



## Memorandum

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**#13-068**

**TO:** WIC Local Agency Directors

**FROM:** Linda Brumble, Unit Manager  
Nutrition Education/Clinic Services Unit  
Nutrition Services Section

**DATE:** June 19, 2013

**SUBJECT:** Revised Policies: *Texas WIC Policies BF:06.0 Loan of and Inventory of Electric Multi-User Breast Pumps and Texas WIC Policy FD:19.0 Exchanging and Managing Returned Formula Inventory*

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This memo announces revisions to the subject policy as follows. The policy is effective July 1, 2013. At that time it will be posted and you may update your *Policy and Procedures Manual* by accessing the *WIC Website* at [http://www.dshs.state.tx.us/wichd/policy/table\\_of\\_contents.shtm](http://www.dshs.state.tx.us/wichd/policy/table_of_contents.shtm).

### Summary of Revisions

#### *Texas WIC Policy BF:06.0 Loan of and Inventory of Electric Multi-User Breast Pumps*

- Procedure I – Revised to clarify that a multi-user pump can be issued to a mom enrolled as postpartum who wishes to re-lactate.

#### *Texas WIC Policy FD:19.0 Exchanging and Managing Returned Formula Inventory*

- Added definitions for donated formula and the formula exchange module (FEM).
- Reorganized topics and layout.
- Provided additional explanation for performing and documenting exchanges.
- Required development of a local policy for management if donated formula is accepted.
- Clarified that open containers cannot be returned or exchanged.
- Clarified how to use the revised returned formula logs.
- Clarified how to handle expired or damaged formula.

If you have questions regarding *Texas WIC Policies BF:06.0 Loan of and Inventory of Electric Multi-User Breast Pumps*, please contact Tracy Erickson, WIC Breastfeeding Coordinator, at [tracy.erickson@dshs.state.tx.us](mailto:tracy.erickson@dshs.state.tx.us) or (512) 341-4521. If you have questions regarding *Texas WIC Policy FD:19.0 Exchanging and Managing Returned Formula Inventory*, please contact Sandra Brown, Food Formula Specialist, at [sandra.brown@dshs.state.tx.us](mailto:sandra.brown@dshs.state.tx.us) or (512) 341-4576.

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Policy No. BF:06.0

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## **Loan and Inventory of Multi-user Electric Breast Pumps**

### **Purpose**

To enable WIC participants to initiate breastfeeding and increase the duration of breastfeeding in special circumstances.

### **Authority**

7 CFR Part 246.14; USDA FNS Memorandum 99-WIC-73

### **Policy**

Local agencies shall provide multi-user electric breast pumps and collection kits to WIC participants who need to establish their milk supply.

Local agencies shall maintain a secure and perpetual inventory of collection kits and multi-user electric pumps at all times.

Local agencies shall not implement policies regarding breast pump issuance that are more restrictive than the state agency breast pump policies.

### **Definitions**

Multi-user Electric Breast Pump – a breast pump with a powerful and reusable motor unit that is designed for mothers who need to establish their milk supply with a breast pump alone or with minimal breastfeeding by the infant.

Milk Collection Kit - a personal use milk collection kit given to WIC mothers, who are temporarily loaned a multi-user electric pump, and should never be used by more than one (1) person.

Irretrievable Multi-user Electric Breast Pump – a multi-user electric breast pump originally loaned to a WIC participant, but deemed irretrievable

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according to the Guidelines for Retrieval of Multi-user Breast Pumps in the Breast Pump Procedures Manual.

Lost or Stolen Breast Pump – a missing breast pump that is not accounted for by way of a breast pump inventory log or a loan contract.

Designated and Trained Staff – Staff who are designated by the WIC Director or Breastfeeding Coordinator to issue breast pumps and who have completed required breast pump training described in BF:04.0

## **Procedures**

### **I. Issuance**

- A. Multi-user electric pumps can be issued for any reason if all of the following conditions are present:
- i. The WIC participant is currently enrolled in WIC as pregnant or breastfeeding or postpartum and wanting to re-lactate,
  - ii. Has delivered her infant(s),
  - iii. Is determined eligible for a pump.

