Monthly Documentation of Breastfeeding Peer Counselor Service Hours

Local Agency:

Attachment #4 5.20

Signature of BF Coordinator:_____ Site_____

Month/Year:

PC Name	Number of PC Service Hours																		
	Week 1			Week 2			Week 3			Week 4			Week 5				Subtotal		Total
	Grant	Hosp	Minority	Grant	Hosp	Minority	Grant	Hosp	Minority	Grant	Hosp	Minority	Grant	Hosp	Minority	Grant	OAF-Hosp	Minority	
Totals																			

Grant = Required Monthly BFPC Hours per Grant Agreement

Hosp = OAF Expanded Hours for Collaboration, Coordination & Hospital Visits

Minority = Expanded Minority Peer Counselor Services for Valley Health, Shenandoah & R-E

2005 Required Hours	TSN	Central	Mon	R-E	Shen	W-O	MOV	Valley
Grant	320	112	215	134	133	128	177	366
Hosp (11 months)	50	110	150	20	20	62	110	150
Minority (11 months)				40	80			320
Monthly Totals	370	222	365	194	233	190	287	836

Description of Documentation Categories

Grant Hours: Breastfeeding Peer Counselor Service hours provided at each WIC clinic.

Hospital Hours: Hours for collaboration, coordination and hospital visits for each agency.

Minority Hours: Peer counselor Service hours provided at each WIC clinic by a minority.

Submit this form to the State WIC Office by the 20th of each month for the previous month's hours.

To: WV WIC Program, 350 Capitol Street, Room 519, Charleston, WV 25301

Revised 7/05