Department of Public Health and Social Services Bureau of Nutrition Services-Guam WIC Program		
TITLE: Participant Referrals to Other Program and Services	**POLICY NO.:** WIC -NS-01	Page 1 of 3
APPROVED BY: _____ Arthur U. San Agustin, MHR, DPHSS Director	**DATE OF ORIGINAL APPROVAL:** 12/06/22 **DATE REVISED/REVIEWED:**	
Endorsed By: Deputy Director: Laurent Duenas, BSN, MHA Chief Public Health Officer: Zennia Pecina, MSN, RN MPW 12/05/2022 Guam WIC Director: Cydsel Toledo, MD, MHA CTeleb 12/5/22		

PURPOSE

To establish guidelines to Guam WIC staff in referring WIC clients to appropriate agencies for other needed services. This policy is in accordance with Title 7 CFR section 246.4 State Plan.

POLICY

A. In accordance with the State Plan requirements articulated in Title 7 CFR section 246.4 (a)(5) and section 246.4 (a)(7), Guam WIC shall refer participants to appropriate health programs and services based on the client's needs beyond the required mandatory program referrals.

B. All WIC participants or their Authorized Representative or Legal Guardian shall be referred to the appropriate agency as needed. Guam WIC participants are referred to but not limited to the following agencies and health partners:
   1. Supplemental Nutrition Assistance Program (SNAP)
   2. Temporary Assistance for Needy Families (TANF)
   3. Medicaid / Medically Indigent program
   4. Child Support Enforcement
   5. Immunizations
   6. Guam Behavioral Health and Center Drug and Alcohol Program
   7. Identified Primary Health Care Provider
   8. Community Health Centers
   9. WIC Breastfeeding Peer Counselor
   10. Expanded Food Nutrition Education Program (EFNEP)
   11. Guam Early Interventions geis@gdoe.net or sped@gdoe.net
   12. Head Start

C. Guam WIC shall keep an updated list of agencies in the community for potential WIC participant referrals. Guam WIC uses the "When WIC is Not Enough" * handout which provides the following information:
   1. Program Name
   2. Brief description of who may be eligible for program services
   3. Address/Phone number
   4. Days and hours of service

D. All referrals shall be documented at every certification of participants and recorded in the individual Care Plan Record of WIC Information System HANDS.

PROCEDURE

A. Criteria for Referral

SNAP (i.e. Food Stamps	All potentially income eligible WIC applicants/participants that are not already enrolled in SNAP are to be referred after describing the service to them and providing them with written materials containing the SNAP office location, contact information, and income eligibility guidelines.
Temporary Assistance for Needy Families (TANF	All potentially income eligible TANF WIC applicants/participants that are not already enrolled in TANF are to be referred after describing the service to them and providing them with written materials containing the TANF office location, contact information, and income eligibility guidelines.
Medicaid	All potentially income eligible Medicaid WIC applicants/participants that are not already enrolled in Medicaid are to be referred after describing the service to them and providing them with written materials containing the Medicaid office location, contact information, and Income eligibility guidelines.
Guam Bureau of Family & Nursing services	Pregnant women, infants and children with no private healthcare provider, such as for regular health checks, should also be given appropriate program and income limit information and referred to the Guam Bureau of Family Health & Nursing services (DPHSS) where they can be further assessed for Medicaid eligibility.
Child Support Enforcement	when parents of child WIC participants aren't together and court ordered support payments that are not being made
GBHWC Drug and Alcohol Program	All WIC clients who discloses some form of substance use disorder and are willing to get help.
Immunizations	all children under age 2 and others not meeting immunization recommended standards
HealthCare Providers/ Community Health Centers	all children under age 5 and others not meeting recommended nutritional health standards

B. Referrals to other agencies and other providers
   1. Staff locates specific agency referral form in WIC Clinic Shared Files>2022 WIC FORMS.>REFFERAL FORMS
   2. WIC clinic staff are to complete and submit referral form(s) to that corresponding referred agency.
   3. Clinic staff shall give instructions to the participants and provide a copy of the referral form.
   4. Clinic staff will email and or fax the referral to the respective agency.

DEFINITIONS

RESPONSIBILITIES

PROCEDURE

REFERENCES

SUPERSEDES:

A. Title; Policy No.; Effective date/signature date; Approving individual's name

ATTACHMENTS:

A. Handout "When WIC is not Enough" to be used when referring to SNAP, Medicaid, TANF, and Immunization services

When WIC Isn't Eough Rev. 092022 -

B. Referral to Child Protective Services form

ChildAbuseNeglect Referral_Partl.pdf

C. Referral to EFNEP

EFNEP WIC Referral Form_2021.docx

D. Referral to Guam Early Intervention Services

EARLY INTERVENTION FOR

E. Referral to WIC Breastfeeding Peer Counselors

2021 BFPC REFERRAL ENROLLM

Department of Public Health & Social Services (DPH&SS) Locations:

Dededo Public Health
520 West Santa Monica Avenue
Dededo, Guam 96929

Inarajan Public Health
162 Apman Drive
Inarajan, Guam 96917

Central Public Health
Rancare Commercial Bldg.
761 S Marine Corps Drive
Tamuning, Guam 96913

WIC Clinic Locations & Hours of Operations:

WIC Tiyan
15-6100 Mariner Avenue
Barrigada, Guam 96913-1601
Tel. (671) 475-0295/96 Fax: (671) 477-7945/49
Monday - Saturday 8 AM - 5PM

WIC Dededo
Northern Region Community Health Center
520 West Sta. Monica Avenue
Dededo, Guam 96929
Tel. (671) 635-7471/7472 Fax: (671) 635-7476
Monday - Saturday 8 AM - 5PM

WIC Santa Rita
SPC Christopher J.R. Wesley St.
Santa Rita, Guam 96915
Tel. (671) 565-3537 Fax: (671) 565-3536
Monday-Wednesday-Friday 8:30 AM - 4:30 PM

WIC Inarajan
2nd Floor - Southern Region Community Health Center
162 As' Apman Drive , Inarajan, Guam 96917
Tel. (671) 828-7550
Tuesday 8:30 AM - 4:30PM
Email: guamwic@dphss.guam.gov

https://www.facebook.com/GuamWICProgram

https://www.instagram.com/guamwicprogram/

All locations closed on Government of Guam holidays and last Friday of the month for In-service Training

This institution is an equal opportunity provider.

"When WIC Isn't Enough"

A Directory of Referrals to Government Agencies, Family/Parent Supports, Health and Educational Services

Connecting families to health care, community services and resources

WIC GUAM A Healthy Foundation for Life

Rev. 09/20/2022

Referrals....How can we help ..

- Are you interested in finding out more about your child's health and development?
- The Immunization program helps protect your child from serious and sometimes deadly diseases. A low or no cost shots are available.
- Do you need medical care?
- Do you need dental care?
- Not enough money to buy foods?
- "Do you have a safe place to live?"
- "Do you want to talk to someone about your scary situation?" ..
- "Do you need a referral to a "safe house", program or hot line for abuse?"

WIC staff can help you get in touch with programs or services that you may need!

Things to Remember!

1. Bring : _____

2.Call (Contact Person):

_____

3. Appointment Date:

_____

_____

Legal Services

Guam Legal Services
113 Bradley Place, Hagatna
(Legal assistance for individuals with disability)

Public Defender Service Corporation
MVP Commercial Bldg. 779
Rt.4, Sinajana
(Free legal service)

Office of the Attorney General of Guam
590 S. Marine Corps Drive Ste 230
ITC Bldg. Tamuning, Guam 96913
(Helps crime victims and their families on their rights and protections and criminal justice process).

Contact Information

(671) 477-9811/2
TDD/TTY: 477-3416
Monday-Friday 8 AM– 5 PM
Closed on Gov Guam Holidays

(671) 475-3100
Monday-Friday 8 AM– 5 PM
Closed on Gov Guam Holidays

(671) 475-2587/ 3324
Monday-Friday 8 AM– 5 PM
Closed on Gov Guam Holidays

Safety, Transportation

Guam Police Department (GPD)

Emergency : 911
(671) 475-8512/08/09
Switchboard operator:
(671) 472-8911 /472-8912
Victims Assistance Unit :
(671) 475-8620/8647

Guam Regional Transit Authority
542 N. Marine Corps Drive,
Tamuning, Guam 96913

(671) 475-4686 / 475-4616
TTY: 300-7579 Fax: 475-4600
Email: ride@grta.guam.gov

Other Community Resources:

Guam Coalition Against Sexual Assault & Family Violence
204 Hesler Place, Suite 102B, Hagatna
(A coalition of government and community-based providers who address sexual assault and family violence issues).

(671) 479-2277
Email: info@guamcoalition.org
Website:www.GuamCoalition.org
www.PacificRegionResources.org

Pacific Region Resource Directory
(An online directory of government and private agencies that provides a network of community services).

Website:
www.PacificRegionResources.org

Education	Contact Information
Division of Special Education **Dept. of Education, Rm.213 Bldg.B** **2nd Floor, 501 Mariner Avenue** **Barrigada** (Assistance with education of children with special needs)	(671) 300-1322 Email: sped@gdoe.net Website: www.gdoe.net *Closed on Gov Guam Holidays*
Expanded Food & Nutrition Education Program (EFNEP) **Agriculture and Life Sciences Bldg.** **Rm. 112a , University of Guam** (Family and nutrition education services)	671) 735-2020 / 735-2030 Monday - Friday 8 AM - 5 PM *Closed on Gov Guam Holidays*
Guam Community College **Adult Education Programs** **Foundation Bldng. 2nd floor, GCC** **1 Sesame St., Mangilao** (Prepares adult learners to obtain high school diploma.)	(671)735-6016 / 735-6008 /6013 Email: adulteducation@guamcc.edu Monday - Friday 8 AM - 5 PM *Closed on Gov Guam Holidays*
Guam Early Hearing Detection and Intervention (GUAM EHDI) Project **University of Guam CEDDERS** **303 University Drive** **House 22/23 Dean Circle, Mangilao** (Assistance and hearing screening for all infants)	(671) 735-2466 TTY: (671) 734-6531 Fax: (671) 735-2436 Monday– Friday 8 AM - 5 PM *Closed on Gov Guam Holidays*
Guam Early Intervention System (GEIS) **Division of Special Education** **500 Mariner Avenue, Bldng. E** **Barrigada,** (Help families meet the overall development needs of an infant and toddlers from birth to three years old.)	(671) 300-5776 / 5816 Email: geis@gdoe.net Monday-Friday 8 AM- 5 PM *Closed on Gov Guam Holidays*
Guam Head Start Program **Rm. 109 Bldg. B, 1st Floor** **501 Mariner Avenue, Barrigada** (Assistance with life skills and education of preschoolers)	(671) 475-0484 Fax: 477-1535 Monday-Friday 8 AM- 5 PM *Closed on Gov Guam Holidays*

