



CALL or Email WIC office checked to make an appointment (Healthcare provider: Check WIC office for patient.)

Burlington County
609-267-4304
WIC@co.burlington.nj.us

Children's Home Society of Mercer NJ
609-498-7755
wicnutritionist@chsofnj.org

East Orange
973-395-8963(8963)
wic@eastorange-nj.gov

Gloucester County
856-218-4116
gcwic@co.gloucester.nj.us

Jersey City
201-547-6842
wichelp@jcnj.org

City of Newark
973-733-7604
NewarkWIC@ci.newark.nj.us

North Hudson Community Action
201-866-4700
wic2@nhcac.org

NORWESCAP
908-454-1210
wic@norwescap.org

Ocean County
732-370-0122
WIC@ochd.org

Passaic City
973-365-5620
passaicwic@cityofpassaicnj.gov

Plainfield
908-753-3397
wic@plainfieldnj.gov

Rutgers Medical School
973-972-3416
rutgerswic@njms.rutgers.edu

St Joseph's Hospital
973-754-4575/4730
wic@sjhmc.org

Tri-County/Gateway CAP
856-451-5600
tricity_wic@gatewaycap.org

Trinitas
908-994-5141
WIC@rwjbh.org

VNACJ
732-471-9301
wic@vnaahg.org

NEW JERSEY WIC HEALTH CARE REFERRAL WIC Appointment Date: _____
FOR

- ☐ **PREGNANT WOMAN**
☐ **BREASTFEEDING WOMAN (Up to 1 Year Postpartum)**
☐ **NON-BREASTFEEDING WOMAN (Up to 6 Months Postpartum)**

Name			Birthdate / /		
Address			Telephone Number		
ANTHROPOMETRIC AND LABORATORY DATA <ul style="list-style-type: none"> Height and weight measurements must be taken <u>within 60 days</u> of WIC appointment. At least ONE blood test of Hemoglobin, Hematocrit or Erythrocyte Protoporphyrin (EP) is needed to determine nutritional risk of all women. The blood test must be taken <u>within 90 days</u> of WIC appointment. PREGNANT WOMEN need blood test which was done during pregnancy. POSTPARTUM WOMEN (breastfeeding and non-breastfeeding) need blood test which was done after delivery. 					
Blood Test Date / /	Hemoglobin gm/dl	Hematocrit %	EP µg/dl	Lead (if available)	Other
Height inches			Pre-Pregnancy Weight lbs.		
FIRST PRENATAL CHECK-UP	# Wks. Gest.	Measurement Date / /	Weight lbs.	Blood Pressure / mm/Hg	
MOST RECENT CHECK-UP	# Wks. Gest.	Measurement Date / /	Weight lbs.	Blood Pressure / mm/Hg	
MEDICAL HISTORY					
Delivery Date / /		<input type="checkbox"/> Estimated <input type="checkbox"/> Actual		Woman's Weight Just Prior to Delivery lbs.	# Weeks Gestation at Delivery
Date Last Pregnancy Ended / /		No. Previous Pregnancies		No. Previous Live Births	
List any medical or health issues: _____ _____ _____ _____ _____					
<p>WIC Certification appointments may be in person or remote, check with your WIC office.</p> <p>Bring or upload your documents (Proofs) to NJWIC Portal or email your WIC Office</p> <p>Visit the NJ WIC Portal: https://wic.nj.gov/participantportal</p> <p>Documents to bring or upload:</p> <ul style="list-style-type: none"> •Proof of your family's income •Proof of where you live •Proof of ID for every person applying for WIC Benefits •Health care referral form filled out (this form) 					
AUTHORIZATION RELEASE					
I, the undersigned, give permission to my provider to give the WIC Program any required medical information.					
Signature of Patient Being Referred			Participating in Medicaid? Yes or No		
			CCN#		
Signature of Physician or Health Care Provider				Date	
Name and Address of Physician or Clinic (Print or Stamp)					
Telephone Number:					