The reason for pump issuance is not restricted by state policy, but should be documented appropriately on the corresponding inventory log. Some examples of when a mom might need a multi-user electric pump include but are not limited to:

1. for mothers of newborns with special needs such as prematurity, low birth weight, Down Syndrome, cardiac problems, cystic fibrosis, PKU, neurological impairment, or other special needs.
2. for mothers of newborns with physical or neurological impairment such as cleft lip or palate, tongue tie, uncoordinated suck/swallow pattern, weak suck, inability to suck, or inability to effectively latch-on to the breast.
3. for mothers who must be separated from their newborn due to infant or mother hospitalization.
4. for mothers at risk for delayed lactogenesis II, such as mothers who had cesarean section delivery or conditions such as diabetes, obesity, hyperthyroidism, insufficient mammary glandular tissue, postpartum

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- hemorrhage, ovarian cyst, polycystic ovarian syndrome, and history of breast surgery.
5. for mothers who want to re-lactate.
  6. for any other reason as determined by the CA, WCS, Peer Counselor, Lactation Consultant, WIC director, or other designated and trained staff (See [BF:04.0](#)).
- B. Food benefits may be single-, double-, or triple-issued to WIC participants receiving multi-user pumps as determined by the CA, WCS, Peer Counselor, Lactation Consultant, WIC Director, or other designated and trained staff. However, because WIC participants who receive multi-user breast pumps need close follow up, multi-user pumps can only be issued for a maximum of two months at a time.
1. loan extensions can be granted in person or by phone for up to two months at a time.
  2. mothers of infants born prior to 38 weeks shall be granted loan extensions upon request until their baby reaches their original due date, at minimum.
  3. all mothers issued multi-user pumps should be provided with close follow up in an attempt to help mom reach the desired goal of pumping 25 ounces a day, per baby, by day 14 and thereafter, for as long as the mother has the pump.
- C. LA staff shall determine the mother's need for a milk collection kit. If the mother did not receive a collection kit in the hospital or received one that is not designed to work with the LA breast pump, a collection kit shall be issued.
- D. WIC staff shall have participants read, initial each statement, and sign a breast pump loan contract when borrowing a multi-user pump. If the participant cannot read, the loan contract shall be read to the participant. The loan contract shall also be completed and signed by the staff member conducting the issuance. The loan contract shall be distributed as follows:
1. original in participant or central file; and
  2. copy to participant.
- Upon issuance, WIC staff shall complete all sections of the WIC Inventory Log for Collection Kits and Issuance of Multi-User Breast Pumps.
- E. WIC staff shall not issue a breast pump to themselves or relatives. The WIC employee who is scheduled or has a family member scheduled for an appointment shall make arrangements for another WIC employee to issue the breast pump.

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- F. WIC staff may issue a multi-user breast pump to a proxy, 16 years of age or older, if certain conditions identified in [Policy BF: 07.0](#) are present.

## II. Training

- A. Before receiving a breast pump, mothers shall be trained by WIC staff on assembly, use, and cleaning of the breast pump, and storage of human milk utilizing the pump that is being issued to the participant or a demonstration pump. Showing a participant a breast pump video does not count as training.
- B. WIC staff conducting training shall have completed the Breastfeeding Promotion and Support Module and been previously trained on breast pump issuance, inventory control, basic troubleshooting, retrieval, assembly, use, and cleaning, and LA protocol on who to contact to answer participant's questions on BF. See [Policy BF:04.0](#).

