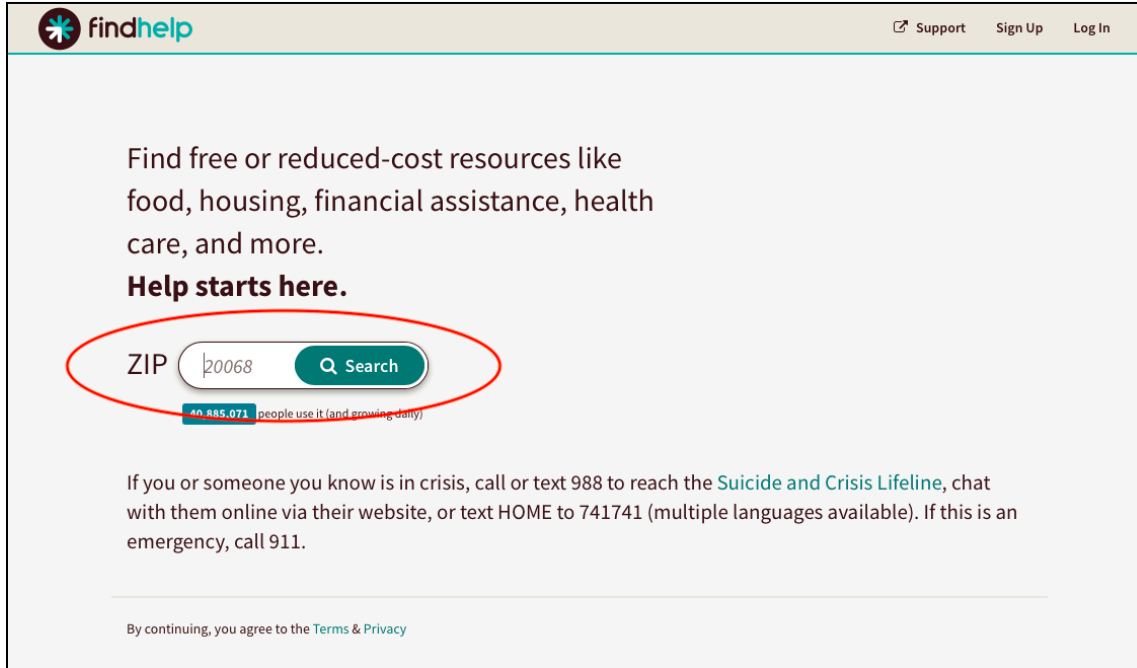
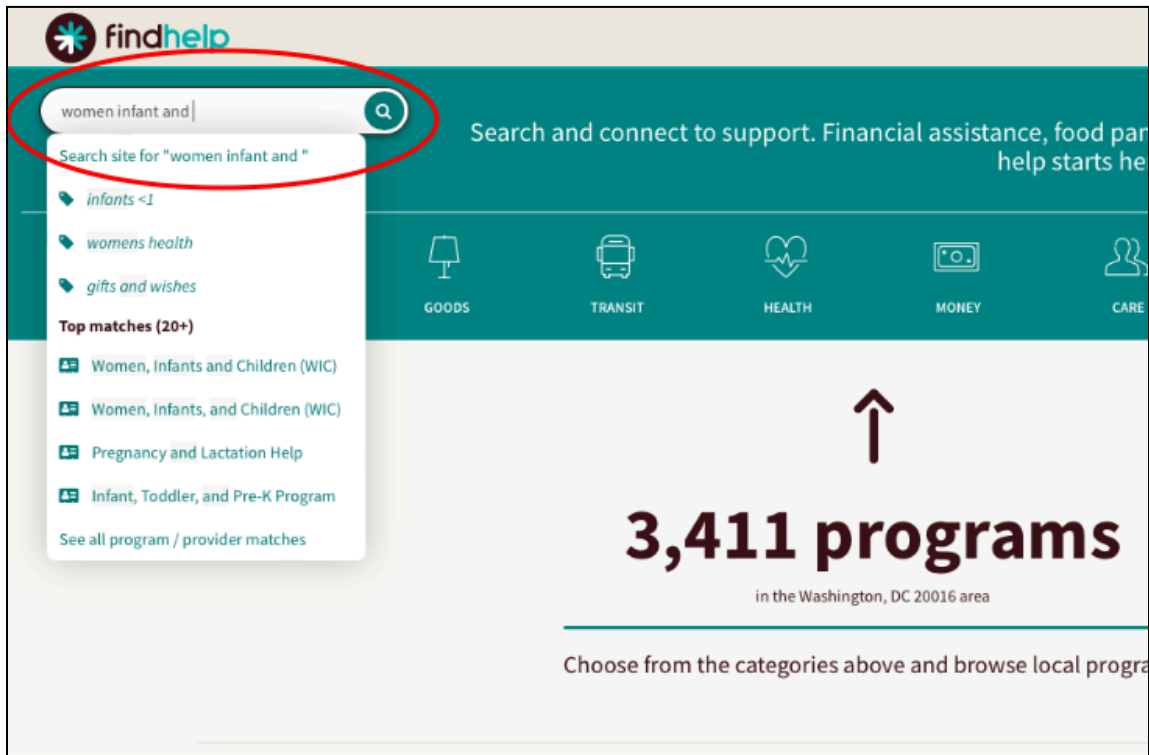


