

Please Select Preferred Location

- ☐ North Oakland: 3600 Telegraph Ave.
☐ Eastmont: 7200 Bancroft Ave. Rm 204
☐ Hayward: 24085 Amador St. Rm 100



- ☐ Fremont: 39155 Liberty St. Suite 470
☐ Livermore: 164 N L Street

FAX THIS FORM TO (510) 595-6440

Questions? Call (510) 595-6400

ALAMEDA COUNTY WIC PROGRAM REFERRAL FORMPlease note that this is NOT an enrollment form

Today's Date: ____/____/____		Referring Party:	
CONTACT INFORMATION			
Last Name:	First Name:	Gender: ☐ M ☐ F	Date of Birth: ____/____/____
Language (select one): ☐ English ☐ Spanish ☐ Chinese ☐ Other _____		Are you currently receiving benefits from:	
		1) Medi-Cal ☐ Y ☐ N	2) CalFresh ☐ Y ☐ N
		3) TANF ☐ Y ☐ N	
Select all that apply to you: ☐ Pregnant ☐ Breastfeeding ☐ Had a Baby Within the Last 6mos ☐ Have One Or More Children Under Age 5 ☐ Pregnancy Loss			
Gross Family Income/Month:	Family Size:	E-mail address:	Phone Number: ____-____-____
Street Address:		City:	State: Zip Code:
ADDITIONAL COMMENTS & CONCERNS		GROSS FAMILY INCOME GUIDELINE TABLE Effective May 1, 2026– June 30, 2027	
		Number of Persons in Family Unit*	Annual Family Income
		1	\$29,526
		2	\$40,034
		3	\$50,542
		4	\$61,050
		5	\$71,558
		6	\$82,066
		7	\$92,574
		8	\$103,082
Each add'l family member add		\$10,508 per added family member	\$876 per added family member

*Unborn children should be counted in family total

I hereby authorize and agree to this referral to the Alameda County WIC Program and understand that WIC will contact me.

Signature: _____ Date: ____/____/____

FOR WIC OFFICE USE ONLY	
Date: ____/____/____	Staff Initials: _____
WIC FOLLOW-UP SERVICES PROVIDED	COMMENTS
☐ Appointment scheduled for: ____/____/____ ☐ Attempted contact on: ____/____/____ ☐ Attempted contact on: ____/____/____ ☐ Attempted contact on: ____/____/____	

This institution is an equal opportunity provider

Last Updated 5/2026