

# Home Visiting Program Referral Form

Family Health Division

Phone: 385-468-3955; Fax: 385-468-3982

## Section 1: Client Information

Client Name	Date of Birth	Mother's Name (if client is a child)
Street Address	City	ZIP
Phone Number	Language	Best time to call/text
Estimated Due Date (if applicable)	Referring Physician and Clinic	Clinic/Physician Phone

## Section 2: Program Referral

Please select the program to which you're referring your client.



### Program Eligibility

- First-time mother
- Before 29 weeks of pregnancy
- At or below WIC income guidelines



Parents as Teachers.  
*Affiliate*

### Program Eligibility

- Pregnant or has a child less than 3 years old
- At or below WIC income guidelines

## WIC Income Guidelines

Effective July 1, 2017 to June 30, 2018, based on gross income

Household Size*	Annual	Monthly	Twice Monthly	Bi-Weekly	Weekly
1	\$22,311	\$1,860	\$930	\$859	\$430
2	\$30,044	\$2,504	\$1,252	\$1,156	\$578
3	\$37,777	\$3,149	\$1,575	\$1,453	\$727
4	\$45,510	\$3,793	\$1,897	\$1,751	\$876
5	\$53,243	\$4,437	\$2,219	\$2,048	\$1,024
6	\$60,976	\$5,082	\$2,541	\$2,346	\$1,173
7	\$68,709	\$5,726	\$2,863	\$2,643	\$1,322
8	\$76,442	\$6,371	\$3,186	\$2,941	\$1,471
Each Additional Family Member Add	\$7,733	\$645	\$323	\$298	\$149

\*Pregnant women count as 2 (mom and unborn child) when calculating household size.