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

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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: | | | | |  | |  | | | | | | |

|  |  |  |
| --- | --- | --- |
| **Regional Center Referral Response:** | | |
| Family contact achieved and services provided  Family contact achieved and services declined  Unable to contact family  Other comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | | |
| * 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 |
|  | | |
| The U.S Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual’s income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)  If you wish to file a Civil Rights program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ocio.usda.gov/sites/default/files/docs/2012/Complain_combined_6_8_12.pdf), found online at <http://www.ascr.usda.gov/complaint_filing_cust.html>, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).  Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).  USDA is an equal opportunity provider and employer. | | |

|  |  |
| --- | --- |
| F-01367 (10/2014) | Page 2 |
|  |  |
| **Regional Centers and Counties served by each center:**  **Northern Regional Center** fax 715-261-1901 telephone 866-640-4106  Ashland ▪ Bayfield ▪ Florence ▪ Forest ▪ Iron ▪ Langlade ▪ Lincoln ▪ Marathon ▪ Oneida ▪ Portage Price ▪ Sawyer ▪ Taylor ▪ Vilas ▪ Wood  **Northeast Regional Center** fax 920-967-1001 telephone 877-568-5205  Brown ▪ Calumet ▪ Door ▪ Fond du Lac ▪ Green Lake ▪ Kewaunee ▪ Manitowoc ▪ Marinette  Marquette ▪ Menominee ▪ Oconto ▪ Outagamie ▪ Shawano ▪ Sheboygan ▪ Waupaca ▪ Waushara ▪ Winnebago  **Southern Regional Center** fax 608-265-3441 telephone 800-532-3321  Adams ▪ Columbia ▪ Crawford ▪ Dane ▪ Dodge ▪ Grant ▪ Green ▪ Iowa ▪ Juneau ▪ Lafayette  Richland ▪ Rock ▪ Sauk  **Southeast Regional Center** fax 414-266-2225 telephone 800-234-5437  Jefferson ▪ Kenosha ▪ Milwaukee ▪ Ozaukee ▪ Racine ▪ Walworth ▪ Washington ▪ Waukesha Counties  **Western Regional Center** fax 715-726-7910 telephone 800-400-3678  Barron ▪ Buffalo ▪ Burnett ▪ Chippewa ▪ Clark ▪ Douglas ▪ Dunn ▪ Eau Claire ▪ Jackson ▪ La Crosse Monroe ▪ Pepin ▪ Pierce ▪ Polk ▪ Rusk ▪ St. Croix ▪ Trempealeau ▪ Vernon ▪ Washburn  Map of Wisconsin Counties, with links to contact information about local health departments | |