



Georgia Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)



Medical Data and Breastfeeding Support Referral Form

Patient's First & Last Name: _____ Date of Birth: _____

Parent/Guardian's First & Last Name: _____ Phone Number: _____

Referral Category: Prenatal Postpartum (Breastfeeding/Non-Breastfeeding) Child Infant

Medical Data Referral (Must be collected by a healthcare professional)

Height/Length (in.): _____ Date*: _____ Recumbent: Yes No

Weight (lbs.): _____ Date*: _____ **Values are valid for WIC certification 60 days after measurement*

Hemoglobin (µg/dL): _____ Date†: _____ *†Values are valid for WIC certification 90 days after measurement.*

Breastfeeding Support Referral

Latch Challenges Mother/Baby Separation Milk Supply Peer Support

Other: _____

Referring Agency: _____ Agency Phone Number: _____

Agency Representative Name: _____

Agency Representative Signature: _____ Date: _____

To locate your local WIC clinic, visit wic.ga.gov, or call 1-800-228-9173

We appreciate your cooperation and partnership in serving the Georgia WIC population.

Georgia WIC (800) 228-9173 wic.ga.gov

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

- (1) mail:
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (833) 256-1665 or (202) 690-7442;
- (3) email: program.intake@usda.gov

This institution is an equal opportunity provider.