



# Spokane County Head Start/ECEAP/EHS WIC INFORMATION REQUEST

Head Start/ECEAP/EHS center \_\_\_\_\_

Child's name \_\_\_\_\_ Child's birth date \_\_\_\_\_

WIC office \_\_\_\_\_

- Information requested:  Growth measurements  High Risk Care Plan/nutrition recommendations  
 Hct results  Medical documentation for formula substitution

Following to be completed by WIC staff:

Date of screening \_\_\_\_\_ Ht \_\_\_\_\_ Wt \_\_\_\_\_ Hct \_\_\_\_\_

I give the WIC program permission to provide the above information to the Head Start/ECEAP/EHS program.

\_\_\_\_\_  
Parent's name (PRINT)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent or guardian

White—Child's file  
CCS 9757 (Rev. 8/04) (HS/HN)

Yellow—WIC

Pink—Suspense copy  
Marketing and Public Relations



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