

Grantee Data Collection Form

Frontier Community Health Care Network Coordination Grant

Data Collection Strategy

Community Health Workers or other staff from the grantee organization will complete an Excel® Spreadsheet including the following fields on a monthly basis about program activities at the implementation site and about all clients/patients who have participated in the program.

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-XXXX. Public reporting burden for this collection of information is estimated to average 4 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 10-29, Rockville, Maryland, 20857.

Data Element	Response Options
Information about Clients Active during the month Data will be collected using one row per participant.	
Client (Medicare) Identification Number	
Qualifying Chronic Condition	Mark all that are applicable: <ul style="list-style-type: none"> <input type="checkbox"/> Diabetes Mellitus Type II (DM) <input type="checkbox"/> Cardiovascular Disease (CVD) including hypertension <input type="checkbox"/> Congestive Heart Failure (CHF) <input type="checkbox"/> Coronary Artery Disease (CAD) <input type="checkbox"/> Chronic Obstructive Pulmonary Disease (COPD)
Payer	Mark all that are applicable: <ul style="list-style-type: none"> <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Private/commercial insurer <input type="checkbox"/> Other (open text) <input type="checkbox"/> None
Intervention Start Date	
Intervention Goal	

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Data Element	Response Options
Intervention Activities/ Design	
Update on achievement of goal	
Partners involved in intervention	
Did the intervention involve any resources beyond that supplied by the grant?	Mark all that apply <input type="checkbox"/> None <input type="checkbox"/> Financial – source (open text) <input type="checkbox"/> Equipment – describe and source (open text) <input type="checkbox"/> Volunteer work – explain (open text)
Intervention Completion Date	Date
Reason for Completion	<input type="checkbox"/> Achieved intervention goal <input type="checkbox"/> Loss of interest by client <input type="checkbox"/> Moved <input type="checkbox"/> Death <input type="checkbox"/> Other (open text)
Grant Design and Implementation during Month	
These data will be collected using one row per program site	
Client recruitment attempts	
Source of attempts	
Method of recruitment	
Number of new enrollments	
Understood reason(s) for unsuccessful attempts	
Total hours spent by CHWs on program	
Did the overall program (not including specific interventions) require any resources beyond that supplied by the grant?	Mark all that apply <input type="checkbox"/> None <input type="checkbox"/> Financial – source (open text) <input type="checkbox"/> Equipment – describe and source (open text) <input type="checkbox"/> Volunteer work – explain (open text)