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Director of Public Health

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"Working Together for a Healthier Community"

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Date _____

Dear _____

We enjoyed talking to you and look forward to seeing you on Monday/Wednesday. Your appointment is at Temple Beth Israel on the corner of Bowman and Marcy Lane, _____ at _____.

PLEASE SEE REVERSE SIDE FOR DIRECTIONS TO CLINIC.

So we can enroll you in the program, please bring the following with you to your appointment:

- _____ Completed WIC Application
- _____ PROOF OF PREGNANCY (If none nurse will do at clinic)
- _____ PROOF OF INCOME-LAST 4 PAY STUBS
- _____ Completed Worksheets
- _____ Date of First Doctor's Visit
- _____ Other (all items checked on attached sheet)

Please call if you have questions or need help with the above

PLAN ON SPENDING AT LEAST ONE TO TWO HOURS WITH US.

A Clerk will review your paperwork. You will also be seen by a nurse to review your health history. Completed paperwork will allow you to receive temporary Medicaid coverage and WIC information.

Participation in the MOMS program includes Medicaid enrollment. Medicaid coverage can supplement other Insurance coverage that you may have. If you have any questions regarding the Medicaid process please contact (518) 565-4848.

You are welcome to bring a family member with you.

If you are unable to keep your appointment please call us at **565-4848** to reschedule. Please leave a message on the answering machine if we are not available and we will return your call.

We are looking forward to serving you through your pregnancy!

The MOMS Program

H: prenatal/correspondence/-moms/tbi appointment letter