WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES

WIC PROGRAM NO SHOW LOG

Clinic Session Information

Date: _____ Day of Week: _____

Location: _____

Type of Clinic: **C** Certification, **S** Other Scheduled Appointments, **N** Nutrition Education

Weather: ❑ Sunny ❑ Rain ❑ Cloudy ❑ Snow ❑ Severe Cold

Other Factors: _____

PARTICIPANT NAME OR NUMBER	REASON FOR VISIT			WIC TYPE					APPOINTMENT TIME
	C	S	N	P	B	N	I	C	

WIC-38 (REVISED 9/2005) Copy to be filed with Local Agency Director and State WIC Office