Referral Form – Infant/Child

Name: _____ Birth Date: _____

Name of parent or guardian: _____

Consent
I authorize the release of all medical information to the WIC Program.

Parent/Guardian Signature: _____ Date: _____

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

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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 Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may 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 complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, 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.

This institution is an equal opportunity provider. For all other complaints you may call our Quality Assurance Coordinator at (670) 664-4067