

### **REFER TO WIC**

WIC provides nutrition counseling, breastfeeding support and healthy foods free for Vermont families who qualify.

#### 

### The above-mentioned patient(s) agree to have WIC contact them to determine WIC eligibility.

Apply at your local WIC clinic, text **VTWIC** to **855-11**, or start your application online at <u>healthvermont.gov/wic</u>

Vermont Department of Health Barre WIC Program McFarland Office Building 5 Perry Street, Suite 20 Barre, VT 05641 802-479-4200 or Toll-free 888-253-8786 Fax 802-479-4230





### **REFER TO WIC**

WIC provides nutrition counseling, breastfeeding support and healthy foods free for Vermont families who qualify.

# PREGNANT OR POSTPARTUM CHILD(REN) UNDER 5 Name: Name(s): Date of birth: Date(s) of birth: Address: Date(s) of birth: Phone: Permission to text: Yes / No Email: Medical Provider: Please complete the following information Practice Name: Phone:

### ☐ The above-mentioned patient(s) agree to have WIC contact them to determine WIC eligibility.

Apply at your local WIC clinic, text **VTWIC** to **855-11**, or start your application online at <u>healthvermont.gov/wic</u>

Vermont Department of Health Bennington WIC Program 324 Main Street, Suite 2 Bennington, VT 05201 802-447-3531 or Toll-free 800-637-7347 Fax 802-447-6910





### **REFER TO WIC**

WIC provides nutrition counseling, breastfeeding support and healthy foods free for Vermont families who qualify.

# PREGNANT OR POSTPARTUM CHILD(REN) UNDER 5 Name: Name(s): Date of birth: Date(s) of birth: Address: Date(s) of birth: Phone: Permission to text: Yes / No Email: Medical Provider: Please complete the following information Practice Name: Phone:

### ☐ The above-mentioned patient(s) agree to have WIC contact them to determine WIC eligibility.

Apply at your local WIC clinic, text **VTWIC** to **855-11**, or start your application online at <u>healthvermont.gov/wic</u>

Vermont Department of Health Brattleboro WIC Program 232 Main Street, Suite 3 Brattleboro, VT 05301 802-257-2880 or Toll-free 888-253-8805 Fax 802-254-6360





### **REFER TO WIC**

WIC provides nutrition counseling, breastfeeding support and healthy foods free for Vermont families who qualify.

# PREGNANT OR POSTPARTUM CHILD(REN) UNDER 5 Name: Name(s): Date of birth: Date(s) of birth: Address: Date(s) of birth: Phone: Permission to text: Yes / No Email: Medical Provider: Please complete the following information Practice Name: Phone:

### The above-mentioned patient(s) agree to have WIC contact them to determine WIC eligibility.

Apply at your local WIC clinic, text **VTWIC** to **855-11**, or start your application online at <u>healthvermont.gov/wic</u>

Vermont Department of Health Burlington WIC Program 108 Cherry Street, Suite 102 Burlington, VT 05402 802-863-7323 or Toll-free 888-253-8803 Fax 802-863-7571





### **REFER TO WIC**

WIC provides nutrition counseling, breastfeeding support and healthy foods free for Vermont families who qualify.

# PREGNANT OR POSTPARTUM CHILD(REN) UNDER 5 Name: Name(s): Date of birth: Date(s) of birth: Address: Date(s) of birth: Phone: Permission to text: Yes / No Email: Medical Provider: Please complete the following information Practice Name: Phone:

### The above-mentioned patient(s) agree to have WIC contact them to determine WIC eligibility.

Apply at your local WIC clinic, text **VTWIC** to **855-11**, or start your application online at <u>healthvermont.gov/wic</u>

Vermont Department of Health Middlebury WIC Program 156 South Village Green, Suite 102 Middlebury, VT 05753 802-388-4644 or Toll-free 888-253-8804 Fax 802-388-4610



**VERMONT DEPARTMENT OF HEALTH** 



### **REFER TO WIC**

WIC provides nutrition counseling, breastfeeding support and healthy foods free for Vermont families who qualify.

#### 

### The above-mentioned patient(s) agree to have WIC contact them to determine WIC eligibility.

Apply at your local WIC clinic, text **VTWIC** to **855-11**, or start your application online at <u>healthvermont.gov/wic</u>

Vermont Department of Health Morrisville WIC Program 63 Professional Drive, Suite 1 Morrisville, VT 05661 802-888-7447 or Toll-free 888-253-8798 Fax 802-888-2576





### **REFER TO WIC**

WIC provides nutrition counseling, breastfeeding support and healthy foods free for Vermont families who qualify.

