camden county
Making It Better, Together.
www.camdencounty.com

YOUR WIC APPOINTMENT IS: **SU CITA DE WIC ES:**

DAY(DIA):	DATE(FECHA):	TIME(HORA):

YOU MUST BRING ALL OF THE FOLLOWING TO YOUR WIC APPOINTMENT:

1. PROOF OF INCOME: Current Medicaid card AND Determination of Approval Letter for Medicaid, TANF or Food Stamps, Pay stub, W-2 form, Social Security check.
2. PROOF OF IDENTIFICATION
3. PROOF OF ADDRESS: Id, Letter, Bill or Medicaid card.
4. INFANT OR CHILD:
5. THIS FORM: Completely filled out and signed by your doctor's office or clinic.
6. SHOT RECORD OF INFANT OR CHILD:

DEBE DE TRAER LOS SIGUIENTES DOCUMENTOS EL DIA DE SU CITA EN EL WIC:

1. PRUEBA DE SUELDO: Tajeta de Medicaid y carta de Asistencia Publica o revision o prueba de cupones de alimentos, Talonario de sueldo, impuesto de Ano, o Prueba del cheque de seguro social.
2. PRUEBA DE IDENTIFICACION:
3. PRUEBA DE DRECCION: Talonario de Asistencia Publica, ID, Carta o Cuenta
4. INFANTE O NINO/A:
5. ESTA FORMA: Firmada y Compltada por

NEW JERSEY WIC HEALTH CARE REFERRAL

- ☐ **PREGNANT WOMEN**
- ☐ **BREASTFEEDING WOMEN(UP TO 1 YEAR POSTPARTUM)**
- ☐ **NON-BREASTFEEDING WOMEN (UP TO 6 MONTHS POSTPARTUM)**

Name	Birth Date

PHYSICIAN: Please complete all the following information:
Note: Only one blood test (Hemoglobin, Hematocrit, or Erythrocyte Protoperphyrin) (E.P.) is needed to determine nutritional risk of all women. Pregnant women need the blood test done during pregnancy. Postpartum women (breastfeeding and non-breastfeeding) need the blood test done after delivery. Blood test must be taken < 90 days prior to WIC appointment, height and weight must be taken ≤ 30 days prior to WIC appointment.

Date of Blood Test	Hemoglobin mg/dl	Hematocrit %	E.P. ug/dl	Lead (if available) ug/dl

First Prenatal Check-up	# wks. Gest.	Date of Measurement	Weight lbs.	Blood Pressure mm/Hg

Most Recent Check-up	# wks. Gest.	Date of Measurement	Weight lbs.	Blood Pressure mm/Hg

Height Inches	Pre-pregnant Weight lbs.	Delivery Date ☐ estimated ☐ actual	Women's Weight Just Prior to Delivery lbs.	# Weeks Gest. At Delivery

MEDICAL HISTORY

Information in this section should not include most recent pregnancy for postpartum women.

Date Last Pregnancy Ended	No. Previous Pregnancies	No. of Previous Live Births

Check all of the following which apply and give brief explanation: **Explanation:**

- ☐ Hx of low birth weight infant(s) (≤5.5 lbs.) ____________
- ☐ Hx of premature infant(s) (≤37 weeks gestation) ____________
- ☐ Hx of infant(s) ≥9 lbs. at birth ____________
- ☐ Hx of miscarrige(s)/stillbirth(s)/abortion(s) ____________
- ☐ Hx of or planned C-section ____________
- ☐ Multiple pregnancy or recent multiple birth ____________
- ☐ Medical problems (e.g. Diabetes, Hypertension, Preeclampsia, Eclampsia) ____________
- ☐ Disability which may compromise adequacy of diet ____________
- ☐ Social or environmental condition which may Compromise adequacy of diet ____________
- ☐ Substance use (e.g. alcohol, drugs, cigerettes, pica) ____________
- ☐ Vitamin/mineral supplement or medicine prescription ____________
- ☐ Special formula prescription and medical reason for its necessity ____________
- ☐ Other pertinent health/medical data ____________

AUTHORIZATION RELEASE

I, undersigned, give permission to my provider to give the WIC Program any required medical information.

Signature of Patient Being Referred	Insurance Carrier and Member ID Number
Signature of Physician of Health Professional	Date
Name and Address of Physician or Clinic (Print or Stamp) Telephone Number:	

IF YOU NEED AN APPOINTMENT PLEASE CALL YOUR WIC OFFICE: **SI NECESITA UNA CITA FAVOR LLAMAR A LA OFICINA DE WIC:**

MT. EPHRAIM PLAZA WIC
2600 MT. EPHRAIM AVE
CAMDEN, NJ 08104
(856)225-5050

CAMDEN COUNTY
REGIONAL HEALTH CENTER
BELLMAWR WIC
35 BROWNING RD.
BELLMAWR, NJ 08031
(856) 931-2700

GLOUCESTER TOWNSHIP
REGIONAL HEALTH CENTER
512 LAKELAND RD.
MICHAEL DIPIERO BLDG.
Blackwood, NJ 08012
(856) 374-6084

CAMDEN CITY WIC
600 MARKET ST.
CAMDEN, NJ 08102
(856) 225-5155

"USDA prohibits discrimination in the administration of its programs."

