

****WIC §329 REQUEST****

DELIVER TO HOTLINE SUPERVISOR

FAX TO: CWS HOTLINE at 858-467-0412

Completed JV-210 MUST be attached

(If JV-210 is incomplete, it will be returned to sender for complete information before referral can be generated.)

FROM: _____

AGENCY: _____

PHONE NUMBER: _____

FAX NUMBER*: _____

*Must be included to receive response regarding outcome of investigation.

CHILD'S NAME/DOB: _____

CHILD AT JUVENILE HALL: YES NO

NUMBER OF PAGES ATTACHED: _____

BRIEF SYNOPSIS OF CONCERNS: