

CHESTER COUNTY WIC REFERRAL FORM

Chester County Health Department
Suite 180, PO Box 2747
601 Westtown Road
West Chester, PA 19380-0990



Chester County
WIC Program

610-344-6240



PA WIC is funded by the USDA.

This institution is an equal
opportunity provider.

Please complete form; this form may be faxed to the appropriate WIC clinic or mailed to the above address

Coatesville
610 383-3824
Fax: 610 384-8227

Toughkenamon
610 268-5153
Fax: 610 268-5148

West Chester
610 344-6240
Fax: 610 344-4647

Client Information

*Required

*Name: _____

*D.O.B.: _____

Expectant Mother Post-Partum Mother Breastfeeding Mother Infant/Child
Due date _____ (Less than 6 month post-partum) (Less than 12 month post-partum) (Up to 5 years of age)

*Address _____

ZIP _____

*Phone number _____

Additional WIC Eligible Family Members

Name _____

D.O.B.: _____

Name _____

D.O.B.: _____

Name _____

D.O.B.: _____

Referral Information:

*Referring Agency: _____

Date: _____

WIC STAFF USE ONLY:

First Attempt _____

Second Attempt: _____

Mailed a "tried to reach you letter" _____