

Nutrition Program Facts Food and Nutrition Service



WIC

The Special Supplemental Nutrition Program for Women, Infants and Children

1. What is WIC?

WIC provides nutritious foods, nutrition education, and referrals to health and other social services to participants at no charge. WIC serves low-income pregnant, postpartum and breastfeeding women, and infants and children up to age 5 who are at nutrition risk.

WIC is not an entitlement program; that is, Congress does not set aside funds to allow every eligible individual to participate in the program. Instead, WIC is a Federal grant program for which Congress authorizes a specific amount of funding each year for program operations. The Food and Nutrition Service, which administers the program at the Federal level, provides these funds to WIC State agencies (State health departments or comparable agencies) to pay for WIC foods, nutrition education, and administrative costs.

2. Where is WIC available?

The program is available in all 50 States, 34 Indian Tribal Organizations, American Samoa, District of Columbia, Guam, Commonwealth Islands of the Northern Marianas, Puerto Rico, and the Virgin Islands. These 90 WIC State agencies administer the program through 2,200 local agencies and 9,000 clinic sites.

3. Who is eligible?

Pregnant, breastfeeding or postpartum women, infants, and children up to age 5 are eligible. They must meet income guidelines, a State residency requirement, and be individually determined to be at "nutrition risk" by a health professional.

To be eligible on the basis of income, applicants' family income must fall at or below 185 percent of the U.S. Poverty Income Guidelines (currently \$39,200 for a family of four). A person who participates or has family members who participate in certain other benefit programs, such as the Supplemental Nutrition Assistance Program, Medicaid, or Temporary Assistance for Needy Families, automatically meets the income eligibility requirement.

4. What is “nutrition risk?”

Two major types of nutrition risk are recognized for WIC eligibility:

- Medically-based risks such as anemia, underweight, overweight, history of pregnancy complications, or poor pregnancy outcomes.
- Dietary risks, such as failure to meet the dietary guidelines or inappropriate nutrition practices.

Nutrition risk is determined by a health professional such as a physician, nutritionist, or nurse, and is based on Federal guidelines. This health screening is free to program applicants.

5. How many people does WIC serve?

More than 8.2 million people get WIC benefits each month. In 1974, the first year WIC was permanently authorized, 88,000 people participated. By 1980, participation was at 1.9 million; by 1990, it was 4.5 million; and by 2000, participation was about 7.19 million. Average monthly participation for Fiscal Year (FY) 2008 was approximately 8.7 million.

Children have always been the largest category of WIC participants. Of the 8.7 million people who received WIC benefits each month in FY 2008, approximately 4.33 million were children, 2.22 million were infants, and 2.15 million were women.

6. What food benefits do WIC participants receive?

In most WIC State agencies, WIC participants receive checks or vouchers to purchase specific foods each month that are designed to supplement their diets with specific nutrients that benefit WIC’s target population. A few State agencies distribute the WIC foods through warehouses or deliver the foods to participants’ homes. Different foods are provided for different categories of participants.

WIC foods include iron-fortified infant formula and infant cereal, iron-fortified adult cereal, vitamin C-rich fruit or vegetable juice, eggs, milk, cheese, peanut butter, dried beans/peas, and canned fish. Special therapeutic infant formulas and medical foods may be provided when prescribed by a physician for a specified medical condition. Soy-based beverages, tofu, fruits and vegetables, baby foods, whole-wheat bread, and other whole-grain options were recently added to better meet the nutritional needs of WIC participants. These new foods will be phased between February 2008 and October 2009.

7. Who gets first priority for participation?

When WIC cannot serve all eligible people, a system of priorities is used for filling program openings. Once a local WIC agency has reached its maximum caseload, vacancies are filled in the order of the following priority levels:

- Pregnant women, breastfeeding women, and infants determined to be at nutrition risk because of a nutrition-related medical condition.
- Infants up to 6 months of age whose mothers participated in WIC or could have participated and had a medical problem.
- Children at nutrition risk because of a nutrition-related medical problem.
- Pregnant or breastfeeding women and infants at nutrition risk because of an inadequate dietary pattern.
- Children at nutrition risk because of an inadequate dietary pattern.
- Non-breastfeeding, postpartum women with any nutrition risk.
- Individuals at nutrition risk only because they are homeless or migrants, and current participants who, without WIC foods, could continue to have medical and/or dietary problems.

8. What is the WIC infant formula rebate system?

Mothers participating in WIC are encouraged to breastfeed their infants if possible, but WIC State agencies provide infant formula for mothers who choose to use this feeding method. WIC State agencies are required by law to competitively bid infant formula rebate contracts with infant formula manufacturers. This means WIC State agencies agree to provide one brand of infant formula and in return the manufacturer gives the State agency a rebate for each can of infant formula purchased by WIC participants. The brand of infant formula provided by WIC varies from State agency to State agency depending on which company has the rebate contract in a particular State.

By negotiating rebates with infant formula manufacturers, States are able to serve more people. For FY 2008, rebate savings were just over \$2 billion, supporting an average of 2.14 million participants each month, or 25 percent of the estimated average monthly caseload.

9. What is WIC's current funding level?

Congress appropriated \$6.86 billion for WIC in FY 2009. By comparison, the WIC Program appropriation was \$20.6 million in 1974; \$750 million in 1980; \$2.126 billion in 1990; and 4.032 billion in 2000.

For more information:

Information on FNS programs is available on the World Wide Web at www.fns.usda.gov/fns

Updated April 2009