

CENTRAL MISSISSIPPI, INC.

P. O. Box 749
Winona, MS 38967

Health Services Division

Services Notification

Notificación de los servicios

Dear/Querido: _____

Central Mississippi, Incorporated Head Start Program would like to keep you informed about services provided to your child that you were unable to attend. We strive to provide you with information that will assist in you making informed decisions about your child's health.

Central Mississippi, Incorporated Head Start quisiera mantenerte informado sobre los servicios proporcionados a tu niño que no podías atender. Nos esforzamos proveer la información que le asistirá a que toma decisiones informadas sobre la salud de su niño.

Child/Niño _____ **was seen by /fue visto por** _____

for/para _____ **on/fecha** _____ **Your**

child (will) (will not) require additional follow-up for this matter. / Su niño (necesitara) (no

necesitara) servicios adicionales por este asunto. Follow-up services/ Los servicios

adicionales son: _____

If you have any questions or concerns, you may contact me at

between the hours of 8:00 am and 4 pm on Monday thru Friday.

Si, tiene una pregunta or preocupacion, llameme a _____ entre las horas de 8:00 am a 4:00 pm de Lunes a Viernes.

Yours Truly/ Sinceramente,

Family Service Worker/Trabajador Social de la Familia

**Serving: Attala Carroll Choctaw Holmes Montgomery Webster Counties
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