



# Trinitas WIC

Women, Infants and Children Nutrition Program  
 40 Parker Road, Suite 103  
 Elizabeth, NJ 07208  
 908.994.5141

Monday –Friday 8:00 am to 5:00 pm  
 Evening appointments available on until 7:30 pm Tuesday, Wednesday and Thursday  
 Services by appointment only  
 On street parking available on Westminster Ave, Union Ave, Parker Road and limited parking in the back of building.

### WHAT is WIC?

WIC is a supplemental food and nutrition program funded by USDA. WIC provides nutritious foods, nutrition education, referrals to community organizations, breastfeeding education immunization information and voter registration. WIC provides free health screening and makes referrals to a healthcare provider.

### WHO is eligible for WIC?

#### WOMEN

**Pregnant** - up to 6 weeks after delivery.

\*After your baby is born, you must be certified again for you and enroll the newborn.

**Breastfeeding** - for up to 1 year after delivery.

**Non-breastfeeding** for up to 6 months after delivery.

**Infants** - WIC recommends breastfeeding for all infants.

**Children** - under 5 years of age.

On your certification appointment date you need to bring the following:

1. Proof of current household income: (Medicaid card, , Medicaid, SNAP or SSI benefits letter, SNAP, unemployment stub, disability, child support, pay stub-(must be within past 30 days).  
 \*No income, you must show how you are supported.
2. Proof of Address (letter or bill mailed to you; rent receipt or other)
3. Proof of Identity for each person applying for WIC (WIC ID folder, birth certificate, social security or other)
4. Child's Immunization record/card - each child must be present.
5. WIC Referral Form completed by Doctor, if you have it.

### Que es WIC?

WIC es un programa de nutrición suplementaria del USDA. WIC provee alimentos nutritivos, educación en nutrición y acceso a servicios de salud; referidos a organizaciones comunitarias, educación sobre la lactancia e inmunización y servicios de registro a votantes. WIC le proveera peso y estatura y sangre si es necesario.

### PARA QUIENES ES WIC?

#### MUJERES

Embarazadas - Hasta 6 semanas despues del parto.

\*Usted debe recertificar para continuar recibiendo los beneficios.

**Mujeres lactantes** - Hasta 1 ano despues del parto.

**Mujeres no lactantes** - Hasta 6 meses despues del parto.

**Infantes** - WIC recomienda la lactancia para todos los infants.

**Niños** - Puede cualificar hasta los 5 anos de edad.

### EN SU CITA USTED DEBE TRAER LO SIGUIENTE:

1. Comprobante de sus ingresos (talonario de salario ó desempleo,talonario de Medicaid,SSI , cupones de alimentos, talonario de desempleo, talonario de incapacidad, manutención de los hijos ,talonario de salario-tiene que ser no mas de 30 dias.  
 \*Sin ingresos, usted debe mostrar cómo se sostiene.
2. Comprobante de su direccion (carta o factura con su nombre, recibo de renta ú otro comprobante);
3. Comprobante de identidad para cada una de las personas aplicantes de WIC (certificado de nacimiento, seguro social ú otro comprobante)
4. Expediente de las vacunas del niño; El niño debe estar presente
5. Referido de WIC completado por el médico si lo tiene

### New Jersey Income Eligibility Guidelines (Effective from July 1, 2015 to June 30,2016)

Household size	Annually	Weekly
1	\$21,775	\$419
2	29,471	567
3	37,167	715
4	44,863	863
5	52,559	1,011
6	60,225	1,159
7	67,951	1,307
8	75,647	1,455
Each add'l Member add	+7,696	+148

Appointment month Cita mes	Date/ Fecha Day/dia : M T W Th Fri	Time am or pm
January -Enero		
February-Febrero		
March-Marzo		
April-Abril		
May-Mayo		
June-Junio		
July-Julio		
August-Agosto		
September -Septiembre		
October-Octubre		
November -Noviembre		
December -Diciembre		

This institution is an equal opportunity provider.



