



Check-in Information Form

Appt Walk-In New to WIC Time: _____

Auth Rep _____

Family ID# _____

Appointment is for:

Client _____

Cert	Mid-Cert	Nut Ed	MR	HR	Group Ed	Forgot Doc
Wt _____	lbs _____	oz _____	Ht _____	/ 8 in R/S	Hgb _____	

Client _____

Cert	Mid-Cert	Nut Ed	MR	HR	Group Ed	Forgot Doc
Wt _____	lbs _____	oz _____	Ht _____	/ 8 in R/S	Hgb _____	

Client _____

Cert	Mid-Cert	Nut Ed	MR	HR	Group Ed	Forgot Doc
Wt _____	lbs _____	oz _____	Ht _____	/ 8 in R/S	Hgb _____	

Client _____

Cert	Mid-Cert	Nut Ed	MR	HR	Group Ed	Forgot Doc
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Client _____

Cert	Mid-Cert	Nut Ed	MR	HR	Group Ed	Forgot Doc
Wt _____	lbs _____	oz _____	Ht _____	/ 8 in R/S	Hgb _____	

(Note Tracker) ABCDE



Guam WIC Program

15-6100 Mariner Avenue,
Barrigada, Guam 96913-1901

Phone: (671)475-0295/96 Fax: (671) 477-7945

Next Appointment Notice (BRING THIS FORM TO YOUR NEXT APPOINTMENT)

Appt. Date _____ Time _____

Authorized Representative:

Family ID# _____

Type of Appointment:

Certification for:
Bring: Baby / Child

Mid Certification/ Health Check/ Hgb for:
Bring : Baby/ Child

High Risk Medium Risk
Bring: Baby / Child

Nutrition Education

Nutrition Group Discussion

Other: _____

If you have any questions, please call WIC clinic:

Dededo: 635-7471/72

Tiyan: 475-0295/96

Santa Rita: Tuesday & Thurs 565-3537

Inarajan: Wednesday 828-7550

Please bring:

eWIC card (bring @ every appt)
Proof of ID (bring @ every appt)

Adults:

- Driver's License
- Guam ID
- Passport
- Work or School ID

Infant:

- Birth certificate
- Hospital birth certificate
- Crib card
- Immunization card

Children:

- Official birth certificate
- Immunization card
- Valid SNAP, Medicaid ,
TANF Notice of Action
- Proof of Income
 - Recent paycheck stub
(1 month)
 - LES
 - Child support letter/check
- Proof of Residency
 - Utility bill
 - Lease/rental agreement
 - Note from homeowner
where you live
- Medical Documentation Form
- DLS Hgb lab (do it 2 weeks
before appt)

Other: _____

This institution is an equal opportunity provider.