

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 8 weeks old
- At or below WIC income guidelines

WIC Income Guidelines

Effective July 1, 2016 to June 30, 2017, based on gross income

Household Size*	Annual	Monthly	Twice Monthly	Bi-Weekly	Weekly
1	\$21,978	\$1,832	\$916	\$846	\$423
2	\$29,637	\$2,470	\$1,235	\$1,140	\$570
3	\$37,296	\$3,108	\$1,554	\$1,435	\$718
4	\$44,955	\$3,747	\$1,874	\$1,730	\$865
5	\$52,614	\$4,385	\$2,193	\$2,024	\$1,012
6	\$60,273	\$5,023	\$2,512	\$2,319	\$1,160
7	\$67,951	\$5,663	\$2,832	\$2,614	\$1,307
8	\$75,647	\$6,304	\$3,152	\$2,910	\$1,455
Each Additional Family Member Add	\$7,696	\$642	\$321	\$296	\$148

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