**NEW JERSEY WIC HEALTH CARE REFERRAL  
FOR**

**INFANT (Under 1 Year)**

**CHILD (1 to 5 Years)**

*(Please attach updated Immunization Record.)*

Women, infants and children  
MUST be present at every WIC  
certification appointment.

Bring:

- Proof of your family's income
- Proof of where you live
- Proof of ID for every person
- Health care referral form filled out
- Immunization records of infant/child

CALL for an appointment with  
WIC office checked:

*(Healthcare provider:*

*Check WIC office for patient.)*

- Atlantic City  
609-347-5656
  - Burlington County  
609-267-4304
  - Children's Home Society  
of NJ  
609-498-7755
  - East Orange  
973-395-8960 (8963)
  - Gloucester County  
856-218-9116
  - Jersey City  
201-547-6842
  - Newark  
973-733-7628
  - North Hudson  
201-866-4700
  - NORWESCAP  
908-454-1210
  - Ocean County  
732-341-9700 X 7520
  - Passaic  
973-365-5620
  - Plainfield  
908-753-3397
  - Trinitas  
908-994-5141
  - St. Joseph  
973-754-4575
  - TriCounty/Gateway CAP  
856-451-5600
  - UMDNJ  
973-972-3416
  - VNA  
732-471-9301  
800-762-6140
- OR
- STATEWIDE  
1-800-328-3838 (24 Hrs.)

Name of Child		Birthdate of Child / /	
Name of Parent/Guardian		Telephone Number	
Address			
<b>ANTHROPOMETRIC AND LABORATORY DATA</b>			
<ul style="list-style-type: none"> <li>Current height and weight measurements are needed for all infants and children.</li> <li>Height and weight measurements must be taken <math>\leq 30</math> days prior to WIC appointment.</li> <li>At least ONE blood test of Hemoglobin, Hematocrit or Erythrocyte Protoporphyrin (EP) is needed to determine nutritional risk of infants and children OVER 9 MONTHS of age.</li> <li>The blood test must be taken <math>\leq 90</math> days prior to WIC appointment.</li> </ul>			
Blood Test Date / /	Hemoglobin gm/dl	Hematocrit %	EP $\mu\text{g/dl}$
Date of Ht./Wt. Measurement / /		Height or Length inches	Weight lbs. ozs.
<b>COMPLETE THIS SECTION FOR FIRST TIME WIC APPLICANTS ONLY</b>			
Birth Weight lbs. ozs.	Birth Length inches	Premature? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Gestational Age at Birth: weeks
<b>MEDICAL HISTORY</b>			
Check all of the following which apply and give a brief explanation:		Explanation	
<input type="checkbox"/> Metabolic disorder, congenital anomalies or other medical problem		_____	
<input type="checkbox"/> Hx of severe diarrhea, steatorrhea, vomiting, malabsorption (3 times during past year or 1 time in past 6 months requiring hospitalization)		_____	
<input type="checkbox"/> Major surgery (within past 6 months)		_____	
<input type="checkbox"/> Excessive dental carries/baby bottle tooth decay		_____	
<input type="checkbox"/> Maternal prenatal conditions (e.g., prenatal anemia, multiple birth, inadequate prenatal weight gain)		_____	
<input type="checkbox"/> Social or environmental condition which may compromise adequacy of diet		_____	
<input type="checkbox"/> Vitamin/mineral supplement or medicine prescription		_____	
<input type="checkbox"/> Other pertinent health or medical data		_____	
<b>AUTHORIZATION RELEASE</b>			
<i>I, the undersigned, give permission to my provider to give the WIC Program any required medical information.</i>			
Signature of Parent/Guardian			
Insurance Carrier and Member ID Number			
Signature of Physician or Health Professional			Date
Name and Address of Physician or Clinic (Print or Stamp)			
Telephone Number:			