Health	Contact Information
Bureau of Family Health & Nursing Services, Dededo Public Health (Administers maternal and child health programs)	(671) 635-7408/ 635-7410 Monday - Friday 8 AM– 5 PM
CDC/STD/HIV , Dededo Public Health (Testing and assistance for HIV and Sexually Transmitted Diseases)	(671) 635-7494 Hotline: (671) 747-0111/3 Monday– Friday 8 AM - 5 PM
Child Protective Services (CPS) , DPHSS* (Helps and assist children of neglect and abuse)	(671) 475-2653/ 2672 Emergency : call 911 Monday-Friday 8 AM– 5 PM
Dental Clinic , Dededo Public Health (Free emergency dental services for children up to 16 years old)	(671) 635-7524 Monday - Friday 8 AM - 5 PM
Guam Behavioral Health & Wellness Center **790 Gov. Carlos Camacho Road, Tamuning** (Promotes and improve behavioral health and well-being)	(671) 647– 5440 Emergency: call 911 Crisis Hotlline: (671) 647-8833 /34
Guam Breast & Cervical Cancer Early Detection Program, DPHSS* (Provides breast and cervical cancer screening and diagnostic services)	Email: rachel.ramirez@dphss.guam.gov Monday-Friday 8 AM– 5 PM *(Closed on Gov Guam Holidays)*

Community Health Centers ,DPHSS*

(Provides medical services such as child health, well child services, immunizations, prenatal care, family planning, cancer and STD screening).

Northern Region Community Health Center 520 West Santa Monica Avenue Dededo, Guam 96929	(671) 635-7400 / 635-4410 Monday - Friday 8 AM - 6 PM Saturday 8 AM - 5 PM *(Closed on Gov Guam Holidays)*
Southern Region Community Health Center 162 Apman Drive Inarajan, Guam 96917	(671) 828-7516 / 828-7517 Monday-Friday 8:00 am– 6:00 pm Saturday 8 AM - 5 PM *(Closed on Gov Guam Holidays)*

* DPHSS– Department of Public Health & Social Services, Closed on Gov Guam Holidays

Health

Contact Information

Guam Memorial Hospital Authority (GMHA)
(671) 647-2330
TTY: 649-1801
Emergency : (671) 647-7907

Guam Regional Medical City
(671) 645-5500

Immunization Program, DPHSS*
Castle Mall, Mangilao
(Free immunization for children)
(671) 735-7143

Islandwide Breastfeeding Coalition
(671) 475-0302
24– Hour Hotline
Cell: 488-5171 (Adelina Portela)

Maternal Child Health Clinic, DPHSS*
Room 30, Dededo Public Health
(Prenatal care and health services)
(671) 634-7408
Monday - Friday 8AM-5 PM
Closed on Gov Guam Holidays

Oasis Empowerment Center
960 S Marine Corps Drive, Ste. 110
Tamuning
(Provides treatment to people with drug addiction and other substance abuse)
(671) 646-4601
Website: www.elimpacific.net
Email: oasis@guam.net
Monday-Friday 8 AM– 4:30 PM
Closed on Gov Guam Holidays

Project Bisita I Familia, DPHSS*
Dededo Public Health
(Nursing home care visit)
(671) 634-7408
Website: www.projectbisita.org
Monday-Friday 8 AM– 5 PM

Tobacco Free Guam, DPHSS*
(Assistance with tobacco cessation)
Tobacco Free Guam Quitline
1-800-784-8669 or visit
www.quitnow.net/guam open 24/7

Tuberculosis (TB) / Hansen's Disease Prevention Program, Dededo Public Health
(Prevents the spread of tuberculosis)
(671) 687-4388
Monday-Friday 8AM-5PM

Victim Advocates Reaching Out (VARO)
(Respond to victims of violent crimes)
HOTLINE 24/7 (671) 477-5552
Fax: (671) 477-8276
Email: varoguam1@yahoo.com
Closed on Gov Guam Holidays

* DPHSS– Department of Public Health & Social Services, Closed on Gov Guam Holidays

Financial / Public Assistance Program , DPHSS

Medically Indigent Program (MIP)

MIP is 100% locally funded program established by P.L. 17-83 in October 1983 to provide financial assistance with health care cost to individuals who meet the necessary income, resource and residency requirements.

