



SAGINAW COUNTY
HEALTH DEPARTMENT

Referral

Fax this Referral Form to: Attn: Saginaw County WIC (989)-758-3700
or email this referral to: WIC@saginawcountymi.gov

Referral Date: _____ **Receives/May be eligible for Medicaid/MOMS:** ☐ Yes ☐ No

From Agency: _____

Name: _____ **DOB:** _____ **EDC (If Pregnant):** _____

Address: _____ **City:** _____ **Zip:** _____

Phone #: _____ **Alternate Phone #:** _____

Patient/Participant/Client Email: _____

Referred by: _____ **Phone #:** _____ **Agency:** _____

Comments: _____

Clinic Staff Signature: _____ **Patient Signature:** _____

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To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

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