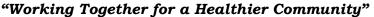


Clinton County Health Department

133 Margaret Street, Plattsburgh, New York 12901-2968







Health Planning & Promotion Division - WIC Phone: (518) 565-4830 Fax: (518) 565-4502

TO BE COMPLETED BY MEDICAL STAFF ONLY

BABY	WIC ID#	MOTHER	WIC ID#
Name:		Name:	
Date of Birth:			
Circle: Male /Female		Weight:	Date:
Birth Length:			
Birth Weight:		Hgb:	Date:
Hepatitis B: Yes/No Date:			
MEDICAL STA	FF SIGNATURE:	TITLE:	DATE:
MEDICAL STA	FF SIGNATURE:	TITLE:	DATE:
employees, and	with Federal civil rights law and U.S. Department of Agriculture (d institutions participating in or administering USDA programs are or retaliation for prior civil rights activity in any program or activ	prohibited from discriminating b	based on race, color, national origin, sex, disability,
should contact	isabilities who require alternative means of communication for protection (State or local) where they applied for benefits. Individeral Relay Service at (800) 877-8339. Additionally, program info	duals who are deaf, hard of heari	ng or have speech disabilities may contact USDA
https://www.us	am complaint of discrimination, complete the USDA Program Disc da.gov/oascr/how-to-file-a-program-discriminationcomplaint, and ion requested in the form. To request a copy of the complaint form	at any USDA office, or write a l	etter addressed to USDA and provide in the letter all
Offi 140	Department of Agriculture ice of the Assistant Secretary for Civil Rights 0 Independence Avenue, SW shington, D.C. 20250-9410;		

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov

This institution is an equal opportunity provider.

For other complaints or to request a Fair Hearing contact:

(1) mail: WIC Program Director NYSDOH, Riverview Center 150 Broadway, 6th Floor Albany, NY 12204;

(2) phone: (518) 402-7093; fax (518) 402-7348; or (3) email: NYSWIC@HEALTH.NY.GOV



WIC FORM

CONGRATULATIONS ON THE BIRTH OF YOUR BABY

Call the WIC office to let us know you have delivered 518-565-4830

WHAT TO BRING TO THE FIRST APPOINTMENT WITH NEW BABY:

- MOM AND BABY
- MEDICAID/FIDELIS/UNITED
 HEALTHCARE INSURANCE
 CARDS FOR FAMILY
 MEMBERS ON WIC

Q_R

FOOD STAMP BUDGET
SHEET

OR R

- PROOF OF INCOME (ONE MONTH OF MOST CURRENT PAYSTUBS, DISABILITY, SSI, CHILD SUPPORT, ETC. FOR EVERYONE IN THE HOUSEHOLD)
- PROOF OF IDENTITY FOR
 THE INFANT: CRIB CARD,
 BIRTH CERTIFCATE OR
 FOOTPRINT CARD
- **PROOF OF ADDRESS**