Who may be eligible?

1. A resident of Guam who has resided on Guam for a period of no less than six (6) months and who has been physically living on Guam within the last six months of the year.
2. Not eligible for Medicaid or Medicare coverage and have exhausted all benefits under Title XVIII, XIX of the Social Security Act; or State Children's Health Insurance Program under Title XXI of the Balanced Budget Act of 1997.
3. A child in foster care, age 18 years and below.
4. Eligible to receive temporary emergency medical or other special care as provided in Section 2905.3 of the law.

Locations and Contact Information to apply for Public Assistance:

Dededo Public Health
520 West Sta. Monica
Ave. Dededo, GU 96929
(671) 635-7484/ 7488
635-7439
Monday– Friday 8 AM-5 PM

Central Public Health
Rancare Commercial Bldg.
761 S Marine Corps Drive
Tamuning, Guam 96913
(671) 300-8853/8863/8867
Monday–Friday 8 AM-5 PM

Inarajan Public Health
162 Apman Drive
Inarajan, Guam 96917
(671) 828-7524/ 7539/
828-7542
Monday–Friday 8 AM-5 PM

Closed on Gov Guam Holidays

Financial / Public Assistance Program , DPHSS

Temporary Assistance for Needy Families (TANF)

The TANF program is designed to help needy families achieve self-sufficiency. States receive block grants to design and operate programs that accomplish one of the purposes of the TANF programs.

Eligibility requirements:

- Applicant must be 18 years or older
- Each household member must have a social security number or a receipt showing that they have applied for one.
- Must be a US citizen or Qualified Alien
- Liquid and non-liquid resources must not exceed $ 2,000
- An individual, 18 years or older must be work registered and must comply with Work Program requirements, if not exempt.

Medicaid Program

Medicaid provides health coverage to eligible low-income adults, children, pregnant women, elderly adults and individuals with disabilities. Medicaid is administered by states, according to federal requirements.

Medicaid Income Eligibility Guideline: 10/01/2021 - 09/30/2022

Household Size	Gross monthly income
1	$1,595
2	$2,156
3	$2,715
4	$3,275
5	$3,836
6	$ 4,395
7	$4,955
8	$5,516

Housing/Shelter/Clothing/Food — Contact Information

Alee Family Violence Shelter, Catholic Social Service
(Refuge for individuals in need)
24-hour Hotline: (671)648-4673

Alee Shelter for Children
(Refuge for children in need)
(671) 648-4673

Catholic Social Service
234 A US Army, Juan C. Fejeran St. Barrigada
(Assistance with food, shelter, and clothing)
(671) 635-1442
Monday– Friday 8 AM– 5 PM
Closed on Gov Guam Holidays

Emergency Shelter, Sanctuary Inc.
(Refuge for youth in need. Provides individual, family and group counseling)
(671) 475-7101/7100
Crisis Hotline: (671) 475-7100
Website: www. sanctuaryguam.com

Guam Housing & Urban Renewal Authority (GHURA)
117 Bien Venida Ave, Sinajana
(Financial assistance for housing)
(671) 477-9851 Fax: 300-7595
TTY: (671) 472-3701
Monday– Friday 8 AM– 5 PM
Closed on Gov Guam Holidays

Guma San Jose Homeless Shelter
117 Catalina Court, Dededo
(Temporary assistance for families in need of emergency shelter)
(671) 637-1307
Email: gumasanjose@cssguam.org

Ministry to the Homeless
(formerly Kamalen Karidat)
306 Father Duenas Ave., Hagatna GU 96932
(Serves hot meals for the homeless)
(671) 472-4569

Salvation Army– Food Bank/ Family Service, Tiyan
(Emergency food and utility assistance)
(671) 477-3528, 477– 9855
By appointment only
Monday– Friday 8 AM– 5 PM
Closed on Gov Guam Holidays

The Emergency Food Assistance Program (TEFAP)
2nd floor GDOE Central Receiving Warehouse, Piti)
Food commodities distribution
(671) 300-2490
(Food distribution at the site temporarily discontinued due to COVID-19.
Food distribution is at the Village Mayor's Offices.

