CHAMPAIGN-URBANA PUBLIC HEALTH DISTRICT

WIC Referral Form

Referring Professional & Agency: ____________ Referring Agency Phone Number: ____________

Parent/guardian name: ____________ Parent/guardian DOB: ____________

Address: ____________ Phone number: ____________ Email: ____________

Preferred language: ____________ Preferred clinic: Champaign Rantoul Orchard Downs

Child's name: ____________ Child's DOB: ____________

Child's name: ____________ Child's DOB: ____________

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- Feeding choice? Breast Milk Formula Both

Indications for Lactation Support Referral (complete if applicable):

- Lactation Education
- Nipple/Breast Pain
- Over/Under Supply of Milk
- Flat/Inverted Nipples
- Breast Pump Related Issue
- Separated from Infant
- Latch Difficulties
- Tongue/Lip Tie
- Infant Weight Related Issue
- Returning to Work/School
- Recent NICU Discharge
- Medical Condition (specify): ____________
- Other (specify): ____________

Additional comments: ____________

I give my permission to provide WIC with the above information:

Parent/ Guardian's Signature ____________ Date ____________

Please send WIC referral form via fax or email to:

Champaign Office

Phone: 217-531-4529
217-531-4307
Fax: 217-531-4297
217-531-4525
Email: WIC@c-uphd.org

Rantoul Office

Phone: 217-893-0832
Fax: 217-893-4013
Email: WIC@c-uphd.org

Orchard Downs Office

Thursdays 8:30am-12:00pm and 1:00pm-4:30pm
Phone: 217-244-5233
Fax: 217-531-4297
Email: WIC@c-uphd.org

Referred parent/ guardian will be contacted within two business days from referral. For urgent referrals, please follow up with a phone call to our Champaign office, Monday-Friday, 8:30 am-12 pm, 1 pm-4:30 pm. Thank you!

This institution is an equal opportunity provider.

Updated May 2024