



**WIC PROGRAM for MERCED & MARIPOSA COUNTIES  
MERCED COUNTY COMMUNITY ACTION AGENCY**

1235 West Main Street, Merced, CA

Phone: (209) 383-4859 FAX: (209) 381-5299

[www.wicmerced-mariposa.com](http://www.wicmerced-mariposa.com)



**Multi-Agency Referral Form**

**Referring Agency Information**

Agency: \_\_\_\_\_

Name of Referring Party: \_\_\_\_\_ Phone number: \_\_\_\_\_

**Participant's Information**

Name: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Street Address City Zip

Phone Number Secondary Phone Number

Language preference: English Spanish Hmong Other: \_\_\_\_\_

Category (please check all that apply):

Pregnant

Postpartum up to 6 months

Infant

Child 1-4 years old

All participants must also:

- Be a resident of California
- Have income that is less than 185% of the poverty level or be on Medi-cal (referring agencies do not need to verify this, WIC will verify at enrollment)

**Participant Consent** – By checking this box I authorize the referring agency to release my personal contact information to Merced County Community Action Agency's WIC program.

Participant Signature: \_\_\_\_\_

**PLEASE FAX COMPLETED FORM TO 209-381-5299**