



## Referral to Welcome Baby Program from the PHFE WIC Program

(Please fax completed form to the Delivery Hospital indicated below.)

- Antelope Valley Partners for Health | *Lancaster*  
Fax: (661) 951-9715
- California Hospital Medical Center | *Metro Los Angeles*  
Fax: (213) 213-1276
- Centinela Hospital Medical Center | *Inglewood*  
Fax: (323) 992-6041
- Citrus Valley Health Partners *West Covina*  
Fax: (626) 813-7803
- Martin Luther King, Jr. Community Hospital *Willowbrook/Watts*  
Fax: (323) 242-5011
- Miller Children's and Women's Hospital *Long Beach*  
Fax: (562) 595-1051
- Northridge Hospital Medical Center | *Northridge*  
Fax: (818) 700-2373
- Providence Holy Cross Medical Center | *Mission Hills*  
Fax: (818) 496-4462
- Providence Little Co. of Mary Medical Center | *San Pedro*  
Fax: (310) 513-0417
- St. Francis Medical Center *Lynwood*  
Fax: (310) 900-4719
- St. Mary Medical Center *Long Beach*  
Fax: (562) 491-9824
- Torrance Memorial Medical Center | *Torrance*  
Fax: (310) 513-0417
- Valley Presbyterian Hospital *Van Nuys*  
Fax: (818) 781-8130
- White Memorial Medical Center *East/South East Los Angeles*  
Fax: (323) 881-8603

Date: \_\_\_\_\_ PHFE WIC Site: \_\_\_\_\_

Referred by: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Client Information

I Am Referring: \_\_\_\_\_  
Print Client's Full Name

Address: \_\_\_\_\_ Apt.#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Best Time to Call: \_\_\_\_\_ Text Message OK?  Yes  No

Language Preferred:  English  Spanish  Other: \_\_\_\_\_

Client's Date of Birth: \_\_\_\_\_ Expected Due Date: \_\_\_\_\_

Delivery Hospital\*: \_\_\_\_\_

**\*Welcome Baby Referrals:** Select the participating Welcome Baby hospital at which the client plans to deliver (see left column). Client **must** plan to deliver at one of these hospitals to enroll.

### Authorization of Release

I give permission for a representative of Welcome Baby to contact me regarding possible enrollment in the Welcome Baby program.

*Yo autorizo que un representante de Welcome Baby se comuniqué conmigo sobre la posibilidad de inscribirme en el programa Welcome Baby.*

**My decision to participate is voluntary and will not affect my eligibility to receive PHFE WIC services.**  
*Mi decisión de participar es voluntaria y no afectará mi elegibilidad para recibir servicios de PHFE WIC.*

Printed Name/Nombre: \_\_\_\_\_

Signature/Firma: \_\_\_\_\_ Date/Fecha: \_\_\_\_\_

Please indicate if Welcome Baby can send information to the address listed above.

*Por favor, indique si Welcome Baby también puede enviar información a la dirección que aparece arriba.*  Yes *Sí*  No

**Urgent?**  Yes  No Reason: \_\_\_\_\_

Additional Comments: \_\_\_\_\_