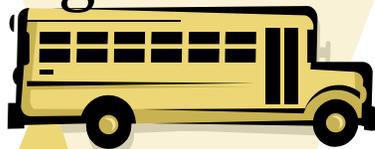


School-Based
Health Center
Grant Application
for Funding
Renewal



Fiscal Year

2015

SBHC:

Data reported for School Year July 1, 2012 to June 30, 2013

Financial Costs		
Expenditures		
Current Expenses	Total	Explanations/Comments
Clinical Supplies		
Contractual Health Services		
Custodial Services		
Dental Supplies		
Depreciation Expense		
Fringe Benefits (All personnel)		
Insurance (Property & Casualty)		
Laboratory (Dental)		
Other Laboratory Services		
Laboratory Supplies		
Maintenance Contract		
Medical Supplies		
Pharmaceuticals		
340B Medicine & Drugs		
Personnel – Clinical *		
Personnel – Administrative*		
Personnel – Clerical*		
Rent/Lease (Clinic Space)		
Repairs & Maintenance		
Telephone		
Travel		
X-Ray Reading		
X-Ray Supplies		
Other (specify)		
Total SBHC		

Financial Data	
Revenue	
Type	Total
Federal Grants (specify)	
WVBPH and State Grants (specify)	
Private Foundations, etc. (specify)	
Donations, Fundraising (specify)	
Other Revenue (specify)	
Total SBHC Revenue	

Financial Data

Revenue Payor Source							
Payor Category	Patients	Billed (Provider) Visits	Charges	Contractual Write-off	Sliding Fee Discount	Collections (including sliding fee collections)	Collection Rates
Patient (Self-Pay)							
Medicaid							
WV CHIP							
PEIA							
Other Insured							
Uninsured (Sliding Fee)							
Uninsured (Not Sliding Fee)							
Total							

Cost Based

Center Rate:

Donated Services

Dollar Value of SBHC Donated Services

Categories	Actual (School Year 2012 to 2013)
Provider Personnel	
Administrative Personnel	
Clerical Personnel	
Equipment	
Facility Space	
Repairs & Alterations	
Prescription Medication (donated or samples)	
Other (specify)	

Contracted Mental Health Services

Contracted Only

Categories	Actual (School Year - 2012 to 2013)
Number of contracted providers	
Number of hours per month	
Cost of contracted services	
Patients	
Visits	

Contracted Dental Health Services

Contracted Only

Categories	Actual (School Year - 2012 to 2013)
Number of contracted providers	
Number of hours per month	
Cost of contracted services	
Patients	
Visits	

General Narrative

Use this space to tell us about any new school-based health centers established during the school year and other planned sites during school year 2013 -2014

Financial Change Narrative

Use this space to tell us about the impact of economic pressures on patients seeking and receiving medical care.

Application Signatures

Fiscal Year 2015

School-Based Health Center Grant Application

(Please sign in blue ink)

_____ Administrator Name	_____ CEO Signature	_____ Date
_____ SBHC Coordinator Name	_____ SBHC Coordinator Signature	_____ Date
_____ Application Preparer Name	_____ Preparer Signature	_____ Date

Site Pages

Site Information

Site Name:

Site Physical Address: City: State: Zip Code: County: On-site Contact Person: Phone: E-mail:	
12 hrs/week medical provider? Number of patients for this site: Number of billable visits for this site: Number of non-billable visits for this site: Total Number of Visits for this site: Number of schools served by this site:	

School Information for this Site

School:

Elementary, Middle or High School: School Physical Address: School City: School State: School Zip Code: School County: Principal's Name: Principal's Phone: Principal's Fax: Principal's E-Mail: Total School Enrollment: Total Students Eligible for Free/Reduced Lunch: Number of Students Enrolled in SBHC program: (signed consents on file) Number of Enrollees who are Uninsured: (e.g. no Medicaid, no CHIP)	
--	--

Site Posted Hours of Operation

Site Name:	School:					
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours of Operation						
Evening Hours						
Summer Hours						
Hours of Provider Coverage* <small>*Provider =MD,DO,PA or NP</small>						
Hours of RN Coverage						
Hours of LPN Coverage						
Hours of MA Coverage						

Does the SBHC have after-hours through on-call services provided by the PCC or external agency?
 Is this site a community-based satellite clinic?
 Does this site only serve the school population?
 Does this site assist in enrolling children/families in public insurance programs (Medicaid, WVCHIP) by performing the complete enrollment process onsite or by helping complete forms or take elsewhere for completion?

Electronic Communication

Does SBHC use Electronic Medical Records (EMR)?
 Does this SBHC have Electronic Billing Capability?
 Does this SBHC have Electronic Prescribing?
 Does this SBHC use Telemedicine?

Health Care Preparedness Plan

This site has a Healthcare Preparedness Plan in place with response strategies addressing the following :

- Natural Disasters, Severe Weather, Fire
- Mass Casualty Event
- Accidents (e.g., hazardous material spills, bus crashes)
- Medical/Mental Health Emergencies

When was the Plan Updated?

Is this site included with in the School Health Care Preparedness Plan?

Is this site included within the CHC Health Care Preparedness Plan?

