						Month	ly Doc	ument	ation o	f Brea	stfeedi	ng Pee	r Cour	selor Se	ervice F	lours			
Local Agency:																	Attachment #	4 5 20	
Signature of	BF Coo	rdinato	r-					Site_	1								/ titadilinont //	+ 0.20	
Signature of	DI C00	Tullialo	•					Site						-					
Month/Year:																			
PC Name	Numb	or of D	C Serv	ico Ho	ure														
PC Name		Week 1			Week 2)		Week 3	<u> </u>		Week 4	1		Week 5			Subtotal		Total
	Grant		Minority			Minority			Minority	Grant		Minority	Grant		Minority	Grant	OAF-Hosp	Minority	
	Orani	1103p	iviii iority	Grant	1103p	Willionty	Orani	1103p	ivilitority	Orani	1103p	IVIIIIOTILY	Grant	1103p	IVIIIIOIILY	Orani	OAI 1103p	Willionty	
	1																		
															1				
Totals																			
Grant = Required Monthly BF	PC Hours	s per Gra	ant Agree	ement															
Hosp = OAF Expanded Hours for Collaboration, Coordination & Hospital Visits											Description of Documentation Categories								
Minority = Expanded Minority Peer Counselor Services for Valley Health, Shenandoah & R-E										Grant 1	Grant Hours: Breastfeeding Peer Counselor Service hours provided at each WIC clinic.								
2005 Required Hours	TSN	Central		R-E	Shen	W-O	MOV	Valley											
Grant	320							366		Hospita	al Hours	: Hours f	for colla	boration.	coordinati	on and hos	spital visits for	each agency.	1
Hosp (11 months)	50									F	1			,			1		
Minority (11 months)	30	110	130	40			110	320		Minori	tv Hours	s: Peer co	ounselo	Service h	Ours prov	ided at eac	h WIC clinic b	v a minority	<u> </u>
Monthly Totals	370	222	365				287	836		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	I			SCI VICE II	Juis prov	raca ai cac	i viic ciiiic (,, a mmonty.	
Submit this form to the State WIC																			
To: WV WIC Program, 350 Capi							. 5 110013										Revised 7/05		
10. WW WIG Flogram, 350 Capi		<u> </u>	<u> </u>	1	1	l		l			INEVISEU 1/03								