

**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

<b>Today's Date:</b> ____/____/____		<b>Referring Party:</b>	
<b>CONTACT INFORMATION</b>			
<b>Last Name:</b>	<b>First Name:</b>	<b>Gender:</b> <input type="checkbox"/> M <input type="checkbox"/> F	<b>Date of Birth:</b> ____/____/____
<b>Language (select one):</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese <input type="checkbox"/> Other _____		<b>Are you currently receiving benefits from:</b>	
		<b>1) Medi-Cal</b> <input type="checkbox"/> Y <input type="checkbox"/> N	<b>2) CalFresh</b> <input type="checkbox"/> Y <input type="checkbox"/> N
		<b>3) TANF</b> <input type="checkbox"/> Y <input type="checkbox"/> N	
<b>Select all that apply to you:</b> <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			
<b>Gross Family Income/Month:</b>	<b>Family Size:</b>	<b>E-mail address:</b>	<b>Phone Number:</b> ____ - ____ - ____
<b>Street Address:</b>		<b>City:</b>	<b>State:</b> <b>Zip Code:</b>
<b>ADDITIONAL COMMENTS &amp; CONCERNS</b>		<b>GROSS FAMILY INCOME GUIDELINE TABLE</b> Effective April 1, 2015 – June 30, 2016	
		<b>Number of Persons in Family Unit*</b>	<b>Annual Family Income</b>
		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

\*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: \_\_\_\_/\_\_\_\_/\_\_\_\_

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