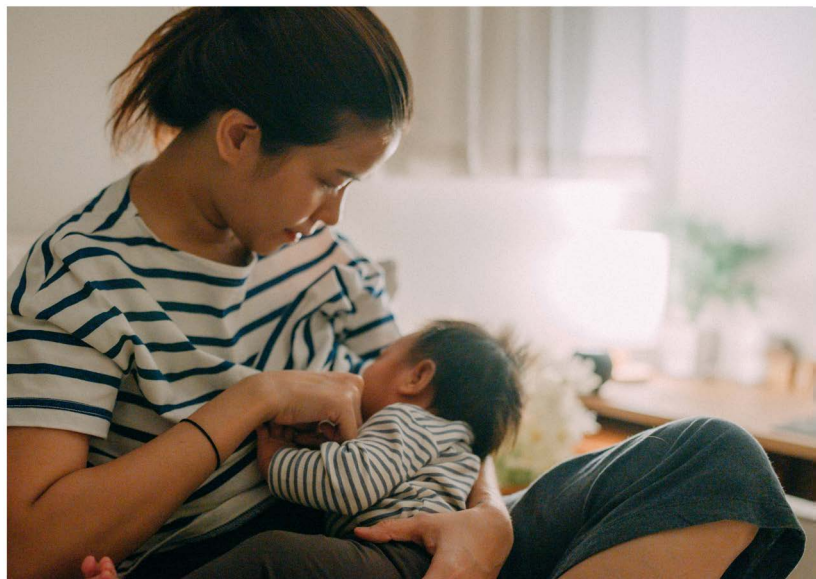




U.S. DEPARTMENT OF AGRICULTURE

# The Use and Impact of Federal Waivers During the COVID-19 Pandemic: Summary Findings From Surveys of WIC State and Local Agencies



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# The Use and Impact of Federal Waivers During the COVID-19 Pandemic: Summary Findings From Surveys of WIC State and Local Agencies



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## Background and Methods

Under the Families First Coronavirus Response Act of 2020 (FFCRA, P.L. 116-127), the U.S. Department of Agriculture's (USDA) Food and Nutrition Service (FNS) had the authority to grant certain programmatic waivers to State agencies that administer the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). Waivers were issued to provide flexibilities to requirements that could not be met as a result of the Coronavirus Disease 2019 (COVID-19) pandemic and support continued access to WIC services. For example, State agencies could use the waivers to allow remote benefit issuance to eliminate the need for WIC participants to visit the clinic to receive benefits, conduct vendor preauthorization visits virtually, or allow additional food package substitutions in circumstances of food shortages. By the time FFCRA waiver authority ended on September 30, 2021, FNS had approved 16 types of WIC waivers and 831 individual waiver requests across the 89 WIC State agencies (see appendix table A.1 for a full list of the waivers). In a memo issued September 20, 2021, FNS extended most of the FFCRA WIC waivers until 90 days after the end of the nationally declared public health emergency under section 319 of the Public Health Service Act (42 U.S.C. 247d).<sup>1</sup>

The FFCRA also stipulated reporting requirements for the waivers. Within 12 months of receiving a waiver, State agencies were required to summarize their use of each implemented waiver and provide a description of whether the waiver helped improve services for WIC participants.<sup>2</sup> The physical presence waiver had additional reporting requirements for local agencies.<sup>3</sup> To streamline the reporting process, FNS developed surveys for State and local agencies to collect information on the use of each waiver and its impact on WIC services. FNS then contracted with Insight Policy Research (the "study team") to field the two surveys, analyze the survey data, and summarize findings.

Each self-administered web-based survey was programmed in Qualtrics. The surveys covered the 797 waivers issued by FNS prior to March 1, 2021. The surveys were fielded between March and April 2021, and the data reflect the use of the waivers at the time of data collection.

- **State agency survey:** To fulfill the State agency reporting requirements, the study team administered the State agency survey to all 89 WIC State agencies. The survey gathered information about the use and impact of the 16 WIC waivers issued by FNS under the FFCRA. Using extant data from FNS, the study team programmed the survey to ensure State agencies were only asked about the waivers issued to them. All 89 State agencies completed the survey, yielding a 100 percent response rate.
- **Local agency survey:** To fulfill the local agency reporting requirements, the study team administered the local agency survey to a census of WIC local agencies. The survey gathered information on the use and impact of the physical presence waiver. Almost all local agencies across the 89 State agencies (1,833 of 1,891) completed the survey, yielding a 96.9 percent response rate.

<sup>1</sup> WIC Policy Memorandum #2021-10: Updated expiration schedule for existing FNS-approved WIC COVID-19 waivers. <https://www.fns.usda.gov/wic/policy-memorandum-2021-10>

<sup>2</sup> Families First Coronavirus Response Act, Section 2204(b), H.R. 6201, 116th Cong. (2019–2020)

<sup>3</sup> Ibid.



Upon completion of data collection, the study team prepared the final survey files for analysis. Data from closed-ended survey questions were tabulated and presented as descriptive statistics. The study team also conducted a qualitative analysis of responses to the open-ended survey questions to gain a deeper understanding of how State and local agencies used the waivers and whether the waivers improved WIC program services

## Summary of Waiver Use and Impacts

The WIC waivers granted under the FFCRA were instrumental to ensuring WIC State and local agencies could continue providing services to participants during the COVID-19 pandemic. The most commonly used waivers were the physical presence waiver (88 State agencies), remote benefit issuance waiver (81 State agencies), and food package substitution waivers (58 State agencies). For the majority of waivers, respondents indicated the waiver was extremely or very important for ensuring participants received quality WIC services during the pandemic. In particular, over half of State agencies using the physical presence, remote benefit issuance, food package substitutions, medical documentation, vendor preauthorization, vendor minimum stocking requirements, 4-month benefit issuance, and 2-month benefit issuance waivers reported the waiver was extremely important for maintaining quality WIC services. Respondents were also asked to report on improvements to WIC services they perceived to be associated with waiver use; many reported the waivers kept WIC participants and staff safe by promoting social distancing and made WIC more accessible when being physically present was difficult.

Though respondents almost universally noted the importance and positive impact of the waivers, State and local agencies also faced challenges in implementing and using the waivers. Specifically, many respondents noted they faced challenges in communicating the changes resulting from the waivers to local agencies/clinics, participants, or WIC vendors. State agencies using offline electronic benefit transfer (EBT) systems were more likely to report that implementing the remote benefit issuance waiver was challenging than State agencies with online EBT systems or those without EBT.<sup>4</sup>

The remainder of this report provides details on the use and impact of the following waivers: **physical presence**, **remote benefit issuance**, **food package substitution**, **administrative flexibilities** (medical documentation, separation of duties, local agency monitoring, and extended certification period), and **food delivery flexibilities** (vendor compliance investigations, vendor minimum stocking requirements, vendor preauthorization visits, vendor routine monitoring [temporary/annual and onsite], 2-month benefit issuance, 4 month-benefit issuance, and vendor agreement).<sup>5</sup> Findings from local agencies are only presented in the physical presence waiver section.

<sup>4</sup> State agencies with online EBT systems can reload WIC benefits onto participants' EBT cards remotely, while offline EBT systems require benefits to be loaded onto EBT cards in person at a local WIC clinic. Non-EBT State agencies issued benefits through paper checks or vouchers at the time of the survey.

<sup>5</sup> Not all State agencies used each waiver. As a result, sample sizes differ across the waivers.

## Physical Presence Waiver

### Key Takeaways

- In response to the COVID-19 pandemic, almost all (99 percent) local agencies offered remote certification appointments to participants; before the pandemic, only 12 percent of local agencies did so. Remote appointments were typically conducted via phone.
- State and local agencies reported the waiver was extremely important to ensure participants received quality WIC services during the pandemic. Many local agencies noted the waiver helped ensure participants' safety during the COVID-19 pandemic. In open-ended responses, they reflected that the waiver made WIC more convenient by alleviating several barriers to WIC participation, such as transportation, childcare, and restrictions for working parents.
- About 82 percent of local agencies and 76 percent of State agencies found the waiver to be at least slightly challenging to use; few respondents found it to be very or extremely challenging. Around 71 percent of local agencies reported that getting in touch with WIC participants remotely was a challenge.



In accordance with the Child Nutrition Act, WIC participants typically must be physically present at each certification and recertification appointment to confirm program eligibility.<sup>6</sup> The physical presence waiver allowed State and local agencies to remotely certify WIC participants without requiring their physical presence at the WIC clinic. The waiver also allowed WIC staff to defer the anthropometric (i.e., height, weight) and bloodwork requirements necessary to determine nutritional risk.

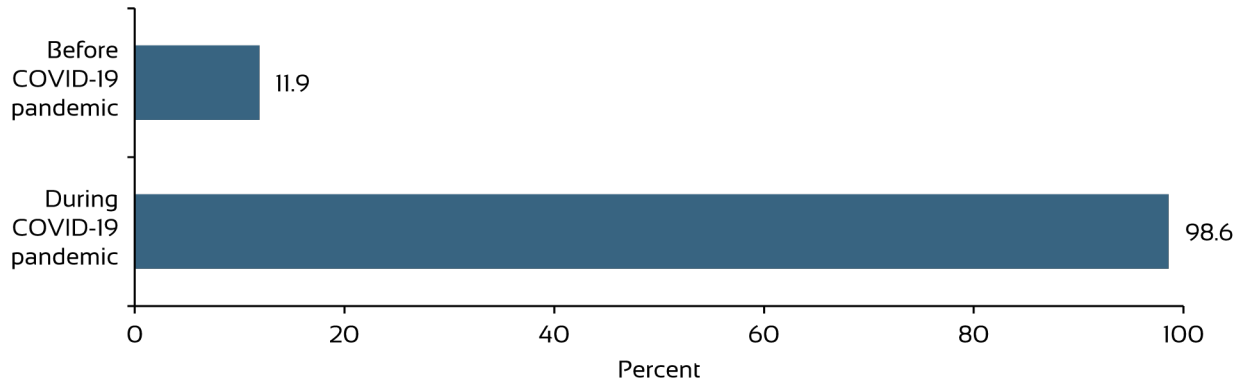
### Use of Physical Presence Waiver

The physical presence waiver was used by 88 of the 89 WIC State agencies and 1,807 of the 1,833 local agency respondents (98.6 percent; figure 1) to provide remote certification appointments to WIC participants.

In response to the COVID-19 pandemic, the use of remote certification appointments increased dramatically. While only 11.9 percent of local agencies offered remote certifications prior to the pandemic, 98.6 percent offered remote appointments as a result of the waiver. Among the 26 local agencies that did not use the waiver, the most common reason reported for not using the waiver was WIC clinic sites remaining open for in-person services (73.1 percent); the one State agency that did not use the waiver also noted all of its clinic sites remained open.

