



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 weeks from the Date of Referral.

If the client is due back for measurements within two 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*

Family's Address*

Authorized Representatives'/Caregivers' Email Address*

Height

Date Taken

Weight

Date Taken

Hgb

Date Taken

Referring WIC/Head Start Clinic Contact Information*

Name of Staff Member Completing the Referral*