SBHC Services

Site Name: _____ **School:** _____

Service Hours

If your SBHC Program offers dental services, list hours per month:
If your SBHC program offers mental health services, list hours per month:
If your SBHC program offers social services, list hours per month:

Program Services

Services	Provided	Referral
Treatment of Acute Illness		
First Aid		
Diabetes Screening		
Asthma Screening		
Obesity Screening		
Heart Disease Screening		
Diabetes Monitoring		
Asthma Monitoring		
Well-Child Exam (EPSDT/HC)		
Oral Health Screening		
Preventive Dental		
Acute Dental		
Specialty Dental		
Health Education (classroom)		
Health Education (individual)		
Prescriptions for Medications		
Medications Administered on-site		
Mental Health Counseling		
Sports Physical		
Comprehensive Health Assessment		
Standardized Behavioral Risk Assessment		
Nutrition Counseling		
Care for Infants of Students		
Immunizations		
Substance Abuse Screening		
Health Risk Screening (GAPS)		
Emergency Care		

SBHC Services

Site Name: _____ **School:** _____

Chronic Disease Prevalence

Number of Program Patients Diagnosed (Primary or Secondary)

Asthma	Diabetes	Depression	ADHD	Obesity (BMI>95%)	High Blood Pressure	High Cholesterol

Chronic Disease Management

Explain the chronic disease management program:

In-House School-Based Mental Health and Substance Abuse Services

Site Name: _____ **School:** _____

Mental Health and Substance Abuse Services Totals **Actual**

Visits with Master Level Therapist

Individual Mental Health and Substance Abuse Patients

Mental Health and Substance Abuse visits Per Patient

Leading Diagnoses for Patients

Anxiety Disorder	
Depressive Disorder	
Attention Deficit Disorder	
Behavior Disorder	
Drug Abuse	
Alcohol Abuse	
Violence Screening	

Patients by Gender

Male Patients	
Female Patients	

Patients by Age Group

Age < 5	
Age 5-11	
Age 13-21	
Age >21	

In-House School-Based Oral Health Services

Site Name:	School:	
Patient and Visit Totals		Actual
Visits with Dentist		
Visits with Dental Hygienist		
Individual oral health patients		

Reason for Oral Health Visits

Exam Prophylaxis Fluoride Sealants Restorative Number of students referred for restorative work Number of referred students who received care

Patients by Gender

Male Patients Female Patients

Patients by Age Group

Age < 5 Age 5-11 Age 13-21 Age >21

Patients by Age & Gender

Site Name: _____ **School:** _____

Patients and Visits by Age

Age Groups	Male Patients	Female Patients	Total Patients
Ages 0-4			
Age 5			
Age 6			
Age 7			
Age 8			
Age 9			
Age 10			
Age 11			
Age 12			
Age 13			
Age 14			
Age 15			
Age 16			
Age 17			
Age 18			
Age 19 and Over			
Totals			

Patients Race & Language

Site Name:

School:

Patients by Race

Patients	Number
Hispanic-Latino Descent	
Black/African American	
American Indian/Alaska Native	
White	
More than one race	
Unreported/Refused to report	
Total Patients	

Patients by Language

Patients	Number
Patients best served in a language other than English	

Site Information

Site Name:

Site Physical Address: City: State: Zip Code: County: On-site Contact Person: Phone: E-mail:	
12 hrs/week medical provider? Number of patients for this site: Number of billable visits for this site: Number of non-billable visits for this site: Total Number of Visits for this site: Number of schools served by this site:	

School Information for this Site

School:

Elementary, Middle or High School: School Physical Address: School City: School State: School Zip Code: School County: Principal's Name: Principal's Phone: Principal's Fax: Principal's E-Mail: Total School Enrollment: Total Students Eligible for Free/Reduced Lunch: Number of Students Enrolled in SBHC program: (signed consents on file) Number of Enrollees who are Uninsured: (e.g. no Medicaid, no CHIP)	
--	--

Site Posted Hours of Operation

Site Name:	School:					
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours of Operation						
Evening Hours						
Summer Hours						
Hours of Provider Coverage* <small>*Provider =MD,DO,PA or NP</small>						
Hours of RN Coverage						
Hours of LPN Coverage						
Hours of MA Coverage						

Does the SBHC have after-hours through on-call services provided by the PCC or external agency?
 Is this site a community-based satellite clinic?
 Does this site only serve the school population?
 Does this site assist in enrolling children/families in public insurance programs (Medicaid, WVCHIP) by performing the complete enrollment process onsite or by helping complete forms or take elsewhere for completion?

Electronic Communication

Does SBHC use Electronic Medical Records (EMR)?
 Does this SBHC have Electronic Billing Capability?
 Does this SBHC have Electronic Prescribing?
 Does this SBHC use Telemedicine?

Health Care Preparedness Plan

This site has a Healthcare Preparedness Plan in place with response strategies addressing the following :

- Natural Disasters, Severe Weather, Fire
- Mass Casualty Event
- Accidents (e.g., hazardous material spills, bus crashes)
- Medical/Mental Health Emergencies

When was the Plan Updated?

Is this site included with in the School Health Care Preparedness Plan?

Is this site included within the CHC Health Care Preparedness Plan?