<sup>6</sup> The Child Nutrition Act stipulates a limited number of exceptions to the physical presence requirements, see 42 U.S.C. 1786(d)(3)(C)(i).

**Figure 1. Local Agencies Offering Remote Certifications Before and During the COVID-19 Pandemic**

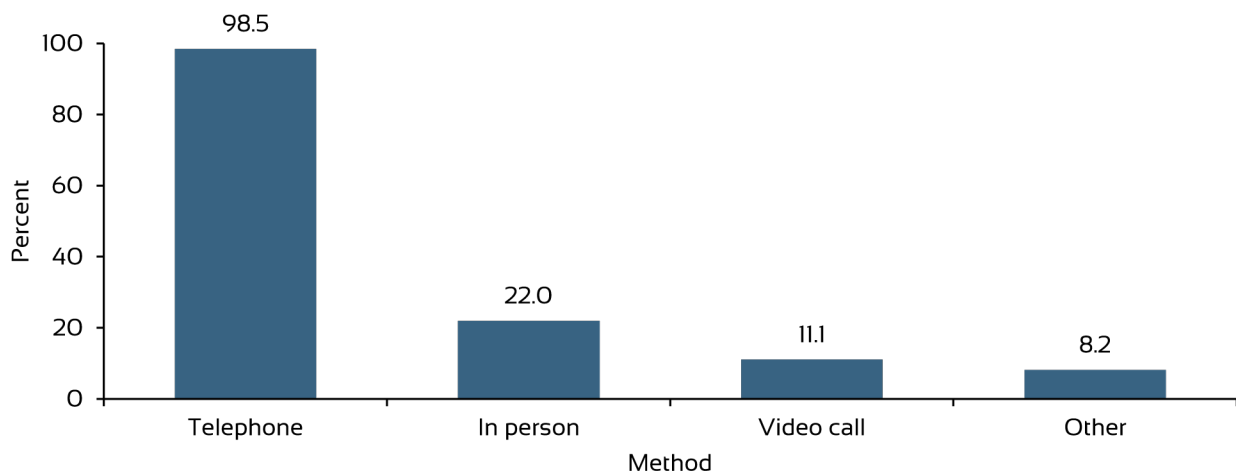


N = 1,833

## Methods for Conducting Remote Appointments

Telephone appointments were used by almost all the local agencies to conduct WIC certifications remotely (98.5 percent; figure 2). However, only 11.1 percent reported using video calls. Of these local agencies, 62.2 percent used Zoom, 13.9 percent used Microsoft Teams, and 41.3 percent used another video call service not listed in the survey, such as WhatsApp, Facetime, and GoToMeeting or telemedicine portals such as Doxy.me and Vidyo. At the time of data collection, approximately one-fifth of local agencies continued to provide in-person appointments in addition to remote appointments.<sup>7</sup>

**Figure 2. Methods Used by Local Agencies to Conduct Certification Appointments During COVID-19**



N = 1,807

Note: Local agencies could select multiple response options. Responses reflect local agency operations as of March 2021. The most common "other" responses included email and curbside dropoff.

<sup>7</sup> Findings reflect WIC operations at the time of survey data collection in March 2021.

## Eligibility Verification and Anthropometric and Bloodwork Documentation

Local agencies reported participants used a variety of methods to submit proof of eligibility. Local agencies most commonly verified **income and/or adjunctive eligibility** on behalf of participants using verification systems such as State Supplemental Nutrition Assistance Program (SNAP) or Medicaid databases (78.0 and 87.2 percent, respectively). Local agencies reported that participants most often submitted **proof of identity and address/residency** via email (65.7 and 67.1 percent, respectively). Over half of local agencies (55.1 percent) reported participants were not required to submit **proof of pregnancy**.<sup>8</sup>

The physical presence waiver also allowed WIC staff to defer anthropometric and bloodwork requirements used to inform the nutrition risk determination. Most local agencies indicated participants could provide documentation related to **height/weight** and **bloodwork** at a later date (86.4 and 91.6 percent, respectively), though under the waiver WIC staff could defer receipt of documents indefinitely. The second most common method for submitting height/weight and bloodwork documentation was email (37.2 and 29.2 percent, respectively).

## Nutrition Education and Breastfeeding Counseling

In response to the COVID-19 pandemic, local agencies increased their use of remote methods to provide nutrition education and breastfeeding counseling.

**Nutrition education.** The percentage of local agencies using remote methods to conduct nutrition education during the COVID-19 pandemic increased by 12.4 percentage points from 84.4 percent of local agencies across 78 State agencies to 96.8 percent of local agencies across 84 State agencies.<sup>9</sup> The use of all remote methods increased, except for interactive online education platforms, which decreased slightly. The percentage of local agencies offering live one-on-one nutrition education sessions by telephone nearly tripled, increasing from 33.3 percent to 89.8 percent, and the use of mailed hardcopy reading materials nearly doubled, increasing from 39.7 percent to 69.0 percent (table 1).

<sup>8</sup> State agencies have the option to require proof of pregnancy at certification but are not required to do so under WIC regulations to determine eligibility.

<sup>9</sup> Though the physical presence waiver was not required for local agencies to provide remote nutrition education and breastfeeding counseling, the survey asked local agencies to indicate how they provided these services remotely before the COVID-19 pandemic and in response to or during the pandemic.

**Breastfeeding counseling.** The percentage of local agencies using remote methods to conduct breastfeeding counseling during the COVID-19 pandemic increased by 8.6 percentage points from 86.0 percent of local agencies (spanning 80 State agencies) to 94.6 percent of local agencies (spanning 84 State agencies). The use of live one-on-one counseling sessions by video call (e.g., Zoom, Skype) increased approximately fivefold (from 5.8 to 29.9 percent; table 1); the use of live one-on-one counseling sessions by telephone and mailed hardcopy reading materials saw smaller but notable increases, rising from 63.0 to 85.6 percent and 51.0 to 67.7 percent of local agencies, respectively.

**Table 1. Methods Used by Local Agencies to Conduct Nutrition Education and Breastfeeding Remotely (Percent)**

Method	Nutrition Education		Breastfeeding Counseling	
	During COVID-19 Pandemic	Before COVID-19 Pandemic	During COVID-19 Pandemic	Before COVID-19 Pandemic
Live one-on-one education sessions by telephone	89.8	33.3	85.6	63.0
Mailed hardcopy reading materials	69.0	39.7	67.7	51.0
Online reading materials	52.5	43.1	59.5	52.5
Interactive online platform (website)	46.8	50.2	33.3	30.9
Text messaging	41.9	30.7	51.7	48.4
Social media	34.8	34.3	36.6	36.4
Prerecorded videos	21.3	18.9	24.3	20.1
Live one-on-one sessions by video call (e.g., Zoom, Skype)	19.3	2.8	29.9	5.8
Live group sessions by video call (e.g., Zoom, Skype)	12.3	1.2	19.1	2.0
Live group sessions by telephone	9.1	1.6	8.7	3.0

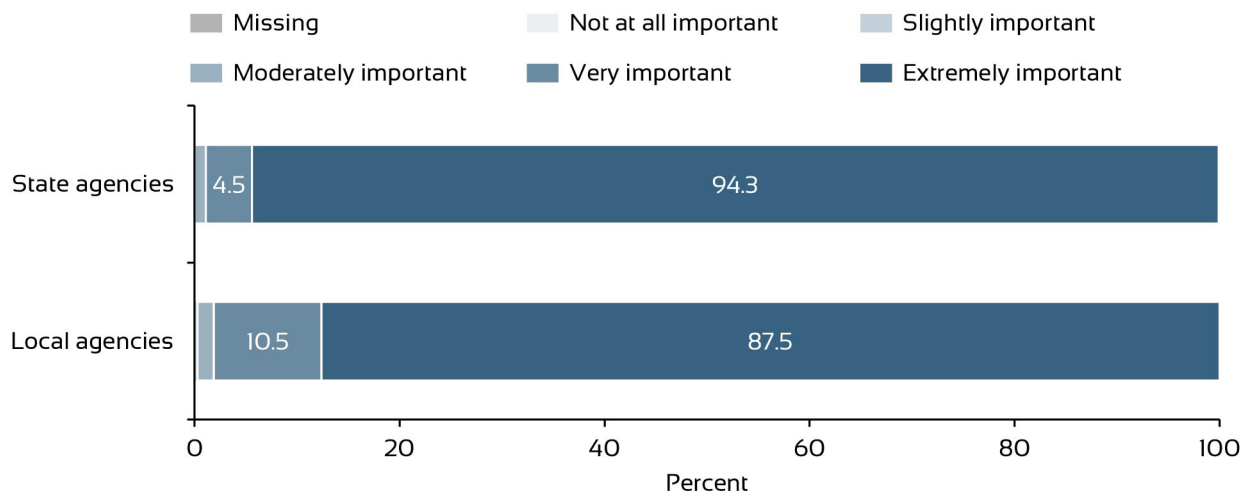
N = 1,807

Note: Local agencies could select all applicable methods. Two local agencies did not respond to these questions.

## Importance of Physical Presence Waiver

Almost all State agencies and local agencies (94.3 and 87.5 percent, respectively; figure 3) reported the physical presence waiver was extremely important to ensure participants received quality services during the COVID-19 pandemic.

