



# Head Start and WIC

January 23, 2019

Presenting To

WIC Partners Meeting

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ARIZONA DEPARTMENT  
OF HEALTH SERVICES

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*Supporting Head Start quality today, impacting Arizona's tomorrow!*



# ***WIC and Head Start***

**Partners in Promoting Health  
and Nutrition for Young  
Children and Families**

## **WIC Nutrition Services**

**Adjunct to Preventive Healthcare  
Health & Nutrition Education  
Provide Nutritious Foods**



## **Head Start Comprehensive Child Development Services**



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Arizona WIC Program  
and  
Arizona Head Start Association, Inc. Program Members

# Memorandum of Understanding (MOU)

## — Purpose

- Coordination of Services
- Ensure confidentiality
- Improve access to WIC services
- Streamline admin procedures for staff



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# MOU Key Points

- Signees
- Effective Dates
- Updates!
  - Guide for Data Sharing
  - Referral Form



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# Who is Participating?

1. Catholic Charities Westside Head Start
2. Chicanos Por La Causa
3. Child Crisis Arizona
4. Child Parent Centers, Inc.
5. City of Phoenix
6. Maricopa County
7. Northern Arizona Council of Governments
8. Pinal Gila Community Child Services, Inc.
9. Southwest Human Development
10. Western Arizona Council of Governments
11. Urban Strategies

**No**  
Tribal Head  
Start Programs



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# Effective Dates

- 5 years
- January 2, 2019
- Expires January 1, 2024



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# Guide for Data Sharing Agreement

Guide for Data Sharing Between the  
Arizona Head Start Association Program  
Members and the Arizona WIC Program

Thanks for  
your feedback!

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# Referral Form



## Head Start and WIC Referral Form



This referral form is for sharing client information between Arizona Head Start Programs and the Arizona WIC Program. This form is to be completed and shared with the requesting agency within two (2) weeks from the Date of Referral.  
If the client is due back for measurements within 2 weeks, please hold this form to complete at that time. If not, complete with the most recent measurements.

Please complete ALL sections noted with a \*

### Participation Status\*

- |  |  |
|--|--|
| <input type="checkbox"/> Currently Participating in Head Start | <input type="checkbox"/> Currently Not Participating in Head Start |
| <input type="checkbox"/> Currently Participating in WIC        | <input type="checkbox"/> Currently Not Participating in WIC        |

Date of Referral (MM/DD/YYYY)\*

Child's Full Name (First, Middle Initial, Last)\*

Child's Date of Birth (MM/DD/YYYY)\*

Authorized Representatives/Caregivers' Full Name (First, Middle Initial, Last)\*

Family's Contact Phone Number\*

Height

Date Taken

Weight

Date Taken

Hgb

Date Taken

Referring WIC/Head Start Clinic Contact Information\*

Name of Staff Member Completing the Referral\*

Optional: To Be Completed By Participants

This section is to verify permission to be contacted by the programs for outreach and enrollment beyond the information provided on this form. Please review with Authorized Representative/Caregivers. The selected program below will be the agency receiving this referral form.

Would you like to be contacted by (circle one) WIC or Head Start to learn more about the program? (Please check one)

- ☐ Yes ☐ No

Authorized Representatives/Caregivers' Signature



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# Next Steps

- Ongoing feedback as process is implemented
- Utilize referral form for referrals and data requests
- Outreach to Head Start
- Send in your suggestions!



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# THANK YOU

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