

Please Select Preferred Location

- ☐ North Oakland: 3600 Telegraph Ave.
☐ Eastmont: 7200 Bancroft Ave. Rm 204
☐ Hayward: 24085 Amador St. Rm 100
☐ Fremont: 39155 Liberty St. Suite 430

**FAX THIS FORM TO (510) 595-6440**

Questions? Call (510) 595-6400

This institution is an equal opportunity provider

ALAMEDA COUNTY WIC PROGRAM REFERRAL FORMPlease note that this is NOT an enrollment form

Today's Date: ____/____/____		Referring Party:	
CONTACT INFORMATION			
Last Name:	First Name:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth: ____/____/____
Language (select one): <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese <input type="checkbox"/> Other _____		Are you currently receiving benefits from:	
		1) Medi-Cal	2) CalFresh
		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Select all that apply to you: <input type="checkbox"/> Pregnant <input type="checkbox"/> Breastfeeding <input type="checkbox"/> Had a Baby Within the Last 6mos <input type="checkbox"/> Have One Or More Children Under Age 5		3) TANF <input type="checkbox"/> Y <input type="checkbox"/> N	
Gross Family Income/Month:	Family Size:	E-mail address:	Phone Number: ____ - ____ - ____
Street Address:		City:	State:
			Zip Code:
ADDITIONAL COMMENTS & CONCERNS		GROSS FAMILY INCOME GUIDELINE TABLE Effective April 3, 2018 – June 30, 2019	
		Number of Persons in Family Unit*	Annual Family Income
		1	\$22,459
		2	\$30,451
		3	\$38,443
		4	\$46,435
		5	\$54,427
		6	\$62,419
		7	\$70,411
		8	\$78,403
		Each add'l family member add	\$7,992 per added family member
			\$666 per added family member

*Unborn children should be counted in family total

I hereby authorize and agree to this referral to the Alameda County WIC Program and understand that WIC will contact me.

Signature: _____ Date: ____/____/____

FOR WIC OFFICE USE ONLY	
Date: ____/____/____	Staff Initials: _____
WIC FOLLOW-UP SERVICES PROVIDED	COMMENTS
<input type="checkbox"/> Appointment scheduled for: ____/____/____ <input type="checkbox"/> Attempted contact on: ____/____/____ <input type="checkbox"/> Attempted contact on: ____/____/____ <input type="checkbox"/> Attempted contact on: ____/____/____	