## III. Inventory

- A. All full time clinics, at minimum, shall maintain an inventory of multi-user electric breast pumps and collection kits. If inventory is not stored at part time or satellite clinics, WIC staff shall ensure participants have access to the appropriate pump and appropriate flange size without the need for additional travel (i.e. staff will deliver from full-time clinic or to participant's clinic, home or a mutual meeting place.)
- B. The LA shall maintain a secure and perpetual inventory of all breast pumps and collection kits and keep items in a locked area at all times. Reconciliation of inventory logs to physical inventory shall be done once a month, at minimum. State agency breast pump logs may be modified with prior approval by the SA BF Coordinator. See [Policy GA: 3.0](#) for breast pump inventory log, release agreement, and loan contract retention rates.
- C. WIC staff shall document inventory of multi-user electric breast pumps on the Master Inventory Log for Multi-User Electric Breast Pumps, which shall be maintained in a central breast pump file at the LA and available for audit purposes. Information to be documented shall include breast pump serial numbers, date received and staff initials. If a multi-user electric breast pump is no longer in inventory, document the reason it was removed from inventory along with the date and staff initials.
- D. WIC staff shall document collection kits received, multi-user electric pump loan information, and collection kit issuance on the inventory log for collection

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- kits, which shall be maintained in a central breast pump file at the LA and available for audit purposes. The information to be documented shall include participant name, breast pump serial number, reason for issuance, documentation that release form was signed, date issued, date due, staff initials, and date returned.
- E. Upon return to the clinic, staff shall check the pump case for all parts, plug the pump in to ensure it is in good working order, assess the pump for damage, clean the pump motor casing with a mild bleach solution or standard household cleaner, and document the date the multi-user electric breast pump was returned on the appropriate inventory log.
  - F. WIC staff shall not issue a replacement electric pump until a participant returns the broken or defective electric breast pump to the clinic.
  - G. A WIC participant who reports that her multi-user electric breast pump was stolen shall present a police report prior to being issued another electric pump. If a police report cannot be obtained, a manual pump can be issued. Stolen pumps and collection kits shall be reported to SA according to Policy AC:35.0.
- IV. Retrieval - To prevent financial liability, LAs shall follow the Guidelines for Retrieval of Multi-user Electric Breast Pumps in the Breast Pump Procedures Manual when retrieving pumps that are not returned in a timely manner to the clinic.

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## **Exchanging and Managing Returned Formula Inventory**

**Purpose** To establish a procedure for accepting, exchanging, and issuing returned formula to WIC participants.

### **Authority**

State Policy

### **Policy**

Formula exchange requests shall be completed using the Texas WIC Information Network (TWIN) formula exchange module. Formula returned to the clinic shall be documented on a state Returned Formula Log. Participants shall not receive more than the maximum amount of formula allowed by federal regulation. This includes formula issued to the WIC EBT card, formula provided from the clinic's returned formula inventory, and formula that has already been used in the current month by the participant.

### **Definitions**

Returned formula – Formula originally purchased by WIC using the WIC EBT Card or drop shipped that is returned to the clinic.

Donated formula – Formula that was not purchased with WIC benefits, e.g., formula provided to a participant by their healthcare provider (HCP) or a hospital.

Formula Exchange Module (FEM) – Function in TWIN that allows changes to formula that has been issued to the card such as issuing out and/or taking in returned formula, exchanging one formula for another, issuing multiple formulas, and altering the quantity of formula issued.

### **Procedures**

- I. Exchanging, Issuing, or Returning Formula Using the TWIN Formula Exchange Module (FEM)

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A. General Principles

1. Staff shall issue formula from returned formula inventory, if available, to WIC participants for current month formula issuances and current month formula exchanges. Returned formula may not be issued to participants as part of their advance month benefits.
2. The amount of returned formula shall be credited using the FEM and a prorated amount of the new formula may be added to the WIC EBT card. When current month benefits are issued, at least one container of formula shall be issued to the WIC EBT card. The remaining quantity of formula may be issued from returned formula inventory.
3. When a formula exchange is initiated, the computer system will not allow all formula to be issued out of inventory. It will require at least one can to remain on the WIC EBT card. If any formula was purchased, the parent/guardian or participant shall bring their WIC EBT card and unopened containers of formula to the WIC clinic. Participants should be informed that they may not receive an equal number of containers in exchange. Cans that are not required as part of the exchange may be kept by the participant.