**Figure 3. Importance of the Physical Presence Waiver to Ensuring Quality Services During COVID-19**

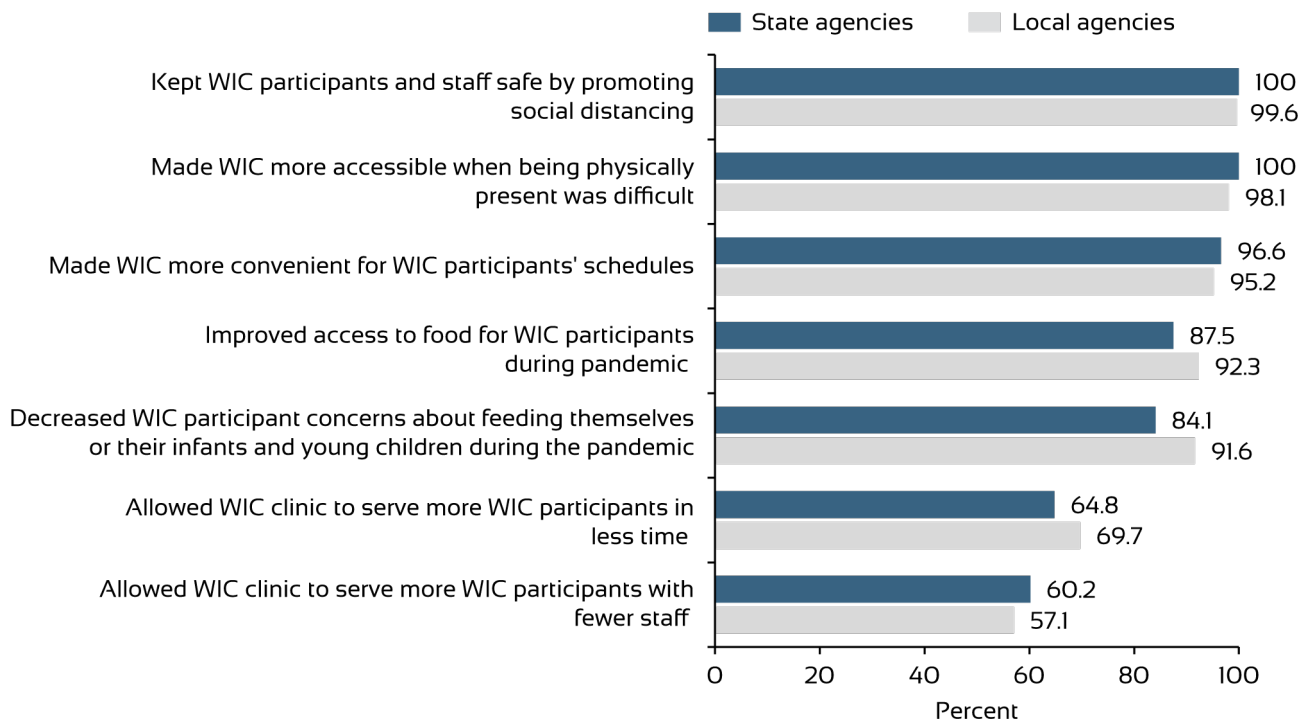


N State agencies = 88; N local agencies = 1,804; sample sizes vary because of missing responses.  
 Note: No State agencies selected “slightly important.” No State or local agencies selected “not at all important.”

## Improvements to WIC Services Related to Physical Presence Waiver Use

All State agencies and almost all local agencies reported the physical presence waiver kept WIC participants and staff safe by promoting social distancing and made WIC more accessible when being physically present was difficult (figure 4). Over 80 percent of State agencies and over 90 percent of local agencies also reported the waiver made WIC more convenient for participants’ schedules, improved access to WIC foods, and decreased participants’ concerns about feeding themselves or their children during the pandemic.

**Figure 4. Improvements to WIC Services Related to Physical Presence Waiver Use Reported by State and Local Agencies**



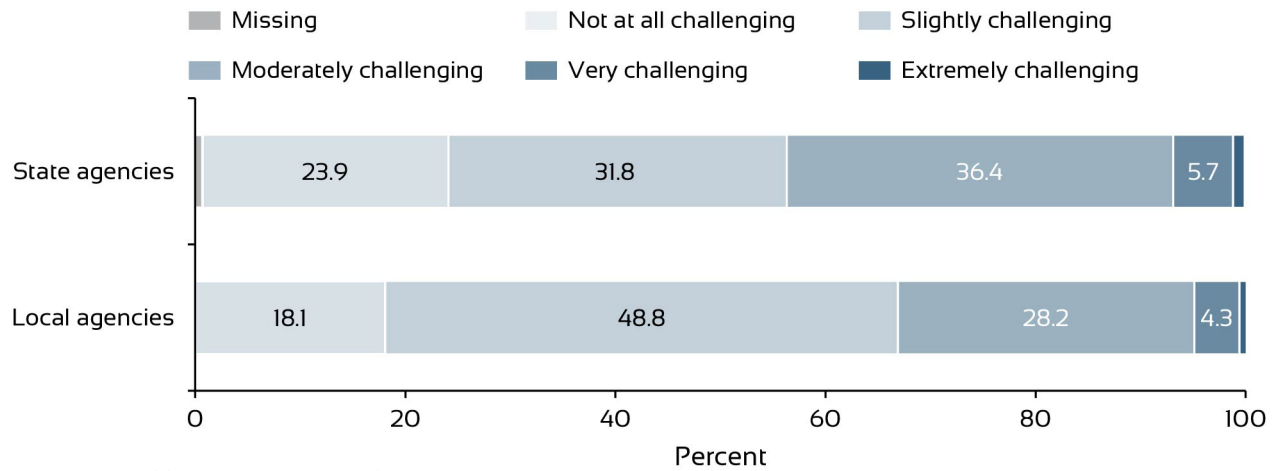
*N* State agencies = 88; *N* local agencies = 1,807; one local agency did not provide a response to this question.

In an open-ended response field, many State and local agencies noted the waiver alleviated participants' worries about bringing their children into the clinic during the COVID-19 pandemic. Several local agencies shared that participants would not have come to the clinic for their appointments during the pandemic, potentially leading to attrition. Another common theme was the waiver's impact on alleviating some barriers to WIC participation, including transportation, childcare, and scheduling restrictions for working parents. Other benefits reported by local agencies included shorter remote appointments compared with in-person appointments, decreased no-show rates, and higher levels of engagement among participants during nutrition education, with less stressful and more meaningful conversations because the parent was not distracted by their child.

## Challenges to Using Physical Presence Waiver

About 82 percent of local agencies and 75 percent of State agencies found the transition to remote services to be at least slightly challenging (figure 5). However, only 5 percent of local agencies and about 7 percent of State agencies found the waiver to be very or extremely challenging to use.

**Figure 5. How Challenging State and Local Agencies Reported It Was to Use the Physical Presence Waiver**



N State agencies = 88; N local agencies = 1,807

Note: Missing values reflect the one State agency that did not provide a response to this question.

When asked about specific challenges using the physical presence waiver, State and local agencies most often reported challenges related to communication. Among local agencies, the most commonly reported challenge was getting in touch with participants remotely (70.6 percent). A majority of State and local agencies also reported that communicating changes to WIC participants was a challenge (67.0 and 54.4 percent, respectively). Lastly, State agencies reported challenges related to communicating changes to WIC local agencies and/or clinics (56.8 percent) and training WIC local agency and/or clinic staff on new procedures (56.8 percent).



## Remote Benefit Issuance Waiver

### Key Takeaways

- Most State agencies mailed new food instruments to participants (80 percent) or allowed participants to pick up their newly issued food instruments outside the WIC clinic (72 percent). Almost all online State agencies (92 percent) loaded benefits remotely for existing participants with an EBT card, whereas the majority of offline State agencies (71 percent) loaded benefits onto EBT cards at the clinic while participants waited inside or outside.
- Most State agencies (84 percent) reported the remote benefit issuance waiver was extremely important to ensuring WIC participants received quality services during the COVID-19 pandemic. All State agencies reported the waiver made WIC more accessible when being physically present was difficult and kept WIC participants safe by promoting social distancing.
- Offline State agencies reported a greater degree of challenge using the remote benefit issuance waiver than online or non-EBT State agencies.



Federal regulations (7 C.F.R. 246.12(r)(4)) require in-person pickup of food instruments<sup>10</sup> when a participant is scheduled for nutrition education or has a subsequent certification appointment. The remote benefit issuance waiver provided State agencies greater flexibility in issuing food instruments and benefits remotely. State agencies using the waiver were not required to have a participant complete the second nutrition education contact prior to issuance of benefits, nor did they need to require in-person pickup upon completion of virtual nutrition education.

### Definitions of EBT Status and Type

**EBT status** denotes whether a State agency operated an EBT system state-wide at the time of the survey.

**EBT type** denotes whether an EBT State agency operates an online or offline system.

- Online EBT systems can reload WIC benefits onto participants' EBT cards remotely.
- Offline EBT systems require benefits to be loaded onto EBT cards in person at local WIC clinics.
- Non-EBT State agencies issue benefits through paper checks or vouchers. This category also includes State agencies that were in the process of transitioning to or piloting EBT at the time of data collection.

<sup>10</sup> Per 7 C.F.R. 246, the term "food instrument" refers to a voucher, check, EBT, coupon, or other document a WIC participant uses to obtain supplemental foods.

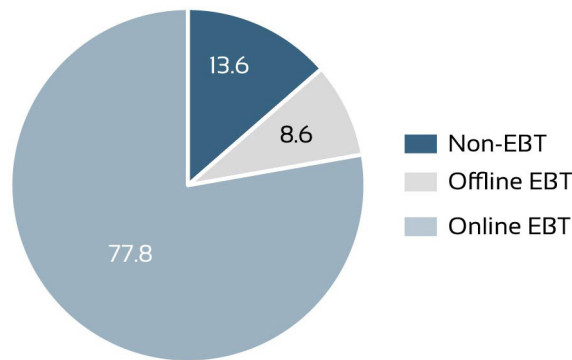
## Use of Remote Benefit Issuance Waiver

FNS issued the remote benefit issuance waiver to 87 State agencies; 81 State agencies used it. Among the six State agencies that were issued but did not use the waiver, the most commonly reported reasons for not using the waiver were the inability to operationalize the waiver because of management information system (MIS) issues and the concern the waiver would take too long to operationalize (both at 33.3 percent).

## Use of EBT

At the time of the survey, 86.4 percent of State agencies using the waiver reported operating an EBT system; 77.8 percent (63 State agencies) used an online EBT system, while 8.6 percent (7 State agencies) used an offline system (figure 6). The remaining 13.6 percent of State agencies (11 State agencies) reported not operating a statewide EBT system.

