



STATE OF WEST VIRGINIA  
**DEPARTMENT OF HEALTH AND HUMAN RESOURCES**  
**Bureau for Public Health**

**Bill J. Crouch**  
Cabinet Secretary

Office of Maternal, Child and Family Health

**Ayne Amjad, MD, MPH**  
Commissioner & State Health Officer

**RIGHT FROM THE START PROGRAM**

\_\_\_\_\_  
(Date)

Re: \_\_\_\_\_

S.S. Number: \_\_\_\_\_

Dear Provider,

This is to inform you that this client's case record is being closed for Right From The Start services as of \_\_\_\_\_. Enclosed is a copy of the final Service Care Plan. Please call or email me if you have any questions.

Sincerely,

\_\_\_\_\_  
Designated Care Coordinator

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
Agency Address

\_\_\_\_\_  
Agency Telephone Number

\_\_\_\_\_  
Email Address