

GUIDELINES FOR HEALTH CARE PROVIDERS TO COMPLETE WIC APPLICATIONS

1. Please fill in **all** of the information in the bold black box, including medical signature. An incomplete application will delay determination of an applicant's eligibility.
2. Please mail or fax this form to the applicant's office of choice listed below. You can also email it to wtw@alleghenycounty.us and include the applicant's name in the Subject line.
3. Call **412-350-5801** if you have questions about this application.
4. The WIC Program will contact the applicant to complete eligibility determination procedures.

Clairton – 113
 Clairton Health Center
 559 Miller Avenue
 Clairton, PA 15025
 FAX: (412) 233-5004

McKees Rocks – 145
 Sto-Rox Family Health Center
 710 Thompson Avenue
 McKees Rocks, PA 15136
 Fax: (412) 209-0298

Springdale - 106
 830 Pittsburgh Street
 Springdale, PA 15144
 FAX: (724) 275-1081

Downtown Pittsburgh—147
 332 Fifth Avenue #4
 Warner Center, 5th floor
 FAX: (412) 350-6184

Mt. Oliver—136
 UPMC South Pittsburgh Health Center
 1630 Arlington Avenue
 Pittsburgh, PA 15210
 Fax: (412) 209-2391

Turtle Creek – 127
 Human Services Center Mon Valley
 519 Penn Avenue
 Turtle Creek, PA 15145
 FAX: (412) 209-0478

McKeesport – 112
 Wander Building
 339 Fifth Avenue
 McKeesport, PA 15132
 FAX: (412) 664-8857

Noblestown – 115
 2121 Noblestown Road, Suite 202
 Pittsburgh, PA 15205
 FAX: (412) 209-3141

Wilkinsburg – 120
 Hosanna House
 807 Wallace Avenue, Suite 204-A
 Pittsburgh, PA 15221
 FAX: (412) 241-1364

FOR WIC STAFF USE ONLY: WIC APPLICATION TRACKING

CONTACT DATES

Phone call _____
 Phone call _____
 Sent income letter _____

PROCESSING STANDARDS

DATE APPLICATION RECEIVED

DATE APPLICANT ENROLLED

WTW APPOINTMENT

Applicant preferred the above appointment.

NO SHOW CONTACT DATES

Phone call _____
 Phone call _____
 Send post card _____