



Paula Calkins Lacombe  
Director of Public Health

133 Margaret Street  
Plattsburgh, NY 12901

*“Working Together for a Healthier Community”*

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Health Services Unit    Coordinator: Nancy B. Smith    Phone: 565-4848    Fax: 565-4821    [www.clintoncountygov.com](http://www.clintoncountygov.com)

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Date \_\_\_\_\_

Dear \_\_\_\_\_

We enjoyed talking to you and look forward to seeing you on Tuesday/Thursday. Your appointment is at the Health Services Unit, 32 Court St. Plattsburgh on \_\_\_\_\_ 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 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!

Thank-You!  
The MOMS Program

H: prenatal-correspondence/och appointment letter