

Local Agency

A

Contract Formula

C

Breastfeeding

B

Child or Mostly BF



E

Fully Breastfeeding

F

Formula

State WIC

G

Homeless

H

I

Infant

Low Lactose

L

M

Multiples

No Checks

N

Non-Breastfeeding

Provider

P

Pregnant or Preschool

Low Lactose

Q

4-5 month old infants

Soy and Tofu

S

Standard

Tofu

T

Toddler

O

Some BF- At Least Once A day

Whole Milk

W

No Cheese

X

