

File file click file 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 FORM

Please 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 <input type="checkbox"/> Y <input type="checkbox"/> N	2) CalFresh <input type="checkbox"/> Y <input type="checkbox"/> N	
		3) TANF <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				
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 1, 2015 – June 30, 2016		
		Number of Persons in Family Unit*	Annual Family Income	
		Monthly Family Income		
		1	\$21,775	\$1,815
		2	\$29,471	\$2,456
		3	\$37,167	\$3,098
		4	\$44,863	\$3,739
		5	\$52,559	\$4,380
		6	\$60,255	\$5,022
		7	\$67,951	\$5,663
		8	\$75,647	\$6,304
Each add'l family member add		\$7,696 per added family member	\$642 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: ____/____/____	