



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
973-956-5620
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

FOR

☐ **INFANT (Under 1 Year)**
CHILD (1 to 5 Years)

**WIC Appointment
Date:**

Name of Child		Birthdate of Child / /	
Name of Parent/Guardian		Telephone Number	
Address			
ANTHROPOMETRIC AND LABORATORY DATA <ul style="list-style-type: none"> Current height and weight measurements are needed for all infants and children. Height and weight measurements must be within 60 days of WIC appointment. At least ONE blood test of Hemoglobin, Hematocrit or Erythrocyte Protoporphyrin (EP) is needed to determine nutritional risk of infants and children OVER 9 MONTHS of age. The blood test must be taken within 90 days of WIC appointment. 			
Blood Test Date / /	Hemoglobin gm/dl	Hematocrit %	EP µg/dl
		Screened for Lead? <input type="checkbox"/> Yes <input type="checkbox"/> No µg/dl	
Date of Ht./Wt. Measurement / /	Height or Length inches	Weight lbs. ozs.	
COMPLETE THIS SECTION FOR FIRST TIME WIC APPLICANTS ONLY			
Birth Weight lbs. ozs.	Birth Length inches	Premature? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Gestational Age at Birth: weeks
MEDICAL HISTORY			
Check all which apply and give a brief explanation: Explanation			
Metabolic disorder, congenital anomalies or other medical problem that interferes with nutrition _____			
Hx of food allergies, severe diarrhea, steatorrhea, vomiting, malabsorption _____			
Major surgery (within past 6 months) _____			
Excessive dental caries/baby caries _____			
Other pertinent health or medical data _____			
WIC Certification appointments <u>may be in person or remote</u> , check with your WIC office. Bring or upload your documents (Proofs) to NJWIC Portal or email your WIC Office.			
Visit the NJ WIC Portal: https://wicnj.gov/participantportal			
Documents to bring or upload: Proof of your family's income, Proof of where you live, Proof of ID for every person applying for WIC Benefits, and Health care referral form filled out (this form).			
AUTHORIZATION RELEASE <i>I, the undersigned, give permission to my provider to give the WIC Program any required medical information.</i>			
Signature of Parent/Guardian			
Participating in Medicaid? Yes or No If yes, CCN #:			
Signature of Physician or Health Professional			Date
Name and Address of Physician or Clinic (Print or Stamp)			
Telephone Number:			