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| **DEPARTMENT OF HEALTH SERVICES**  Division of Public Health  F-01367 (11/2023) | **STATE OF WISCONSIN** |

**Wisconsin WIC Referral / Communication to Children’s Resource Center for Children and Youth with Special Health Care Needs**

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| Children’s Resource Center – North  fax: 715-261-1901 | | | | WIC Staff: | | | | | |  | | | | | | | |
| Children’s Resource Center – Northeast  fax: 920-967-1001 | | | | WIC Project: | | | | | |  | | | | | | | |
| Children’s Resource Center – Southeast  fax: 414-266-2225 | | | | Phone: | | | | | |  | | | | | | | |
| Children’s Resource Center – South  fax: 608-729-4133 | | | | Fax: | | | | | |  | | | | | | | |
| Children’s Resource Center – West  fax: 715-726-7910 | | | | Email: | | | | | |  | | | | | | | |
| **CHILD – Demographic Information** | | | | | | | | | | | | | | | | | |
| Infant/Child Name | | | | | | | Date of Birth | | | | Race | | Latino?  Yes  No | | | Sex  M  F | |
| Parent/Guardian Name | | | | | | | | | | | | | Home Phone | | | | |
| Street Address | | | | | | | | | | | | | Work Phone | | | | |
| City | | State | Zip Code | | | | County | | | | | Email | | | | | |
| Diagnosis or special need of child if known: | | | | | | | | | | | | | | | | | |
| Special need of parent if known (i.e., teen parent, disability, language assistance, homeless): | | | | | | | | | | | | | | | | | |
| Interpreter needed, language: | | | | | Primary Health Care Provider: | | | | | | | | | | | | |
| Health Care Coverage: | MA/BadgerCare Plus  Health insurance from an employer, agent, or insurance company  Health services: Indian, migrant or student, FQHC | | | | | | | | | | | | | Other insurance  No insurance  Unknown | | | |
| **Parental concern/reason for referral:** | | | | | |  | | **Additional concerns of parent or referring CRC:** | | | | | | | | | |
| Health Benefits  Connection to Birth to 3 or Early Childhood Education  Education-related services  Transportation/meals/lodging for health care  Health care coordination  Special foods/formulas beyond what WIC offers  Parent-to-parent support  Respite care  Special equipment:  Information:  Other: | | | | | |  | |  | | | | | | | | |
| **Children’s Resource Center Referral Response:** | | | | | | | | | | | | | | | | | |
| Family contact achieved and services provided  Family contact achieved and services declined  Unable to contact family  Other comments (no health information may be included): | | | | | | | | | | | | | | | | | |
| * By signing this form, I give my permission for WIC to share the above information with the Children’s Resource Center indicated for referral of services * I know that I can cancel this consent at any time in writing * This authorization is only valid through the current WIC program certification period. * If I do not sign this form, it will not put WIC eligibility or my WIC benefits at risk | | | | | | | | | | | | | | | | | |
| **SIGNATURE** – Person Legally Authorized to Give Consent for this Child | | | | | | | | | | | | | | | Date Signed | | |
|  | | | | | | | | | | | | | | |  | | |
| **Printed Name** | | | | | | | | | **Relationship** | | | | | | | | |
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This institution is an equal opportunity provider.

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| F-01367 (10/2023) | Page 2 of 2 |
| **Children’s Resource Centers and counties served by each center:**  Children’s Resource Center – [North](http://www.northernregionalcenter.org)  Fax: 715-261-1901 Telephone: 866-640-4106  [www.crcnorth.org](http://www.crcnorth.org) Email: crcnorth@co.marathon.wi.us  Children’s Resource Center – [Northeast](http://www.northeastregionalcenter.org/)  Fax: 920-967-1001 Telephone: 877-568-5205  [www.northeastregionalcenter.org](http://www.northeastregionalcenter.org) Email: crcnortheast@childrenswi.org  Children’s Resource Center – South  Fax: 608-265-3441 Telephone: 800-532-3321  [www.crcsouth.waisman.wisc.edu](http://www.crcsouth.waisman.wisc.edu) Email: crcsouth@waisman.wisc.edu  Children’s Resource Center – Southeast  Fax: 414-266-2225 Telephone: 800-234-5437  [www.southeastregionalcenter.org](http://www.southeastregionalcenter.org) Email: crcsoutheast@childrenswi.org  Children’s Resource Center – West  Fax: 715-726-7910 Telephone: 800-400-3678  [www.co.chippewa.wi.us/crcwest](http://www.co.chippewa.wi.us/crcwest) Email: crcwest@co.chippewa.wi.us | |

