



## **WIC -- The Special Supplemental Nutrition Program for Women, Infants and Children**

### **1. What is WIC?**

WIC provides nutritious foods, nutrition education (including breastfeeding promotion and support), 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 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, breastfeeding promotion and support, 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 of the Northern Mariana Islands, Puerto Rico, and the Virgin Islands. These 90 WIC State agencies administer the program through approximately 1,836 local agencies and 9,000 clinic sites.

### **3. Who is eligible?**

Pregnant, postpartum, and breastfeeding 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 or a State or locally trained health official.

To be eligible on the basis of income, applicants’ income must fall at or below 185 percent of the U.S. Poverty Income Guidelines (currently \$42,643 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; and
- Dietary risks, such as inappropriate nutrition/feeding practices or failure to meet the current *Dietary Guidelines for Americans*.

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

## **5. Who gets first priority for participation?**

If WIC cannot serve all the eligible people who apply for benefits, a system of priorities has been established 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.

## **6. How many people does WIC serve?**

During Fiscal Year (FY) 2011, the number of women, infants, and children receiving WIC benefits each month averaged almost 9 million participants per month. In 1974, the first year WIC was permanently authorized, 88,000 people participated. By 1980, participation was at 1.9 million; by 1990, 4.5 million; by 2000, 7.2 million; and by 2010, 9.2 million. Children have always been the largest category of WIC participants. Of the 8.9 million people who received WIC benefits each month in FY 2011, approximately 4.7 million were children, 2.1 million were infants, and 2.1 million were women.

## **7. What food benefits do WIC participants receive?**

The foods provided through the WIC Program are designed to supplement participants' diets with specific nutrients. Different foods are provided to each category of participants. WIC foods include infant cereal, iron-fortified adult cereal, vitamin C-rich fruit or vegetable juice, eggs, milk, cheese, peanut butter, dried and canned beans/peas, and canned fish. 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.

WIC recognizes and promotes breastfeeding as the optimal source of nutrition for infants. For infants of women who do not fully breastfeed, WIC provides iron-fortified infant formula. Special infant formulas and medical foods may be provided when prescribed by a physician for a specified medical condition.

In most WIC State agencies, WIC participants receive checks or vouchers to purchase the foods. In addition, some States issue an electronic benefit card to participants instead of paper checks or vouchers. The use of electronic cards is growing and all WIC State agencies are required to implement WIC electronic benefit transfer (EBT) statewide by October 1, 2020. A few State agencies distribute the WIC foods through warehouses or deliver the foods to participants' homes.

## **8. How does WIC support breastfeeding?**

A major goal of the WIC Program is to improve the nutritional status of infants; therefore, WIC mothers are encouraged to breastfeed their infants, unless medically contraindicated. Pregnant women and new WIC mothers are provided breastfeeding educational materials and support through counseling and guidance. WIC mothers who breastfeed also receive:

- a higher level of priority for program certification;
- a greater quantity and variety of foods than mothers who do not breastfeed;
- a longer certification period than non-breastfeeding mothers;
- one-to-one support through peer counselors and breastfeeding experts; and
- breast pumps and other aids to help support the initiation and continuation of breastfeeding.

## **9. 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 have 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 by State agency depending on which company has the rebate contract in a particular State.

By negotiating rebates with formula manufacturers, States are able to serve more people. For FY 2011, rebate savings were \$1.3 billion, supporting an average of 1.4 million participants each month, or about 16 percent of the estimated average monthly caseload.

## **10. What is WIC's current funding level?**

Congress appropriated \$6.618 billion for WIC in FY 2012. By comparison, the WIC Program appropriation was \$20.6 million in 1974; \$750 million in 1980; \$2.1 billion in 1990, \$4.0 billion in 2000, and \$7.3 billion in 2010.

### **For more information:**

Information on FNS programs is available at [www.fns.usda.gov/fns/](http://www.fns.usda.gov/fns/).

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