**Example:** A participant brings in 5 cans of Similac Advance powder to exchange for Similac Sensitive powder on the 28<sup>th</sup> of the month. TWIN will only allow for 1 can of Similac Sensitive to be issued to the WIC EBT card. The participant may choose to keep the remaining 4 cans of Similac Advance or she may return them to the clinic. If returned to WIC, all 5 cans would then be recorded on the Returned Formula Log.
4. Whenever formula exchange involves returning and/or issuing formula from returned formula inventory, the details of the exchange must be documented. The documentation may be either a printout of the "Formula Exchange Monthly Detail" screen or a written explanation of the cans returned and/or issued out of the returned formula inventory. The screen print-out or documented explanation shall be filed with or recorded on the Returned Formula Log.

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5. LAs shall develop written procedures that provide a mechanism for informing staff of formulas currently in returned formula inventory.
6. The SA does not require the LA to accept or manage donated formula. If an LA chooses to accept donated formula, they shall develop a local policy for donated formula management. LAs are not required to log donated formula on the Returned Formula Log.  
**Example:** A mom brings in 10 cans of formula. Six cans are Similac Advance that she received from WIC 10 months ago; the other 4 cans are Enfamil Premium that she received from the hospital when the infant was born. The Similac Advance is added to the Returned Stock. Enfamil Premium is donated formula and does not have to be accepted or logged.
7. The FEM may be used to increase (up to the federally allowed maximum) or decrease the quantity of formula for a selected benefit period once formula is issued to the card. For the current benefit month, the quantity of formula that may be increased is the lesser of:
  - a. The difference between the maximum quantity allowed and the quantity issued OR;
  - b. The prorated quantity based on the number of days remaining in the month.
    - i. **Example one:** Ten cans of formula (from the 31 can default maximum allowed) were initially issued for the current month. If the date is on or before the 10<sup>th</sup> day of the current month, up to 21 additional cans may be issued.
    - ii. **Example two:** Ten cans of formula (from the 31 can default maximum allowed) were initially issued for the current month. If the date is after the 10<sup>th</sup> day of the current month, a prorated quantity of less than 21 additional cans may be issued. The actual additional quantity will be based on the number of days remaining in the month.
8. When the FEM is used to exchange formula, any unused formula already purchased during the benefit period shall be returned to the clinic. Only the number of cans returned will be considered in

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the formula exchanges. Once the exchange is made and issued on the card, additional cans cannot be returned for exchange.

- a. Inform the parent/guardian that all cans being considered shall be brought in for exchange at the same time.
  - b. **Example:** Parent has six unused cans of formula and only returns three to the clinic. It is not possible to exchange the other three cans on another day.
9. Open formula containers shall not be accepted or included in a returned formula count.
10. When returned formula inventory is available, clinics shall use formula from returned inventory in preference to issuing on the card. Clinic staff discretion shall be used to determine the amount of returned formula to issue out of inventory to an individual based on the participant's situation, e.g., transportation issues, ability to carry, etc.

**B. Exchanges Involving Returned Formula**

1. Issuing Out Returned Formula - If the clinic has the requested/prescribed formula in returned formula inventory:
  - a. Use the FEM to document the formula exchange. Refer to Texas WIN EBT Quick Guide for WIC Clinics for the computer procedures on formula exchanges.
  - b. Once all formula exchange information is entered in the FEM, print the "Formula Exchange Monthly Detail" screen by pressing the Print Screen key. This must be done PRIOR to pressing the F10 Save key or the information will be lost. If the "Formula Exchange Monthly Detail" screen is not printed, staff shall provide a documented explanation of the formula exchange on the Returned Formula Log.
  - c. The Formula Exchange Monthly Detail screen or documented explanation shall be filed with or recorded on the Returned Formula Log to provide an audit trail of returned formula.
  - d. Document the amount of formula the participant is receiving as well as other relevant information on the appropriate Returned Formula Log:
    - i. Name of the formula
    - ii. Name of the formula recipient

