



Head Start and WIC Referral Form



This referral form is for sharing client information between Arizona Head Start Programs and the Arizona WIC Program. This form is to be completed and shared with the requesting agency within two (2) weeks from the Date of Referral. If the client is due back for measurements within 2 weeks, please hold this form to complete at that time. If not, complete with the most recent measurements.

Please complete ALL sections noted with a *.

Participation Status*

Currently Participating in Head Start

Currently Not Participating in Head Start

Currently Participating in WIC

Currently Not Participating in WIC

Date of Referral (MM/DD/YYYY)*

Child's Full Name (First, Middle Initial, Last)*

Child's Date of Birth (MM/DD/YYYY)*

Authorized Representatives'/Caregivers' Full Name (First, Middle Initial, Last)*

Family's Contact Phone Number*

Height

Date Taken

Weight

Date Taken

Hgb

Date Taken

Referring WIC/Head Start Clinic Contact Information*

Name of Staff Member Completing the Referral*

Optional: To Be Completed By Participants

This section is to verify permission to be contacted by the programs for outreach and enrollment beyond the information provided on this form. Please review with Authorized Representative/Caregivers. The selected program below will be the agency receiving this referral form.

Would you like to be contacted by [circle one] WIC or Head Start to learn more about the program? (Please check one)
Yes No

Authorized Representatives'/Caregivers' Signature