Name: _____

Allegany County Department of Health

N S R U B T S T Z O N L U V Q F D E J B M Q F M
R L B L A T N E M N O R I V N E V C W U F S S J
X O G H V F Y N K N X B A K Q Y T N U O C P V J
I U O B U T M M E J I K L T D R C B B T E J M N
N X T Q Y D B V E L N S U B O N B C U C D K A N
T J C J V S Y U L E M J Z H V O S X I D R I P R
E J W O A I O I R Z T Q E M K E A A T F R L S Y
R U Y N Y R N V E N T U X K P Z L N A A A R C R
V A Q N S G P G C X R Q T T O L A B T N E B T H
E D E F T H E I E M R L I T O T A I N B Q R O K
N M O B L I R B P T O C N E N L N I M E I X P V
T I O U Z Z M I T G L M V U P A N U A L U U K R
I N D L E C I P I B K A O T S G N H W L K U D U
O I I Q V H T M O X Z C Y I E C I U M I Y X E N
N S J Y I E S Y N F C W P P X G C Q N N C U P U
D T M V O A I B I A W D H M F Y W E F L W P A S
X R I H L L A Z S C A E E C A D N A P V I O R R
M A Q G A T V M T E H S Q A X I T A C N M E T U
M T L B T H D E L B R D E Q P A L U G E Q O M L
T I A S I C K U I U P D A Y L I M A F E X P E R
G O I A O A V W N F P P Y L R A E L W D L K N H
K N T K N R O Y W M H N Q Y V H N E S S I L T A
Z Y W E P E N T W U C B X F V F A V D I A P A Z
N E R D L I H C H T L A E H E I W C B K B A T S

ADMINISTRATION
ACCOUNTANT
VIOLATION
NUMBERS
SEPTIC
NURSE
LEAD
ENVIRONMENTAL
SANITARIAN
CHILDREN
BILLING
FAMILY
EARLY
BAT
RECEPTIONIST
HEALTHCARE
PLANNING
SPECIAL
HEALTH
NEEDS
WIC
INTERVENTION
DEPARTMENT
ALLEGANY
PERMIT
COUNTY
MAIL