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- iii. Number of containers being issued from returned inventory
- iv. Signature of the parent/guardian or participant
- v. Staff initials
- vi. Reason code
  - 1) 1-Exchange – Use when changing formulas; old formula being returned and/or new formula being issued from inventory
  - 2) 2-Issued in Lieu of Benefits on Card – Use when formula is not changing and some quantity of formula is issued out of returned inventory instead of being issued to the card
  - 3) 3-Formula Sent To/Received from Another Site or LA – When formula is to be shipped to or received from another site or LA
  - 4) 4-Participant No Longer Using – When WIC purchased formula is returned to the clinic but is not exchanged for another formula
  - 5) 5-Exception with State Approval – Issued out for other reasons as requested by SA staff
  - 6) D-Damaged – When formula is damaged while in storage or when returned during an exchange transaction
  - 7) E-Expired – Unused formula stored in clinic or drop-shipped with an expiration date that has passed. Drop-shipped expired formula requires SA notification before destruction
- 2. Taking In Returned Formula - If the clinic does not have the requested or prescribed formula in returned formula inventory:
  - a. Use the FEM to document the formula return. Refer to Texas WIN EBT Quick Guide for WIC Clinics for the computer procedures on formula exchanges. Issue the requested or prescribed formula on the WIC EBT card.
  - b. Once all formula exchange information is entered in the FEM, print the "Formula Exchange Monthly Detail" screen by pressing the Print Screen key. This must be done PRIOR to pressing the F10 Save key or the information will be lost. If

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the "Formula Exchange Monthly Detail" screen is not printed, staff shall provide a documented explanation of the formula exchange on the Returned Formula Log.

- c. The Formula Exchange Monthly Detail screen or documented explanation shall be filed with or recorded on the Returned Formula Log to provide an audit trail of returned formula.
- d. Document the amount of formula the participant returned as well as other relevant information as outlined in I.B.1.d. on the appropriate Returned Formula Log and secure the formula in a locked location in returned inventory.

C. Formula Inventory Management - Returned formula shall be issued to WIC participants in a timely manner to prevent formula from expiring.

- 1. LAs shall maintain a perpetual inventory of returned, issued, and shipped formula using the state-developed Returned Formula Log forms. Records not providing a clear audit trail of returned formula will be deemed out of compliance. LAs that cannot account for returned formula may be required to reimburse the SA the dollar amount of any missing formula (based on the average cost to the state for that brand, type, and form).
- 2. When a parent/guardian or participant returns a specialized formula or a formula that will expire within the next four to six months:
  - a. Relocate the formula within the LA if a participant from another clinic site can use the formula.
  - b. If the formula cannot be issued within the LA, the SA shall be contacted immediately. All formula expiring within four months shall be reported to the SA to ensure adequate time to relocate the formula. If the LA receives formula that is already within four months of expiring, they shall report the formula immediately. The SA will assist in relocating formula to a clinic that can use it. The original LA will ship the formula to the receiving LA.
  - c. LAs shall provide documentation that the state was notified of formula that will soon expire. Documentation may be noted on the Returned Formula Log. LAs may contact the formula pager

