

# WIC APPOINTMENTS

HOUSEHOLD ID# \_\_\_\_\_

CLINIC CODE \_\_\_\_\_

DATE	TIME	PURPOSE OF VISIT		
		Cert/Mid-Cert	Nutrition/ Breastfeeding	Benefit Issuance
Jan				
Feb				
Mar				
Apr				
May				
Jun				
Jul				
Aug				
Sep				
Oct				
Nov				
Dec				

