IPHCA

Site and Service Inventory

Organization Name: _____

Site Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Site (Non-Referral) Services Provided

- ☐ Primary Care
- ☐ Dental - Preventive*
- ☐ Dental - Restorative *
- ☐ Mental Health
- ☐ Substance Use Disorder
- ☐ Med. Assist Trt. [MAT]
- ☐ Pediatric
- ☐ OB/GYN
- ☐ Prenatal Care
- ☐ Chiropractic Services
- ☐ Ophthalmology
- ☐ Optometry
- ☐ Podiatry
- ☐ Asthma Care
- ☐ Cardiology
- ☐ Case Management
- ☐ Cervical Cancer Screening *
- ☐ Developmental Screening *
- ☐ Diabetes Education
- ☐ Diabetic DPP/DSME
- ☐ ER Diversion Agmnt w/ Hospital *
- ☐ Family Planning
- ☐ HIV-AIDS Service
- ☐ Immunizations
- ☐ Laboratory *
- ☐ Mammography *
- ☐ Nursing Home *
- ☐ Transitional Housing
- ☐ RX-FQHC is owner/provider
- ☐ RX-Pharmacy is co-located
- ☐ DHS School Based/ Linked *
- ☐ School Located Non-DHS *
- ☐ Transportation
- ☐ Administrative
- ☐ Deaf Services
- ☐ WIC/Head Start

Other Specialty Care (Specify): _____

Hours Open per Week (check one)

- ☐ <10
- ☐ 11-31
- ☐ 32-50
- ☐ >50

Weekends and Evenings (check all that apply)

- ☐ Open after 6 p.m. any weekday
- ☐ Open Saturday
- ☐ Open Sunday

Section 330 Grant Type for this Site (Check all that apply)

- ☐ Grant: Community Health Center *(regular CHC grant, not special population)*
- ☐ Grant: Homeless Grant: Community
- ☐ Grant: Migrant / Seasonal Farm worker
- ☐ Grant: Public Housing
- ☐ Look-Alike

Contact Information

Name: _____ Title: _____

Phone: _____ E-mail: _____

Please return new site information to Barry Lacy, blacy@iphca.org or fax (217) 541-7380. Questions or requests for electronic copy of existing site profiles contact Barry Lacy as indicated above or by calling (217) 541-7379.

Submit by E-mail | Print Form | Reset Form

* Please refer to the Site and Service Audit Definition sheet for clarification of these terms

Office Use Only - Do Not Complete Below This Line.

CD: _____ CO: _____ ☐ WEB SHLTR: _____

SD: _____ ☐ DB

HD: _____ MPCD: _____ DNM: _____