Women, Infants, and Children Nutrition Program

Referral Form

White Earth Nation
Tribal WIC Agency

DATE OF REFERRAL: _____

Parent/Guardian Name: _____

DOB: _____

Who is the Referral for (check all that apply)?

- ☐ Pregnant woman
- ☐ Postpartum woman in the past 6 months
- ☐ Breastfeeding a baby less than 12 months' old
- ☐ Loss of pregnancy in the past 6 months
- ☐ Child/Foster child under the age of 5

Name(s):

_____ **DOB:** _____

_____ **DOB:** _____

_____ **DOB:** _____

_____ **DOB:** _____

Physical Address:

_____

_____

Mailing Address (if different):

_____

Phone Number: _____

Notes:

_____

Referral Source and Contact:

_____

White Earth WIC Program

P.O. Box 496 White Earth MN 56591

Phone: **218-204-0399** or **218-401-4247**

Fax: **218-983-3724** attn. WIC

This Institution is an Equal Opportunity Provider

MINNESOTA WIC
Women, Infants & Children Nutrition Program