Financial / Employment	Contact Information
American Red Cross **Bldg.285 Rt.4 , Hagatna** (Assistance in times of disaster)	(671) 472-6217/6219
Child Care & Development Fund (CCDF) (formerly Block Grant), **Castle Mall, Mangilao** (Assistance with daycare services)	(671) 735-7344 Monday- Friday 8 AM- 5 PM *Closed on Gov Guam Holidays*
Child Enforcement Support Division **Attorney General's Office, ITC Bldg. Ste. 901** **510 S. Marine Corps Drive, Tamuning** (Child support assistance)	(671) 475-3360 Fax: (671) 475-3203 Email: childsupport@oagguam.org Monday-Friday 8 AM– 5 PM *Closed on Gov Guam Holidays*
Division of Vocational Rehabilitation (DVR) **DNA Building 6th floor** **238 Archbishop F.C. Flores St. Hagatna** (Develop employment opportunities for people with disabilities)	(671) 475-5735/38 TTD: (671) 477-8642 Fax: (671) 475-4661 Monday-Friday 8 AM– 5 PM *Closed on Gov Guam Holidays*
Guam Employment and Training Program (GETP), DPHSS **Castle Mall, Mangilao** (Assistance with job employment for individuals receiving public assistance)	(671) 735-7256 Fax(671) 7357165 Monday- Friday 8 AM- 5 PM *Closed on Gov Guam Holidays*
The American Job Center, Dept. of Labor **710 W Marine Corps Drive, Hagatna** (Assistance with job employment)	(671) 475-7000/7001 Monday- Friday 8 AM- 5 PM *Closed on Gov Guam Holidays*

Financial / Public Assistance Program , DPHSS

Supplemental Nutrition Assistance Program (SNAP)

Formerly known as the "Food Stamp program". It helps families/ individuals with little or no income to buy food for a healthy diet.

SNAP Income Eligibility Guideline: 10/01/2021 - 09/30/2022

Household Size	Gross monthly income	Net monthly income
1	$1,396	$1,074
2	$1,888	$1,452
3	$2,379	$1,830
4	$2,871	$2,209
5	$3,363	$2,587
6	$3,855	$2,965
7	$4,347	$3,344
8	$4,839	$3,722
Each additional member	+$492	+$379

https://www.fns.usda.gov/snap/eligibility

What does SNAP look for in eligibility?

- Citizenship, residency, household size, and income.

(there may be additional requirements)

* DPHSS– Department of Public Health & Social Services, Closed on Gov Guam Holidays

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIVISION OF PUBLIC WELFARE
BUREAU OF SOCIAL SERVICES ADMINISTRATION
CHILD PROTECTIVE SERVICES SECTION
P.O. BOX 2816, HAGATÑA, GUAM 96932

CHILD ABUSE AND NEGLECT REFERRAL (PART I)*

(P.L. 20-209;5, Child Protective Act)

Referral Date		Referral Time	
	Initial Referral		
	Follow-up Written Referral		
	GPD Report		
	Court Order		

If available, please indicate the GPD report no. or the court case no.: _____

For Office Use Only

Date Received		Time	
CWS No.			
Intake Worker			
How was referral received? (Check Box)			
Phone Contact	Office Visit	Email	
Mail	FAX (facsimile)		
New			
Active			
Prior (See attached case cross reference check)			

I. REPORTING PERSON (RP)

Name/Title and Relationship to Child	Address

Home Phone No.	Work Phone No.	Other Contact No.
( )	( )	( )

II. REASON FOR SUSPECTING ABUSE/NEGLECT

- Observed Abuse (specify)
  (Refer To Diagram On Reverse Side)
- Observed Neglected Condition of Child (specify):
- Incident of Abuse/ Neglect Related To Referring Party By Victim(s)
- Incident Related To Referring Party By Witness

III. ALLEGED VICTIM(S)/OTHER CHILDREN

List all children in the home and indicate with an "X" if the child is the alleged VICTIM. (Use Section X if more space is necessary.)

Name(s) of Minor(s)	Victim	DOB	Age	Sex	Ethnicity	SS#	School	Grade	Residential Address

Present location of the alleged victim(s):

IV. INCIDENT INFORMATION (TYPE OF REFERRAL)

Check one or more where you suspect abuse or neglect

- Physical Abuse
- Sexual Abuse
- Emotional Abuse
- Alcohol Abuse
- Drug Abuse

(Specify)

- Physical Neglect
  - Medical
  - Lack of Adult Supervision
  - Abandonment
- Emotional Neglect
- Educational Neglect

- Family Violence (Specify)

Involved Parties

- Other (Specify)

V. EXPLAIN WHY YOU SUSPECT ABUSE AND/OR NEGLECT

Use additional sheets if necessary

This form is being piloted for use as a proposed CAN referral. All information in this CAN referral will be used for official purposes.

VI. PARENT(S)/GUARDIAN(S)

Complete as much information as possible. If you suspect the Parent/Guardian to be the Alleged Abuser, put an "X" in the box marked "Abuser" below.

Name		SS#	Abuser	DOB	Sex	Ethnicity
Address (Residential)	Place of Employment	Home No.	Work No.	Relationship to Victim(s)		
Name		SS#	Abuser	DOB	Sex	Ethnicity
Address (Residential)	Place of Employment	Home No.	Work No.	Relationship to Victim(s)		
Name		SS#	Abuser	DOB	Sex	Ethnicity
Address (Residential)	Place of Employment	Home No.	Work No.	Relationship to Victim(s)		

