

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FORM 9 – NEED FOR ASSISTANCE WORKSHEET	FOR HRSA USE ONLY	
	Grant Number	Application Tracking Number

SECTION I: CORE BARRIERS

Population to One FTE Primary Care Physician Ratio			
Data Response	(Ratio)	Year to which data apply	
Data Source			
Methodology Utilized/Data Source Description/Other			
Identify Target Population for data			

Percent of Population at or Below 200 percent of poverty			
Data Response	(%)	Year to which data apply	
Data Source			
Methodology Utilized/Data Source Description/Other			
Identify Target Population for data			

Percent of Population Uninsured			
Data Response	(%)	Year to which data apply	
Data Source	:		
Methodology Utilized/Data Source Description/Other			
Identify Target Population for data			

Distance (miles) OR travel time (minutes) to nearest primary care provider accepting new Medicaid patients and/or uninsured patients			
Data Response		Year to which data apply	
Data Source			

Methodology Utilized/Data Source Description/Other	
Identify Target Population for data	

SECTION II: CORE HEALTH INDICATORS

Diabetes		
Core Health Indicator		
National Benchmark (Required, if Health Indicator selected is 'Other')		
Data Response		Year to which data apply
Data Source		
Methodology Utilized/Data Source Description/Other		
Identify Target Population for data		

Cardiovascular Disease		
Core Health Indicator		
National Benchmark (Required, if Health Indicator selected is 'Other')		
Data Response		Year to which data apply
Data Source		
Methodology Utilized/Data Source Description/Other		
Identify Target Population for data		

Cancer		
Core Health Indicator		
National Benchmark (Required, if Health Indicator selected is 'Other')		
Data Response		Year or date to which data apply

Data Source	
Methodology Utilized/Data Source Description/Other	
Identify Target Population for data	

Prenatal and Perinatal Health	
Core Health Indicator	
National Benchmark (Required, if Health Indicator selected is 'Other')	
Data Response	Year or date to which data apply
Data Source	
Methodology Utilized/Data Source Description/Other	
Identify Target Population for data	

Child Health	
Core Health Indicator	
National Benchmark (Required, if Health Indicator selected is 'Other')	
Data Response	Year or date to which data apply
Data Source	
Methodology Utilized/Data Source Description/Other	
Identify Target Population for data	

Behavioral and Oral Health	
Core Health Indicator	
National Benchmark (Required, if Health Indicator selected is 'Other')	
Data Response	Year or date to which data apply

Data Source	
Methodology Utilized/Data Source Description/Other	
Identify Target Population for data	

SECTION III: OTHER HEALTH INDICATORE

Indicator#1			
Health Indicator			
National Benchmark (Required, if Health Indicator selected is 'Other')			
Data Response		Year to which data apply	
Data Source			
Methodology Utilized/Data Source Description/Other			
Identify Target Population for data			

Indicator# 2			
Health Indicator			
National Benchmark (Required, if Health Indicator selected is 'Other')			
Data Response		Year to which data apply	
Data Source			
Methodology Utilized/Data Source Description/Other			
Identify Target Population for data			

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0285. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-33, Rockville, Maryland, 20857.