**Figure 6. Percentage of State Agencies Using Remote Benefit Issuance Waiver, by EBT Type and Status**



N = 81

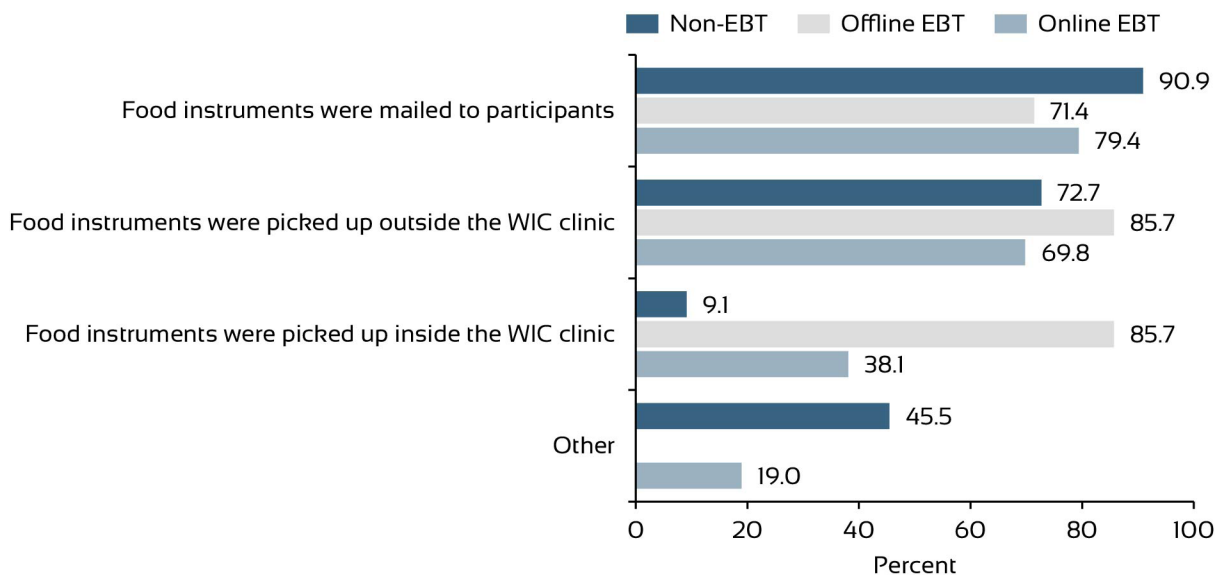
Note: EBT = electronic benefit transfer

## Newly Issued Food Instruments

Overall, 80.2 percent of State agencies mailed new food instruments to participants; however, responses varied slightly by EBT type and status (figure 7). State agencies with an online EBT system (online State agencies) and State agencies without an EBT system (non-EBT State agencies) most commonly reported mailing newly issued food instruments to participants (79.4 percent and 90.9 percent, respectively; figure 7). State agencies with an offline EBT system (offline State agencies) most commonly reported that participants picked up newly issued food instruments inside and/or outside the WIC clinic (85.7 percent each), though many offline State agencies also reported mailing food instruments (71.4 percent).

Almost half of non-EBT State agencies and one-fifth of online EBT State agencies reported they sometimes used other methods than those prespecified on the survey to issue food instruments to new participants. Other methods included delivering food instruments to participants' homes or meeting participants at a predetermined location (e.g., school parking lot, grocery store) to deliver newly issued food instruments.

**Figure 7. Methods Used by State Agencies to Issue New Food Instruments, by EBT Type and Status**



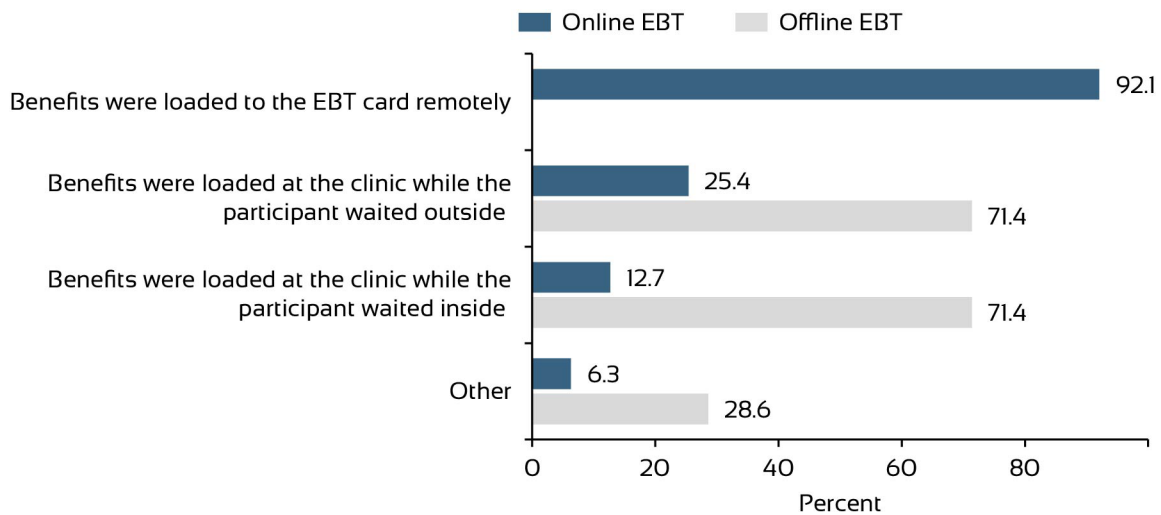
*N* non-EBT = 11; *N* offline only = 7; *N* online only = 63

Note: State agencies could select all applicable options; no offline State agencies selected "other."  
EBT = electronic benefit transfer

## Issuing Benefits to Existing Participants with EBT Cards

Almost all (92.1 percent) online State agencies loaded benefits remotely for existing participants with an EBT card, whereas the majority (71.4 percent) of offline State agencies loaded benefits onto EBT cards at the clinic while the participant waited inside or outside (figure 8). In an open-ended response field, most non-EBT State agencies noted existing participants received their paper food instruments via mail.

**Figure 8. Methods Used by State Agencies to Issue Benefits to Existing Participants, by EBT Type and Status**



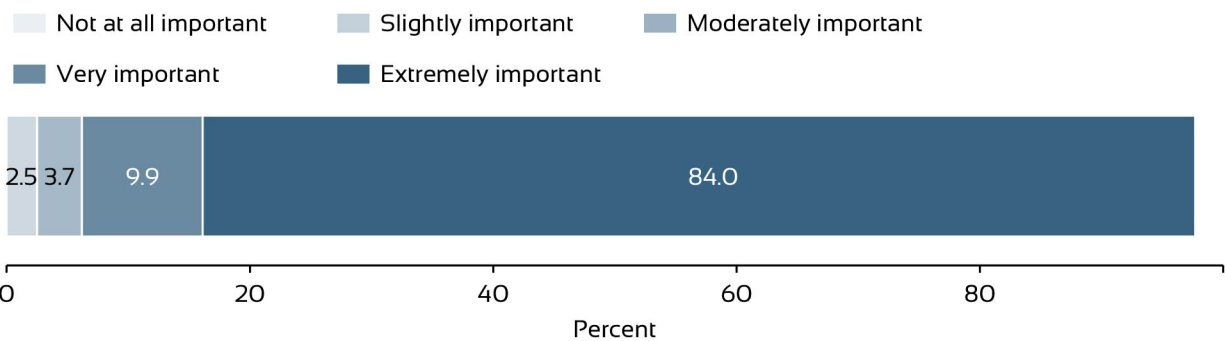
*N* offline only = 7; *N* online only = 63

Note: State agencies could select all applicable options. Offline State agencies were unable to load benefits onto EBT card remotely. The survey question was only asked of State agencies that indicated operating an EBT system; therefore, non-EBT State agencies are not included. EBT = electronic benefit transfer

## Importance of Remote Benefit Issuance Waiver

Over 80 percent of State agencies reported the remote benefit issuance waiver was extremely important to ensuring WIC participants received quality services during the pandemic (figure 9).

**Figure 9. Importance of the Remote Benefit Issuance Waiver to Ensuring Quality Services During COVID-19**



N = 81

Note: No State agencies reported the waiver was "not at all important."

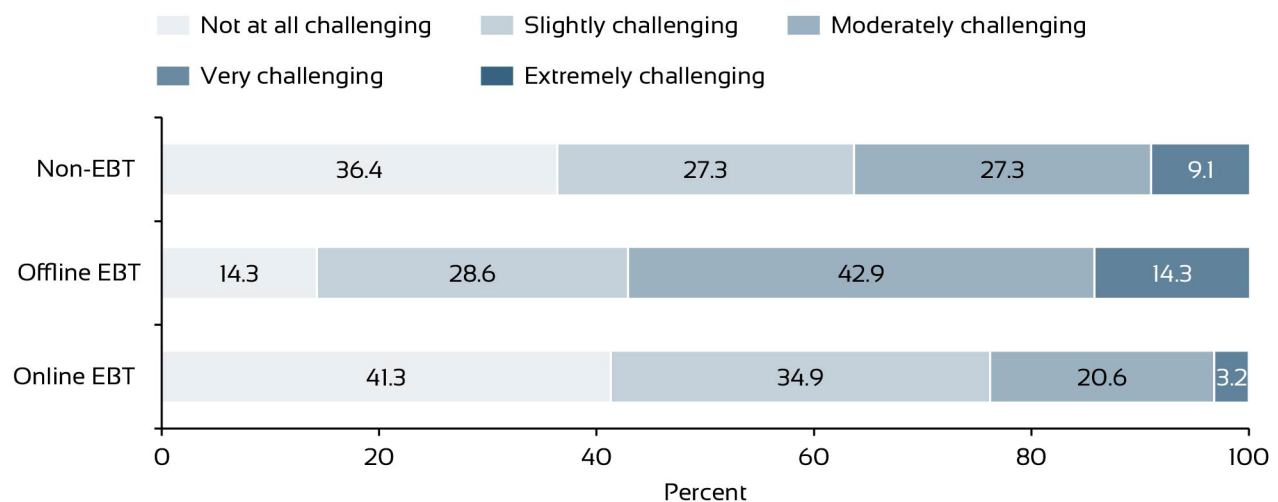
## Improvements to WIC Services Related to Use of Remote Benefit Issuance Waiver

All 81 State agencies using the remote benefit issuance waiver reported it made WIC more accessible when being physically present was difficult and kept WIC participants safe by promoting social distancing. Almost all State agencies also reported that the remote benefit issuance waiver improved access to food for WIC participants (97.5 percent) and made WIC more convenient for participants' schedules (95.1 percent). When asked how the remote benefit issuance waiver improved services for WIC participants, almost all State agencies used the open-ended response field to emphasize the importance of the waiver in keeping WIC participants and staff safe and allowing delivery of benefits to continue unabated during the pandemic. Three State agencies attributed increases in WIC participation to the remote benefit issuance waiver. Three Indian Tribal Organizations reported they would not have been able to offer WIC services during the pandemic without access to the waiver.

## Challenges to Using Remote Benefit Issuance Waiver

Offline State agencies reported a greater degree of challenge using the waiver than online or non-EBT State agencies. Four out of seven offline State agencies reported the waiver was either moderately or very challenging to use, compared with approximately one-third of non-EBT State agencies and one-quarter of online State agencies (figure 10).

**Figure 10. How Challenging State Agencies Reported It Was to Use the Remote Benefit Issuance Waiver, by EBT Type and Status**



*N* non-EBT = 11; *N* offline only = 7; *N* online only = 63

Note: No State agencies reported the waiver was "extremely challenging" to use.

EBT = electronic benefit transfer

When State agencies were asked about specific challenges using the remote benefit issuance waiver, the most commonly reported challenge was communicating changes to WIC participants (56.8 percent); this finding was consistent across EBT type and status. In general, a larger percentage of offline State agencies than online and non-EBT State agencies encountered the challenges specified in the survey. For example, 71.4 percent of offline State agencies reported challenges related to unreliable participant mailing addresses, compared with 22.2 percent of online State agencies. Among online State agencies, 14.3 percent reported "no challenges" to waiver use, whereas no offline or non-EBT State agencies selected this response.

