



**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**  
2138 Allentown Road  
Lima, OH 45805  
**Phone:** 419-224-8200  
**Fax:** 419-224-4783  
**Email:** [wicallen@ohio.odh.gov](mailto:wicallen@ohio.odh.gov)