SBHC Services	
Site Name:	School:
Service Hours	

If your SBHC Program offers dental services, list hours per month:
If your SBHC program offers mental health services, list hours per month:
If your SBHC program offers social services, list hours per month:

Program Services

Services	Provided	Referral
Treatment of Acute Illness		
First Aid		
Diabetes Screening		
Asthma Screening		
Obesity Screening		
Heart Disease Screening		
Diabetes Monitoring		
Asthma Monitoring		
Well-Child Exam (EPSDT/HC)		
Oral Health Screening		
Preventive Dental		
Acute Dental		
Specialty Dental		
Health Education (classroom)		
Health Education (individual)		
Prescriptions for Medications		
Medications Administered on-site		
Mental Health Counseling		
Sports Physical		
Comprehensive Health Assessment		
Standardized Behavioral Risk Assessment		
Nutrition Counseling		
Care for Infants of Students		
Immunizations		
Substance Abuse Screening		
Health Risk Screening (GAPS)		
Emergency Care		

SBHC Services

Site Name: _____ **School:** _____

Chronic Disease Prevalence

Number of Program Patients Diagnosed (Primary or Secondary)

Asthma	Diabetes	Depression	ADHD	Obesity (BMI>95%)	High Blood Pressure	High Cholesterol

Chronic Disease Management

Explain the chronic disease management program:

In-House School-Based Mental Health and Substance Abuse Services

Site Name: _____ **School:** _____

Mental Health and Substance Abuse Services Totals **Actual**

Visits with Master Level Therapist

Individual Mental Health and Substance Abuse Patients

Mental Health and Substance Abuse visits Per Patient

Leading Diagnoses for Patients

Anxiety Disorder	
Depressive Disorder	
Attention Deficit Disorder	
Behavior Disorder	
Drug Abuse	
Alcohol Abuse	
Violence Screening	

Patients by Gender

Male Patients	
Female Patients	

Patients by Age Group

Age < 5	
Age 5-11	
Age 13-21	
Age >21	

In-House School-Based Oral Health Services

Site Name:	School:	
Patient and Visit Totals		Actual
Visits with Dentist		
Visits with Dental Hygienist		
Individual oral health patients		

Reason for Oral Health Visits

Exam Prophylaxis Fluoride Sealants Restorative Number of students referred for restorative work Number of referred students who received care

Patients by Gender

Male Patients Female Patients

Patients by Age Group

Age < 5 Age 5-11 Age 13-21 Age >21

Patients by Age & Gender

Site Name: _____ **School:** _____

Patients and Visits by Age

Age Groups	Male Patients	Female Patients	Total Patients
Ages 0-4			
Age 5			
Age 6			
Age 7			
Age 8			
Age 9			
Age 10			
Age 11			
Age 12			
Age 13			
Age 14			
Age 15			
Age 16			
Age 17			
Age 18			
Age 19 and Over			
Totals			

Patients Race & Language

Site Name:

School:

Patients by Race

Patients	Number
Hispanic-Latino Descent	
Black/African American	
American Indian/Alaska Native	
White	
More than one race	
Unreported/Refused to report	
Total Patients	

Patients by Language

Patients	Number
Patients best served in a language other than English	

Site Information

Site Name:

Site Physical Address: City: State: Zip Code: County: On-site Contact Person: Phone: E-mail:	
12 hrs/week medical provider? Number of patients for this site: Number of billable visits for this site: Number of non-billable visits for this site: Total Number of Visits for this site: Number of schools served by this site:	

School Information for this Site

School:

Elementary, Middle or High School: School Physical Address: School City: School State: School Zip Code: School County: Principal's Name: Principal's Phone: Principal's Fax: Principal's E-Mail: Total School Enrollment: Total Students Eligible for Free/Reduced Lunch: Number of Students Enrolled in SBHC program: (signed consents on file) Number of Enrollees who are Uninsured: (e.g. no Medicaid, no CHIP)	
--	--

Site Posted Hours of Operation

Site Name:	School:					
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours of Operation						
Evening Hours						
Summer Hours						
Hours of Provider Coverage* <small>*Provider =MD,DO,PA or NP</small>						
Hours of RN Coverage						
Hours of LPN Coverage						
Hours of MA Coverage						

Does the SBHC have after-hours through on-call services provided by the PCC or external agency?
 Is this site a community-based satellite clinic?
 Does this site only serve the school population?
 Does this site assist in enrolling children/families in public insurance programs (Medicaid, WVCHIP) by performing the complete enrollment process onsite or by helping complete forms or take elsewhere for completion?

Electronic Communication

Does SBHC use Electronic Medical Records (EMR)?
 Does this SBHC have Electronic Billing Capability?
 Does this SBHC have Electronic Prescribing?
 Does this SBHC use Telemedicine?

Health Care Preparedness Plan

This site has a Healthcare Preparedness Plan in place with response strategies addressing the following :

- Natural Disasters, Severe Weather, Fire
- Mass Casualty Event
- Accidents (e.g., hazardous material spills, bus crashes)
- Medical/Mental Health Emergencies

When was the Plan Updated?
 Is this site included with in the School Health Care Preparedness Plan?
 Is this site included within the CHC Health Care Preparedness Plan?

