



MISSOULA COUNTY
P: 406-258-4740
F: 406-258-4906

WIC REFERRAL FORM

WIC's Mission: Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

Fax completed referral to 406-258-4906.

Referral Date: _____

Household Members

Name of Adult: _____ Date of Birth: _____

Is anyone in the household pregnant? Yes No

Yes? Name: _____

Due Date: _____

List All Children (Age 0-5) in Household:

Child Name: _____

Date of Birth: _____

Child Name: _____

Date of Birth: _____

Child Name: _____

Date of Birth: _____

Child Name: _____

Date of Birth: _____

Household Contact Information

Address: _____ City: _____ Zip Code: _____

Phone: _____ Contact Preference(s): Text Call

Additional Household/Patient Notes

Provider Information + Anthropometrics

Referring Provider: _____ Phone: _____

Are you able to provide anthropometric data to assist WIC with client intake? Yes No

WIC utilizes hemoglobin, lead, height, and weight measures.

For WIC Office Use Only

Date Received: _____ Appointment Date: _____

Household Contacted By: _____ Contact Dates: 1st _____ 2nd _____ 3rd _____

WIC Household Number: _____ Previously Enrolled in WIC? Yes No

Non-Successful Referral Reason: Over Income Declined No Response Other