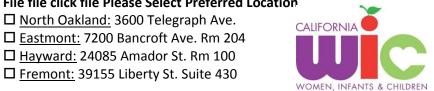
File file click file Please Select Preferred Location

FAX THIS FORM TO (510) 595-6440

Questions? Call (510) 595-6400

This institution is an equal opportunity provider



☐ <u>Hayward:</u> 24085 Amador St. Rm 100 ☐ Fremont: 39155 Liberty St. Suite 430

□ North Oakland: 3600 Telegraph Ave.

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:		Date of Birth:		
			□M □F				
Language (select one):			Are you currently receiving benefits from:				
□English □Spanish			1) Medi-Cal	2) CalFresh		3) TANF	
□Chinese □Other			□Y □N	□Y □N		□Y □N	
Select all that apply to you:							
□Pregnant □Breastfeeding □Had a Baby Within the Last 6mos □Have One Or More Children Under A							
Gross Family Income/Month: Family Size: E-I			-mail address:		Phone Number:		
Street Address:		City:			State:	Zip Code:	
ADDITIONAL COMMENTS & CONCERNS			GROSS FAMILY INCOME GUIDELINE TABLE				
7,5511,011,12,001111,11,10,00,001,11,10			Effective April 1, 2015 – Jun			30, 2016	
			Number of	Annual Family Income		Monthly Family	
			Persons in Family Unit*			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	\$7,696 per added		\$642 per added	
			member add	family m		family member	
*Unborn children should be cou	member ada			idiiiiy iiiciiisci			
onsom emaren 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:/							
WIC FOLLOW-UP SERVICES PROVIDED COM			NTS				
☐ Appointment scheduled for: _							
☐ Attempted contact on:/							
☐ Attempted contact on:/							
☐ Attempted contact on:/							