SBHC Services

Site Name: _____ **School:** _____

Service Hours

If your SBHC Program offers dental services, list hours per month:
If your SBHC program offers mental health services, list hours per month:
If your SBHC program offers social services, list hours per month:

Program Services

Services	Provided	Referral
Treatment of Acute Illness		
First Aid		
Diabetes Screening		
Asthma Screening		
Obesity Screening		
Heart Disease Screening		
Diabetes Monitoring		
Asthma Monitoring		
Well-Child Exam (EPSDT/HC)		
Oral Health Screening		
Preventive Dental		
Acute Dental		
Specialty Dental		
Health Education (classroom)		
Health Education (individual)		
Prescriptions for Medications		
Medications Administered on-site		
Mental Health Counseling		
Sports Physical		
Comprehensive Health Assessment		
Standardized Behavioral Risk Assessment		
Nutrition Counseling		
Care for Infants of Students		
Immunizations		
Substance Abuse Screening		
Health Risk Screening (GAPS)		
Emergency Care		

SBHC Services

Site Name: _____ **School:** _____

Chronic Disease Prevalence

Number of Program Patients Diagnosed (Primary or Secondary)

Asthma	Diabetes	Depression	ADHD	Obesity (BMI>95%)	High Blood Pressure	High Cholesterol

Chronic Disease Management

Explain the chronic disease management program:

In-House School-Based Mental Health and Substance Abuse Services

Site Name: _____ **School:** _____

Mental Health and Substance Abuse Services Totals **Actual**

Visits with Master Level Therapist

Individual Mental Health and Substance Abuse Patients

Mental Health and Substance Abuse visits Per Patient

Leading Diagnoses for Patients

Anxiety Disorder	
Depressive Disorder	
Attention Deficit Disorder	
Behavior Disorder	
Drug Abuse	
Alcohol Abuse	
Violence Screening	

Patients by Gender

Male Patients	
Female Patients	

Patients by Age Group

Age < 5	
Age 5-11	
Age 13-21	
Age >21	

In-House School-Based Oral Health Services

Site Name:	School:	
Patient and Visit Totals		Actual
Visits with Dentist		
Visits with Dental Hygienist		
Individual oral health patients		

Reason for Oral Health Visits

Exam
 Prophylaxis
 Fluoride
 Sealants
 Restorative
 Number of students referred for restorative work
 Number of referred students who received care

Patients by Gender

Male Patients
 Female Patients

Patients by Age Group

Age < 5
 Age 5-11
 Age 13-21
 Age >21

Patients by Age & Gender

Site Name:

School:

Patients and Visits by Age

Age Groups	Male Patients	Female Patients	Total Patients
Ages 0-4			
Age 5			
Age 6			
Age 7			
Age 8			
Age 9			
Age 10			
Age 11			
Age 12			
Age 13			
Age 14			
Age 15			
Age 16			
Age 17			
Age 18			
Age 19 and Over			
Totals			

Patients Race & Language

Site Name:

School:

Patients by Race

Patients	Number
Hispanic-Latino Descent	
Black/African American	
American Indian/Alaska Native	
White	
More than one race	
Unreported/Refused to report	
Total Patients	

Patients by Language

Patients	Number
Patients best served in a language other than English	

Site Information

Site Name:

Site Physical Address: City: State: Zip Code: County: On-site Contact Person: Phone: E-mail:	
12 hrs/week medical provider? Number of patients for this site: Number of billable visits for this site: Number of non-billable visits for this site: Total Number of Visits for this site: Number of schools served by this site:	

School Information for this Site

School:

Elementary, Middle or High School: School Physical Address: School City: School State: School Zip Code: School County: Principal's Name: Principal's Phone: Principal's Fax: Principal's E-Mail: Total School Enrollment: Total Students Eligible for Free/Reduced Lunch: Number of Students Enrolled in SBHC program: (signed consents on file) Number of Enrollees who are Uninsured: (e.g. no Medicaid, no CHIP)	
--	--

Site Posted Hours of Operation

Site Name:	School:					
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours of Operation						
Evening Hours						
Summer Hours						
Hours of Provider Coverage* <small>*Provider =MD,DO,PA or NP</small>						
Hours of RN Coverage						
Hours of LPN Coverage						
Hours of MA Coverage						

Does the SBHC have after-hours through on-call services provided by the PCC or external agency?
 Is this site a community-based satellite clinic?
 Does this site only serve the school population?
 Does this site assist in enrolling children/families in public insurance programs (Medicaid, WVCHIP) by performing the complete enrollment process onsite or by helping complete forms or take elsewhere for completion?

Electronic Communication

Does SBHC use Electronic Medical Records (EMR)?
 Does this SBHC have Electronic Billing Capability?
 Does this SBHC have Electronic Prescribing?
 Does this SBHC use Telemedicine?

Health Care Preparedness Plan

This site has a Healthcare Preparedness Plan in place with response strategies addressing the following :

- Natural Disasters, Severe Weather, Fire
- Mass Casualty Event
- Accidents (e.g., hazardous material spills, bus crashes)
- Medical/Mental Health Emergencies

When was the Plan Updated?

Is this site included with in the School Health Care Preparedness Plan?

Is this site included within the CHC Health Care Preparedness Plan?