# WIC REFERRAL CHEAT SHEET

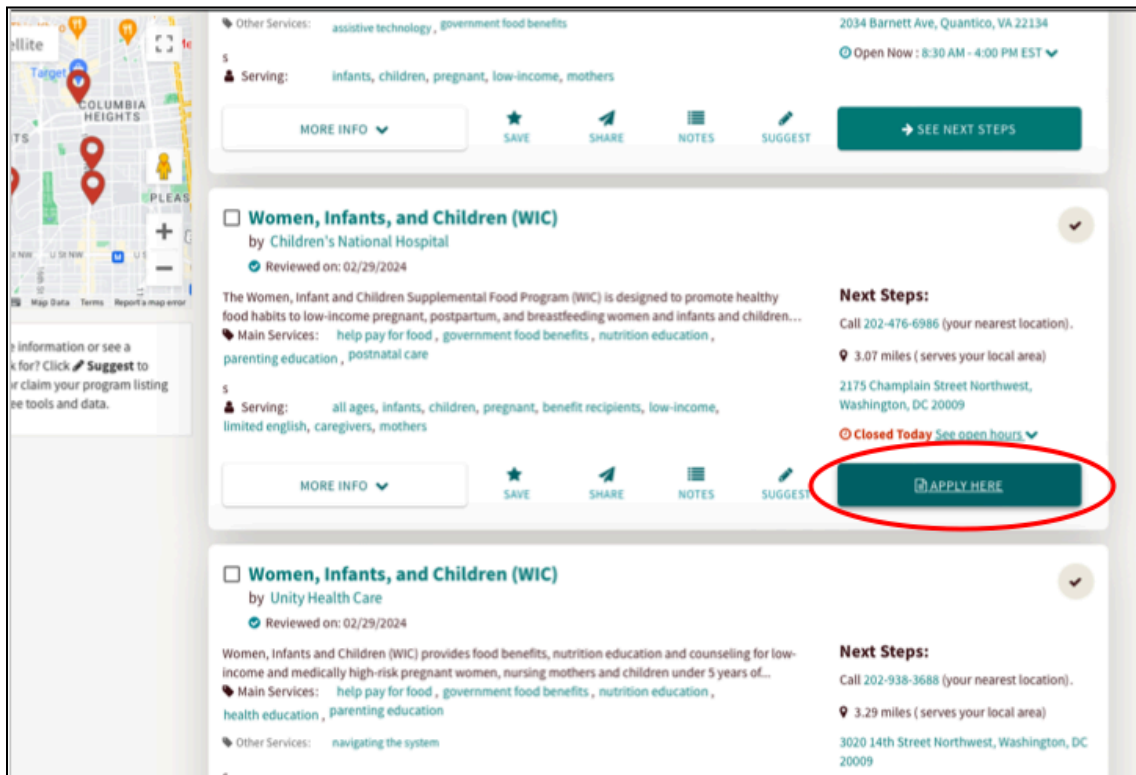
## How to Submit a WIC Referral: Step by Step with Screenshots



