provider working with families. It reflects the flexibility and reach of WIC in communities across the country.

We are deeply grateful to FRAC, a national leader in anti-hunger advocacy, for their partnership in making this toolkit a reality. We invite you to explore it, share it with your teams, and join us in connecting more families to the care and nutrition they deserve in order to thrive.

With deep admiration for your work and appreciation for your partnership.

Sincerely,

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Introduction

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is a federal nutrition program that protects and improves the nutrition and health of pregnant, postpartum, and breastfeeding individuals, infants, and children up to 5 years of age from households with low incomes.

Poor nutrition, poverty, and food insecurity have detrimental impacts on infant, child, and maternal health and well-being. Connecting patients to WIC is an evidence-based strategy to address these issues.

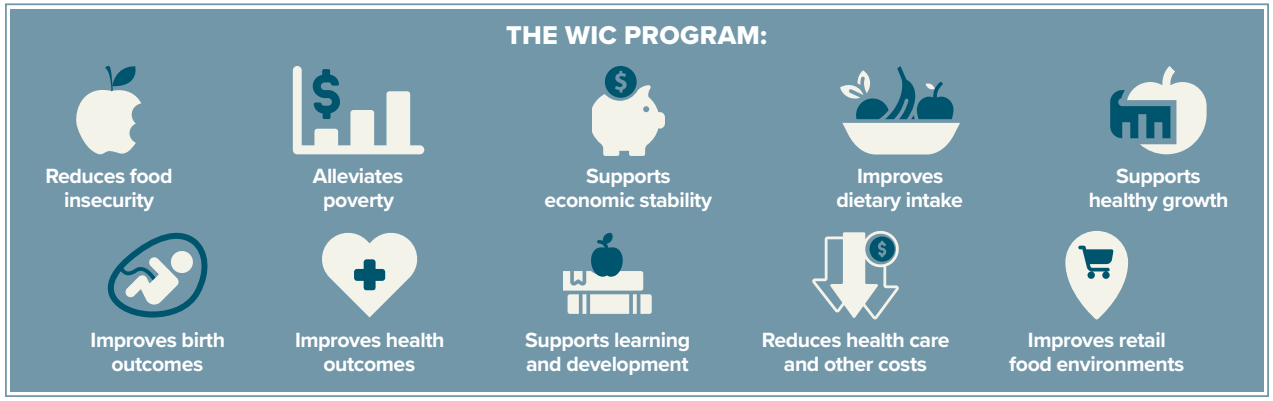
This toolkit is designed to help health care providers and professionals (such as primary care providers, pediatricians, obstetricians, nurses, dieticians, community health workers, patient navigators, midwives, doulas, etc.) who treat or engage with families learn about opportunities to connect eligible patients to WIC.

FOOD INSECURITY AND ITS IMPACT ON HEALTH

Food insecurity, the limited or uncertain access to enough food, is widely recognized as a vital social driver of health.

In 2023, 47.4 million people — including 13.8 million children — lived in food-insecure households.[1] Certain households experience disproportionately higher rates of food insecurity, for example, households with children and Black, Latinx, and LGBTQ+ households. Nearly 10 percent of children — 7 million — lived in households where at least one child was food insecure in 2023, a statistic that has been rising since historic lows in 2021.

Food insecurity is experienced by people in every part of the country, is often invisible, and can take on many forms. These manifestations include reduced types or quantities of food purchased or skipping meals and



can lead to a deficit in meeting nutritional needs. When food is scarce, adults may forgo meals to try to shield and protect children in the household from reduced food intake. Food insecurity also can coexist with obesity and other diet-related chronic conditions due to the risk factors associated with inadequate resources and living in under-resourced communities.

A large and continually expanding body of research[2] documents how poor access to nutrition has been linked to some of the most severe and costly health problems in the U.S. These conditions include that children of all ages who live in households with food insecurity, even at the least severe levels of food insecurity, are likely to be sick more often, recover from illness more slowly, and be hospitalized more frequently.

WHY WIC?

In 2024, WIC provided 6.7 million[3] nutritionally at-risk pregnant, postpartum, and breastfeeding individuals, infants, and children up to 5 years old with essential nutrition resources and support, including healthy foods, nutrition education, breastfeeding support, and health care referrals. A strong body of research[4] shows that WIC has a range of important impacts on participant health, food security, economic security, and more.