SBHC Services

Site Name: _____ **School:** _____

Service Hours

If your SBHC Program offers dental services, list hours per month:
If your SBHC program offers mental health services, list hours per month:
If your SBHC program offers social services, list hours per month:

Program Services

Services	Provided	Referral
Treatment of Acute Illness		
First Aid		
Diabetes Screening		
Asthma Screening		
Obesity Screening		
Heart Disease Screening		
Diabetes Monitoring		
Asthma Monitoring		
Well-Child Exam (EPSDT/HC)		
Oral Health Screening		
Preventive Dental		
Acute Dental		
Specialty Dental		
Health Education (classroom)		
Health Education (individual)		
Prescriptions for Medications		
Medications Administered on-site		
Mental Health Counseling		
Sports Physical		
Comprehensive Health Assessment		
Standardized Behavioral Risk Assessment		
Nutrition Counseling		
Care for Infants of Students		
Immunizations		
Substance Abuse Screening		
Health Risk Screening (GAPS)		
Emergency Care		

SBHC Services

Site Name: _____ **School:** _____

Chronic Disease Prevalence

Number of Program Patients Diagnosed (Primary or Secondary)

Asthma	Diabetes	Depression	ADHD	Obesity (BMI>95%)	High Blood Pressure	High Cholesterol

Chronic Disease Management

Explain the chronic disease management program:

In-House School-Based Mental Health and Substance Abuse Services

Site Name: _____ **School:** _____

Mental Health and Substance Abuse Services Totals **Actual**

Visits with Master Level Therapist

Individual Mental Health and Substance Abuse Patients

Mental Health and Substance Abuse visits Per Patient

Leading Diagnoses for Patients

Anxiety Disorder	
Depressive Disorder	
Attention Deficit Disorder	
Behavior Disorder	
Drug Abuse	
Alcohol Abuse	
Violence Screening	

Patients by Gender

Male Patients	
Female Patients	

Patients by Age Group

Age < 5	
Age 5-11	
Age 13-21	
Age >21	

In-House School-Based Oral Health Services

Site Name:	School:	
Patient and Visit Totals		Actual
Visits with Dentist		
Visits with Dental Hygienist		
Individual oral health patients		

Reason for Oral Health Visits

Exam
 Prophylaxis
 Fluoride
 Sealants
 Restorative
 Number of students referred for restorative work
 Number of referred students who received care

Patients by Gender

Male Patients
 Female Patients

Patients by Age Group

Age < 5
 Age 5-11
 Age 13-21
 Age >21

Patients by Age & Gender

Site Name: _____ **School:** _____

Patients and Visits by Age

Age Groups	Male Patients	Female Patients	Total Patients
Ages 0-4			
Age 5			
Age 6			
Age 7			
Age 8			
Age 9			
Age 10			
Age 11			
Age 12			
Age 13			
Age 14			
Age 15			
Age 16			
Age 17			
Age 18			
Age 19 and Over			
Totals			

Patients Race & Language

Site Name:

School:

Patients by Race

Patients	Number
Hispanic-Latino Descent	
Black/African American	
American Indian/Alaska Native	
White	
More than one race	
Unreported/Refused to report	
Total Patients	

Patients by Language

Patients	Number
Patients best served in a language other than English	

Site Information

Site Name:

Site Physical Address: City: State: Zip Code: County: On-site Contact Person: Phone: E-mail:	
12 hrs/week medical provider? Number of patients for this site: Number of billable visits for this site: Number of non-billable visits for this site: Total Number of Visits for this site: Number of schools served by this site:	

School Information for this Site

School:

Elementary, Middle or High School: School Physical Address: School City: School State: School Zip Code: School County: Principal's Name: Principal's Phone: Principal's Fax: Principal's E-Mail: Total School Enrollment: Total Students Eligible for Free/Reduced Lunch: Number of Students Enrolled in SBHC program: (signed consents on file) Number of Enrollees who are Uninsured: (e.g. no Medicaid, no CHIP)	
--	--

Site Posted Hours of Operation

Site Name:	School:					
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours of Operation						
Evening Hours						
Summer Hours						
Hours of Provider Coverage* <small>*Provider =MD,DO,PA or NP</small>						
Hours of RN Coverage						
Hours of LPN Coverage						
Hours of MA Coverage						

Does the SBHC have after-hours through on-call services provided by the PCC or external agency?
 Is this site a community-based satellite clinic?
 Does this site only serve the school population?
 Does this site assist in enrolling children/families in public insurance programs (Medicaid, WVCHIP) by performing the complete enrollment process onsite or by helping complete forms or take elsewhere for completion?

Electronic Communication

Does SBHC use Electronic Medical Records (EMR)?
 Does this SBHC have Electronic Billing Capability?
 Does this SBHC have Electronic Prescribing?
 Does this SBHC use Telemedicine?

Health Care Preparedness Plan

This site has a Healthcare Preparedness Plan in place with response strategies addressing the following :

- Natural Disasters, Severe Weather, Fire
- Mass Casualty Event
- Accidents (e.g., hazardous material spills, bus crashes)
- Medical/Mental Health Emergencies

When was the Plan Updated?

Is this site included with in the School Health Care Preparedness Plan?

Is this site included within the CHC Health Care Preparedness Plan?

