



CCI-WIC PROGRAM REFERRAL FORM



Date: _____

Mother's Name: _____

Date of Birth: _____

Phone # _____

Alternate phone # _____

Address: _____

Family size: _____ List the number of children in the family under five years old: _____

Is the mom already on the WIC Program? Yes No If yes, which clinic? _____

Referred by: _____

Phone # _____

Please Feel Free to Call or Fax the Referral to any of the Clinics Listed Below:

Gaithersburg
200 Girard Street
Suite 212B
Gaithersburg, MD 20877
Phone: (301) 840-8339
Fax: (301) 355-7472

Germantown
19540 Amaranth Drive
Germantown, MD 20874
Phone: (301) 515-7576
Fax: (301) 515-7579

Greenbelt
9001 Edmonston Road
Suite 40
Greenbelt, MD 20770
Phone: (240) 638-1270
Fax: (301) 345-1865

Langley/Takoma Park
7676 New Hampshire Ave
Suite 220B
Takoma Park, MD 20912
Phone: (301)439-7373/7375
Fax: (240) 485-1780

Silver Spring
13415 Connecticut Avenue
Suite 100
Silver Spring, MD 20910
Phone: (301) 438-7456
Fax: (301) 438-9070

White Flint
5640 Nicholson Lane,
Suite 10
Rockville, MD 20852
Phone: (301) 933-6680
Fax: (240) 499-2630

CCI WIC Main Office
15850 Crabbs Branch Way
Suite 350
Rockville, MD 20855
Phone: 301-762-9426
Fax #: 301-762-4234

Hours of Operation 8:30 am - 4:30 pm
Monday thru Friday and pre-scheduled Saturdays

"Better Nutrition Choices for a Brighter Future"
WIC is an Equal Opportunity Provider and Employer