

## TIER 2 - PROJECT IMPACT FORM

**IN ORDER TO BE ELIGIBLE FOR TIER 2 FUNDING APPLICANT MUST CHECK ONE OF THE FOLLOWING, AND COMPLETE SECTIONS I AND II:**

- A. The proposed Community Health Center (CHC) site is located in an area which has an existing federally designated Medically Underserved Area/Population (MUA/P) that lacks a Federally Qualified Health Center (FQHC) and a FQHC- Look Alike (LA):**  
 Yes  No
- B. The proposed CHC site is not located within an area which has an existing federally designated MUA/P; however the proposed CHC intends to serve residents of an area which has an existing federal designation as a MUA/P that lacks a FQHC or a FQHC-LA:**  
 Yes  No
- C. The proposed CHC intends to serve residents of an area which has an existing federal designation as a MUA/P that has a FQHC or a FQHC-LA and all requirements in this RFA pertaining to such a proposal have been met:**  
 Yes  No

### **SECTION I:**

*The Proposed CHC will serve or be located in:*

MUA/P Name & # \_\_\_\_\_

To determine if proposed clinic site address or proposed service area is located in or near a federally designated MUA/P use the following websites: DOH website at [www.health.state.pa.us/pco](http://www.health.state.pa.us/pco) or Health Resources Service Administration (HRSA) website at <http://datawarehouse.hrsa.gov/geoadvisor/>.

**SECTION II:**

*Complete Table 1 and Table 2.*

- ❖ **TABLE 1 – PATIENT NUMBERS:** Provide projections of the total number of unduplicated patients during each year of the project period by coverage type in the following format.

Coverage Type	Proposed # Patients (07/01/12-06/30/13)	Proposed # Patients (07/01/13-06/30/14)
Number of patients with Medicare		
Number of patients with Medical Assistance (MA)		
Number of patients served with Children’s Health Insurance Program (CHIP)		
Number of patients not charged due to inability to pay		
Number of patients at reduced fee according to discounted/sliding fee scale		
Number of patients with full pay/commercial insurance		
TOTAL Number of Patients		

- ❖ **TABLE 2 – PATIENT VISITS:** Provide projections of the total number of patient visits during each year of the project period by coverage type in the following format.

Coverage Type	Proposed # Patient Visits (07/01/12-06/30/13)	Proposed # Patient Visits (07/01/13-06/30/14)
Number of visits for patients with Medicare		
Number of visits for patients with Medical Assistance (MA)		
Number of visits for patients served with Children’s Health Insurance Program (CHIP)		
Number of visits for patients not charged due to inability to pay		
Number of visits for patients at reduced fee according to discounted/sliding fee scale		
Number of visits for patients with full pay/commercial insurance		
TOTAL Number of Patient Visits		