

Illinois State WIC Program

Category: Child

R- 01.21 WIC Paper Assessment Tool

Participant ID: _____

Date: _____

CPA Initials: _____

REFERRALS

In the section below indicate any referrals to, referrals declined, referrals/programs currently participating in, and if a referral is not needed.

Referral Date (MM/DD/YYYY)	* Referral Type
	<input type="checkbox"/> Individual (IND) <input type="checkbox"/> Household (HH)

* Referral To:			
<input type="checkbox"/> Adolescent or School-Based Health Clinic	<input type="checkbox"/> Domestic Violence Intervention	<input type="checkbox"/> Health Center/Primary Care Provider/FQHC	<input type="checkbox"/> Other (Specify in Notes)
<input type="checkbox"/> Breastfeeding Peer Counseling Program	<input type="checkbox"/> Early Head Start/Head Start	<input type="checkbox"/> Homeless Shelter	<input type="checkbox"/> Pregnancy Sources
<input type="checkbox"/> Child Care Programs	<input type="checkbox"/> Early Intervention (EI)	<input type="checkbox"/> Housing Resources	<input type="checkbox"/> School Lunch/Breakfast/Summer Meals Program
<input type="checkbox"/> Child Support Enforcement	<input type="checkbox"/> Education Program: GED, Prenatal, Parenting	<input type="checkbox"/> Immigrant Services	<input type="checkbox"/> Smoking Cessation
		<input type="checkbox"/> Immunization Services	<input type="checkbox"/> SNAP
<input type="checkbox"/> Church	<input type="checkbox"/> Employment and Job Training	<input type="checkbox"/> Lead Prevention/Screening	<input type="checkbox"/> Substance Abuse Program
<input type="checkbox"/> Clothing Resources	<input type="checkbox"/> Employment Services	<input type="checkbox"/> Legal Aid	<input type="checkbox"/> TANF
<input type="checkbox"/> Community Based Organization	<input type="checkbox"/> Energy/Utility Assistance	<input type="checkbox"/> Legal Services	<input type="checkbox"/> Transportation Resources
<input type="checkbox"/> Counseling Services	<input type="checkbox"/> Family Community Resource Center (FCRC)	<input type="checkbox"/> Libraries	<input type="checkbox"/> Well Child Clinic
<input type="checkbox"/> Dental Health Provider/Clinic	<input type="checkbox"/> Family Planning	<input type="checkbox"/> Medicaid	
<input type="checkbox"/> Dept of Children and Family Services (DCFS)	<input type="checkbox"/> Farmers Market	<input type="checkbox"/> Medical Supply Company (Breast pumps)	
<input type="checkbox"/> Diaper Bank	<input type="checkbox"/> Fatherhood Involvement	<input type="checkbox"/> Mental Health Services	
<input type="checkbox"/> Division of Specialized Care for Children (DSCC)	<input type="checkbox"/> Food Assistance Programs	<input type="checkbox"/> Non-WIC Breastfeeding Support (LC, LLL, BFUSA, etc.)	
	<input type="checkbox"/> Health Care	<input type="checkbox"/> None	

List referrals declined:

List referrals/programs currently enrolled in: