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| **DEPARTMENT OF HEALTH SERVICES**Division of Public HealthF-01367 (10/2014) | **STATE OF WISCONSIN** |

**Wisconsin WIC Referral/Communication to CYSHCN Regional Center**

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| [ ]  Northern CYSHCN Center fax: 715-261-1901 | WIC Staff: |       |
| [ ]  Northeast CYSHCN Center fax: 920-967-1001 | WIC Project: |       |
| [ ]  Southeast CYSHCN Center fax: 414-266-2225 | Phone: |       |
| [ ]  Southern CYSHCN Center fax: 608-265-3441 | Fax: |       |
| [ ]  Western CYSHCN Center fax: 715-726-7910 | E-Mail: |       |
| **CHILD - Demographic Information** |
| Infant/Child Name      | Date of Birth      | Race      | Latino?    | Sex[ ]  M [ ]  F |
| Parent/Guardian Name      | Home or Cell Phone(   )       |
| Street Address      | Work Phone(   )       |
| City      | State   | Zip      | County      | Email      |
| Diagnosis or special need of child if known:       |
| Special need of parent if known (i.e., teen parent, disability, language assistance, homeless, etc.):       |
| 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 RD:** |
| [ ]  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:       |  |       |

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| **Regional Center Referral Response:** |
| [ ]  Family contact achieved and services provided[ ]  Family contact achieved and services declined[ ]  Unable to contact family[ ]  Other comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| * By signing this form I am giving permission for the providers above to share information
* I know that I can cancel this consent at any time
* This consent will end six months from the date I sign it
* If I do not sign this form, it will not put WIC eligibility or my WIC benefits at risk
 |
|  |  |  |
| **SIGNATURE** of Person Legally Authorized to Give Consent for this Child |  | Date Signed |
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| F-01367 (10/2014) | Page 2 |
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| **Regional Centers and Counties served by each center:****Northern Regional Center** fax 715-261-1901 telephone 866-640-4106Ashland ▪ Bayfield ▪ Florence ▪ Forest ▪ Iron ▪ Langlade ▪ Lincoln ▪ Marathon ▪ Oneida ▪ Portage Price ▪ Sawyer ▪ Taylor ▪ Vilas ▪ Wood**Northeast Regional Center** fax 920-967-1001 telephone 877-568-5205Brown ▪ Calumet ▪ Door ▪ Fond du Lac ▪ Green Lake ▪ Kewaunee ▪ Manitowoc ▪ MarinetteMarquette ▪ Menominee ▪ Oconto ▪ Outagamie ▪ Shawano ▪ Sheboygan ▪ Waupaca ▪ Waushara ▪ Winnebago**Southern Regional Center** fax 608-265-3441 telephone 800-532-3321Adams ▪ Columbia ▪ Crawford ▪ Dane ▪ Dodge ▪ Grant ▪ Green ▪ Iowa ▪ Juneau ▪ LafayetteRichland ▪ Rock ▪ Sauk**Southeast Regional Center** fax 414-266-2225 telephone 800-234-5437Jefferson ▪ Kenosha ▪ Milwaukee ▪ Ozaukee ▪ Racine ▪ Walworth ▪ Washington ▪ Waukesha Counties**Western Regional Center** fax 715-726-7910 telephone 800-400-3678Barron ▪ Buffalo ▪ Burnett ▪ Chippewa ▪ Clark ▪ Douglas ▪ Dunn ▪ Eau Claire ▪ Jackson ▪ La Crosse Monroe ▪ Pepin ▪ Pierce ▪ Polk ▪ Rusk ▪ St. Croix ▪ Trempealeau ▪ Vernon ▪ WashburnMap of Wisconsin Counties, with links to contact information about local health departments |