



MATERNAL & FAMILY HEALTH SERVICES, INC. WIC PROGRAM REFERRAL FORM



Please refer:

Parent/Caregiver _____

Address _____

Phone Number _____

Referred By:

Name _____

Hospital/Physician _____

Address _____

Phone Number _____

MFHS WIC Center Referred to (refer to list below): _____
 Please send copy to the local WIC Center or ask the patient to take to their next WIC appointment

Medical Information:

Name: _____ DOB: _____

*Status: _____ EDC: _____

Hct/Hgb: _____ Date: _____ Height: _____ Weight: _____

Name: _____ DOB: _____

*Status: _____ DC: _____

Hct/Hgb: _____ Date: _____ Height: _____ Weight: _____

*Status: Pregnant, Breastfeeding, Post-partum, Infant or Child up to age 5.

I hereby authorize you to forward a copy of this form with my name, address, phone number and medical information to the WIC Nutrition Center for the provision of any service for which I may be eligible.

Client Signature

Date

BERKS COUNTY

Berks County WIC
610-373-5545
Fax 6610-373-7269

BRADFORD COUNTY

Towanda
570-265-7001
Fax 570-265-5544

CARBON COUNTY

Carbon County
610-377-6097
Fax 610-377-9667

LACKAWANNA

MFHS Circle of Care
570-961-5550
Fax 570-961-3844

Jermyn

570-876-2041
Fax 570-876-2043

Carbondale YMCA

570-826-2041
Fax 570-876-2043

Scranton / South Scranton

570-346-8493
Fax 570-346-2426

LEHIGH COUNTY

Casa Guadalupe
610-435-5673
Fax 610-435-0898

Lehigh Valley

610-432-3455
Fax 610-432-1221

LUZERNE COUNTY

Wilkes-Barre
570-823-1516
Fax 570-823-4665

Hazleton

570-459-1805
Fax 570-459-0462

Nanticoke Head Start

570-823-1516
Fax 570-823-4665

MONROE COUNTY

Tobyhanna
570-839-5901
Fax 570-839-3727

East Stroudsburg
570-424-8784

Fax 570-424-8279

MONTGOMERY COUNTY

Norristown
610-272-4042
Fax 610-272-5955

Abington

215-887-8006
Fax 215-887-8007

Lansdale

215-368-9826
Fax 215-368-0536

Pottstown

610-323-8160
Fax 610-323-1945

NORTHAMPTON COUNTY

Easton Center
610-258-6938
Fax 610-258-0147

Hispanic Center Lehigh

Valley
610-691-6491 or
610-691-6022
Fax 610-868-5836

PIKE COUNTY

Dingmans Ferry
Call Circle of Care, Hawley
570-390-5000

SCHUYLKILL COUNTY

Pottsville
570-622-1244
Fax 570-628-2227

Shenandoah

570-462-3323
Fax 570-462-4823

Tamaqua

570-668-4699
Fax 570-668-6977

SULLIVAN COUNTY

Sullivan Co. Med Cntr
Laporte
570-946-5101
Fax 570-946-4341

SUSQUEHANNA COUNTY

NEPA Community
Healthcare Susquehanna
570-853-3300
Fax 570-853-3587

NEPA Community

Healthcare Montrose
570-278-2982
Fax 570-278-9721

TIOGA COUNTY

Wellsboro
570-724-5910
Fax 570-724-1412

Elkland Head Start

570-724-5910
Fax 570-724-1412

WAYNE COUNTY

MFHS Circle of Care
570-390-5000
Fax 570-390-5004

WYOMING COUNTY

Tunkhannock
570-836-6622
Fax 570-836-4829

1-800-PA-WIC-4-U

(729-4248)

www.mfhs.org