

West Virginia Department of Health and Human Resources RIGHT FROM THE START PROGRAM RFTS/WIC PARTICIPANT REQUEST FOR INFORMATION



(TO BE COMPLETED BY THE RIGHT FROM THE START DESIGNATED CARE COORDINATOR)

PRENATALS	Participant Name: Last Name First Name Participant Address:		
INFANTS	Parent's Name: Last Name First Name Parent's Address:		
SPECIFIC INFORMATION REQUESTED			
☐ Diet History		☐ Hemoglobin/Hematocrit	☐ Pre-Pregnancy Weight
☐ 24 Hour Recall		☐ Head Circumference	☐ Verification of Appointments
☐ Height/Length		☐ Birth Weight	☐ Current Status as WIC
□ Weight		☐ Weight Gain During	Participant
		Pregnancy	☐ Breastfeeding Status
Signature - RFTS Designated Care Coordinator Date			
PLEASE SEND REQUESTED INFORMATION TO			
(For completion by WIC Staff)			
☐ Check if verbal request			ate request received
Signature of WIC Staff			ate responded to request