THE IMPORTANCE OF PROVIDER ENGAGEMENT WITH WIC

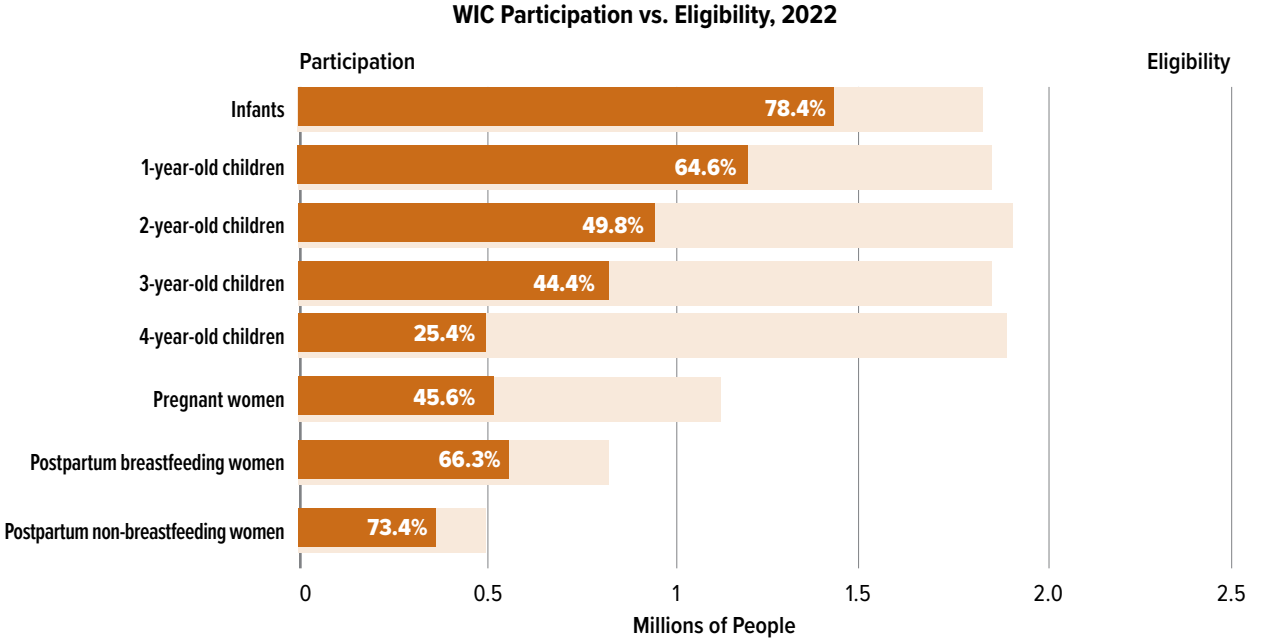
Despite the substantial body of research on the benefits of WIC, far too many eligible people are missing out on the program. Nationally, only 53.5 percent of eligible women, infants, and children received WIC, meaning nearly 5.5 million[5] eligible people are missing out on WIC's support. Coverage rates (eligible people compared to those participating) are especially low for children eligible for WIC — who often fall off the program once they reach age 1 — and for pregnant women.

Across the nation, a growing number of health care providers are screening patients for food insecurity and intervening by connecting patients to federal nutrition programs like WIC, and other nutrition resources. As trusted voices on health, well-being, and more, health care providers are well-positioned to take on this role.

Health care provider efforts to connect patients to WIC are essential. Receiving WIC improves perinatal and maternal health outcomes and helps ensure that children have good nutrition to support key development milestones in the critical early years. The rapid development of children in their early years makes connecting them to WIC all the more important.

Did You Know?

The American Academy of Pediatrics' Promoting Food Security for All Children[6] policy statement — issued in 2015 and reaffirmed in 2021 — extolls the importance of connecting children and their families to WIC and other federal nutrition programs, as well as the important role of pediatricians in advocacy.



Source: U.S. Department of Agriculture. National- and State-Level Estimates of WIC Eligibility and Program Reach in 2022. Available at: https://www.fns.usda.gov/research/wic/eer-2022

Check out the WIC participation rates in your state:

number of people participating, and participation among eligible people.[7]

WIC AT A GLANCE

HOW WIC WORKS	WHO CAN APPLY	HOW TO APPLY
WIC improves participant health by providing: ▸ a nutritionally tailored food package benefit that participants use to purchase approved foods at participating WIC vendors using an Electronic Benefit Transfer card; ▸ personalized nutrition education and counseling; ▸ breastfeeding education and support; and ▸ screening and referrals to health, wellness, and social services.	**To be eligible for WIC, an individual must meet the following:** 1. Categorical Requirement: ▸ pregnant, ▸ postpartum (up to six months after the birth of the infant or the end of the pregnancy if not breastfeeding, and up to the infant's first birthday if breastfeeding), ▸ an infant (birth–11 months), or ▸ a child 12 months old up to age 5; 2. Nutritional Assessment Requirement: deemed nutritionally at risk by a health care professional (usually by WIC staff at the intake appointment); and 3. Income Requirement: income at or below 185 percent of the federal poverty level, or participating in Medicaid, the Supplemental Nutrition Assistance Program (SNAP), or Temporary Assistance for Needy Families (TANF). Caregivers, including fathers, grandparents, and foster parents, may apply on behalf of infants and children under 5 in their care.	**Individuals apply for WIC at the WIC agency in the area in which they live.** Contact the state WIC agency for information on local WIC service sites and how to apply.[8] The U.S. Department of Agriculture (USDA) has a WIC pre-screening tool[9] that individuals can use to see if they may be eligible. Recertification: WIC participants have to recertify periodically. In general, this recertification happens every six months, though the time period can vary by participant category and whether their state is using available options to extend certification periods. The WIC agency will require updated height, weight, and bloodwork to check for anemia when processing recertification.

WIC AND MEDICAID INTERSECTIONS

There are key intersections between Medicaid and WIC that can be helpful for providers to know. For example:

While nearly 80 percent[10] of WIC participants participate in Medicaid, only 39 percent[11] of WIC-eligible Medicaid participants participate in WIC.