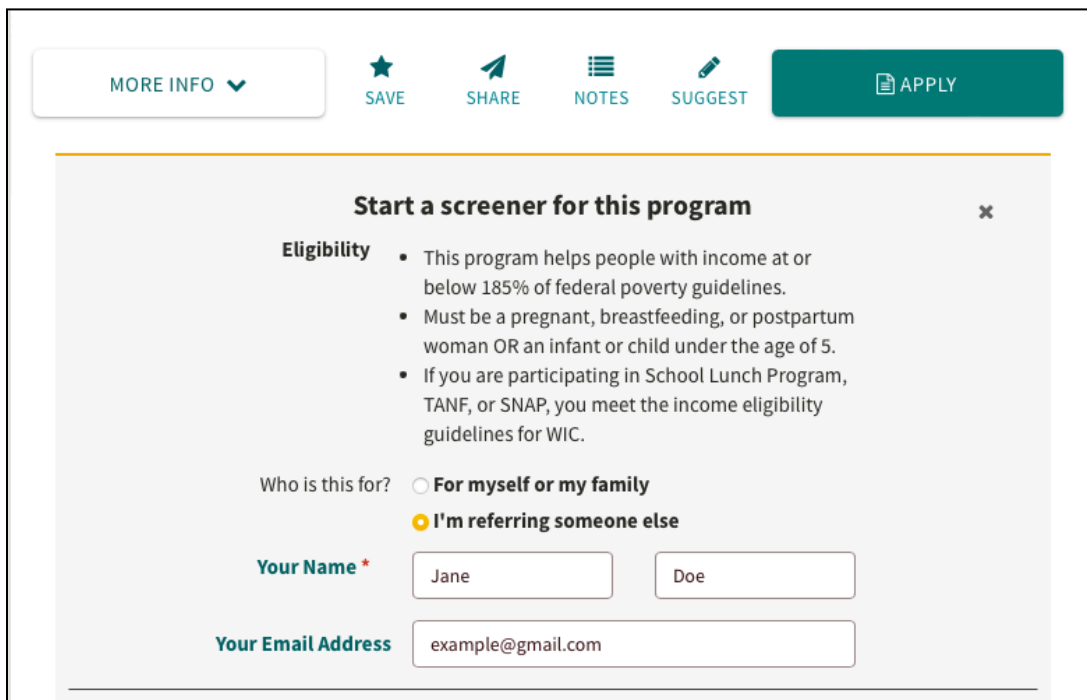
**Step 1:** go to findhelp.org and enter your patient's zip code.



**Step 2:** search “Women, Infants and Children” in the search bar  
**Step 3:** Click “Women, Infants, and Children (WIC)” once it appears



**Step 4:** Find your patient’s preferred WIC location and select “APPLY HERE”



**Step 5:** Click “I’m referring someone else” and fill out the white boxes with your information

**Tell us about the person you're helping:**

**Someone you've Connected before:**

TIP: Log in to use contact info on file!

\_\_\_\_\_ Or \_\_\_\_\_

Connecting someone new:

**Their Name \***

**Their Email Address**

**Their Phone Number**

**Their Language**

**Best way to reach them\***  Email

*We'll send them an email with the next steps to contact this program.*

Text message

Phone call

Don't reach out

**Comment** [Add a comment...](#)

**Step 6:** Fill out all of the fields with your patient's information.

**Confirm Consent \***  I have appropriate consent from the person or their guardian (if under 18) to:

- Send their contact info and additional info through this system to this agency, and
- Send them info **about this program** through the findhelp platform (including any responses sent to them by the program).

**The program provider has a few more questions!**

Choose "Next" to log in to your account and continue to the program's form.

