Division of Community Nutrition

MISC-001: Policy & Procedure Review Request Form

Name:	
Title:	**Date**:
Location: ☐ Local Agency (_____) ☐ State WIC Office (**Note**: *Team Supervisor must approve MISC- 001 prior to submission to Policy Coordinator*) ☐ State WIC Advisory Committee	**Phone**: ( ) - **Fax**: ( ) - **E-mail**:
Nature of this Request: ☐ Revision of current policy (policy # _____) ☐ Creation of new policy ☐ Request deletion of current policy (policy # _____) ☐ Other (please explain)	
Summarize your reasons for placing this request (please be as detailed as possible):	
Policy Coordinator Use Only: ☐ Forwarded to Division Management ☐ Related materials attached for simultaneous review / revision: ☐ Policy(ies) ☐ Form(s) ☐ Log(s) ☐ Tool(s) ☐ Unable to process request because _____ ☐ Returned for clarification of _____	

Please e-mail completed document to: **Donna.Everage@vdh.virginia.gov**

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