WIC Observations - Intake/Approval Form

**Instructions:** Complete Sections 1 and 2 of this form and return by email (amy.avelar@ventura.org),

FAX (805-981-5250) or hand carry (2240 East Gonzales Road, Suite 290, Oxnard, CA 93036).

Name: \_\_\_\_\_ Bilingual Eng/Sp? **□** Yes **□** No

**1**

**□**Phone (Home) **□** (Cell) **□** Email:

**Contact Information**

*Please fill out clearly and completely. Designate the best contact method (🗹)*

**Select [1] □**BSN Student **□**Nutrition Student **□**Other Student

School/Program Affiliation:

School/Program Contact: \_\_ Phone:

Email: \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Public Health Preceptor \_\_\_Phone: \_\_\_\_\_\_\_\_\_\_

**Or [2] □**PHN Employee Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Website: The link below contains the most current observation schedule as well as forms, reading materials and links for more WIC Program information. In the Request Table below enter dates/sites in order of preference. All observations are 4 hours (8:00 am -12:00 pm or 1:00 pm - 5:00 pm). If your availability changes, please cancel promptly. Rescheduling is not guaranteed. The website will be updated at least weekly.

**Site Information**

**2**

[**http://www.vchca.org/bsn**](http://www.vchca.org/bsn)

**REQUEST TABLE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **choice 1** | **choice 2** | **choice 3** | **choice 4** |
| **Date** |  |  |  |  |
| **Site** |  |  |  |  |

|  |
| --- |
| **WIC Site Locations** |
| South Oxnard Public Health Center (SOX)2500 C St., Suite AOxnard, CA 93033 North Oxnard Public Health Center (NOX)2240 E. Gonzales Rd., Suite 170Oxnard, CA 93036 |  Santa Paula Public Health Center620 W. Harvard Blvd.Santa Paula, CA 93060Simi Valley Public Health Center1133B Los Angeles AveSimi Valley, CA 93065 Ventura Public Health Center3147 Loma Vista Rd.Ventura, CA 93003 |

 What are your learner objectives during the WIC visit?

WIC Admin only:

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_, Please report to the WIC site circled above. After your visit, have the Site Supervisor sign this form and provide you with a copy for your records.

Scheduled site visit date: Scheduled time:

Site Supervisor contact: Phone:

WIC Site Supervisor: ­

 Signature Date