



Referral Form – Infant/Child

Name: _____ Birth Date: _____

Name of parent or guardian: _____

<p>Consent I authorize the release of all medical information to the WIC Program.</p> <p>Parent/Guardian Signature: _____ Date: _____</p>

Medical Information Requested

Date of Measurements _____ Weight _____ Height _____ Hgb/Hct _____

Gestational Age _____

Medical Conditions:

- Failure to thrive
- Cystic Fibrosis
- IUGR/low weight
- Premature Infant
- Intolerance / Allergy to _____
- Other: _____

Formula Requested

If formula is requested, please fill in a Medical Documentation Form for Special Needs Food Packages.

Medical Provider:	
_____	_____
Signature	Date
_____	_____
Printed Name/Title	Telephone

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Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

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