

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).

Contact Information	1	Name: _____ Bilingual Eng/Sp? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Phone (Home) _____ <input type="checkbox"/> (Cell) _____ <input type="checkbox"/> Email: _____	
	<i>Please fill out clearly and completely. Designate the best contact method (<input checked="" type="checkbox"/>)</i>	
	Select [1] <input type="checkbox"/> BSN Student <input type="checkbox"/> Nutrition Student <input type="checkbox"/> Other Student	
	School/Program Affiliation: _____	
	School/Program Contact: _____ Phone: _____	
		Email: _____
		Public Health Preceptor _____ Phone: _____
		Or [2] <input type="checkbox"/> PHN Employee Supervisor: _____

Site Information	2	<p><u>Website:</u> 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.</p>
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<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 A Oxnard, CA 93033	Santa Paula Public Health Center 620 W. Harvard Blvd. Santa Paula, CA 93060
North Oxnard Public Health Center (NOX) 2240 E. Gonzales Rd., Suite 170 Oxnard, CA 93036	Simi Valley Public Health Center 1133B Los Angeles Ave Simi Valley, CA 93065
	Ventura Public Health Center 3147 Loma Vista Rd. Ventura, CA 93003

What are your learner objectives during the WIC visit? _____

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 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