**Important!** We'll do our best to send them your information, but it's possible that we may not be able to reach the agency or get a quick response. *If you are in an emergency situation, call 911.*

**Step 7:** Check the "Confirm Consent" box and click "NEXT"

# DC WIC Appointment Request Form

Select Language   Translate

- Use this form to request for a WIC Service either for yourself, a family member or patient. Keep in mind that DC WIC is for DC residents only.
- Please complete the form in its entirety. Your local WIC clinic will be reaching out to you to make your appointment. Please be on the lookout for a call, email, or text from us!
- Thank you for your interest in DC WIC.



This program needs additional information before they can help you. If you do not complete this form, you may not be able to receive services.

## WIC Eligibility Questions

1. Does the applicant live in the District of Columbia? \*

**Step 8:** You will be taken to a new page, fill out all the information on this page.

## For Providers

Upload a prescription or other medical document here.

Medicaid\_Waivers\_State\_31797.pdf  
916 KB

Upload complete  
tap to undo 

If you submit this form without documents, you can add them later in the documents section of the profile page.

Upload a prescription or other medical document here.

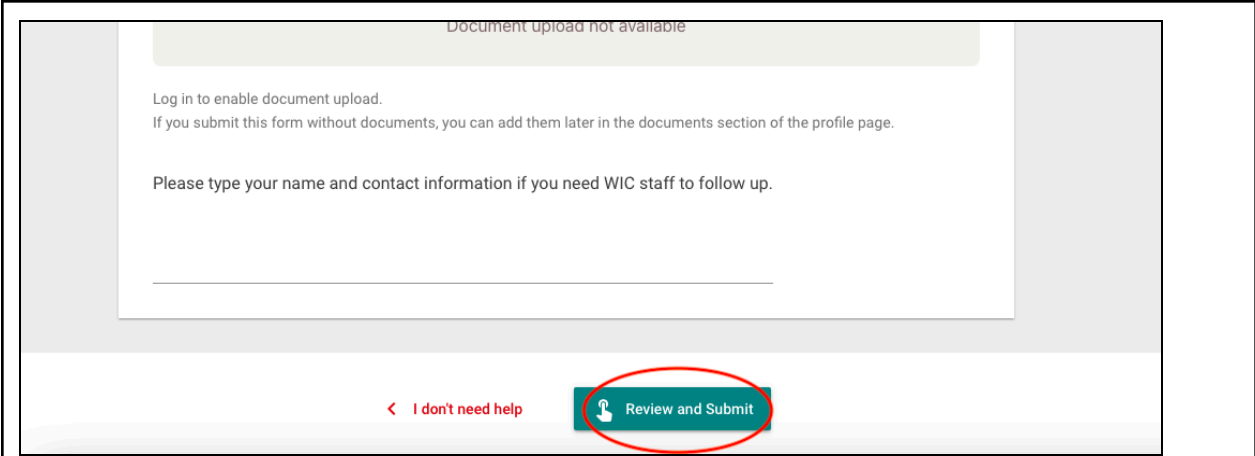
Drag & drop a file or click to browse

If you submit this form without documents, you can add them later in the documents section of the profile page.

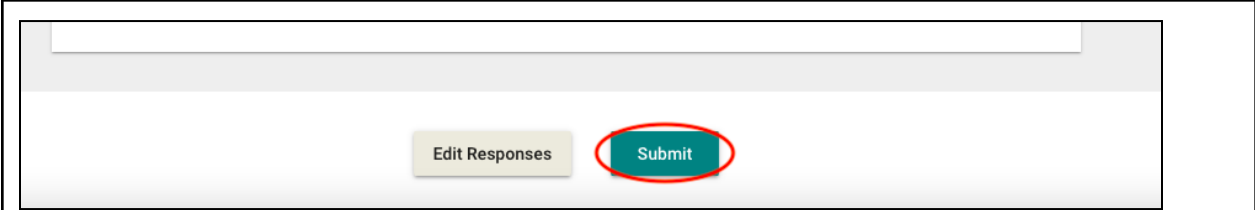
Please type your name and contact information if you need WIC staff to follow up.

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**Step 9:** Upload any necessary medical documents.



**Step 10:** Select "Review and Submit".



**Step 11:** A summary page will appear, verify the information and click "Submit"