

## **Spokane County Head Start / ECEAP / EHS WIC INFORMATION REQUEST**

Head Start/ECEAP/EHS center			
Child's name			Child's birth date
WIC office			
	Growth measurements	☐ High Risk Care Plan/nutrition recommendations	
	☐ Hct results	☐ Medical documentation for formula substitution	
The following to be completed by WIC staff:			
Date of screening	Ht	Wt	Hct
I give the WIC program permission to provide the above information to the Head Start/ECEAP/EHS program.			
Parent's name (PRINT)			
Signature of parent or go	uardian		Date
Copy to: WIC Office Child's file			

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