



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Joe Manchin III
Governor

Martha Yeager Walker
Secretary

RIGHT FROM THE START PROJECT

(Date)

Dear Provider:

This is to inform you that your client, _____
will not be receiving care coordination at this time for the following reason(s):

- Does not meet eligibility requirements.
- Past EDC
- No Care Coordination Provider available. (Will assign as provider becomes available.)
- Refused

Please call if you have questions or concerns.

Sincerely,

Regional Care Coordinator

Agency Name: _____

Address: _____

Agency Telephone: _____

OFFICE OF MATERNAL, CHILD AND FAMILY HEALTH

Bureau for Public Health

350 Capitol Street, Room 427

Charleston, WV 25301-3714

Phone: (304) 558-5388 Toll-Free (in WV): 1-800-642-8522 or 1-800-642-9704 FAX: (304) 558-7164