



State of California
Department of Health Services



GRAY DAVIS
Governor

July 11, 2003

CHDP Program Letter No.: 03-13

TO: ALL COUNTY CHILD HEALTH AND DISABILITY PREVENTION (CHDP)
PROGRAM DIRECTORS, DEPUTY DIRECTORS, MEDICAL
CONSULTANTS, STATE CHILDREN'S MEDICAL SERVICES (CMS)
BRANCH STAFF AND REGIONAL OFFICE STAFF

SUBJECT: CHDP PROVIDER INFORMATION NOTICE NO.: 03-13 REGARDING
CALIFORNIA WOMEN, INFANTS AND CHILDREN SUPPLEMENTAL
NUTRITION PROGRAM (WIC) INFANT FORMULA CHANGES

Enclosed is Provider Information Notice No.: 03-13 regarding the California WIC infant formula changes, which go into effect August 1, 2003. Please distribute this Provider Information Notice, without changes, to the providers in your county and return the completed the enclosed "Report of Distribution".

If you have questions, please contact your regional nurse consultant.

Original Signed by Maridee Gregory, M.D.

Maridee A. Gregory, M.D., Chief
Children's Medical Services Branch

Enclosures



Do your part to help California save energy. To learn more about saving energy, visit the following web site:
www.consumerenergycenter.org/flex/index.html

Children's Medical Services Branch
714/744 P Street, P.O. Box 942732, Sacramento, CA 94234-7320
(916) 327-1400

Internet Address: <http://www.dhs.ca.gov/pcfh/cms>

Department of Health Services
Children's Medical Services Branch
Child Health and Disability Prevention (CHDP) Program
REPORT OF DISTRIBUTION REPORT FORM

Purpose of form and instruction for use:

- The purpose of the report form is to confirm distribution of CHDP policy information to providers participating in the CHDP program by the Local Health Department CHDP Program. Submission of the report form provides documentation to the State of California, Department of Health Services, Children's Medical Services Branch, CHDP Program, of the date of distribution of Provider Information Notices.
- This form is to be completed after you have distributed the CHDP Provider Information Notice.
- The Report of Distribution report form is to be mailed to the address shown below within 45 days of this letter.

PLEASE NOTE THAT NO CHANGE IS TO BE MADE IN THIS PROVIDER INFORMATION NOTICE OR ATTACHMENT.

THANK YOU.

Report of Distribution of:

CHDP Program Letter No. 03-13 and Provider Information Notice No. 03-13

THIS PROVIDER INFORMATION NOTICE WAS SENT TO PROVIDERS IN

_____ COUNTY/CITY on _____ DATE

Name: _____ Title: _____
Program Representative (Print)

SIGNATURE OF SENDER: _____ Date: _____

Mail the completed form to: Report of Distribution Clerk
Children's Medical Services Branch
Child Health and Disability Prevention
P.O. Box 942732
Sacramento, CA 94234-7320

Please note: To update local program contact information (e.g., address, telephone, director or deputy director name), please follow the instructions on page one of the **Children's Medical Services Directory**. The directory can be found under "Forms and Publications" at www.dhs.ca.gov/chdp. To open the directory, enter the case-sensitive password: CMS#directory.