CHESTER COUNTY WIC REFERRAL FORM

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

mailed to the above address

Coatesville

*Required

*Name:

*Address

Name

Name

Name

610 383-3824

Fax: 610 384-8227

Client Information

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

Toughkenamon

Fax: 610 268-5148

O Expectant Mother O Post-Partum Mother O Breastfeeding Mother O Infant/Child

Due date ______ (Less than 6 month post-partum) (Less than 12 month post-partum) (Up to 5 years of age)

610 268-5153

West Chester

610 344-6240

*D.O.B.:

Fax: 610 344-4647

ZIP

D.O.B.:

D.O.B.:

D.O.B.:

Date:

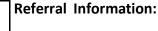


Chester County WIC Program

610-344-6240







*Referring Agency:

*Phone number

Additional WIC Eligible Family Members



NOMEN · INFANTS · CHILDREN

PA WIC is funded by the USDA.

This institution is an equal opportunity provider.

WIC	STA	FF	USE	ON	LY:
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First Attempt_____

Second Attempt:_____

Mailed a "tried to reach you letter"