Individuals who participate in Medicaid (as well as SNAP and TANF) are considered to be automatically income-eligible for WIC through a mechanism known as "adjunctive eligibility." This process helps streamline WIC access by not requiring families to again provide proof of income when they apply for WIC and reduces administrative burden for WIC agencies.

There are some opportunities to access funding streams available through Medicaid. For example, in 2022, the Centers for Medicare & Medicaid Services released a food insecurity and nutrition risk improvement Merit-Based Incentive Payment System (MIPS) activity for eligible clinicians. This benefit helps support clinicians to integrate into their practice activities that improve clinical practice, care delivery, and outcomes related to food security. To learn more, see the Malnutrition Quality Improvement Initiative's page.[12]

WIC and Medicaid state agencies can work together to establish a policy allowing Medicaid Non-Emergency Medical Transport (e.g., a contracted taxi service) for some specific WIC transportation needs. For example, Indiana Medicaid participants[13] can receive transportation to WIC appointments.

Did You Know?

Only 39 percent of WIC-eligible Medicaid participants participate in WIC. Health care providers have an essential role to play in helping to connect families to WIC.

WIC FOOD PACKAGES AT A GLANCE

CHILDREN'S FOOD PACKAGES

Children can receive foods such as fruits and vegetables, dairy milk or non-dairy options, breakfast cereals, eggs, whole grain foods, peanut butter and/or legumes, and canned fish. For the fruit and vegetable WIC benefit, in 2025, children receive $26 per month for fresh, canned, frozen, and/or dried fruits and vegetables. Food packages vary by age.

WOMEN'S FOOD PACKAGES

Women can receive foods such as fruits and vegetables, dairy milk or non-dairy options, breakfast cereals, eggs, whole grain foods, peanut butter and/or legumes, and canned fish. For the fruit and vegetable WIC benefit, in 2025, women receive $47–52 per month for fresh, canned, frozen, and/or dried fruits and vegetables. Food packages vary by pregnancy and breastfeeding status.

INFANTS' FOOD PACKAGES

Infants can receive formula, infant cereal, baby food fruits and vegetables, and baby food meat. Food packages vary by breastfeeding status. Specialty formulas and medical foods may be provided through WIC when prescribed by a physician.

Did You Know?

A 2024 update to the food packages not only improves the nutritional quality of the foods offered, but also adds new flexibilities to maximize food choice to better reflect dietary guidance and accommodate cultural and individual preferences, including traditional foodways, allergies, and vegetarian and vegan eating patterns. For example, state WIC agencies have the option to offer a wider variety of grains — including teff, quinoa, and corn masa flour — and plant-based yogurt and cheeses.

FOR A MORE DETAILED LOOK AT HOW WIC OPERATES AND THE WIC FOOD PACKAGES, SEE HOW WIC WORKS ON PAGE 15.

Connecting Your Patients to WIC

KEY STEPS

- CREATE A PARTNERSHIP WITH LOCAL WIC AGENCIES
- IDENTIFY POTENTIALLY WIC-ELIGIBLE PATIENTS
- CONNECT FAMILIES TO WIC
- FOLLOW UP WITH FAMILIES

CREATE A PARTNERSHIP WITH LOCAL WIC AGENCIES

1. IDENTIFY YOUR LOCAL WIC AGENCY AND ANTI-HUNGER PARTNERS.

Families apply for WIC through local WIC agencies. There are WIC agencies located throughout the country. Depending on your location, there may be different processes and policies when it comes to applying for WIC, which makes connecting with the WIC agency in your area an important first step. Understanding how WIC operates locally can be an incredible help in connecting your patients to the program.

There are various strategies you can use to connect patients to WIC. Partnering with the WIC agency to identify and design the partnership will create a system that works best for your patients, your workflow, and your WIC agency.

For information on the WIC agency in your area, see USDA's WIC program contacts.[14]

Anti-hunger organizations also are great partners. They can assist you in learning not only about WIC, but also other nutrition programs and supports. They also may already have outreach efforts they can have you engage in. To learn about anti-hunger organizations in your state, see FRAC's state partners page.[15]

Is your local WIC agency new to partnering with health care providers? They may benefit from the National WIC Association's toolkit on partnering with health care providers.[16]

2. LEARN ABOUT LOCAL WIC POLICIES AND PROCEDURES.

The WIC agency and anti-hunger organizations in your area can help you answer key policy and practice questions, such as:

- Are there formal partnerships between WIC and local health systems, providers, or local Medicaid managed care plans?
- What referral systems do WIC agencies in your area use?
- Does your state allow providers to make online referrals?
- Does the WIC clinic in your area have the option to use a Health Information Exchange?
- Is your WIC agency integrated with local health systems' electronic health records for bi-directional data sharing?
- Is the WIC clinic able to provide updates on the status of patient referrals (closed-loop referrals)?
- Does your WIC agency offer mobile clinics or staff embedded in clinics or hospital systems to assist with enrollment?
- Are there any co-located WIC sites in the region within clinic or hospital settings?
- Do WIC clinics in your area offer remote services?
- Does your state have a WIC pre-application platform that your patient can fill out to start the WIC application process?
- Is there a client-facing WIC app or portal to manage appointments, benefits, or nutrition education?
- Are there group educational nutrition class offerings available?

