INDIANA WIC PROGRAM
RELEASE OF INFORMATION

(This form must be used after WIC eligibility has been determined)

I _____ hereby authorize

_____

_____

To release information to:

_____

_____

_____

Client's choice of information to be released includes (indicate choice(s) :

Personal

____ Name
____ Address
____ Telephone Number
____ Date of Birth

Financial

____ Monthly Household Income
$_____ Per month
____ Other Financial

_____

_____

Health Information

____ Height
____ Weight
____ Hemoglobin
____ Lead

Other: (specific WIC information only such as Risk Factors, Weight Gain and Growth Grids, Nutrition Education information, Shopping Lists, Breastfeeding Notes, Individual Care Plans, Nutrition Ed Counseling Notes or General Notes)

_____

_____

_____

(Agreeing or refusing to sign this form will not affect eligibility for the WIC program)

_____ /

Signature of Client, Authorized Representative Date

_____

Signature of Person Releasing Information

(This signed form must be scanned into the client record)

This institution is an equal opportunity provider

03/17