SBHC Services	
Site Name:	School:
Service Hours	

If your SBHC Program offers dental services, list hours per month:
If your SBHC program offers mental health services, list hours per month:
If your SBHC program offers social services, list hours per month:

Program Services

Services	Provided	Referral
Treatment of Acute Illness		
First Aid		
Diabetes Screening		
Asthma Screening		
Obesity Screening		
Heart Disease Screening		
Diabetes Monitoring		
Asthma Monitoring		
Well-Child Exam (EPSDT/HC)		
Oral Health Screening		
Preventive Dental		
Acute Dental		
Specialty Dental		
Health Education (classroom)		
Health Education (individual)		
Prescriptions for Medications		
Medications Administered on-site		
Mental Health Counseling		
Sports Physical		
Comprehensive Health Assessment		
Standardized Behavioral Risk Assessment		
Nutrition Counseling		
Care for Infants of Students		
Immunizations		
Substance Abuse Screening		
Health Risk Screening (GAPS)		
Emergency Care		

SBHC Services

Site Name: _____ **School:** _____

Chronic Disease Prevalence

Number of Program Patients Diagnosed (Primary or Secondary)

Asthma	Diabetes	Depression	ADHD	Obesity (BMI>95%)	High Blood Pressure	High Cholesterol

Chronic Disease Management

Explain the chronic disease management program:

In-House School-Based Mental Health and Substance Abuse Services

Site Name: _____ **School:** _____

Mental Health and Substance Abuse Services Totals **Actual**

Visits with Master Level Therapist

Individual Mental Health and Substance Abuse Patients

Mental Health and Substance Abuse visits Per Patient

Leading Diagnoses for Patients

Anxiety Disorder	
Depressive Disorder	
Attention Deficit Disorder	
Behavior Disorder	
Drug Abuse	
Alcohol Abuse	
Violence Screening	

Patients by Gender

Male Patients	
Female Patients	

Patients by Age Group

Age < 5	
Age 5-11	
Age 13-21	
Age >21	

In-House School-Based Oral Health Services

Site Name:	School:	
Patient and Visit Totals		Actual
Visits with Dentist		
Visits with Dental Hygienist		
Individual oral health patients		

Reason for Oral Health Visits

Exam Prophylaxis Fluoride Sealants Restorative Number of students referred for restorative work Number of referred students who received care

Patients by Gender

Male Patients Female Patients

Patients by Age Group

Age < 5 Age 5-11 Age 13-21 Age >21

Patients by Age & Gender

Site Name: _____ **School:** _____

Patients and Visits by Age

Age Groups	Male Patients	Female Patients	Total Patients
Ages 0-4			
Age 5			
Age 6			
Age 7			
Age 8			
Age 9			
Age 10			
Age 11			
Age 12			
Age 13			
Age 14			
Age 15			
Age 16			
Age 17			
Age 18			
Age 19 and Over			
Totals			

Patients Race & Language

Site Name:

School:

Patients by Race

Patients	Number
Hispanic-Latino Descent	
Black/African American	
American Indian/Alaska Native	
White	
More than one race	
Unreported/Refused to report	
Total Patients	

Patients by Language

Patients	Number
Patients best served in a language other than English	

Site Information

Site Name:

Site Physical Address: City: State: Zip Code: County: On-site Contact Person: Phone: E-mail:	
12 hrs/week medical provider? Number of patients for this site: Number of billable visits for this site: Number of non-billable visits for this site: Total Number of Visits for this site: Number of schools served by this site:	

School Information for this Site

School:

Elementary, Middle or High School: School Physical Address: School City: School State: School Zip Code: School County: Principal's Name: Principal's Phone: Principal's Fax: Principal's E-Mail: Total School Enrollment: Total Students Eligible for Free/Reduced Lunch: Number of Students Enrolled in SBHC program: (signed consents on file) Number of Enrollees who are Uninsured: (e.g. no Medicaid, no CHIP)	
--	--

Site Posted Hours of Operation

Site Name:	School:					
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours of Operation						
Evening Hours						
Summer Hours						
Hours of Provider Coverage* <small>*Provider =MD,DO,PA or NP</small>						
Hours of RN Coverage						
Hours of LPN Coverage						
Hours of MA Coverage						

Does the SBHC have after-hours through on-call services provided by the PCC or external agency?
 Is this site a community-based satellite clinic?
 Does this site only serve the school population?
 Does this site assist in enrolling children/families in public insurance programs (Medicaid, WVCHIP) by performing the complete enrollment process onsite or by helping complete forms or take elsewhere for completion?

Electronic Communication

Does SBHC use Electronic Medical Records (EMR)?
 Does this SBHC have Electronic Billing Capability?
 Does this SBHC have Electronic Prescribing?
 Does this SBHC use Telemedicine?

Health Care Preparedness Plan

This site has a Healthcare Preparedness Plan in place with response strategies addressing the following :

- Natural Disasters, Severe Weather, Fire
- Mass Casualty Event
- Accidents (e.g., hazardous material spills, bus crashes)
- Medical/Mental Health Emergencies

When was the Plan Updated?

Is this site included with in the School Health Care Preparedness Plan?

Is this site included within the CHC Health Care Preparedness Plan?