With this information you can understand how best to engage with the WIC agency and create a plan that works for your practice and your patients.

VERMONT WIC'S HEALTH CARE PROVIDER REFERRAL FORM

The Vermont WIC agency has an online referral form[17] specifically for health care providers. With patient consent, the provider can submit the referral form with patient contact information along with height, weight, and anemia screening results. From there, the WIC agency will contact the patient to confirm eligibility and get them enrolled.

3. DESIGNATE A "HUNGER CHAMPION."

Designating a hunger champion at your practice who is passionate about this work, as the main contact with key partners can help foster strong and effective relationships and keep the momentum going. Having a person designated in this way will keep partner communication consistent. The hunger champion could also educate and train staff and serve as a consistent point of contact for staff with questions, ideas, or challenges. The hunger champion does not need to be a physician.

4. CREATE A PLAN.

Create a plan for connecting patients to WIC that takes into consideration your practice's capacity, the needs of your patients, and what you learn from your local WIC agency and anti-hunger partners. For example, the process of creating a plan will help you delve into questions like, will you be simply providing information about WIC to your patients, or will you be making referrals to the program? If referrals are provided, who on your staff is responsible for making them? How will these referrals be made?

5. TRAIN YOUR STAFF.

Training providers, staff, and leadership at your practice (e.g., front-office staff, medical assistants, pediatricians, nurses, nurse practitioners, physician assistants, registered dietitians, social workers, administrators) is an important step to promoting and connecting patients to WIC. Trainings can focus on topics like food insecurity, the importance and basics of WIC, the food packages, and how to connect patients to WIC. Many anti-hunger organizations and WIC agencies can help provide training, and the designated hunger champion could stay abreast of policies and programs to maintain up-to-date trainings. See FRAC's WIC[18] and screen and intervene[19] webpages for resources on these topics and check out FRAC's short video Connecting Your Patients to WIC: A Quick Primer for Physicians.[20] The more people in your practice know about WIC, the more likely patients will hear the information they need about the program.

Did You know?

WIC is a federal nutrition program. Other key federal nutrition programs include the Supplemental Nutrition Assistance Program (SNAP, program may have a different name in your state), school breakfast and lunch, Summer Nutrition Programs, afterschool food, the Child and Adult Care Food Program, the Food Distribution Program on Indian Reservations, and The Emergency Food Assistance Program (which funds food for food banks or pantries). While this resource is focused on WIC, your patients and their families may be eligible for other federal nutrition programs. Learn more about other federal nutrition programs and screening and intervening to address food insecurity at FRAC.org.[21]

IDENTIFY POTENTIALLY WIC-ELIGIBLE PATIENTS

To identify patients and their families who may benefit from WIC, health care providers can conduct screenings for food insecurity and for WIC participation. Screening can be done verbally, by paper or tablet, or directly in the electronic health record and can be conducted by a doctor, nurse, nutritionist, social worker, or other staff, depending on the needs and capacity of your team. Providers have found that paper or tablet screenings are more likely to yield positive screens for food insecurity than a verbal screening.[22]

Food insecurity screening: Increasingly more health care providers and practices are screening for food insecurity using tools like the Hunger Vital Sign,™[23] a validated two-question screener that helps providers easily and quickly screen their patients for household food insecurity. The tool was developed and validated by Children's HealthWatch[24] and is based on the 18-item U.S. Household Food Security Survey Module. Hunger Vital Sign™ identifies households as being "at risk" for food insecurity if they answer either or both of the screening statements as "often true" or "sometimes true" (versus "never true" or "don't know/refused to answer"). Screening for food insecurity is an important strategy for identifying patients who may benefit from a referral to WIC and can be incorporated into electronic health record systems. For more on screening for food insecurity, see Screen and Intervene: A Toolkit for Pediatricians to Address Food Insecurity.[25]

WIC screening: When it comes to WIC, a simple screening can help identify if your patient is already enrolled in WIC, and for those who are on WIC, if they are fully utilizing their WIC benefits. To screen, ask about whether the patient or eligible family members are: enrolled in WIC and if so, whether they have used their food or formula benefits in the last month. If the patient or eligible family member says they are not on WIC and are open to participating, ask for their consent to share their information with the WIC agency for a referral. If the patient or eligible family members are on WIC but have not used the benefits, briefly discuss the evidence-based benefits of utilizing WIC benefits.

Remember, if a patient is receiving Medicaid they are automatically income-eligible for WIC. If a patient is pregnant, 6–12 months postpartum (timing dependent on breastfeeding status), an infant (0–11 months), or a child under 5 and receiving Medicaid, they should apply for WIC.

Screening for WIC every six months or so can be helpful to ensure that patients who are participating in WIC do not fall off the program when recertification rolls around.

Universally screening patients is a great way to ensure that all eligible families connect with WIC since food insecurity is often invisible. Universal screening also helps to reduce stigma. Even if you think your patient is already participating in WIC, asking the screener is important. Some patients who are still eligible may have fallen off the program or are missing out on the full WIC benefits.