VII. ALLEGED ABUSER(S)

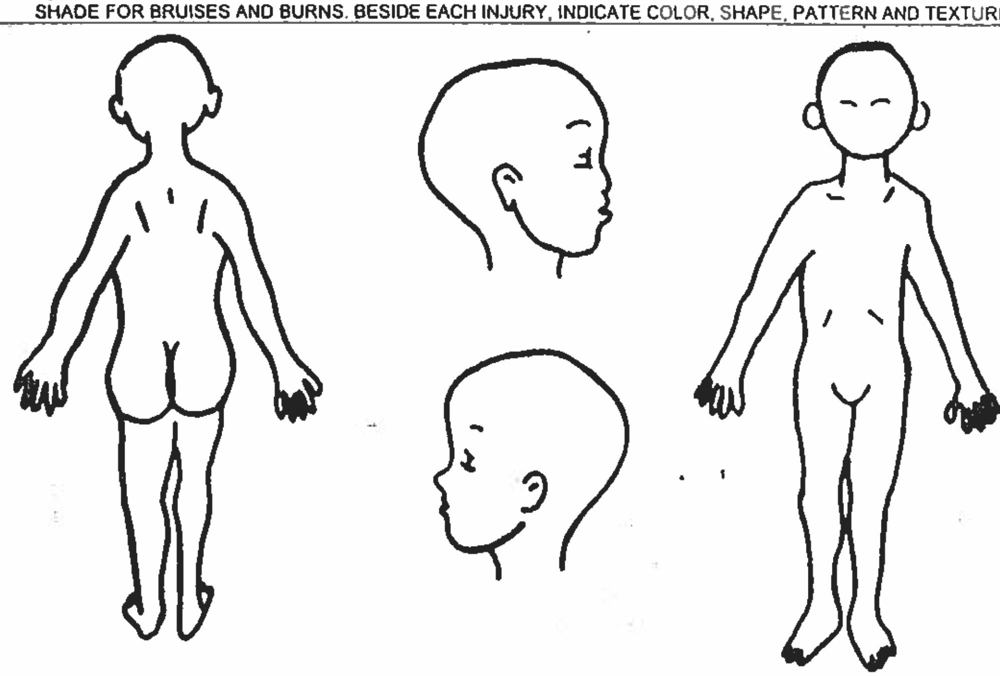
(Other than the Parent/Guardian)

Name		SS#	DOB	Sex	Ethnicity
Address (Residential)	Place of Employment	Home No.	Work No.	Relationship To Victim(s)	
Name		SS#	DOB	Sex	Ethnicity
Address (Residential)	Place of Employment	Home No.	Work No.	Relationship To Victim(s)	

VIII. BODY DRAWINGS:

Show where bruises/injuries are located.

INDICATE SIZE & LOCATION OF WOUND/LACERATION WITH "X" FOR SUPERFICIAL AND "O" FOR DEEP.
SHADE FOR BRUISES AND BURNS. BESIDE EACH INJURY, INDICATE COLOR, SHAPE, PATTERN AND TEXTURE



EXAMINED BY A MEDICAL DOCTOR ( ) Yes ( ) No ______________________ (PRINT NAME) ______________________ (SIGNATURE)

EXAMINED BY SOMEONE OTHER THAN MEDICAL DOCTOR: ______________________ (PRINT NAME AND TITLE) ______________________ (SIGNATURE)

IX. ACTION TAKEN

Explain action taken in this matter. (Use additional sheets if necessary)

X. OTHER INFORMATION

(Use additional sheets if necessary)

XI. SIGNATURE OF REPORTING PERSON (if completed by Reporting Person)

______________________ Signature ______________________ Date

*This form is being piloted for use as a proposed CAN referral. All information in this CAN referral will be used for official purposes.

EFNEP Nutrition Education Referral Form Today's Date: _____

WIC Referring Office *(check one)*: ☐ Dededo ☐ Tiyan ☐ Santa Rita ☐ Inarajan

Name: _____ Age: _____
Mailing Address: _____

Contact Number(s): (Home) _____ (Cell) _____

Email Address: _____

Please indicate **type of workshop** you're interested in:	Please indicate the best times to contact you:	
☐ Face-to-Face	Time:	Days:
☐ Online (via Zoom)	☐ Morning	☐ Weekday (Mon-Fri)
	☐ Afternoon	☐ Weekend (Sat-Sun)
	☐ Evening	☐ Other: _____

For more info call EFNEP # 735-2030

***Consent of Release of Information*:**

_____ *(please initial)* By initialing here, I consent to the release of the above information to the University of Guam College of Natural & Applied Sciences (CNAS) EFNEP Program. I understand that a EFNEP Educator will only contact me with further information about nutrition education and other programs that may be of interest to me.

EFNEP Expanded Food and Nutrition Education Program

UNIVERSITY OF GUAM
COOPERATIVE EXTENSION & OUTREACH

University of Guam and U.S. Department of Agriculture are equal opportunity providers and employers. Call 735-2030 for more information.

