## **Warren County WIC**

1340 State Route 9 Lake George, NY 12845 761-6425 Phone / 761- 7643 Fax

WIC is a supplemental food program for pregnant & postpartum women, infants & children to 5 years of age.

General Food Package								
Pregnant Women	Breastfeeding Women	Non-Breastfeeding Women	Infants	Children				
5 ½ Gal/ 22 qts LF/1% Milk	6 Gal/ 24 qts LF/1% Milk	4 Gal/16 qts LF/1% Milk	Formula / 6 – 12 months	1<2yo 4 Gal/16 qts. Whole Milk				
or NF/Skim Milk	or NF/Skim Milk+	or NF/Skim Milk	Enfamil Infant	2<5yo 4 Gal/16 qts LF/1% Milk				
(1# of Cheese (Optional))	(1# of Cheese (Optional))	(1# of Cheese (Optional))	Gerber Good Start Soy	or NF/Skim Mill				
(32oz of yogurt (Optional))	(32Oz of yogurt (Optional))	(32Oz of yogurt (Optional))	Enfamil Gentlease	(1# of Cheese (Optional))				
1 dozen Eggs	2 dozen Eggs	1 dozen Eggs	Enfamil AR	(32Oz of yogurt(Optional))				
Up to 36 oz Cereal	1# Cheese	Up to 36 oz Cereal	Special Needs formula	1 dozen Eggs				
2# Dry Beans/Peas/Lentils or	Up to 36 oz canned Fish	1# Dry Beans/Peas/Lentils or	with MD's prescription	Up to 36 oz Cereal				
4 cans - up to 16oz beans or	(Tuna, Sardines, Salmon)	4 cans- up to 16oz beans or	3 boxes Baby cereal	1# Dry Beans/Peas/Lentils or				
2# 16-18 oz Peanut Butter	2# Dry Beans/Peas/Lentils or	2# 16-18 oz Peanut Butter	36 jars Baby Fruit/Vegetables	4 cans- up to 16oz beans o				
or Combination	4 cans- up to 16oz beans or	or Combination		2# 16-18 oz Peanut Butter				
1# WW Bread or	2# 16-18 oz Peanut Butter	2-11.5/12oz Concentrate Juice	Breastford / C 42 mounths	or Combination				
Whole Grain Tortillas or	or Combination	(up to oz)	Breastfed / 6 – 12 months	2# WW Bread or				
14-16 oz Brown Rice or	1# WW Bread or		3 boxes Baby cereal	Whole Grain Tortillas or				
16 oz WW Pasta	Whole Grain Tortillas or		64 jars Baby Fruit/Vegetables	14-16 oz Brown Rice or				
3–11.5/12oz Concentrated Juice	14-16 oz Brown Rice or	\$ 11 Vegetable & Fruit check	31 jars Baby Meat (FBF)	16 oz WW Pasta				
(up to 144 oz)	16 oz WW Pasta		Farmerila 9 DF/O 40 magnetica	2 - 64 oz Container Juice or				
	3- 11.5/12oz Concentrated Juice		Formula & BF/ 9 -12 months	16 oz Concentrate Juice				
	(up to 144 oz)	\$ 20 Farmer's Market check*	In addition >may substitute					
\$ 11 Vegetable & Fruit check			# jars Fruit & Vegetables for	\$ 9 Vegetable / Fruit check				
	\$ 11 Vegetable & Fruit check		\$4/\$8(FBF) Fruit/Veg Voucher					
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\$ 20 Farmer's Market check	\$ 20 Farmer's Market check		\$ 20 Farmer's Market check	\$ 20 Farmer's Market check				

	June 1, 2024 – June 30, 2025 WIC Income Eligibility			* A pregnant women is considered to be a household of 2	
Household Size	Annual Gross	Monthly Gross	Twice-Monthly Gross	Bi-weekly Gross	Weekly Gross
1	\$ 27,861	\$ 2,322	\$ 1,161	\$1,072	\$536
2	37,814	3,152	1,576	1,455	728
3	47,767	3,981	1,991	1,838	919
4	57,720	4,810	2,820	2,220	1,110
5	67,673	5,640	2,820	2,603	1,302
or each additional person add	9,953	830	415	383	192

## Clinic Sites

Warren County Municipal Center
Village Green Apartments – Glens Falls
North Creek
Horicon
Warrensburg
Lake Luzerne
VFW – Queensbury
United Methodist Church – Queensbury
1st Baptist Church – Glens Falls