USE THIS QUICK HUNGER VITAL SIGN™ SCREENING TOOL

1. **"Within the past 12 months, we worried whether our food would run out before we got money to buy more."**

   ☐ OFTEN TRUE ☐ SOMETIMES TRUE ☐ NEVER TRUE ☐ DON'T KNOW/REFUSED

2. **"Within the past 12 months, the food we bought just didn't last and we didn't have money to get more."**

   ☐ OFTEN TRUE ☐ SOMETIMES TRUE ☐ NEVER TRUE ☐ DON'T KNOW/REFUSED

*If patients answer "**often true**" or "**sometimes true**" to either or both statements, please refer them to the following resource:*

USDA NATIONAL HUNGER HOTLINE

1-866-3-HUNGRY/866-348-6479 or **1-877-8-HAMBRE**/877-842-6273

Monday through Friday

CONNECT FAMILIES TO WIC

There are a host of different strategies that can be employed to help connect your patients to WIC depending on what fits best into your practice's workflow and that of the WIC agency.

EDUCATION AND ENROLLMENT ASSISTANCE

Promote WIC: Health care providers sharing information on WIC — promoting the health benefits of participation and encouraging program participation — is an important way to connect people to the program. This promotion can be done verbally during a visit and/or the practice can post or distribute the most up-to-date WIC information. For example, WIC brochures can be displayed in health care settings and included in new-patient information packets or after visit summaries. Health care practices also can use texting to promote opportunities to connect patients to WIC. The local WIC agency or anti-hunger partners may be able to provide your practice with resources on WIC, such as flyers, brochures, and sample messages about WIC, and links to information on WIC. State-specific information and handouts about WIC can be found on the state WIC agency website.[26]

On-site enrollment assistance from WIC: Also consider whether your office could host your WIC agency to offer on-site enrollment assistance. For example, see if WIC staff could visit your location weekly or monthly and conduct enrollment for your patients. Some WIC agencies use mobile clinics to offer WIC services in the community at sites like libraries, grocery stores, and recreation centers. Check if the local WIC agency has a mobile clinic and if your practice might be able to become a mobile clinic stop or promote their existing stops.

Co-location of health care and WIC services: When health care services and WIC services are in the same location and have processes in place to seamlessly share patient data, it improves WIC access for patients. For example, some hospitals and outpatient clinics run a WIC clinic and coordinate health and WIC services. This co-location helps staff to more easily make referrals and coordinate care and reduces barriers for families using WIC.

Referrals to community-based organization partners: Health care providers can collaborate with anti-hunger organizations or community-based organizations (CBO) who assist individuals and families in accessing nutrition and other support programs. For example, the CBO partner and health care practice could establish a system where interested patients give consent for their contact information to be shared with the CBO in order for the CBO to follow-up and offer information and assistance in accessing WIC. These partners also may offer on-site WIC education and pre-application assistance (where pre-applications are available). Some health care providers and CBOs use community resource referral platforms to refer and track patient access to nutrition and food programs and other programs.

TEXAS WIC'S HEALTH PARTNERS PAGE

Texas WIC has a webpage[27] dedicated to educating health care partners about WIC and providing resources.

WIC ENROLLMENT AT HOSPITALS IN WEST VIRGINIA

West Virginia WIC[28] has implemented an innovative hospital-based enrollment program that allows families to be certified for WIC before they are discharged from the labor and delivery unit, neonatal intensive care unit, or pediatric floors. Utilizing electronic health records, WIC hospital liaisons identify patients who may be eligible for services. With patient consent, liaisons access WIC system records to confirm eligibility and complete the certification process right at the bedside.

Launched in 2023, this initiative has successfully increased access to nutrition support during a critical window of need. Plans are underway to expand the program to more hospitals across the state throughout 2025 and 2026.

Currently, the Monongalia County Health Department WIC Local Agency has hospital liaisons at West Virginia University Medicine Children's Hospital and United Hospital Center. Expansion efforts are in progress to include Mon Health Medical Center in Morgantown, as well as several Mon Health outpatient OB clinics in Monongalia, Preston, and Marion counties.

SYSTEMS FOR DATA-SHARING WITH WIC

Providers and WIC agencies can help streamline WIC access for families by setting up electronic systems for making referrals and sharing key health data.

WIC agencies need height and weight measurements and bloodwork to check for anemia as part of the nutritional assessment for WIC applicants. When health care providers share with the WIC agency — with patient consent — nutritional assessment data required for WIC, it reduces the number of times participants must go through the same testing. Some WIC agencies also may allow a nutrition assessment or nutrition counseling conducted by a health care provider to be used to meet the WIC requirements. These practices can help streamline and expedite WIC enrollment and services, particularly when they use electronic data-sharing tools.

There are several key ways providers can leverage technology to ramp up and streamline systems for sharing data with the WIC agency:

- Electronic health record (EHR): Some EHRs[29] and health systems allow WIC agencies to have read-only access to client health records. This access may allow for direct communication with WIC staff, and WIC referrals to be sent manually through messaging or automated. It also allows the WIC agency to access anthropometric data and hemoglobin results needed for enrollment and recertification.
- Health Information Exchange (HIE): HIEs allow for secure sharing of patient health information across health care organizations and EHR systems. Health care providers and WIC agencies can partner on patient referrals and key patient information sharing through the HIE, streamlining and modernizing information sharing for WIC enrollment.
- Community Information Exchange (CIE): A CIE is similar to an HIE, but other community partners, such as schools and service providers, are included.