camden county
Making It Better, Together.
www.camdencounty.com

YOUR WIC APPOINTMENT IS: **SU CITA DE WIC ES:**

DAY (DIA):	DATE: (FECHA):	TIME (HORA):

NEW JERSEY WIC HEALTH CARE REFERRAL

☐ **INFANT (UNDER 1 YEAR)** ☐ **CHILD (1 TO FIVE YEARS)**

NAME	BIRTH DATE

PHYSICIAN: Please complete all the following information (Information should be no older than 30 days)
NOTE: Only one blood test (Hemoglobin, Hematocrit, or Erythrocyte Protoporphyrin) is needed for infants (9 months and older) and children. Height and weight measurements are needed for all infants and children.

Blood Test Date	Hemoglobin	Hematocrit	EP	Screened for Lead?
	gm/dl	%	gm/dl	❑ Yes ❑ No gm/dl

Date of Ht./Wt. Measurement	Height or Length	Weight
	Inches	lbs. ozs.

COMPLETE THIS SECTION FOR FIRST TIME WIC APPLICANTS ONLY

Birth Weight	Birth Length	Premature	If yes, Gestational age at Birth:
lbs. ozs.	inches	❑ Yes ❑ No	weeks

MEDICAL HISTORY

Check all of the following which apply and give a brief Explanation: Explanation

- ❑ Metabolic disorder, congenital abnormalities or other Medical problem ____________
- ❑ Hx of severe diarrhea, steatorrhea, vomiting, malabsorption (3 times during past year or 1 time in past 6 months requiring hospitalization) ____________
- ❑ Major surgery (within past 6 months) ____________
- ❑ Excessive dental carries/baby bottle tooth decay ____________
- ❑ Maternal prenatal conditions (e.g., prenatal anemia, multiple birth, inadequate prenatal weight gain) ____________
- ❑ Social or environmental condition which may compromise adequacy of diet ____________
- ❑ Vitamin/mineral supplement or medicine prescription ____________
- ❑ Other pertinent health or medical data ____________

AUTHORIZATION RELEASE

I, the undersigned, give permission to my provider to give the WIC Program any required medical information.

Signature of Parent/Guardian	
Insurance Carrier and Member ID Number	
Signature of Physician or Health Professional	Date
Name and Address of Physician or Clinic (Print or Stamp) Telephone Number:	

YOU MUST BRING ALL OF THE FOLLOWING TO YOUR WIC APPOINTMENT:

1. PROOF OF INCOME: Current Medicaid card AND Determination of Approval Letter for Medicaid, TANF or Food Stamps, Pay stub, W-2 form, Social Security check.
2. PROOF OF IDENTIFICATION:
3. PROOF OF ADDRESS: Id, Letter, Bill, or Medicaid card.
4. INFANT OR CHILD:
5. THIS FORM: Completely filled out and signed by your doctor's office or clinic.
6. SHOT RECORD OF INFANT OR CHILD:

DEBE DE TRAER LOS SIGUIENTES DOCUMENTOS EL DIA DE SU CITA EN EL WIC:

1. PRUEBA DE SUELDO: Tajeta de Medicaid y carta de Asistencia Publica o revision o prueba de cupones de alimentos, Talonario de sueldo, impuesto de Ano, o Prueba del cheque de seguro social.
2. PRUEBA DE IDENTIFICACION:
3. PRUEBA DE DIRECCION: Talonario de Asistencia Publica, ID, Carta o Cuenta.
4. INFANTE O NINO.A:
5. ESTA FORMA: Firmada y Completada por su medico o clinica.
6. REGISTRO DE VACUNAS DE INFANTE O NINO/A:

IF YOU NEED AN APPOINTMENT CALL YOUR WIC OFFICE: **SI NECESITA UNA CITA FAVOR LLAMAR A LA OFICINA DE WIC:**

MT. EPHRAIM PLAZA WIC
2600 MT. EPHRAIM AVE.
CAMDEN, NJ 08104
(856) 225-5050

GLOUCESTER TOWNSHIP
REGIONAL HEALTH CENTER
512 LAKELAND RD.
MICHAEL DIPIERO CENTER
BLACKWOOD, NJ 08012
(856) 374-6084

CAMDEN CITY WIC
600 MARKET ST.
CAMDEN, NJ 08102
(856) 225-5155

CAMDEN COUNTY
REGIONAL HEALTH CENTER
BELLMAWR WIC
35 BROWNING RD.
BELLMAWR, NJ 08031
(856) 931-2700

"USDA prohibits discrimination in the administration of its programs."