WIC Observations - Intake/Approval Form

**Instructions:** Complete Sections 1 and 2 of this form and return by email ([amy.avelar@ventura.org](mailto: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 A  Oxnard, CA 93033    North Oxnard Public Health Center (NOX)  2240 E. Gonzales Rd., Suite 170  Oxnard, CA 93036 | Santa Paula Public Health Center  620 W. Harvard Blvd.  Santa Paula, CA 93060  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?

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