



Clinton County Health Department

133 Margaret Street, Plattsburgh, New York 12901-2968

“Working Together for a Healthier Community”

www.ClintonHealth.org



Public Health
Prevent. Promote. Protect.

Health Planning & Promotion Division - WIC

Phone: (518) 565-4830

Fax: (518) 565-4502

TO BE COMPLETED BY MEDICAL STAFF ONLY

BABY **WIC ID#** _____

Name: _____

Date of Birth: _____

Circle: Male /Female

Birth Length: _____

Birth Weight: _____

Hepatitis B: Yes/No Date: _____

MOTHER **WIC ID#** _____

Name: _____

Weight: _____ Date: _____

Hgb: _____ Date: _____

Comments/Other Pertinent Information:

MEDICAL STAFF SIGNATURE: _____ **TITLE:** _____ **DATE:** _____

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- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, 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



Revised 07/2023

“Persons who have any physical mobility or other needs can call the telephone number above to arrange for accommodations”

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

OR

- FOOD STAMP BUDGET
SHEET
- OR**

- 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 CERTIFICATE OR
FOOTPRINT CARD

- PROOF OF ADDRESS