

Local Agency Director Request for Group Mailing of Drafts

Date: _____

Site #: _____

Reason for Mailing: _____

No. of Families Drafts Mailed To: _____

Beginning and Ending Nos. of Drafts Mailed: _____

Note: Verbal requests for approval to mail drafts will be accepted. This form must be completed and mailed to State WIC Office once all drafts have been mailed. Offer another date within the same P/U week for their appt. and do not mail if possible,. If mailing NE class during the next month.

- Always:**
- 1. Document reason for mailing, initials of person mailing and date mailed by way of change transaction on Demographics Screen of Food Prescription Screen.**
 - 2. Print C-Tad and place in participant chart for documentation of mailing.**

Local Agency Director Signature/Date

State Agency Person Granting Verbal Permission/Date

Approval: State WIC Director/Date