## ▶ Food Package Substitution Waivers

### Key Takeaways

- Food package substitution waivers for cow's milk and whole wheat/whole grain bread were the most frequently used (by 46 and 34 State agencies, respectively).
- State agencies found the waivers improved access to food (95 percent) and the shopping experience for WIC participants (86 percent). State agencies also reported the waivers decreased participant concerns about feeding themselves and their families (83 percent).
- Some State agencies noted they would like to maintain certain substitutions allowed by the waivers, such as whole wheat/whole grain bread package size, after the national health emergency ends.
- Most State agencies (72 percent) reported the waivers were slightly or moderately challenging to use.



Federal regulations outline the food categories, quantities, and substitution options in each of the seven food packages and minimum nutritional requirements for WIC-eligible foods (7 C.F.R. 246.10(e)(9)–(12)). In accordance with the FFCRA, FNS granted food package substitution waivers, allowing State agencies to permit appropriate substitutes for the types and amounts of certain WIC foods specified in the regulations when prescribed items, product types, or package sizes were unavailable.

Examples of the food substitution waivers include (1) any fat content of cow's milk (e.g., participants prescribed nonfat milk could purchase whole milk); (2) 18-count cartons of eggs instead of the prescribed 12-count cartons; and (3) whole wheat/whole grain bread package sizes larger than 16 ounces. Appendix table A.2 details all of the flexibilities FNS could have issued through food package substitution waivers.

### Use of Food Package Substitution Waivers

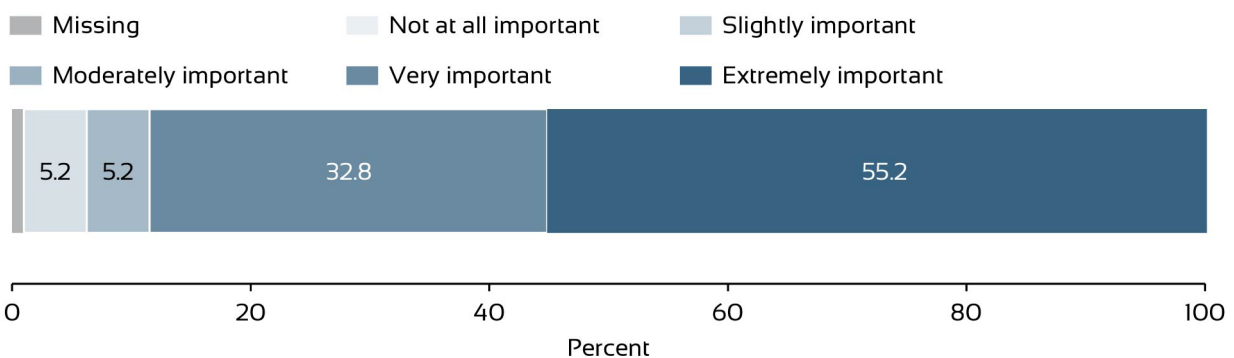
Of the 67 State agencies issued food package substitution waivers for one or more food types, 58 used at least one waiver; 36 State agencies reported using all the food package substitution waivers they were issued, and 22 reported using some but not all the waivers they were issued.

Issuance and use of food package substitution waivers varied by food category. State agencies most commonly were issued and used waivers for cow's milk (59 and 46 State agencies, respectively) and whole wheat/whole grain bread (41 and 34 State agencies, respectively). Fewer than five State agencies were issued or used the waivers for infant foods, breakfast cereal, canned fish, tofu, and legumes. When asked to summarize their use of the waivers, most State agencies reported they applied for waivers based on information on existing shortages in their State.

## Importance of Food Package Substitution Waivers

Almost 90 percent of State agencies reported food package substitution waivers were extremely or very important to ensuring participants received quality WIC services during the pandemic (figure 11).

**Figure 11. Importance of Food Package Substitution Waivers to Ensuring Quality Services During the COVID-19 Public Health Emergency**



N = 58

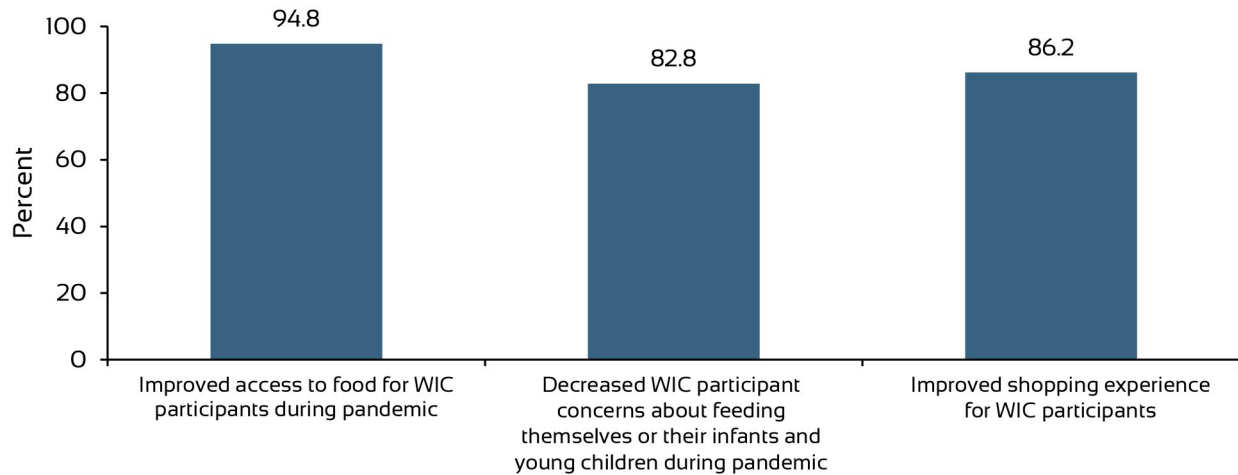
Note: One State agency did not respond to the question. No respondents selected "not at all important."

## Improvements to WIC Services Related to Use of Food Package Substitution Waivers

Almost all State agencies reported food package substitution waivers improved access to foods for participants, improved the shopping experience, and decreased participant concerns about feeding themselves or their children during the pandemic (figure 12).



**Figure 12. Improvements to WIC Services Reported by State Agencies Using Food Package Substitution Waivers**



N = 58

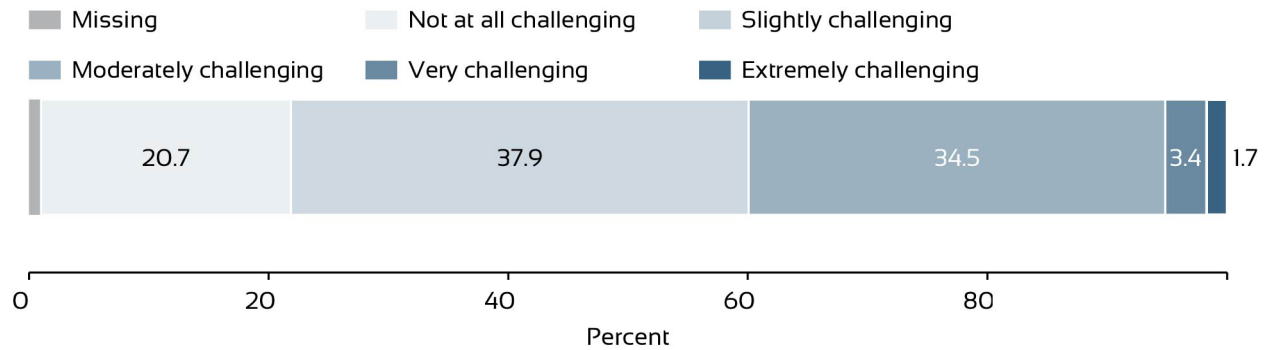
Note: State agencies could select all applicable options.

When asked to explain how food package substitution waivers improved services for WIC participants, most State agencies reported the waivers were critical to reduce barriers for WIC participants in redeeming their benefits in times of food shortages. State agencies also shared that the waivers made the program more appealing to participants and improved participant satisfaction; four State agencies specifically noted the allowed substitutions to fat content of cow's milk were well received by participants because many had previously reported not liking low-fat or skim milk. One State agency felt that allowing a greater selection of WIC foods may encourage maximum benefit redemption. Three State agencies also noted the waivers allowed participants to make fewer trips to the grocery store (or go to fewer stores) because they had more food options. Two State agencies voiced their preference to keep the whole wheat/whole grain bread size substitutions because the availability of 16-ounce bread was limited even before the COVID-19 public health emergency.

## Challenges to Using Food Package Substitution Waivers

Almost three-quarters of State agencies reported the waivers were slightly or moderately challenging to use (figure 13).

**Figure 13. How Challenging State Agencies Reported It Was to Use Food Package Substitution Waivers**



N = 58

Note: One State agency did not respond to the question.

When asked about specific challenges using food package substitution waivers, State agencies most often reported challenges related to communication. About three-quarters of State agencies reported challenges communicating changes to WIC participants and vendors (75.9 and 72.4 percent, respectively), and almost half (44.8 percent) reported challenges communicating changes to WIC local agencies and/or clinics. When asked about other challenges they experienced while using the waivers, four State agencies reported difficulties obtaining universal product codes for new foods to add them to the approved product list.

## Administrative Flexibilities Waivers

### Key Takeaways

- Most of the State agencies that were issued separation of duties, local agency monitoring, and medical documentation waivers used these waivers. About half of the State agencies issued the extended certification periods waiver used it.
- Over 80 percent of State agencies reported that using each of the four administrative flexibilities waivers kept WIC participants and staff safe by promoting social distancing.
- Many State agencies reported the administrative flexibilities waivers were slightly or not at all challenging to use.



This section provides a summary of findings for four additional administrative flexibilities waivers; hereafter, these four waivers are referred to as “administrative flexibilities waivers.”

