



WIC ID# \_\_\_\_\_

**NEW JERSEY WIC HEALTH CARE REFERRAL** WIC Appointment Date: \_\_\_\_\_  
FOR

- PREGNANT WOMAN**  
 **BREASTFEEDING WOMAN (Up to 1 Year Postpartum)**  
 **NON-BREASTFEEDING WOMAN (Up to 6 Months Postpartum)**

**CALL or Email** WIC office checked to make an appointment (Healthcare provider: Check WIC office for patient.)

Burlington County  
609-267-4304  
WIC@co.burlington.nj.us

Children's Home Society of Mercer NJ  
609-498-7755  
wicnutritionist@chsofnj.org

East Orange  
973-395-8963(8963)  
wic@eastorange-nj.gov

Gloucester County  
856-218-4116  
gcwic@co.gloucester.nj.us

Jersey City  
201-547-6842  
wichelp@jcnj.org

City of Newark  
973-733-7628  
NewarkWIC@ci.newark.nj.us

North Hudson Community Action  
201-866-4700  
wic2@nhcac.org

NORWESCAP  
908-454-1210  
wic@norwescap.org

Ocean County  
732-370-0122  
WIC@ochd.org

Passaic City  
973-365-5620  
passaicwic@cityofpassaicnj.gov

Plainfield  
908-753-3397  
wic@plainfieldnj.gov

Rutgers Medical School  
973-972-3416  
rutgerswic@njms.rutgers.edu

St Joseph's Hospital  
973-754-4575/4730  
wic@sjhmc.org

Tri-County/Gateway CAP  
856-451-5600  
tricounty\_wic@gatewaycap.org

Trinitas  
908-994-5141  
WIC@rwjbh.org

VNACJ  
732-471-9301  
wic@vnahg.org

Name	Birthdate / /
Address	Telephone Number

**ANTHROPOMETRIC AND LABORATORY DATA**

- Height and weight measurements must be taken within 60 days of WIC appointment.
- At least ONE blood test of Hemoglobin, Hematocrit or Erythrocyte Protoporphyrin (EP) is needed to determine nutritional risk of all women. The blood test must be taken within 60 days of WIC appointment.
- PREGNANT WOMEN need blood test which was done during pregnancy.
- POSTPARTUM WOMEN (breastfeeding and non-breastfeeding) need blood test which was done after delivery.

Blood Test Date / /	Hemoglobin gm/dl	Hematocrit %	EP µg/dl	Lead (if available)	Other
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Height inches	Pre-Pregnancy Weight lbs.
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FIRST PRENATAL CHECK-UP	# Wks. Gest.	Measurement Date / /	Weight lbs.	Blood Pressure / mm/Hg
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MOST RECENT CHECK-UP	# Wks. Gest.	Measurement Date / /	Weight lbs.	Blood Pressure / mm/Hg
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**MEDICAL HISTORY**

Delivery Date / /	<input type="checkbox"/> Estimated <input type="checkbox"/> Actual	Woman's Weight Just Prior to Delivery lbs.	# Weeks Gestation at Delivery
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Date Last Pregnancy Ended / /	No. Previous Pregnancies	No. Previous Live Births
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List any medical or health issues:  
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\_\_\_\_\_  
\_\_\_\_\_

**WIC Certification appointments may be in person or remote, check with your WIC office.**

**Bring or upload your documents (Proofs) to NJWIC Portal or email your WIC Office**

**Visit the NJ WIC Portal:** <https://wic.nj.gov/participantportal>

**Documents to bring or upload:**

- Proof of your family's income
- Proof of where you live
- Proof of ID for every person applying for WIC Benefits
- Health care referral form filled out ( this form)

**AUTHORIZATION RELEASE**  
I, the undersigned, give permission to my provider to give the WIC Program any required medical information.

Signature of Patient Being Referred	Participating in Medicaid? Yes or No CCN#
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Signature of Physician or Health Care Provider	Date
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Name and Address of Physician or Clinic (Print or Stamp)
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Telephone Number:
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