In some cases, the WIC agency may be able to provide follow-up information, such as whether the patient ultimately enrolls in WIC. If that is not the case for your WIC agency partner, you may want to consider other strategies to close the loop, such as asking patients at future appointments whether they enrolled in WIC.

If your office uses a paper referral form for WIC and does not already include the needed health data (height, weight, bloodwork to check for anemia), working with the WIC agency to update that form can help reduce barriers to WIC for your patients. Providers also can give a copy of the results to the patient to share with the WIC clinics.

USING EHRS TO STREAMLINE WIC REFERRALS IN NORTH CAROLINA

Atrium Health Wake Forest Baptist[30] health system uses the electronic health record to screen pregnant patients at obstetrics clinics for WIC enrollment and sends automated referrals to local WIC programs through the EHR. The work focuses on patients who are insured by Medicaid or uninsured. The health system also conducts universal WIC screening at well-child visits for children up to age 5. Patients who are not participating in WIC receive counseling and referrals to WIC through the electronic health record. Clinic providers also receive education about WIC to prepare them to speak with patients about the program. Health care providers and WIC staff are able to communicate with each other through the EHR, including sending electronic WIC prescriptions, and WIC staff are able to view read-only access to their clients' health records, including anthropometric data and lab results. For more, see Assessing and Improving WIC Enrollment in the Primary Care Setting: A Quality Initiative.[31]

NEW HAMPSHIRE WIC'S PRE-APPLICATION FORM

The New Hampshire WIC agency[32] has an online WIC pre-application form that people can use to start the WIC application process. The form collects basic information, such as age and names of people in the household who may be eligible for WIC, contact information, preferences for a follow-up call and appointment time and location, and whether they participate in TANF, Medicaid, or SNAP. After a pre-application is submitted, the WIC agency contacts the person to schedule an application appointment.

FOLLOW UP WITH FAMILIES

Having a process for following up with patients is important for ensuring connections to WIC. It is helpful for this follow up to focus not just on whether they successfully enrolled in WIC, but also whether they remain on the program and are utilizing benefits.

To remain enrolled in WIC, participants have to go through a recertification process to show that they are still eligible and to check if they need an adjustment in benefits if their categorical status and/or nutritional needs have changed.

In general, this recertification happens every six months, though the time period can vary by participant category and whether your state is using available options to extend certification periods.

- Infants are certified for six months, though states have the option to extend the certification period up to their first birthday.
- Children are certified for six months, though states have the option to extend the certification period for up to one year.
- Pregnant participants are certified throughout their pregnancy and for approximately six weeks after delivery or the end of the pregnancy.
- Breastfeeding participants are certified for six months, though states have the option to extend certification until breastfeeding is ceased or the infant turns one (whichever comes first).
- Non-breastfeeding participants are certified for six months after delivery or the end of the pregnancy.

Following up with the patient through a conversation, screening, or other process every six months or so can help ensure patients do not fall off the program due to a missed recertification. It also provides a great opportunity to encourage them to fully utilize their WIC benefits.

Advocacy to Address Food Insecurity and Improve Health

Systems and policy change are key to addressing food insecurity and improving health, and health care providers have an essential role to play in advocacy efforts.

The unique perspective, expertise, and trust that health care providers bring can be leveraged for local, state, and federal efforts. For example, each year, funding for WIC needs to be appropriated by Congress, but the process to secure sufficient funding is not always smooth or sufficient funding assured. Health care providers can speak out on the impact of food insecurity, the importance of WIC, and the need to ensure WIC remains strong and fully funded to help make the case for Congress to provide enough funding so that all eligible individuals who apply can participate.

Advocating with lawmakers, speaking at events hosted by anti-hunger organizations, and drafting op-eds or letters to the editor are great ways to support WIC. Health care providers also can focus advocacy on other key federal nutrition programs like SNAP and on issues that drive food insecurity such as poverty, inadequate wages, housing insecurity, and inequity.

For ideas on other ways health care providers can engage, see *Ten Advocacy Actions Pediatricians Can Take to Address Childhood Food Insecurity*.[33]

To learn about current ways to take action, visit FRAC's Legislative Action Center[34] and see WIC bills FRAC is supporting.[35]

RELATED RESOURCES FROM FRAC

- **TOOLKIT**
  Screen and Intervene: A Toolkit for Pediatricians to Address Food Insecurity[36]
- **RESEARCH BRIEF**
  Connecting Patients to SNAP and WIC in Health Care Settings[37]
- **VIDEO**
  Connecting Your Patients to WIC: A Quick Primer for Physicians[38]
- **PRIMER**
  WIC Guide for Health Care Providers[39]
- **ADVOCACY GUIDE**
  Ten Advocacy Actions Pediatricians Can Take to Address Childhood Food Insecurity[40]
- **TOOLKIT**
  WIC Food Packages Outreach Toolkit[41]
- **FACTSHEET**
  FRAC Facts: The WIC Program[42]
- **FACTSHEET**
  Kinship/Grandfamilies and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)[43]

ENDNOTES

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How WIC Works

Established in 1972 as a medically tailored public nutrition intervention for at-risk individuals and children, WIC is the original food as medicine program.