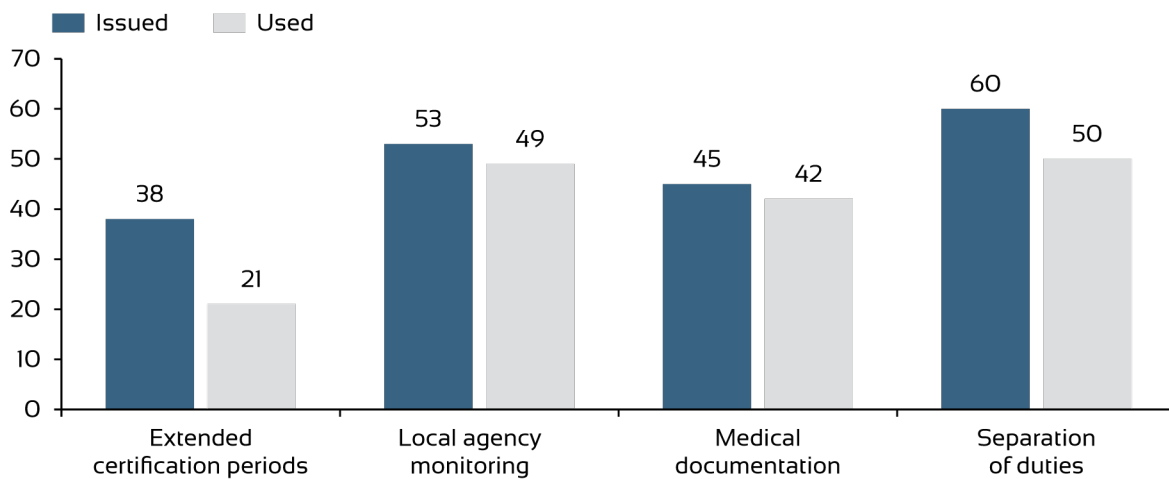
- **Extended certification periods waiver.** Under Federal regulations (7 C.F.R. 246.7(g)(3)), State agencies may extend a participant’s certification period for up to 30 days if it is difficult to schedule an appointment. The extended certification periods waiver allowed State agencies to extend a certification period up to 90 days for a child receiving Food Package IV. This waiver did not include the pregnant and infant categories or children receiving Food Package III.
- **Local agency monitoring waiver.** Under Federal regulations (7 C.F.R. 246.19(b)(3)), State agencies are required to conduct onsite monitoring reviews of local agencies at least once every 2 years. The local agency monitoring waiver allowed State agencies to conduct local agency monitoring reviews virtually (via desk audit or other means) instead of on site.<sup>11</sup>
- **Medical documentation waiver.** Under Federal regulations (7 C.F.R. 246.10(d)(1)), State agencies are required to have medical documentation from a healthcare provider to prescribe types, forms, and amounts of WIC formulas and authorized supplemental foods to medically fragile WIC participants. The medical documentation waiver allowed State agencies to extend existing benefits by no more than 2 months for existing participants with documented qualifying conditions as defined at 7 C.F.R. 246.10(e)(3)(i).
- **Separation of duties waiver.** Under Federal regulations (7 C.F.R. 246.4(a)(27)(iii)), State agencies prohibit a single employee from determining eligibility for all certification criteria and issuing food instruments, cash-value vouchers, or supplemental food for the same participant. The separation of duties waiver removed this requirement and allowed one employee to determine eligibility and issue benefits for the same participant.

<sup>11</sup> State agencies must still conduct monitoring reviews of each local agency at least biennially.

## Use of Administrative Flexibilities Waivers

Most of the State agencies that were issued separation of duties, local agency monitoring, and medical documentation waivers used these waivers. However, only about half of the State agencies issued the extended certification periods waiver used it (figure 14).

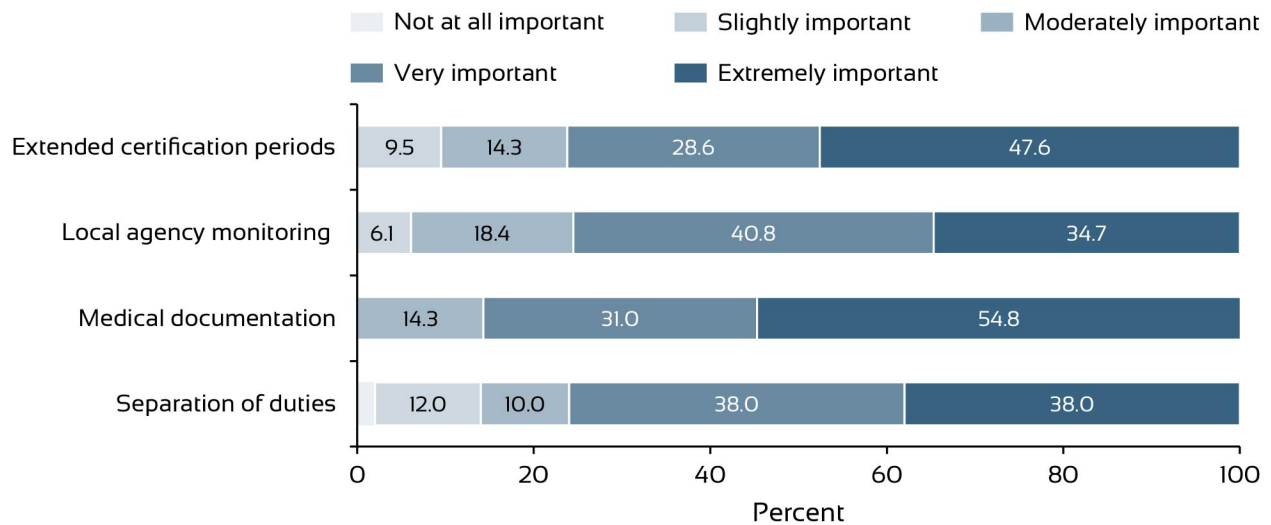
**Figure 14. Number of State Agencies That Were Issued and Used Administrative Flexibilities Waivers**



## Importance of Administrative Flexibilities Waivers

Across all four administrative flexibility waivers, State agencies most commonly reported the waivers were extremely or very important to ensuring participants received quality services during the pandemic (figure 15).

**Figure 15. Importance of Administrative Flexibilities Waivers to Ensuring Quality Services During the COVID-19 Public Health Emergency**



*N* separation of duties = 50; *N* medical documentation = 42; *N* local agency monitoring = 49; *N* extended certification periods = 21  
 Note: No State agencies selected “not at all important” for the extended certification periods and local agency monitoring waivers. No State agencies selected “not at all important” or “slightly important” for the medical documentation waiver.

## Improvements to WIC Services Related to Use of Administrative Flexibilities Waivers

State agencies most commonly reported that using each of the four administrative flexibility waivers kept WIC participants and staff safe by promoting social distancing (table 2).

Most State agencies using the extended certification periods, medical documentation, and separation of duties waivers found the waivers made WIC more accessible and improved access to food for WIC participants during the pandemic (table 2). Specifically for the medical documentation waiver, most State agencies also indicated the waiver gave participants extra time to obtain documentation and reduced the number of participants who received a food package change as a result of difficulties obtaining documentation within the normal timeframe. In an open-ended response, eight State agencies noted this waiver specifically helped the most medically fragile or at-risk WIC participants by extending access to special formula and other medically necessary foods.

**Table 2. Improvements to WIC Services Reported by State Agencies Using Administrative Flexibilities Waivers (Percent)**

Improvement	Extended Certification Periods	Local Agency Monitoring	Medical Documentation	Separation of Duties
Kept WIC participants and staff safe by promoting social distancing	100.0	98.0	97.6	84.0
Made WIC more accessible when being physically present was difficult	100.0	N/A	97.6	80.0
Improved access to food for WIC participants during pandemic	100.0	N/A	97.6	66.0
Made WIC more convenient for WIC participants' schedules	100.0	N/A	69.0	76.0
Allowed the State agency to continue conducting quality oversight during the pandemic	N/A	98.0	N/A	N/A
Enabled WIC clinic to serve more WIC participants in less time	95.2	N/A	57.1	78.0
Decreased WIC participant concerns about feeding themselves or their infants and young children during the pandemic	85.7	N/A	95.2	64.0
Enabled WIC clinic to serve more WIC participants with fewer staff	81.0	N/A	50.0	76.0

N extended certification periods = 21; N local agency monitoring = 49; N medical documentation = 42; N separation of duties = 50

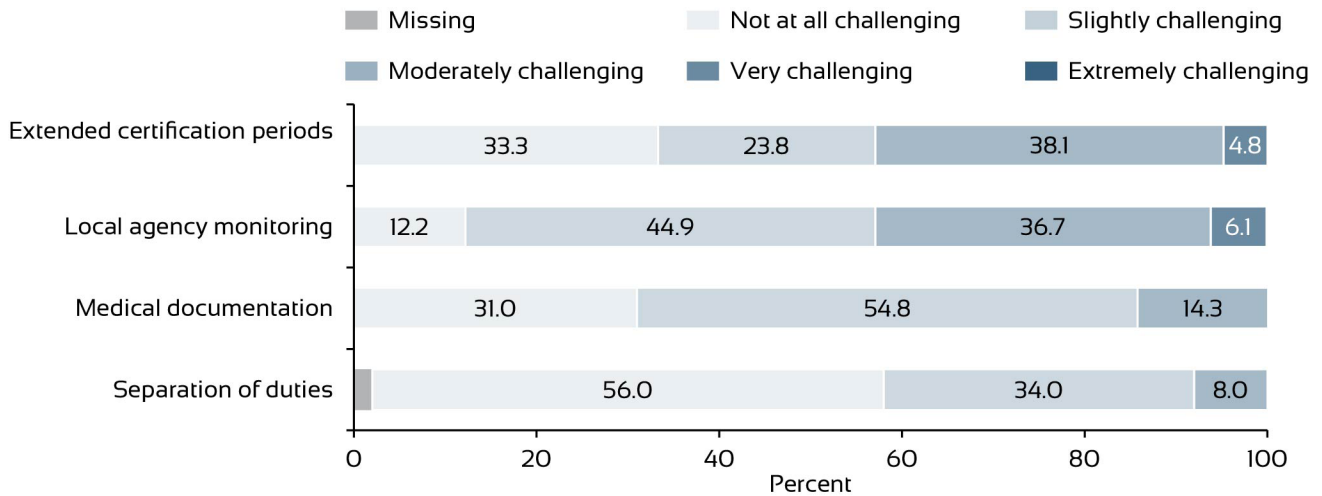
Note: Only the most commonly reported improvements are shown.

N/A = not applicable

## Challenges to Using Administrative Flexibilities Waivers

Across all four administrative flexibilities waivers, many State agencies reported the waivers were slightly or not at all challenging to use. A higher percentage of State agencies using the local agency monitoring and extended certification periods waivers reported they were moderately or very challenging to use compared with the other two waivers (figure 16).

**Figure 16. How Challenging State Agencies Reported It Was to Use Administrative Flexibilities Waivers**



*N* extended certification periods = 21; *N* local agency monitoring = 49; *N* medical documentation = 42; *N* separation of duties = 50  
 Note: No State agencies selected "extremely challenging" for any of the four waivers. No State agencies selected "very challenging" for the medical documentation and separation of duties waivers. Missing values reflect the one State agency that did not provide a response to this question.

For the extended certification periods and local agency monitoring waivers, State agencies most commonly reported technical challenges (e.g., MIS capacity, remote monitoring). By contrast, for the medical documentation and separation of duties waivers, State agencies most often reported challenges communicating changes to WIC local agencies and/or clinics and challenges training WIC local agency and/or clinic staff on new procedures.