# PREGNANT OR POSTPARTUM CHILD(REN) UNDER 5 Name: Name(s): Date of birth: Date(s) of birth: Address: Date(s) of birth: Phone: Permission to text: Yes / No Email: Medical Provider: Please complete the following information Practice Name: Phone:

### ☐ The above-mentioned patient(s) agree to have WIC contact them to determine WIC eligibility.

Apply at your local WIC clinic, text **VTWIC** to **855-11**, or start your application online at <u>healthvermont.gov/wic</u>

Vermont Department of Health Newport WIC Program 100 Main Street, Suite 220 Newport, VT 05855 802-334-6707 or Toll-free 800-952-2945 Fax 802-334-3904





### **REFER TO WIC**

WIC provides nutrition counseling, breastfeeding support and healthy foods free for Vermont families who qualify.

# PREGNANT OR POSTPARTUM CHILD(REN) UNDER 5 Name: Name(s): Date of birth: Date(s) of birth: Address: Date(s) of birth: Phone: Permission to text: Yes / No Email: Medical Provider: Please complete the following information Practice Name: Phone:

### The above-mentioned patient(s) agree to have WIC contact them to determine WIC eligibility.

Apply at your local WIC clinic, text **VTWIC** to **855-11**, or start your application online at <u>healthvermont.gov/wic</u>

Vermont Department of Health Rutland WIC Program 300 Asa Bloomer State Office Building 88 Merchants Row Rutland, VT 05701 802-786-5811 or Toll-free 888-253-8802 Fax 802-786-5984





### **REFER TO WIC**

WIC provides nutrition counseling, breastfeeding support and healthy foods free for Vermont families who qualify.

# PREGNANT OR POSTPARTUM CHILD(REN) UNDER 5 Name: Name(s): Date of birth: Date(s) of birth: Address: Date(s) of birth: Phone: Permission to text: Yes / No Email: Medical Provider: Please complete the following information Practice Name: Phone:

### ☐ The above-mentioned patient(s) agree to have WIC contact them to determine WIC eligibility.

Apply at your local WIC clinic, text **VTWIC** to **855-11**, or start your application online at <u>healthvermont.gov/wic</u>

Vermont Department of Health Springfield WIC Program 100 Mineral Street, Suite 104 Springfield, VT 05156 802-289-0600 or Toll-free 888-296-8151 Fax 802-885-3707





### **REFER TO WIC**

WIC provides nutrition counseling, breastfeeding support and healthy foods free for Vermont families who qualify.

# PREGNANT OR POSTPARTUM CHILD(REN) UNDER 5 Name: Name(s): Date of birth: Date(s) of birth: Address: Date(s) of birth: Phone: Permission to text: Yes / No Email: Medical Provider: Please complete the following information Practice Name: Phone:

### ☐ The above-mentioned patient(s) agree to have WIC contact them to determine WIC eligibility.

Apply at your local WIC clinic, text **VTWIC** to **855-11**, or start your application online at <u>healthvermont.gov/wic</u>

Vermont Department of Health St. Albans WIC Program 27 Federal Street, Suite 201 St. Albans, VT 05478 802-524-7970 or Toll-free 888-253-8801 Fax 802-527-5405





### **REFER TO WIC**

WIC provides nutrition counseling, breastfeeding support and healthy foods free for Vermont families who qualify.

#### 

### The above-mentioned patient(s) agree to have WIC contact them to determine WIC eligibility.

Apply at your local WIC clinic, text **VTWIC** to **855-11**, or start your application online at <u>healthvermont.gov/wic</u>

Vermont Department of Health St. Johnsbury WIC Program 107 Eastern Avenue, Suite 9 St. Johnsbury, VT 05819 802-748-5151 or Toll-free 800-952-2936 Fax 802-751-3229



**VERMONT DEPARTMENT OF HEALTH** 



### **REFER TO WIC**

WIC provides nutrition counseling, breastfeeding support and healthy foods free for Vermont families who qualify.

# PREGNANT OR POSTPARTUM CHILD(REN) UNDER 5 Name: Name(s): Date of birth: Date(s) of birth: Address: Date(s) of birth: Phone: Permission to text: Yes / No Email: Medical Provider: Please complete the following information Practice Name: Phone:

### ☐ The above-mentioned patient(s) agree to have WIC contact them to determine WIC eligibility.

Apply at your local WIC clinic, text **VTWIC** to **855-11**, or start your application online at <u>healthvermont.gov/wic</u>

Vermont Department of Health White River Junction WIC Program 118 Prospect Street, Suite 300 White River Junction, VT 05001 802-295-8820 or Toll-free 888-253-8799 Fax 802-295-8832