WHO IS ELIGIBLE FOR WIC?

WIC eligibility is based on four sets of criteria.

1. **CATEGORICAL:** whether the applicant is:
   - » pregnant;
   - » postpartum (up to 6 months after the pregnancy ends if not breastfeeding; up to the infant's first birthday if breastfeeding);
   - » an infant (0 to 11 months); or
   - » a child (12 months) up to 5 years old.

Caregivers, including fathers, grandparents, and foster parents, may apply on behalf of infants and children under 5 in their care.

2. **INCOME:** whether the applicant's household income is below 185 percent of the federal poverty level,[1] or if they are deemed to be automatically income eligible (known as being "adjunctively eligible") because they participate in the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or Medicaid.

3. **NUTRITION RISK:** whether the applicant is deemed to be at nutritional risk based on federal guidelines. There are two major types of nutritional risk: medically-based risks, such as anemia, underweight, maternal age, history of pregnancy complications, or poor pregnancy outcomes; and diet-based risks such as inadequate dietary pattern. The applicant's height and weight must be measured and bloodwork checked for anemia. The assessment can be conducted by a WIC nutritionist, or the WIC agency can elect to accept an assessment from a health care provider, such as a doctor, nurse, or dietician.

4. **RESIDENCE:** whether the applicant is in the proper WIC jurisdiction. Applicants must live in the state in which they apply, or, if in an area where WIC is administered by an Indian Tribal Organization (ITO), meet the residency requirements established by the ITO. Some states require applicants to live in a local service area and apply through the relevant local WIC agency. Applicants are not required to live in the state or local service area for a minimum amount of time in order to meet the WIC residency requirement. In nearly every state, there is no test related to citizenship or immigration status to participate in WIC.

HOW DO ELIGIBLE PEOPLE APPLY FOR WIC?

Individuals apply for WIC through their local WIC agency. They will participate in a certification appointment to be determined as eligible to receive WIC services and benefits. Some states offer an online platform that individuals, or a community-based organization offering them assistance, can use to start the application process.

The U.S. Department of Agriculture (USDA) has a WIC prescreening tool[2] that potential applicants can use to check if they may be eligible before scheduling an appointment with their WIC agency.

To learn more about the WIC application process in your area, contact your WIC agency.[3]

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HOW IS WIC ADMINISTERED?

WIC is administered federally by the USDA and at the state level by WIC state agencies in all 50 states, Indian Tribal Organizations, the District of Columbia, and five territories (Northern Mariana, American Samoa, Guam, Puerto Rico, and the Virgin Islands).

WIC services are provided by local clinics, which include entities such as health departments, hospitals, schools, migrant health centers and camps, nonprofits, and Indian Health Service facilities.

WHAT DO WIC PARTICIPANTS RECEIVE?

WIC participants receive nutritious foods, nutrition education and counseling, breastfeeding support, and referrals to health care and social services (e.g., health care coverage, immunizations, dental care, postpartum depression care, and substance use counseling).

With respect to nutritious foods, WIC participants receive a food package that is selected based on their nutritional needs and includes a variety of foods intended to supplement their diets. There are seven food packages,[5] which are tailored to the different participant categories and include food choice options to reflect dietary guidance and accommodate cultural and individual preferences, including traditional foodways, allergies, and vegetarian or vegan eating patterns.

WIC-authorized foods include fruits and vegetables, milk, soy milk, yogurt, cheese, tofu, eggs, vitamin C-rich juice, iron-fortified cereal, tuna, peanut butter, beans, whole-grain bread, tortillas, and rice, as well as infant formula, baby food, and infant cereal.

WIC REMOTE SERVICES

In recent years, WIC has undergone substantial changes due to federal modernization efforts and in response to the COVID-19 pandemic. Starting during the pandemic, waivers were created that allow WIC agencies to conduct services (such as appointments or benefits issuance) remotely. These services have been important for improving access to WIC and addressing common barriers WIC participants face, such as transportation. These waivers are currently slated to end in September 2026. Congressional action[4] is needed to make permanent these important flexibilities that help ease access and reduce administrative burden.

WIC provides a specific amount of each WIC food (for example, one dozen eggs), with the exception of the fruit and vegetables benefit, which has a Cash Value Benefit (CVB) that allows the participant to select which fruits and vegetables to purchase. For fiscal year 2025, the monthly CVB is $47 for pregnant and postpartum participants, $52 for mostly or fully breastfeeding participants, and $26 for children.

WIC food package benefits are loaded onto a WIC Electronic Benefit Transfer (EBT) card that participants use to shop for WIC foods at authorized grocery stores and other WIC-approved vendors.

