

**ESSEX COUNTY WIC PROGRAM
132 WATER STREET
PO BOX 217
ELIZABETHTOWN, NEW YORK 12932
(518) 873-3560
(518) 569-3296
FAX 873-3549**

Dear Educational Provider,

WIC is a supplemental nutrition and education program that provides checks to buy healthy foods at the grocery store. **WIC** is designed for women, infants, and children up to age 5 who are income eligible. **WIC** provides a variety of foods including milk, cheese, yogurt, cereal, juice, eggs, fruits, vegetables, legumes, peanut butter, whole grain breads, brown rice, tortillas, and whole wheat pasta. **WIC** encourages breastfeeding and issues infant cereal, fruits and vegetables and meats. **WIC** has three certified lactation consultants on staff for breastfeeding support. For infants who are not breastfeeding **WIC** provides formula, infant cereal, and fruits and vegetables.

In efforts to reach families in our communities who may be in need of our services, we are sending you this packet and hope you find it useful. Enclosed are our income guidelines and more information about the program. Please feel free to make copies to distribute to your families or contact us to have more provided to you. Besides our program we can refer families to many other services that they may need such as: the car seat program, immunizations, and lead testing, food pantries, thrift shops, and the MOM's Program. Please support our efforts by referring anyone who you feel would benefit from our services. Thank you for your time.

Sincerely WIC Staff

**Essex County WIC Program
Referral Form**

Phone: (518) 873-3560

Cell: (518) 569-3296

Fax: (518) 873-3549

Please fax form to our agency at 518-873-3549

Please check the category that applies to your client:

_____ **Infant (younger than 12 months)**

_____ **Child (1 to 5 years)**

_____ **Prenatal Woman**

_____ **Non-Breastfeeding Postpartum Woman**

_____ **Breastfeeding Woman**

Client's name _____ **Birth Date** _____ **Sex M/F**

Address _____ **Phone Number** _____

City _____ **Zip Code** _____

Parent's/Guardian name _____

**I, _____ give permission to _____ to exchange
information to the WIC program**

Client/Parent/Guardian Signature _____ **Date** _____

I referred this client for WIC eligibility Determination

Signature of referring party _____ **Date** _____

Address _____ **Phone Number** _____

This institution is an equal opportunity provider

For WIC Use

Date rec'd _____

Attempts to contact:

