

FY08 Part D Allocations Report OMB No. 0915-xxxx Expiration Date:

Section A: Identifying Information	
~ Enter Name of Grantee Here ~	
~ Enter Grant Number Here ~	
~ Enter Preparer's Name Here ~	
~ Enter Preparer's Phone Number Here ~	
~ Enter Preparer's Email Address Here ~	

Section B: FY 2008 Award Information	
1. Part D Grant Award Amount	

Section C: Allocations Categories	Amount	Percent
1. Medical Services Subtotal	\$0	0%
a. Outpatient /Ambulatory Health Services		--
b. AIDS Pharmaceutical Assistance (local)		--
c. Oral Health Care		--
d. Home Health Care		--
e. Home and Community-based Health Services		--
f. Hospice Services		--
g. Mental Health Services		--
h. Medical Nutrition Therapy		--
i. Medical Case Management (including Treatment Adherence)		--
j. Substance Abuse Services - outpatient		--
2. Support Services Sub-total	\$0	0%
a. Case Management (non-Medical)		--
b. Child Care Services		--
c. Pediatric Developmental Assessment / Early Intervention Services		--
d. Emergency Financial Assistance		--
e. Food Bank/Home-Delivered Meals		--
f. Health Education/Risk Reduction		--
g. Legal Services		--
h. Linguistics Services		--
i. Medical Transportation Services		--
j. Outreach Services		--
k. Permanency Planning		--
l. Psychosocial Support Services		--
m. Referral for Health Care/Supportive Services		--
n. Rehabilitation Services		--
o. Respite Care		--
p. Treatment Adherence Counseling		--
3. Total Service Allocations	\$0	--
4. Non-services Subtotal	\$0	--
a. Clinical Quality Management Activities		--
b. Grantee Administration ¹		--
c. Indirect Costs		--
5. Total Allocations (Services + Non-services)²	\$0	--

(1) May not exceed 10% of Part D award.

(2) Must equal the total Part D award.

[NOTE: Detailed instructions for completing and submitting your report can be downloaded from the HRSA Electronic](#)