

# Family Support Team Request

We also encourage WIC clients to consider working with a public health nurse. Here is a list of things that the health department has helped other WIC families with. *Please check interest(s) you may have and a public health nurse or family support specialist will contact you.*

- |                                                                                        |                                                                                              |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Registered Dietitian                                          | <input type="checkbox"/> Breastfeeding Peer Counselor                                        |
| <input type="checkbox"/> Visit moms & babies during & after their pregnancies          | <input type="checkbox"/> Help get child-care, LIEAP or housing assistance                    |
| <input type="checkbox"/> Provide routine developmental screenings on babies & children | <input type="checkbox"/> Get answers on parenting questions                                  |
| <input type="checkbox"/> Enroll in free Prenatal Classes                               | <input type="checkbox"/> Help to get referrals for child's hearing, speech or vision testing |
| <input type="checkbox"/> Help apply for Medicaid or Food Stamps (SNAP)                 | <input type="checkbox"/> Help decide what to do in abusive situations                        |
| <input type="checkbox"/> CLC Consult                                                   | <input type="checkbox"/> Parents as Teachers                                                 |
| <input type="checkbox"/> Other: _____                                                  | <input type="checkbox"/> Please have a public health nurse contact me                        |

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Is it okay to leave a message at these numbers? Yes No

Email address \_\_\_\_\_

↓ List names of children in the household. If applicable, please check the name of child needing services.

- |                          |                         |                     |                            |
|--------------------------|-------------------------|---------------------|----------------------------|
| <input type="checkbox"/> | Child's full name _____ | Date of Birth _____ | Health care provider _____ |
| <input type="checkbox"/> | Child's full name _____ | Date of Birth _____ | Health care provider _____ |
| <input type="checkbox"/> | Child's full name _____ | Date of Birth _____ | Health care provider _____ |

Are you pregnant? Yes No Due Date? \_\_\_\_\_ Do you plan to breastfeed? Yes No Health care provider name \_\_\_\_\_

I authorize the release and exchange of health information between WIC, Gallatin City County Health Department, and my Health care provider as needed. I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken in reliance on this authorization. If this authorization has not been revoked, this authorization will terminate one year from the date of signature. I understand that allowing WIC to provide information is voluntary & is not a requirement to participation in the WIC program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_ By initialing here, I give permission to share my health and breastfeeding records with lactation consultants at my Birth Facility or my Health care provider.

## For Office Use Only

Assigned to: \_\_\_\_\_ Date Assigned: \_\_\_\_\_

Application given       Appointment made \_\_\_\_\_       Pending

Disposition: (circle one)      HV scheduled      Not interested in service      Unable to contact

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WIC is an Equal Opportunity Provider