

West Virginia Department of Health and Human Resources
RIGHT FROM THE START PROGRAM
REGIONAL CARE COORDINATOR/DESIGNATED CARE COORDINATOR
PROGRAM MATERIALS ORDER FORM



Forward order to:
Office of Maternal, Child and Family Health
MATERIALS MANAGEMENT OFFICE
900 Bullitt Street
Charleston, West Virginia 25301
Telephone: (304) 558-3417
Toll Free: 1-800-642-8522
Fax: (304) 558-1524
<http://www.wvdhhr.org/rfts>
<http://www.wvdhhr.org/fp>
<http://www.wvdhhr.org/mcfh/ICAH/healthcheck/Default.htm>

PLEASE NOTE: Your correct provider number **MUST** be used to process all orders, and is not transferable to any other location or site.

Date: _____ Provider No.: _____
Provider Name: _____
Street Address: _____
City/State/Zip: _____
Contact Person: _____
Telephone: _____

ATTENTION: Orders are shipped via UPS. Street address is required. **Allow at least 2 weeks for processing and delivery of your order.** For inventory maintenance purposes, all orders must be submitted on form **OMCFH/RFTS-R024**. No exceptions. ***This form is for RCC/DCC use only.***

ITEM CODE	QUANTITY	DESCRIPTION	ITEM CODE	QUANTITY	DESCRIPTION
R001A		Client Tracking Sheet	R065		Edinburgh Screen
R002		RFTS Closure Letter	R082		ART Form
R004		Client Rights and Responsibilities	R102		Healthy Eating and Pregnancy
R006	Website	DCC 2 nd Client Contact Letter	R103		How To Say No To Secondhand Smoke
R007	Website	Thank You/Intro. RFTS Letter	R104		Marijuana and Pregnancy
R010	On System	Dear Doctor Letter	R105		Opioids and Pregnancy
R011A		Service Care Plan	R106		Vaping and Pregnancy
R013		RFTS External Referral Form	R205		DCC QA Checklist
R015	On System	Progress Notes	R800		Youth Passports
R019		Alternate Entry Referral	R812		ABC's of Baby Care Slide-guide
R022A		RFTS Outcome Measures Prenatal	R814		Help Me Grow Brochure
R022B		RFTS Outcome Measures Infant	TS001		SCRIPT Tobacco Screening Form
R030		Door tags	TS006		SCRIPT Intervention Form
R036A		Initial Client Assessment Prenatal	TS101		Commit to Quit DVD*
R036B		Initial Client Assessment Infant	TS104		D-Piece Valve System*
R039	Website	Dear Provider Case Closure	TS105		Flat-Pak Mouthpiece Covers*
R042	Website	Dear Client/Continue RFTS Services (Letter #3)			
R060		RFTS Enhanced Services Form			

*Must be ordered by Regional Lead Agency (RLA) with approval from the State Office.