Some WIC participants also are able to receive coupons to use at farmers' markets in the summer through an associated, federally funded program the WIC Farmers' Market Nutrition Program.[6]

FOOD PACKAGE IMPROVEMENTS

The WIC food packages were updated in 2024. The updates enhance equitable access to nutritious food, improve the nutritional quality of the foods offered, and make WIC more participant-centered. Of central importance, this update made permanent increases in the Cash Value Benefit (CVB) for fruits and vegetables.

The tables on the following pages are representative of WIC food packages as updated by the 2024 USDA rule.

All states have the updated CVB for fruits and vegetables in place. As of July 2025, some states have begun implementing the other food package updates. WIC state agencies have the option to phase in the new WIC food packages on a participant category basis. For example, starting with updating the children's food packages before updating the others. All states must have all of the updates for the food packages in place by April 2026 (though states have additional time to implement an update to the vitamin D requirement for yogurt).

Your state may have somewhat different offerings depending on which administrative adjustments they use and whether they have implemented the updates.

Check with your WIC state agency[7] for the most up-to-date list of WIC approved foods in your state and the timeline for food packages updates.

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MAXIMUM MONTHLY ALLOWANCES FOR INFANTS

	FULLY FORMULA FED[8]		PARTIALLY BREASTFED[9]		FULLY BREASTFED[10]	
Foods	**Food Packages I and III** **A: 0–3 months** **B: 4–5 months**	**Food Packages II and III** **6–11 months**	**Food Packages I and III** **A: 0–3 months** **B: 4–5 months**	**Food Packages II and III** **6–11 months**	**Food Package I** **0–5 months**	**Food Package II** **6–11 months**
WIC Formula Specialty formulas and medical foods may be provided through WIC when prescribed by a physician.	A: Up to 806 fl. oz. B: Up to 884 fl. oz.	Up to 624 fl. oz.	A: Up to 364 fl. oz. B: Up to 442 fl. oz.	Up to 312 fl. oz.	N/A	N/A
Infant cereal	N/A	8 oz.	N/A	8 oz.	N/A	16 oz.
Baby food Fruits and vegetables	N/A	128 oz.	N/A	128 oz.	N/A	128 oz.
Baby food Meat	N/A	N/A	N/A	N/A	N/A	40 oz.

8 The infant is not breastfed or is breastfed minimally.

9 The infant is breastfed but also receives infant formula from WIC up to the maximum allowance described for partially (mostly) breastfed infants.

10 The infant doesn't receive formula from the WIC program.

MAXIMUM MONTHLY ALLOWANCES FOR WOMEN AND CHILDREN

	CHILDREN	WOMEN		
Foods	**Food Package IV** **A: 12 through 23 months** **B: 2 through 4 years**	**Food Package V** **A: Pregnant** **B: Partially (Mostly) Breastfeeding (up to 1 year postpartum)**	**Food Package VI** **Postpartum (up to 6 months postpartum)**	**Food Package VII** **Fully Breastfeeding (up to 1 year postpartum)**
Milk (dairy milk and lactose-free dairy milk) Other options can be available, such as: goat milk; plant-based milk alternatives; yogurt; tofu; and cheese. Available options and sizes vary.	A: 12 qt. B: 14 qt.	16 qt.	16 qt.	16 qt.
Juice, single strength	64 fl. oz.	64 fl. oz.	64 fl. oz.	64 fl. oz.
Breakfast cereal	36 oz.	36 oz.	36 oz.	36 oz.
Eggs	1 dozen	1 dozen	1 dozen	2 dozen
Fruit and vegetable cash-value benefit (CVB) CVB can be used to purchase fresh fruits and vegetables. Canned, frozen, and/or dried fruits and vegetables can also be available. Available options vary.	$26.00	A: $47.00 B: $52.00	$47.00	$52.00
Whole wheat or whole grain bread Other grain options can be available, such as: tortillas; whole wheat pasta; quinoa; wild rice; amaranth; kamut; teff; buckwheat; and whole wheat pita, English muffins, bagels, and naan. Available options and sizes vary.	24 oz.	48 oz.	48 oz.	48 oz.
Fish (canned)	6 oz.	A: 10 oz. B: 15 oz.	10 oz.	20 oz.
Legumes (dry or canned) and/or Peanut butter Other nut or seed butters can be available. Available options vary.	1 lb. dry/64 oz. canned or 18 oz.	1 lb./64 oz. canned and 18 oz.	1 lb./64 oz. canned or 18 oz.	1 lb./64 oz. canned and 18 oz.

WHO IS MISSING OUT ON WIC?

Despite the substantial body of research on the benefits of WIC, far too many eligible people are missing out on the program. Nationally, nearly 5.5 million[11] eligible women, infants, and children are missing out on WIC. Coverage rates (eligible people versus participation) are especially low for children eligible for WIC — who often fall off the program once they reach age 1 — and for pregnant women. And only 39 percent[12] of WIC-eligible Medicaid participants participate in WIC.

Barriers to WIC can include: misconceptions or misinformation about eligibility; transportation and other costs to reach WIC clinics; language and cultural barriers; loss of time away from work to attend WIC appointments; negative clinic experiences (such as long wait times or poor customer service); dissatisfaction with the contents of the children's food package; and difficulty redeeming benefits (such as limited selection of WIC foods available and embarrassing check-out experiences).

BARRIERS TO WIC PARTICIPATION

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