EFNEP Nutrition Education Referral Form Today's Date: _____

WIC Referring Office *(check one)*: ☐ Dededo ☐ Tiyan ☐ Santa Rita ☐ Inarajan

Name: _____ Age: _____
Mailing Address: _____

Contact Number(s): (Home) _____ (Cell) _____

Email Address: _____

Please indicate **type of workshop** you're interested in:	Please indicate the best times to contact you:	
☐ Face-to-Face	Time:	Days:
☐ Online (via Zoom)	☐ Morning	☐ Weekday (Mon-Fri)
	☐ Afternoon	☐ Weekend (Sat-Sun)
	☐ Evening	☐ Other: _____

For more info call EFNEP # 735-2030

***Consent of Release of Information*:**

_____ *(please initial)* By initialing here, I consent to the release of the above information to the University of Guam College of Natural & Applied Sciences (CNAS) EFNEP Program. I understand that a EFNEP Educator will only contact me with further information about nutrition education and other programs that may be of interest to me.

EFNEP Expanded Food and Nutrition Education Program

UNIVERSITY OF GUAM
COOPERATIVE EXTENSION & OUTREACH

University of Guam and U.S. Department of Agriculture are equal opportunity providers and employers. Call 735-2030 for more information.

PLEASE DO NOT WRITE HERE. **For UOG-CNAS EFNEP use only.**

Initial Contact

CNEP Staff Initials	Date	Method of Contact

Program of Interest / Start Date	Actions Needed / Additional Comments

Follow-Up Contact *(if needed)*

CNEP Staff Initials	Date	Method of Contact

Program of Interest / Start Date	Actions Needed / Additional Comments

PLEASE DO NOT WRITE HERE. **For UOG-CNAS EFNEP use only.**

Initial Contact

CNEP Staff Initials	Date	Method of Contact

Program of Interest / Start Date	Actions Needed / Additional Comments

Follow-Up Contact *(if needed)*

CNEP Staff Initials	Date	Method of Contact

Program of Interest / Start Date	Actions Needed / Additional Comments

Universal Referral Form

CHILD'S INFORMATION

Last, First, Middle Name	Date of Birth	Likes to be called

Gender ☐ Male ☐ Female	Primary Language	Secondary Language

Ethnicity (Please list all): **Interpreter Needed?** ☐ Y ☐ N

Child's Medical Care		
Name of Doctor	Name of Clinic	Phone Number

Insurance ☐ MIP ☐ Medicaid ☐ GovGuam ☐ Private ☐ Military ☐ Self-Pay

Attends child care/school? ☐ Y ☐ N **Child Care Center/School:**

PARENT(S)/LEGAL GUARDIAN INFORMATION

Parent's Name: **Ethnicity:** **Primary Language:** **Interpreter Needed** ☐ Y ☐ N

Home Phone: **Work Phone:** **Cell Phone:** **Alternate Phone:**

Relationship: ☐ Mother ☐ Father ☐ Legal Guardian ☐ Foster ☐ Other:

Home Address:

Mailing Address:

Email Address: **Name of Workplace:**

Parent's Name: **Ethnicity:** **Primary Language:** **Interpreter Needed?** ☐ Y ☐ N

Home Phone: **Work Phone:** **Cell Phone:** **Alternate Phone:**

Relationship: ☐ Mother ☐ Father ☐ Legal Guardian ☐ Foster ☐ Other:

Home Address:

Mailing Address:

Email Address: **Name of Workplace:**

Reason for Referral:

Name of Referring Person:	Date Form Completed:	Phone Number:
Relationship to Child:	**Program/Agency:**	**Email/Fax:**

Is this ☐ Initial Referral * ☐ Follow-Up Referral ☐ Updated Information *Attach copy of ASQ

How did you hear about our program?

☐ TV/Radio Ad ☐ Newspaper ☐ Clinic ☐ Child Care Center ☐ Relative/Friend ☐ Other:

RELEASE OF INFORMATION

I, _____, give my permission for _____, to share all
print name of parent or guardian *print provider's name*

pertinent information regarding my child, _____, with the programs marked below:
print child's name

☐ Guam Early Intervention System ☐ Early Childhood Special Education ☐ Guam Head Start Program ☐ I Famagu'on-ta ☐ Kariñu

☐ Maternal Child Health Program ☐ Project Bisita I Familia ☐ Medical Social Services ☐ Other: _____

Parent/Guardian Signature: _____ Date: _____

Revised: 8/7/18

Please make a copy of this form and forward to each program checked above.

FOR OFFICAL USE ONLY BY EARLY CHILDHOOD PROGRAM STAFF

Date received:	**Received by:**	**Program:**
Date Assigned:	Assigned Case Worker:	
Assigned Team:		
☐ **Initial Referral**	☐ **Follow-Up Referral**	☐ **Updated Information**

SCREENING

ASQ-3	☐ **Yes**	**Date Completed:**	☐ **No**
ASQ: SE	☐ **Yes**	**Date Completed:**	☐ **No**

