



New \_\_\_\_\_ Active \_\_\_\_\_ Reenroll \_\_\_\_\_

PHONE: (415) 473-6889  
3250 KERNER BLVD.  
SAN RAFAEL, CA 94901

APPOINTMENT:  
\_\_\_\_\_

FAMILY ID NUMBER:  
\_\_\_\_\_

**IMPORTANT!** Please bring the following to your appointment:



**Proof of Identification:** WIC Folder, photo ID, Medi-Cal card, etc.



**Proof of Address:** letter/mail, bill, magazine, pay stub



**Proof of income for ALL ADULTS in the family:** Medi-Cal card, recent paycheck stubs, TANF statements, child support, disability payments, income taxes, if paid cash bring letter from employer, self- employed letter, etc.



**Referral Form:**

- Prenatal/postpartum referral form.
- child/infant referral form for: \_\_\_\_\_



**Your Child/Infant:** \_\_\_\_\_

\*For new born, bring crib card or hospital papers with baby's birth weight and length.



**Immunization Record**, if the child being certified is 2yrs old or under.

WIC Nutrition Questionnaire filled out.



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