State of Illinois
Department of Human Services

# BUREAU OF FAMILY NUTRITION
# REQUISITION FOR SUPPLIES AND INFORMATIONAL MATERIALS

WIC Clinic Name: _____ Clinic Number: _____

Address #1: _____

Address #2: _____

City: _____ State: _____ Zip Code: _____

Contact: _____ Telephone: _____ Date: _____

***FORMS***

| Item | *Unit* | English | | Spanish | |
|---|---|---|---|---|---|
| Prenatal Weight Grids | Pad/s | 4237 | _____ | | |
| Girls (0-36 Months) | Pad/s | 4666 | _____ | | |
| Girls (2-20 Years) | Pad/s | 4667 | _____ | | |
| Boys (0-36 Months) | Pad/s | 4668 | _____ | | |
| Boys (2-20 Years) | Pad/s | 4669 | _____ | | |
| WIC Certification Form | Pad/s | 4253 | _____ | 4253S | _____ |
| Identification Card | Bdls. | 4254 | _____ | 4254S | _____ |
| WIC Food List | Pad/s | 4207 | _____ | 4207S | _____ |

***NVRA MATERIALS***

| | |
|---|---|
| Voter Registration Information Card (VRI) English/Spanish | Call 217/782-2166 |
| Voter Registration Transmittal Form | Call 217/782-2166 |
| Voter Registration Application | go to the Illinois State Board of Elections Website |

***OUTREACH MATERIALS***

| | | | | | |
|---|---|---|---|---|---|
| Make A Difference in Your Child's Life | 4221 | _____ | 4221S | _____ |

***EDUCATIONAL MATERIAL***

***Breastfeeding***

| | | | | | |
|---|---|---|---|---|---|
| Baby's Best Start | Bdls. | 4171 | _____ | 4171S | _____ |
| Notepads (100 sheets per) | Each | 4385 | _____ | **(Minimum 25)** | |
| Thrush/Yeast Infection | Bdls. | 4681 | _____ | 4681S | _____ |
| Breastfeeding is a Special Time | Pad/s | 4591 | _____ | 4591S | _____ |
| Pocket Cards | Bdls. | 4660 | _____ | 4660S | _____ |
| Sleepy Baby | Pad/s | 4720 | _____ | | |
| How Much Can My New Baby Eat | Pad/s | 4592 | _____ | | |

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***Nutrition***

| | | | | | |
|---|---|---|---|---|---|
| Infant Feeding Guide: Baby's First Year | Bdls. | 4369 | _____ | 4369S | _____ |
| Inserts | | | | | |
| * Feeding your Newborn | Pad/s | 4369A | _____ | 4369A-S | _____ |
| * First Foods | Pad/s | 4369B | _____ | 4369B-S | _____ |
| * Next Foods | Pad/s | 4369C | _____ | 4369C-S | _____ |
| * Family Meals | Pad/s | 4369D | _____ | 4369D-S | _____ |
| * Paced Feeding | Pad/s | 4369E | _____ | 4369E-S | _____ |
| * Time for a Cup | Pad/s | 4369F | _____ | 4369F-S | _____ |
| How to get your children to eat more fruits & vegetables | Bdls. | 4429 | _____ | 4429S | _____ |
| Fruits and Veggies 101 | Bdls. | 4590 | _____ | 4590S | _____ |
| Tips for a Healthy Pregnancy and Baby | Bdls. | 4595 | _____ | 4595S | _____ |
| Tips for a Healthy You: After Delivery | Bdls. | 4597 | _____ | 4597S | _____ |
| Grow a Healthy Family | Bdls. | 4445 | _____ | 4445S | _____ |
| Get the B Attitude | Bdls. | 4758 | _____ | 4758S | _____ |

***Formula Preparation***

| | | | |
|---|---|---|---|
| Concentrate | Pad/s | 4604 | _____ |
| Powdered | Pad/s | 4605 | _____ |
| Ready to Feed | Pad/s | 4606 | _____ |

Email completed order form to linda.k.butler@illinois.gov
OR Fax completed form to (217) 785-5247
OR Mail completed form to:
Illinois Department of Human Services
823 E. Monroe
Springfield, IL 62701

Print Form Reset Form