

WIC REFERRAL FORM

To Schedule a WIC Appointment call: (919) 250-4720



CLIENT NAME _____

BIRTHDATE _____

Please check the category that applies to your client:

- _____ Infant (younger than 11 months)
- _____ Child (11 months to 5 years)
- _____ Prenatal Woman
- _____ Non-Breastfeeding Postpartum Woman
- _____ Breastfeeding Woman

When scheduling your Doctors appointment, tell them you will need this WIC form filled out.

I authorize the exchange of the information below between the WIC Program and my Health Care Provider.

Client / Parent / Guardian

Signature: _____ Date: _____

Infant / Child is insured through (✓ one) Medicaid Other No Insurance

HEALTH CARE PROVIDER: COMPLETE AND SIGN BELOW. RETURN FORM TO THE PATIENT OR CARETAKER.

Immunization status of client 0 – 5 years of age (✓ one) Up-to-Date Not Up-to-Date
(Date of height and weight must be less than 60 days old on date of WIC appointment)

FOR CLIENTS ≤ 24 months of age:

Date: _____ Recumbent Length: _____ Weight: _____ Weeks Gestation: _____
Birth Weight: _____ Birth Length: _____

FOR ALL OTHERS:

Date: _____ Height: _____ Weight: _____

(Date of bloodwork must be less than 90 days old on date of WIC appointment)

Date: _____ HGB: _____ or HCT: _____ Blood Lead: _____ Results not yet available

FOR PREGNANT WOMEN:

EDC: _____ Weeks of Gestation: _____ Prepregnancy Weight: _____

Date of First Prenatal Care Visit: _____

Significant Obstetric History: _____

COMMENTS: Please indicate any significant findings / diagnosis / recommendations:

Name of Practice

Signature of MD, PA, PNP, CNM

Date

SITUATIONS REQUIRING A PRESCRIPTION:

A complete prescription must include client's name and date of birth, specific name of formula/product, specific medical condition(s), duration of prescription, printed name, signature and contact information of prescribing individual, and date of signature.

- An **infant** requires a formula other than the contract milk or soy-based infant formulas (Enfamil Premium Newborn, Enfamil Premium Infant, Enfamil ProSobee, and Enfamil Gentlease).
- A **child or woman** requires an exempt formula or medical food (for example: Nutramigen, Pediasure, and Ensure)
- A **child >24 months or a woman** requires whole milk.
- A **child** requires tofu substitution for part or all of the milk allowance.
- A **woman** requires tofu substitution above the basic amounts or for all of the milk allowance.
- A **child** requires a soy-based beverage.

To Apply For WIC

1. Call (919) 250-4720 to have your income screened and make an appointment for a nutrition assessment.
2. Please be on time for your appointment. If you are more than 30 minutes late, you may be asked to reschedule.
3. Please bring appropriate identification, proof of residence and proof of income (see below for specific examples).

WIC Voucher Pick-up Hours:

- Public Health Center Raleigh/Sunnybrook Road
Monday - Thursday 9:00 AM-8:00 PM
Friday & Saturday 9:00 AM-4:30 PM
- Eastern Regional Center (Zebulon)
Monday - Friday 9:00AM-12:00PM, 2:00-4:30PM
- Northern Regional Center (Wake Forest)
Monday - Friday 9:00AM-12:00PM, 2:00-4:30PM
- Southern Regional Center (Fuquay-Varina)
Monday - Friday 9:00AM-12:00PM, 2:00-4:30PM
Tuesdays 5:00-8:00PM
- Millbrook Human Services Center
Monday - Friday 8:30AM-4:30PM

Listed below are some acceptable forms of proof of identification, residence and income.

Please bring at least one form of proof for each of these three categories. A current driver's license or DMV ID card satisfies both identification and residence.

Identification

- Current Medicaid card
- Driver's license/ DMV ID
- WIC wallet
- Birth certificate
- Passport
- Hospital crib card
- Immunization record
- Insurance card/policy
- Social Security card
- Bill or paycheck in your name (*less than or equal to 60 days old*)
- Current Military/Work/School ID
- Voter registration card

Residence

- Current Medicaid card
- Driver's license/ DMV ID (with current address)
- Recent utility bill (*less than or equal to 60 days old*)
- Bank statement
- Mortgage agreement
- Rental agreement
- Child's school records
- Third party confirmation letter

Income

- Recent paycheck stubs (*less than or equal to 30 days old*)
- W-2 forms or tax return
- Letter from employer stating gross income and frequency
- Current Medicaid card
- Work First eligibility letter
- Food Stamps notice of eligibility or certification letter
- Copy of child support check
- Foster child placement/award letter
- Unemployment letter/notice

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider.

De acuerdo a lo establecido por las leyes Federales y el Departamento de Agricultura de los EE.UU. (USDA, por sus siglas en inglés), se prohíbe a este organismo la discriminación por raza, color, origen nacional, sexo, edad, o impedimentos de las personas. Para presentar una queja sobre discriminación, escriba a USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 o llame al (800)795-3272 o (202) 720-6382 (TTY). USDA es un proveedor y empleador que ofrece oportunidad igual a todos.