SBHC Services	
Site Name:	School:
Service Hours	

If your SBHC Program offers dental services, list hours per month:
If your SBHC program offers mental health services, list hours per month:
If your SBHC program offers social services, list hours per month:

Program Services

Services	Provided	Referral
Treatment of Acute Illness		
First Aid		
Diabetes Screening		
Asthma Screening		
Obesity Screening		
Heart Disease Screening		
Diabetes Monitoring		
Asthma Monitoring		
Well-Child Exam (EPSDT/HC)		
Oral Health Screening		
Preventive Dental		
Acute Dental		
Specialty Dental		
Health Education (classroom)		
Health Education (individual)		
Prescriptions for Medications		
Medications Administered on-site		
Mental Health Counseling		
Sports Physical		
Comprehensive Health Assessment		
Standardized Behavioral Risk Assessment		
Nutrition Counseling		
Care for Infants of Students		
Immunizations		
Substance Abuse Screening		
Health Risk Screening (GAPS)		
Emergency Care		

SBHC Services

Site Name: _____ **School:** _____

Chronic Disease Prevalence

Number of Program Patients Diagnosed (Primary or Secondary)

Asthma	Diabetes	Depression	ADHD	Obesity (BMI>95%)	High Blood Pressure	High Cholesterol

Chronic Disease Management

Explain the chronic disease management program:

In-House School-Based Mental Health and Substance Abuse Services

Site Name: _____ **School:** _____

Mental Health and Substance Abuse Services Totals **Actual**

Visits with Master Level Therapist

Individual Mental Health and Substance Abuse Patients

Mental Health and Substance Abuse visits Per Patient

Leading Diagnoses for Patients

Anxiety Disorder	
Depressive Disorder	
Attention Deficit Disorder	
Behavior Disorder	
Drug Abuse	
Alcohol Abuse	
Violence Screening	

Patients by Gender

Male Patients	
Female Patients	

Patients by Age Group

Age < 5	
Age 5-11	
Age 13-21	
Age >21	

In-House School-Based Oral Health Services

Site Name:	School:	
Patient and Visit Totals		Actual
Visits with Dentist		
Visits with Dental Hygienist		
Individual oral health patients		

Reason for Oral Health Visits

Exam
Prophylaxis
Fluoride
Sealants
Restorative
Number of students referred for restorative work
Number of referred students who received care

Patients by Gender

Male Patients
Female Patients

Patients by Age Group

Age < 5
Age 5-11
Age 13-21
Age >21

Patients by Age & Gender

Site Name:

School:

Patients and Visits by Age

Age Groups	Male Patients	Female Patients	Total Patients
Ages 0-4			
Age 5			
Age 6			
Age 7			
Age 8			
Age 9			
Age 10			
Age 11			
Age 12			
Age 13			
Age 14			
Age 15			
Age 16			
Age 17			
Age 18			
Age 19 and Over			
Totals			

Patients Race & Language

Site Name:

School:

Patients by Race

Patients	Number
Hispanic-Latino Descent	
Black/African American	
American Indian/Alaska Native	
White	
More than one race	
Unreported/Refused to report	
Total Patients	

Patients by Language

Patients	Number
Patients best served in a language other than English	

Site Information

Site Name:

Site Physical Address: City: State: Zip Code: County: On-site Contact Person: Phone: E-mail:	
12 hrs/week medical provider? Number of patients for this site: Number of billable visits for this site: Number of non-billable visits for this site: Total Number of Visits for this site: Number of schools served by this site:	

School Information for this Site

School:

Elementary, Middle or High School: School Physical Address: School City: School State: School Zip Code: School County: Principal's Name: Principal's Phone: Principal's Fax: Principal's E-Mail: Total School Enrollment: Total Students Eligible for Free/Reduced Lunch: Number of Students Enrolled in SBHC program: (signed consents on file) Number of Enrollees who are Uninsured: (e.g. no Medicaid, no CHIP)	
--	--

Site Posted Hours of Operation

Site Name:	School:					
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours of Operation						
Evening Hours						
Summer Hours						
Hours of Provider Coverage* <small>*Provider =MD,DO,PA or NP</small>						
Hours of RN Coverage						
Hours of LPN Coverage						
Hours of MA Coverage						

Does the SBHC have after-hours through on-call services provided by the PCC or external agency?
 Is this site a community-based satellite clinic?
 Does this site only serve the school population?
 Does this site assist in enrolling children/families in public insurance programs (Medicaid, WVCHIP) by performing the complete enrollment process onsite or by helping complete forms or take elsewhere for completion?

Electronic Communication

Does SBHC use Electronic Medical Records (EMR)?
 Does this SBHC have Electronic Billing Capability?
 Does this SBHC have Electronic Prescribing?
 Does this SBHC use Telemedicine?

Health Care Preparedness Plan

This site has a Healthcare Preparedness Plan in place with response strategies addressing the following :

- Natural Disasters, Severe Weather, Fire
- Mass Casualty Event
- Accidents (e.g., hazardous material spills, bus crashes)
- Medical/Mental Health Emergencies

When was the Plan Updated?
 Is this site included with in the School Health Care Preparedness Plan?
 Is this site included within the CHC Health Care Preparedness Plan?

