NC WIC Program Missed Appointment

D-4--

		Date:	
Name:			
Address:			
City:	State:	ZIP:	
Dear Participant/Parent/Gu	ardian/Caretaker:		
	appointment that was schedul //PM.	ed for	
Please call or visit the WIC	office as soon as possible to m	nake another appointment.	
WIC provides good food ar	nd good advice. We look forwa	rd to seeing you again.	
Sincerely,			
Clinic Name:			
Clinic Address:			-
Clinic Phone:	-		

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Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

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