

CHECKLIST FOR ADDING A SERVICE (CHKLST001)

CIS Tracking Number:

Questions for Addition of Service(s)

In this CIS request, you have added the following services to scope:
Service has not been selected.

***1. Why do you want to add the service(s)?**

- Needs assessment indicated a high need for services at this location.
Needs assessment completed on (mm/dd/yyyy):
- Community asked us to provide services at the site and provided supporting needs data.
- An existing clinic is closing and we have an opportunity to continue those services in the area.
- Other (Describe in the space provided below):
(Maximum 3,000 Characters)
Maximum paragraph(s) allowed approximately: 3 (3000 character(s) remaining)

To upload supporting attachments, visit the 'Supporting Documents' section in this CIS Request.

***2. Describe how adding this service will benefit your total level or quality of health services currently provided to the patients you currently serve? (Please provide a summary of one page or less.)**

(Maximum 3,000 Characters)
Maximum paragraph(s) allowed approximately: 3 (3000 character(s) remaining)

***3. When do you plan to start providing the service(s)?**

Effective date for service (mm/dd/yyyy):

***4. Information about population to be served by the new service**

4a. Number of patients to be served (Format: 99)

4b. Percentage of patients below 200% of Federal Poverty Level % (Format: 9 or 9.99)

4c. Percentage of uninsured patients % (Format: 9 or 9.99)

***5. Does the budget include any special grant, foundation or other funding that is time-limited, i.e., will only be available for 1 or 2 years?**

Yes No

5a If yes, how will you support the new service when these funds are no longer available? Please provide an explanation in the space provided below. *(Provide a summary of one page or less.)*

(Maximum 3,000 Characters)

Maximum paragraph(s) allowed approximately: 3 (3000 character(s) remaining)
