WIC

The Special Supplemental Nutrition Program for Women, Infants and Children

1. What is WIC?

WIC provides nutritious foods, nutrition counseling, 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 counseling and education, and administrative costs.

2. Where is WIC available?

The program is available in all 50 States, 33 Indian Tribal Organizations, America Samoa, District of Columbia, Guam, Puerto Rico, and the Virgin Islands. These 88 WIC State agencies administer the program through 2,200 local agencies and 9,000 clinic sites.

3. Who is eligible?

Pregnant 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' income must fall at or below 185 percent of the U.S. Poverty Income Guidelines (currently $34,873 for a family of four). A person who participates or has family members who participate in certain other benefit programs, such as the Food Stamp 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 7.5 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 1985 it was 3.1 million; and by 1990 it was 4.5 million. Average monthly participation for Fiscal Year (FY) 2003 was approximately 7.63 million.

Children have always been the largest category of WIC participants. Of the 7.63 million people who received WIC benefits each month in FY 2003, approximately 3.82 million were children, 1.95 million were infants, and 1.86 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. A few WIC State agencies distribute the WIC foods through warehouses or deliver the foods to participants' homes. The foods provided are high in one or more of the following nutrients: protein, calcium, iron, and vitamins A and C. These are the nutrients frequently lacking in the diets of the program's target population. Different food packages 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, tuna fish and carrots. Special therapeutic infant formulas and medical foods are provided when prescribed by a physician for a specified medical condition.

7. Who gets first priority for participation?

WIC cannot serve all eligible people, so 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 serious 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 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 from State agency to 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 2003, rebate savings were $1.52 billion, supporting an average of 1.9 million participants each month, or 25 percent of the estimated average monthly caseload.

9. What is WIC's current funding level?

Congress appropriated $5.235 billion for WIC in FY 2005. By comparison, the WIC Program appropriation was $20.6 million in 1974; $750 million in 1980; $1.5 billion in 1985; and $2.1 billion in 1990.

For more information:

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

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