

<https://runalperdata.hrsa.gov/OhpInternal/app/dataentry/grantedform.aspx?formid=33&uplId=6862>
R. H. Case Services Outrec...

---

[Suggested Sites](#) | [Web Slice Gallery](#) | [Community-Based Divisio...](#) | [Free Hotmail](#) | [HHS - HHS Map & Directi...](#) | <https://pmt.hhs.gov-ProSL...> | [USAJOBS - Search](#) | [AOL for Broadband](#)

---

**Adults (18-64)**


**Elderly (65 and over)**


**Unknown**


**Total (equal to the total of the number of unique individuals who received direct services):** 0

---

**Number of people by insurance status**

**Measures** **Baseline**

**Self-pay**


**Uninsured**


**Dual Eligible (covered by both Medicaid and Medicare)**


**Medicaid/CHIP only**


**Medicare plus supplemental**


**Medicare only**


**Other third party**


**Unknown**


**Total (equal to the total of the number of unique individuals who received direct services):** 0

[Return to Top \(Index\)](#)

---

**Any Comments About this Form or the Data You Entered**

---

**Is this Form Complete?**  
 If selected "No", you're not required to fill in all fields before you save.  
 No  Yes

---

**File Attachments**  
 File to Upload:

---

OMB Number: 0906-0009  
 Expiration Date: 06/30/2019

---

---

For technical help please call the HRSA Contact Center 1-877-Go4-HRSA (1-877-464-4772) or click to [submit help request](#).  
 If Adobe Reader is not installed on your computer, please [download](#) to view PDF files.  
 Copyright © HRSA. All Rights Reserved.

---

Acceptable Use Policy | Accessibility | Viewers And Players | Contact Us
 Product: BRS | Platform #: 4.7.5.0 | Build #: | Environment: Production