## ▶ Food Delivery Flexibilities Waivers

### Key Takeaways

- The vendor preauthorization visits waiver was the most commonly used food delivery flexibilities waiver (23 State agencies); the vendor agreement waiver was the least commonly used waiver (3 State agencies).
- Most or all State agencies reported the food delivery flexibilities waivers kept WIC participants and staff safe by promoting social distancing.
- No State agencies reported food delivery flexibilities waivers to be extremely or very challenging to use.



This section provides a summary of findings for the eight waivers related to food delivery flexibilities; hereafter, these eight waivers are referred to as “food delivery flexibilities waivers.”

- **Four-month benefit issuance.** Under Federal regulations (7 C.F.R. 246.12(r)(5)), State agencies must ensure that no more than a 3-month supply of food instruments is issued at any one time to any participant, parent or caretaker, or proxy. This waiver allowed State agencies with offline EBT systems to issue up to 4 months of WIC benefits on EBT cards at one time.
- **Two-month benefit issuance.** Under Federal regulations (7 C.F.R. 246.12(r)(5)), State agencies must ensure no more than a 1-month supply of supplemental foods is issued at any one time to any participant, parent or caretaker, or proxy. This waiver allowed State agencies with home delivery and/or direct distribution to issue a 2-month supply of supplemental foods at one time through home delivery and/or direct distribution systems.
- **Vendor agreement.** Under Federal regulations (7 C.F.R. 246.12(h)(1)(i)), State agencies must enter into written agreements with all authorized vendors for a period of no more than 3 years. The vendor agreement waiver allowed State agencies to extend expiring 3-year agreements by up to 1 year.
- **Vendor compliance investigations (temporary or annual).** Under Federal regulations (7 C.F.R. 246.12(j)(4)(i)), State agencies are required to conduct compliance investigations for a minimum of 5 percent of the vendors authorized by the State agency as of October 1 of each fiscal year. The vendor compliance investigations waiver removed the 5 percent minimum requirement; however, State agencies were still required to identify high-risk vendors and complete at least one compliance investigation. FNS first issued the vendor compliance investigations waiver on a temporary basis early in the COVID-19 pandemic. As it became evident that continued travel restrictions would limit some State agencies’ ability to fulfill these requirements, FNS subsequently issued a separate waiver that waived the annual minimum requirement for vendor compliance investigations for fiscal year 2020.

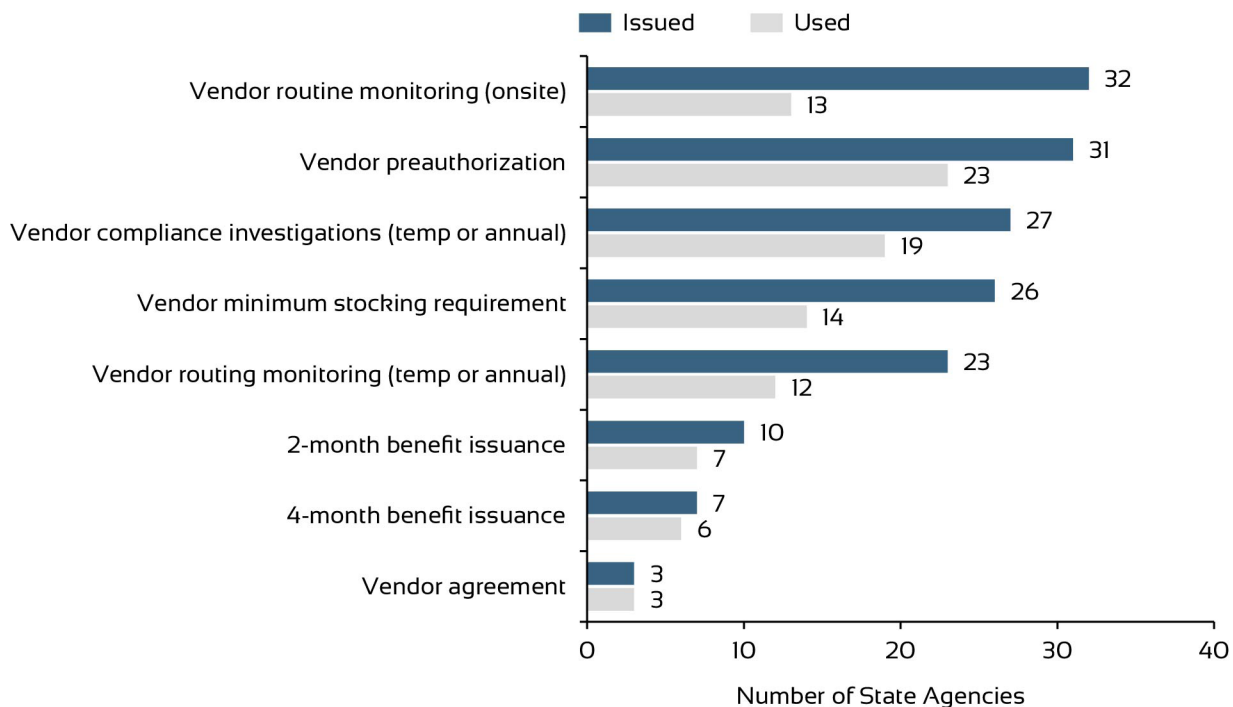


- **Vendor minimum stocking requirements.** Under Federal regulations (7 C.F.R. 246.12(g)(3)(i)), State agencies are required to establish minimum requirements for the variety and quantity of supplemental foods a vendor applicant must stock to be authorized as a WIC vendor. The vendor minimum stocking requirement waiver eliminated the Federal minimum stocking requirements for the purpose of vendor assessment and monitoring during the authorization period (i.e., until 30 days after the end of the nationally declared public health emergency).
- **Vendor preauthorization visits.** Under Federal regulations (7 C.F.R. 246.12(g)(5)), State agency staff must conduct an onsite visit with vendors prior to or at the time of their initial authorization. State agencies using this waiver did not need to conduct this onsite visit.
- **Vendor routine monitoring (temporary or annual).** Under Federal regulations (7 C.F.R. 246.12(j)(2)), State agencies are required to conduct routine monitoring visits for a minimum of 5 percent of vendors authorized as of October 1 of each fiscal year. Under this waiver, State agencies did not need to conduct routine monitoring visits for a minimum of 5 percent of vendors. FNS first issued the vendor routine monitoring waiver on a temporary basis early in the COVID-19 pandemic. As it became evident that continued travel restrictions would limit some State agencies' ability to fulfill their vendor routine monitoring requirements, FNS subsequently issued a separate waiver that waived the annual minimum requirement for routine monitoring visits for fiscal year 2020.
- **Vendor routine monitoring (onsite).** Under Federal regulations (7 C.F.R. 246.2), State agencies must conduct vendor routine monitoring on site at the vendor's location. State agencies using this waiver did not need to conduct the visit in person. Instead, this waiver allowed State agencies to conduct vendor routine monitoring remotely (e.g., phone call, video call).

## Use of Food Delivery Flexibilities Waivers

The vendor preauthorization visits waiver was the most commonly used food delivery flexibilities waiver (23 State agencies); in contrast, only 3 State agencies used the vendor agreement waiver (figure 17).

**Figure 17. Number of State Agencies That Were Issued and Used Food Delivery Flexibilities Waivers**



State agencies that were issued but did not use the vendor compliance investigations (temporary or annual), vendor routine monitoring (onsite), and vendor routine monitoring (temporary or annual) most commonly reported they did not need the waivers because they had already completed the necessary compliance investigations or routine monitoring before waiver issuance. State agencies that were issued but did not use the vendor minimum stocking requirement and vendor preauthorization waivers reported they were able to meet Federal requirements without the waivers.

## Importance of Food Delivery Flexibilities Waivers

Among State agencies using food delivery flexibility waivers, State agencies reported that some waivers were more important to ensuring participants received quality services during the pandemic than others. Over half of State agencies noted that the 4-month benefit issuance, vendor preauthorization visits, 2-month benefit issuance, vendor minimum stocking requirements, vendor routine monitoring (onsite), and vendor agreement waivers were extremely or very important to ensuring WIC participants received quality WIC services (table 3). However, more than half of State agencies reported the vendor routine monitoring (temporary or annual) was only moderately important, and almost a third reported the vendor compliance investigations waiver was not at all important.

**Table 3. Importance of Food Delivery Flexibilities Waivers to Ensuring Quality Services During COVID-19 (Percent)**

Waiver	Extremely Important	Very Important	Moderately Important	Slightly Important	Not at All Important
Four-month benefit issuance <sup>a</sup>	66.7	16.7	0.0	0.0	0.0
Two-month benefit issuance	57.1	28.6	0.0	14.3	0.0
Vendor agreement	0.0	66.7	33.3	0.0	0.0
Vendor compliance investigations	10.5	10.5	26.3	21.1	31.6
Vendor minimum stocking requirement	50.0	28.6	0.0	21.4	0.0
Vendor preauthorization visits	60.9	30.4	8.7	0.0	0.0
Vendor routine monitoring (onsite)	23.1	38.5	23.1	7.7	7.7
Vendor routine monitoring (temporary or annual)	16.7	16.7	58.3	0.0	8.3

N four-month benefit issuance = 6; N two-month benefit issuance = 7; N vendor agreement = 3; N vendor compliance investigations = 19; N vendor minimum stocking requirement = 14; N vendor preauthorization visits = 23; N vendor routing monitoring (onsite) = 13; N vendor routing monitoring (temporary or annual) = 12

<sup>a</sup> Values do not add up to 100 percent because one State agency did not provide a response to this question.

## Improvements to WIC Services Related to Use of Food Delivery Flexibilities Waivers

Across the eight food delivery flexibilities waivers, most or all State agencies reported the waivers kept WIC participants and staff safe by promoting social distancing. Many State agencies that used at least one of the six vendor-specific waivers<sup>12</sup> also reported the following improvements related to waiver use: (1) reducing burden on vendors as they worked to respond to the COVID-19 pandemic (ranging from 69.6 to 100 percent); and (2) retaining or adding WIC-authorized vendors to ensure participant access to supplemental foods (ranging from 63.2 to 100 percent).

<sup>12</sup> Vendor agreement, vendor minimum stocking requirement, vendor preauthorization, vendor compliance investigations, vendor routine monitoring (temporary or annual), vendor routine monitoring (onsite)

## Challenges to Using Food Delivery Flexibilities Waiver

No State agencies reported food delivery flexibilities waivers to be extremely or very challenging to use (table 4).

