

WIC Site Name: [Preprinted]

WIC Site ID: [Preprinted]

OMB Approval No. 0584-XXXX
Approval Expires: XX/XX/20XX

Date _____



Appendix D.1
Eligible Participant Referral Form - ENGLISH

Complete one form for each new WIC Enrollee for the Feeding My Baby Study if:

Prenatal enrollees must:

- Be at least 16 years old
- Be enrolling in WIC for the first time for this pregnancy
- Speak either English or Spanish

Postnatal enrollees must be the parent/guardian of the enrolled baby and must:

- Be at least 16 years old
- Be enrolling a baby less than 3 months of age whose mother was **not** enrolled in WIC during pregnancy
- Speak either English or Spanish

To be Completed by WIC Staff:

MOTHER'S WIC ID: _____

BABY'S WIC ID: _____

FAMILY WIC ID: _____

1. Name/ Nombre: _____

	FIRST/ PRIMERO	MIDDLE/SEGUNDO
LAST/APELLIDO		

2. Pregnant/Está embarazada: **YES/SÍ** **NO**

3. Preferred Language/ Idioma de preferencia: **ENGLISH**
 ESPAÑOL

4. Age/Edad: **16 - 17** **18 - 20**
 21+

If under age 18 please provide/Si tiene menos de 18 años de edad, favor de proveer la siguiente información:

a. Parent or Guardian Name/ Nombre del padre, madre o tutor :

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB number. The valid OMB control number for this information collection is 0584-XXXX. The time required to complete this information collection is estimated to average 1 minute per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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b. Parent or Guardian Phone Number/Número de teléfono del padre, madre o tutor:

5. Phone Number/Número de teléfono:

Give the yellow copy to the eligible participant. WIC staff keeps white copy.
Thank you for your participation in the Feeding My Baby Study.

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