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MAKES BREASTFEEDING WORK

Louisiana Breastfeeding Peer Counselor Hospital Referral

Today's date	Staff's Name Making the Referral?	Would like to Apply for WIC Services:	Currently Breastfeeding
		Yes	Yes
			No

Referring Birthing Hospital

PLACE MOTHER'S LABEL HERE:	Infant's DOB	Client Speaks What Language:
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Enter information below only if no label is available:

Mother's Name

Phone Number

Street Address/P.O. Box

City

Zip Code

Hospital Staff: Submit all completed forms as indicated below to the WIC-BFPC Program.

***Click the submit button below to send referrals or fax to 225-922-2370