



WIC Referral Form

Eligible individuals include:

Pregnant women

Postpartum Women up to 6 months

Breastfeeding Women up to 1 year

Infants and children up to age 5

Participants will be screened for income eligibility.

Medicaid coverage confirms income eligibility for WIC.

Participant's Name: _____ **Birthdate:** _____

Anthro. Date: _____ **Height:** _____ **Weight:** _____ **Hgb:** _____

Reason for Referral: _____

Parent/Guardian: _____ **Birthdate:** _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Consent for Sharing Information

A signature below indicates you give permission to share the information included on this form with Allen County WIC.

Signature: _____ **Date:** _____

USDA is an equal opportunity provider and employer.

Allen County WIC
940 N Cable Rd, Ste 4
Lima, OH 45805
Phone: 419-224-8200
Fax: 419-224-4783
Email: wicallen@ohio.odh.gov