



Jefferson County Department of Health Referral for WIC Program Eligibility Determination

Applicant's Name _____

DOB _____

Parent/Guardian Name _____
(if child)

Telephone _____

Measurements

Date Taken

Prenatal Patient Data

*Height _____ in/cm _____

Pre Pregnancy Weight _____

*Weight _____ lbs/kg _____

Date of 1st Prenatal Visit _____

*Hgb/Hct _____ %/gm _____

Est Delivery Date _____

***Measurements must be within 60 days of appointment for WIC certification. Prenatal measurements must be from current pregnancy.**

Check Conditions that Apply:

_____ Failure to Thrive

Medical Conditions (specify) _____

_____ Food Allergy (specify) _____

Other: _____

WIC PROMOTES BREASTFEEDING

WIC standard contract formulas are: Enfamil Infant, Enfamil Gentlease, Enfamil AR, Enfamil Prosobee, powder or concentrate.

*Medically necessary formulas must be requested by a physician on the Alabama WIC Infant Formula Prescription form **ADPH-WIC-111a**.

*WIC eligible nutritional formulas for women and children must be requested by a physician on the Alabama WIC Child/Woman Formula Prescription form **ADPH-WIC-111b**.

Physician Name _____ (please print)

Telephone _____

Address _____
city state zip

Physician's Signature _____

Please call the WIC office to make an appointment at 205-558-2144 or email us at WIC@jcdh.org

Central Health Center
1400 6th Ave South
Birmingham, AL 35233

Eastern Health Center
601 West Blvd, Roebuck
Birmingham, AL 35206

Western Health Center
631 Bessemer Super Highway
Midfield, AL 35228

Applicant must be present at appointment. Bring identification for applicant and parent/guardian, proof of residence, and proof of income. Bring completed WIC referral form to WIC office on appointment day.



This institution is an equal opportunity provider.