**Table 4. How Challenging State Agencies Reported It Was to Use Food Delivery Flexibilities Waivers (Percent)**

Waiver	Not at All Challenging	Slightly Challenging	Moderately Challenging
Four-month benefit issuance <sup>a</sup>	16.7	33.3	33.3
Two-month benefit issuance	71.4	28.5	0.0
Vendor agreement	0.0	66.7	33.3
Vendor compliance investigations	68.4	26.3	5.3
Vendor minimum stocking requirement	57.1	28.6	14.3
Vendor preauthorization visits	26.1	47.8	26.1
Vendor routine monitoring (onsite)	23.1	46.2	30.8
Vendor routine monitoring (temporary or annual)	58.3	16.7	25.0

*N* four-month benefit issuance = 6; *N* two-month benefit issuance = 7; *N* vendor agreement = 3; *N* vendor compliance investigations = 19; *N* vendor minimum stocking requirement = 14; *N* vendor preauthorization visits = 23; *N* vendor routing monitoring (onsite) = 13; *N* vendor routing monitoring (temporary or annual) = 12

Note: No State agencies reported food delivery flexibilities waivers were very or extremely challenging to use.

<sup>a</sup> Values do not add up to 100 percent because one State agency did not provide a response to this question.

When State agencies were asked about specific challenges using the waivers, two of the most commonly reported challenges for the six vendor-specific waivers<sup>13</sup> were communicating the changes to vendors (ranging from 15.8 to 66.7 percent) and ensuring vendor compliance (ranging from 17.4 to 53.8 percent).

For the 4-month benefit issuance waiver, half of State agencies reported the following challenges: (1) a short timeline to implement changes;<sup>14</sup> (2) training WIC local agency and/or clinic staff on new procedures; and (3) technical challenges related to MIS capability. Almost half of the State agencies using the 2-month benefit issuance waiver reported that communicating changes to WIC local agencies and/or clinics and communicating changes to WIC participants were a challenge.

<sup>13</sup> Vendor agreement, vendor minimum stocking requirement, vendor preauthorization, vendor compliance investigations, vendor routine monitoring (temporary or annual), vendor routine monitoring (onsite)

<sup>14</sup> FNS did not require State agencies to implement the waiver by a certain timeline. The response option "short timeline to implement changes" reflects a State agency's perceived need to implement the waiver quickly based on the impact of the COVID-19 pandemic.

## Future Considerations

In their open-ended survey responses, State and local agencies suggested future improvements to WIC based on their experience using the FFCRA waivers.

- State and local agencies strongly advocated for the continued use of telemedicine in WIC and the loosening of the physical presence requirement. Respondents noted the increased use of phone or video appointments, when feasible, could improve WIC participant satisfaction and address some barriers (e.g., transportation, childcare, scheduling, convenience) to program participation and retention.
- Similarly, some State agencies suggested maintaining remote benefit issuance long term could benefit participants who face transportation or scheduling barriers to WIC participation.
- In response to food package substitution waivers, some State agencies noted they would like to maintain certain substitutions allowed by the waivers, such as package size flexibilities for bread and eggs and fat content flexibilities for cow's milk, after the national health emergency ends.
- State agencies recommended the continued use of remote vendor monitoring. State agencies indicated the use of virtual tools could enable WIC staff to maintain high-quality monitoring and oversight of WIC vendors, save WIC staff travel time and resources, and streamline the preauthorization process. However, as one State agency described, the success of virtual tools could depend on the access and comfort level of WIC and vendor staff.

## Appendix A. Supplemental Tables

Table A.1. Approved WIC Waivers as of February 28, 2021

Waiver Type	Description of Waiver	Number of State Agencies Issued Waiver	Number of State Agencies That Reported Using Waiver at Any Time
Extended Certification Periods	This waiver allows extending the certification period up to 90 days for a child receiving Food Package IV category only. This does not include the pregnant and infant categories or children receiving Food Package III. This waiver is only applicable to regulations at 7 C.F.R. 246.7(g)(3).	38	21
Food Package Substitutions <sup>a</sup>	Waiver of the select minimum requirements and specifications and/or the maximum monthly allowances as outlined at 7 C.F.R. 246.10(e)(9)-(12).	67	58
Four-Month Benefit Issuance	This waiver allows State agencies with offline electronic benefit transfer (EBT) systems to issue up to 4 months of WIC benefits on EBT cards at one time. This waiver is only applicable to regulations at 7 C.F.R. 246.12(r)(5).	7	6
Local Agency Monitoring	Waiver of the requirement to conduct onsite monitoring reviews of local agencies. State agencies must still conduct monitoring reviews of each local agency at least biennially in accordance with section 17(f)(20) of the Child Nutrition Act, as amended (42 U.S.C. 1786(f)(20)), but this waiver allows State agencies to conduct local agency monitoring reviews virtually instead of onsite. This waiver is only applicable to regulations at 7 C.F.R. 246.19(b)(3).	53	49
Medical Documentation	This waiver allows extending existing benefits by no more than 2 months for participants with documented qualifying conditions as defined at 7 C.F.R. 246.10(e)(3)(i). This waiver is applicable to the regulation at 7 C.F.R. 246.10(d)(1).	45	42
Physical Presence	Waiver of the physical presence requirements set forth in 42 U.S.C. 1786(d)(3)(c)(i). The approval to waive the physical presence requirement includes the ability to defer anthropometric and bloodwork requirements necessary to determine nutritional risk for the period the physical presence waiver is in effect per section 2203(a)(1)(B) of H.R. 6201.	89	88
Remote Benefit Issuance	This waiver allows remote issuance of benefits to any participant (or parent/caretaker or proxy). Under such circumstances, the second nutrition education contact is not required prior to issuance of benefits. This waiver is only applicable to regulations at 7 C.F.R. 246.12(r)(4).	87	81
Separation of Duties	Waiver of the requirement that prohibits a single employee from determining eligibility for all certification criteria and issuing food instruments, cash-value vouchers, or supplemental food for the same participant. This waiver is only applicable to regulations at 246.4(a)(27)(iii).	60	50

Waiver Type	Description of Waiver	Number of State Agencies Issued Waiver	Number of State Agencies That Reported Using Waiver at Any Time
Transactions Without Presence of Cashier <sup>b</sup>	Waiver of the Federal requirement outlined in 7 C.F.R. 246.12(h)(3)(vi) that WIC transactions (including the signing of a paper food instrument or cash-value voucher, or the entering of a Personal Identification Number (PIN) in EBT systems) must occur in the presence of a cashier.	34	3
Two-Month Benefit	Waiver of the Federal requirement that the State agency must not issue more than one-month supply of supplemental foods through its home delivery and/or direct distribution system at any one time to any participant, parent/caretaker, or proxy. This waiver is only applicable to regulations at 7 C.F.R. 246.12(r)(5).	10	7
Vendor Agreement	This waiver allows WIC State agencies to postpone some vendor reauthorization actions by extending expiring vendor agreements by one year.	3	3
Vendor Compliance Investigations (annual and temporary) <sup>c</sup>	Waiver of Federal requirement that the State agency must conduct compliance investigations of a minimum of 5 percent of the number of vendors authorized by the State agency as of October 1 of each fiscal year, as outlined in 7 C.F.R. 246.12(j)(4)(i).	27	19
Vendor Minimum Stocking Requirements	Waiver of minimum stocking requirements for the purpose of vendor assessment and monitoring during the authorization period, as outlined at 7 C.F.R. 246.12(g)(3)(i).	26	14
Vendor Preauthorization Visits	Waiver of the Federal requirement that the State agency must conduct an onsite visit prior to or at the time of a vendor's initial authorization. This waiver is only applicable to regulations at 7 C.F.R. 246.12(g)(5).	31	23
Vendor Routine Monitoring (annual and temporary) <sup>f</sup>	Waiver of the Federal requirement that the State agency must conduct routine monitoring visits on a minimum of five percent of the number of vendors authorized by the State agency as of October 1 of each fiscal year, as outlined in 7 C.F.R. 246.12(j)(2).	23	12
Vendor Routine Monitoring (on site)	Waiver of the Federal requirement that the State agency must conduct routine monitoring visits on a minimum of five percent of the number of vendors authorized by the State agency as of October 1 of each fiscal year, as outlined in 7 C.F.R. 246.12(j)(2).	32	13

<sup>a</sup> State agencies that received several Food Package Substitution waivers are only counted once.

<sup>b</sup> As of March 2021, no State agency had used this waiver to operationalize online ordering or transactions of WIC foods.

<sup>c</sup> State agencies that received both the temporary and annual waivers are only counted once.

Sources: U.S. Department of Agriculture, Food and Nutrition Service. (2020, September 21). WIC Policy Memorandum #2020-6: Extensions for Certain USDA FNS Approved COVID-19 Waivers and Insight tabulations of WIC FFCRA State Agency Waiver Use Survey.

**Table A.2. Food Package Substitution Waivers**

Waiver	Food Package Substitutions
Breakfast cereal	<ul style="list-style-type: none"> <li>Package sizes up to 36 ounces</li> </ul>
Canned fish	<ul style="list-style-type: none"> <li>Package sizes of 2.5 or 2.6 ounces</li> </ul>
Cheese	<ul style="list-style-type: none"> <li>Substitute up to 2 pounds for cow's milk<sup>a</sup></li> <li>Package sizes of 6, 10, 12, or 24 ounces</li> </ul>
Cow's milk <sup>b</sup>	<ul style="list-style-type: none"> <li>Any fat content</li> <li>Package sizes that, alone or in combination, are less than the maximum monthly allowance</li> </ul>
Eggs	<ul style="list-style-type: none"> <li>Package size of 18 count</li> <li>Substitute hardboiled for fresh</li> <li>Substitute peanut butter or legumes</li> </ul>
Infant foods	<ul style="list-style-type: none"> <li>Substitute canned and/or frozen fruits and vegetables</li> </ul>
Juice	<ul style="list-style-type: none"> <li>Package sizes that, alone or in combination, are less than the maximum monthly allowance</li> </ul>
Legumes	<ul style="list-style-type: none"> <li>Substitute baked beans or canned legumes with tomatoes</li> </ul>
Tofu	<ul style="list-style-type: none"> <li>Package sizes that, alone or in combination, are less than the maximum monthly allowance</li> </ul>
Whole wheat/whole grain bread	<ul style="list-style-type: none"> <li>Package size of 14.9, 15, 20, 24, or 25.9 ounces</li> </ul>
Yogurt	<ul style="list-style-type: none"> <li>Any fat content</li> <li>Substitute up to 2 quarts for cow's milk<sup>a</sup></li> <li>Package sizes that, alone or in combination, are less than the maximum monthly allowance</li> </ul>

<sup>a</sup> At a rate of 1 pound of cheese or 1 quart of yogurt per 3 quarts of cow's milk

<sup>b</sup> Allowable options for fluid milk substitutions are yogurt, cheese, soy beverage, and tofu