

**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 Geographic Service Area or 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 Geographic Service Area or Target Population for Data			

**Percent of Population Uninsured**

Data Response	(%)	Year to which Data Apply	
Data Source			
Methodology Utilized/Data Source Description/Other			
Identify Geographic Service Area or Target Population for Data			

**Distance (miles) OR Travel Time (minutes) to Nearest Primary Care Provider Accepting New Medicaid and/or Uninsured Patients**

Data Response		Year to which Data Apply	
Data Source			
Methodology Utilized/Data Source Description/Other			
Identify Geographic Service Area or Target Population for Data			

**SECTION II: CORE HEALTH INDICATORS**

**Diabetes**

Core Health Indicator			
Data Response		Year to which Data Apply	
Data Source			
Methodology Utilized/Data Source Description/Other			
Identify Geographic Service Area or Target Population for Data			

**Cardiovascular Disease**

Core Health Indicator			
Data Response		Year to which Data Apply	
Data Source			
Methodology Utilized/Data Source Description/Other			
Identify Geographic Service Area or Target Population for Data			

<b>Cancer</b>			
Core Health Indicator			
Data Response		Year or date to which Data Apply	
Data Source			
Methodology Utilized/Data Source Description/Other			
Identify Geographic Service Area or Target Population for Data			

<b>Prenatal and Perinatal Health</b>			
Core Health Indicator			
Data Response		Year or date to which Data Apply	
Data Source			
Methodology Utilized/Data Source Description/Other			
Identify Geographic Service Area or Target Population for Data			

<b>Child Health</b>			
Core Health Indicator			
Data Response		Year or date to which Data Apply	
Data Source			
Methodology Utilized/Data Source Description/Other			
Identify Geographic Service Area or Target Population for Data			

<b>Behavioral and Oral Health</b>			
Core Health Indicator			
Data Response		Year or date to which Data Apply	
Data Source			
Methodology Utilized/Data Source Description/Other			
Identify Geographic Service Area or Target Population for Data			

### SECTION III: OTHER HEALTH INDICTORS

<b>Indicator #1</b>			
Health Indicator			
Data Response		Year to which Data Apply	
Data Source			
Methodology Utilized/Data Source Description/Other			
Identify Geographic Service Area or Target Population for Data			

<b>Indicator #2</b>			
Health Indicator			
Data Response		Year to which Data Apply	
Data Source			
Methodology Utilized/Data Source Description/Other			
Identify Geographic Service Area or 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.