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- at (512) 499-6814 and obtain a state problem number or they may email state formula staff.
3. It is best practice to:
    - a. Check and record expiration dates from the formula cans
    - b. Issue out "earlier to expire" formula first
  4. Expired Formula
    - a. If it is impossible to relocate returned formula before it expires, the expired formula shall be disposed of by following the procedure outlined in section I.C.6.
    - b. Exception: Expired formula that was drop shipped shall not be destroyed without notifying the SA for approval first. Contact the formula pager at (512) 499-6814 for approval and instructions.
    - c. Expired formula shall never be provided to a participant, whether returned or donated.
  5. Damaged Formula - LAs shall accept damaged cans of formula when providing formula exchange for valid reasons. This assumes that the total number of cans returned is no more than the maximum amount allowed for the formula for a month.
    - a. The accepted cans shall be included in the count considered for formula exchange.
    - b. Open formula containers shall not be accepted or included in a returned formula count.
  6. Disposing of Damaged/Expired Formula –
    - a. Damaged/expired containers of formula will be disposed of promptly and appropriately.
    - b. In the presence of a witness (staff member), a second staff member shall open damaged containers of formula and dispose of the contents. Both witness and staff member shall sign and date the appropriate Returned Formula Log confirming the quantity of formula disposed.
- II. Exchanging Food Packages
- A. A participant may exchange a complete food package anytime except if the current month's food package includes formula.
  - B. If a participant has not redeemed any food benefits from the current full food package, a new full food package may be issued as a

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replacement. If the participant was issued a partial package, the replacement package will be a partial package.

- C. If a family has redeemed some of the aggregated benefits, a replacement food package can be issued if there are sufficient benefits remaining on the card equal to the items/quantities originally issued for the participant requesting the food package change. **Note:** The family must be notified this could affect the remaining food packages on the card (e.g., changing remaining milk on card to lactose-free milk).
- D. When a food package without formula is exchanged for a food package with formula, the formula will be prorated depending on the number of days remaining in the month.

### III. Exchanging Food Packages with Formula

- A. Formula packages cannot be exchanged for food packages in the current month because formula is prorated. Benefits for the future months can be exchanged.
- B. When exchanging mother/infant food packages, the mother's food package shall always be changed FIRST, before changing the infant's food package or formula quantity.
- C. When a formula has been issued to an infant and a mother requests a change to the exclusively breastfeeding package, staff may change future month benefits, but not the current month's benefits. The mother's food package shall be changed first, before changing the infant's food package.
- D. The FEM shall be used to exchange or replace all formulas once benefits have been issued to the card.
- E. The exchange of formula occurring during the current month will be prorated based on the number of days remaining in the month.

**Example:** A client initially received 31 cans of Similac Advance concentrated liquid formula for May during April issuance. The client comes in May 20<sup>th</sup> to exchange formulas with all 31 cans still remaining on the card. If all of the Similac Advance concentrate on the card is to be exchanged for Similac Sensitive concentrate, the replacement formula Similac Sensitive will be prorated based on the 12 days remaining in the month.

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- IV. Exchanging Formula for the Mostly Breastfeeding Infant – If a participant needs to exchange formula after issuance for the current month:
- A. Allow the formula exchange module to calculate the new exchanged quantity.
  - B. The FEM will calculate the quantity for maximum issuance without regard to breastfeeding status.
  - C. To determine the amount to issue to a mostly breastfeeding infant, divide the maximum issuance by 2 and round down. Manually replace this “quantity” with the new exchanged “quantity.”  
**Example:** Participant has 3 cans of Similac Advance on the card to exchange for Similac Sensitive. The formula exchange module allows 7 cans of Similac Sensitive to be issued. 7 divided by 2 is 3.5 cans. Round down to 3 cans. Change the “new quantity” from 7 to 3 or less if the mother requests/needs less.
  - D. Save this amount and issue.
  - E. Adjust any future months that were already issued to the card by changing the formula quantity to an amount equal to or less than the maximum amount allowed for the formula type and infant’s age.
  - F. Use the Maximum Quantity Formula Table to determine the maximum quantities allowed for the mostly breastfed infant as a reference or contact the formula beeper at (512) 499-6814 for assistance.
  - G. Communicate the quantity needed to the staff member assigned to issue benefits to the EBT card.