OMB No.: 0915-0285. Expiration Date: 10/31/2013

			MB No.: 0915-0285. Expiration Date: 10/31/2	
DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration		FOR HRSA USE ONLY		
		Grant Number	Application Tracking Number	
FORM 9: NEED FOR ASSISTANCE WORKSHEET				
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	<u>'</u>	
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	<u>'</u>	
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 Pro	vider 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	
CTION 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

Cancer	
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	

Prenatal and Perinatal Health	
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	

Child Health	
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	

Behavioral and Oral Health		
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		
CTION III: OTHER HEALTH INDICTORS		
Indicator #1		
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		
Indicator #2		
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.