***Note:** If screenings have been completed, please ensure that completed forms are attached to referral.*

REFERRING TO

☐ DOE Guam Early Intervention System Phone: 300-5776/5816 Fax: 472-1741 Email: geis@gdoe.net	☐ DOE Early Childhood Special Education Phone: 300-1321/22/29 Email: sped@gdoe.net	☐ DOE Guam Head Start Program Phone: 300-1603/04 Fax: 477-1535	☐ Guam Behavioral Health & Wellness Center - I Famagu'on-ta Phone: 477-5338/5339
☐ DPHSS Maternal Child Health Program Phone: 735-7105 Fax: 734-7097 Email: margaret.bell@dphss.guam.gov	☐ DPHSS Project Bisita I Familia Phone: 735-7134/7104 Fax: 734-7097 Email: audrey.topasna@dphss.guam.gov	☐ DPHSS Medical Social Services Phone: 735-7356/7351 Fax: 735-7090	☐ DPHSS Karinu Phone: 478-5400/5405 Fax: 478-5415

☐ Other agency/program:

Date received:	**Received by:**	
EC Program:	**Date Assigned:**	**Assigned Team:**
Assigned Case Worker:		
Date received:	**Received by:**	
EC Program:	**Date Assigned:**	**Assigned Team:**
Assigned Case Worker:		
Date received:	**Received by:**	
EC Program:	**Date Assigned:**	**Assigned Team:**
Assigned Case Worker:		

Please make a copy of this original form when referring to other Early Childhood Programs

Results to Referring Provider

Program receiving referral - please complete this portion and return to the referral source above.

Thank you for the referral, the referral was received and the child was found to be:
☐ Eligible for services ☐ Not eligible for services at this time, referred to: _____
☐ Referral terminated with program for the following reason:
☐ Family has declined services ☐ Family cannot be located/no response from family

Program Representative Contact _____ Phone _____

Revised: 8/7/18

After giving anticipatory guidance, Mother made arrangement for a:

☐HP ☐HV ☐CV ☐Others:_____ ☐None at this time

FOR PEER COUNSELOR USE ONLY

Date Received: _____ Date Initial Call Made: _____

Notes: _____

_____

_____

_____

_____Follow-up Date: _____

This institution is an equal opportunity provider.

Revised 11/21

WIC Breast Feeding Peer Counseling Program

BFPC REFERRAL FORM

Loving Support® makes breastfeeding work

Guam

How to latch the baby properly?

What if my baby refuses the breast?

What if I don't make enough milk?

What if my baby is still in the hospital?

What if I am going back to work or school?

How to pump and store breast milk?

Guam WIC Program
Department of Public Health & Social Services

WIC GUAM

The Breastfeeding Peer Counseling Program (BFPC) is a *special* **WIC support service** offered only to all WIC pregnant and breastfeeding women.

The BFPC program provides:

- basic breastfeeding information and encouragement
- support to help mothers meet their breastfeeding goals
- address breastfeeding questions and conduct assessments of concerns
- referral to a Breastfeeding Expert (DBE)

The program is available outside the usual WIC clinic hours and outside the WIC clinic environment such as your home or in the hospital. (face to face or virtually)

If you are interested, please fill out and submit the form provided to any WIC Clinic. For more information, please call BFPC Manager @ 671 475-0302 or 671 488-5171

This institution is an equal opportunity provider.

Updated: 11/2021

BFPC REFFERAL/ENROLL (SIGN-UP)

PG1 PG2 EN PN

Name: _____ **WIC ID#** _____
Contact me by: ___**Telephone** ____**Text** ____**Email**
Telephone #: _____ **Initial:** ___
Text me at: _____ **Initial:**___
Email Address: _____ **Initial:**___

☐ Client is interested in receiving breastfeeding information
☐ Client needs follow-up help with breastfeeding
☐ Undecided to breastfeed
☐ Breast Pump
☐ Other BF Concerns/Topic of interest

Best time to call you:

_____
_____

Expected Due Date: _____
Delivering your baby at:
☐ GMH ☐ SAGUA ☐ NAVAL HOSPITAL
☐ OTHER _____ ☐ I don't know

Please visit me:
☐ Hospital ☐ I'll come to the WIC Clinic ☐ Other
☐ Home (draw map on reverse side of form)
Address: _____

Baby's Name: _____ DOB: _____

Referred by: _____ (N.A.) Clinic: _____
Noted by: _____ (WIC Nutritionist)
WIC Certification Date: _____ Today's Date: _____

Bureau of Nutrition Services WIC Program
Department of Public Health and Social Services

REVIEW AND ENDORSEMENT CERTIFICATION

The signatories on this document acknowledge that they have reviewed and approved the following:

Policy Title: Participant Referrals to Other Program Services
Policy No: WIC-NS-01
Initiated by: Godfrey Wong

Date	Signature
10/13/22	

Godfrey Wong
Nutrition Specialist

Date	Signature
10/13/22	

Cydsel Victoria Toledo, MHA
Health Services Administrator, BNS-WIC Program

RECEIVED
DPHSS / DGA
DIRECTOR'S OFFICE

DEC 05 2022

Time: 5:00 pm

Initial: [illegible]

RECEIVED
DPHSS / DGA
DIRECTOR'S OFFICE

OCT 31 2022

Time: 10:32 am

Initial: [illegible]

RECEIVED
DPHSS / DGA
HR Section

OCT 31 2022

Time 0930

Initial TD

FY23Q1-1119