



WIC PROGRAM REFERRAL FORM

Are your patients and clients enrolled in WIC? WIC gladly accepts referrals

It's easy to make a referral to WIC. Simply <u>fax</u> the completed referral form to **410-276-1178** or <u>call</u> the WIC Hotline at **410-396-9427** for more information and to make an appointment

	REFERRAL INFORM	MATION	Date:	
Pregnant Mom: Date of Birth		h		
Or Head of Household				
Phone # Alternate Phone #				
Address:		Zipcode:		
Mom's Due Date:	Number of ch	ildren in the household	under five years old:	
Are the Mom and/or ch	ildren currently enrolled in t	the WIC Program? Yes _	No	
Referred by:		Phone#		
WIC accepts clic Income or no in	ildren under age 5. WIC stents receiving food stamps, lacome, homeless, no health ister parents, Dads and care-gared	Independence cards, SSI insurance, military and r	i, Medicaid, MCO and HMO, many employed families	
-	ocations accessible to most	zip code areas. Hours of	f operation are 8:30 am –	
4:30 pm, Mond	ay thru Friday and pre-sche	duled Saturdays. We of	fer same day and next day	
appointments v	vith onsite bilingual staff.	(410) 396-9427 WIC	Hotline	
"Healthier p	oregnancies, Healthier infan	ts and children start wi	th Good Nutrition"	
	Connect with us on the Baltimor	re City WIC face book page	f l®	
	Better Nutrition Choices for	a Brighter Future 12/2011		
WIC Office use only: Da	te referral rec'd	Date appt scheduled_	Site	
	Declined	Appt letter sent		