

Name: _____

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PFCE Word Search

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

Dental Treatment
 Eligibility
 Selection
 Hearing
 Health

Mental Health
 Attendance
 Meetings
 Vision
 ERSEA

Application
 Enrollment
 Families
 Parents
 PFCE

Recruitment
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 Reports
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