SBHC Services

Site Name: _____ **School:** _____

Service Hours

If your SBHC Program offers dental services, list hours per month:
If your SBHC program offers mental health services, list hours per month:
If your SBHC program offers social services, list hours per month:

Program Services

Services	Provided	Referral
Treatment of Acute Illness		
First Aid		
Diabetes Screening		
Asthma Screening		
Obesity Screening		
Heart Disease Screening		
Diabetes Monitoring		
Asthma Monitoring		
Well-Child Exam (EPSDT/HC)		
Oral Health Screening		
Preventive Dental		
Acute Dental		
Specialty Dental		
Health Education (classroom)		
Health Education (individual)		
Prescriptions for Medications		
Medications Administered on-site		
Mental Health Counseling		
Sports Physical		
Comprehensive Health Assessment		
Standardized Behavioral Risk Assessment		
Nutrition Counseling		
Care for Infants of Students		
Immunizations		
Substance Abuse Screening		
Health Risk Screening (GAPS)		
Emergency Care		

SBHC Services

Site Name: _____ **School:** _____

Chronic Disease Prevalence

Number of Program Patients Diagnosed (Primary or Secondary)

Asthma	Diabetes	Depression	ADHD	Obesity (BMI>95%)	High Blood Pressure	High Cholesterol

Chronic Disease Management

Explain the chronic disease management program:

In-House School-Based Mental Health and Substance Abuse Services

Site Name: _____ **School:** _____

Mental Health and Substance Abuse Services Totals **Actual**

Visits with Master Level Therapist

Individual Mental Health and Substance Abuse Patients

Mental Health and Substance Abuse visits Per Patient

Leading Diagnoses for Patients

Anxiety Disorder	
Depressive Disorder	
Attention Deficit Disorder	
Behavior Disorder	
Drug Abuse	
Alcohol Abuse	
Violence Screening	

Patients by Gender

Male Patients	
Female Patients	

Patients by Age Group

Age < 5	
Age 5-11	
Age 13-21	
Age >21	

In-House School-Based Oral Health Services

Site Name:	School:	
Patient and Visit Totals		Actual
Visits with Dentist		
Visits with Dental Hygienist		
Individual oral health patients		

Reason for Oral Health Visits

Exam
 Prophylaxis
 Fluoride
 Sealants
 Restorative
 Number of students referred for restorative work
 Number of referred students who received care

Patients by Gender

Male Patients
 Female Patients

Patients by Age Group

Age < 5
 Age 5-11
 Age 13-21
 Age >21

Patients by Age & Gender

Site Name:

School:

Patients and Visits by Age

Age Groups	Male Patients	Female Patients	Total Patients
Ages 0-4			
Age 5			
Age 6			
Age 7			
Age 8			
Age 9			
Age 10			
Age 11			
Age 12			
Age 13			
Age 14			
Age 15			
Age 16			
Age 17			
Age 18			
Age 19 and Over			
Totals			

Patients Race & Language

Site Name:

School:

Patients by Race

Patients	Number
Hispanic-Latino Descent	
Black/African American	
American Indian/Alaska Native	
White	
More than one race	
Unreported/Refused to report	
Total Patients	

Patients by Language

Patients	Number
Patients best served in a language other than English	

Site Information

Site Name:

Site Physical Address: City: State: Zip Code: County: On-site Contact Person: Phone: E-mail:	
12 hrs/week medical provider? Number of patients for this site: Number of billable visits for this site: Number of non-billable visits for this site: Total Number of Visits for this site: Number of schools served by this site:	

School Information for this Site

School:

Elementary, Middle or High School: School Physical Address: School City: School State: School Zip Code: School County: Principal's Name: Principal's Phone: Principal's Fax: Principal's E-Mail: Total School Enrollment: Total Students Eligible for Free/Reduced Lunch: Number of Students Enrolled in SBHC program: (signed consents on file) Number of Enrollees who are Uninsured: (e.g. no Medicaid, no CHIP)	
--	--

Site Posted Hours of Operation

Site Name:	School:					
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours of Operation						
Evening Hours						
Summer Hours						
Hours of Provider Coverage* <small>*Provider =MD,DO,PA or NP</small>						
Hours of RN Coverage						
Hours of LPN Coverage						
Hours of MA Coverage						

Does the SBHC have after-hours through on-call services provided by the PCC or external agency?
 Is this site a community-based satellite clinic?
 Does this site only serve the school population?
 Does this site assist in enrolling children/families in public insurance programs (Medicaid, WVCHIP) by performing the complete enrollment process onsite or by helping complete forms or take elsewhere for completion?

Electronic Communication

Does SBHC use Electronic Medical Records (EMR)?
 Does this SBHC have Electronic Billing Capability?
 Does this SBHC have Electronic Prescribing?
 Does this SBHC use Telemedicine?

Health Care Preparedness Plan

This site has a Healthcare Preparedness Plan in place with response strategies addressing the following :

- Natural Disasters, Severe Weather, Fire
- Mass Casualty Event
- Accidents (e.g., hazardous material spills, bus crashes)
- Medical/Mental Health Emergencies

When was the Plan Updated?

Is this site included with in the School Health Care Preparedness Plan?

Is this site included within the CHC Health Care Preparedness Plan?

SBHC Services	
Site Name:	School:
Service Hours	

If your SBHC Program offers dental services, list hours per month:
If your SBHC program offers mental health services, list hours per month:
If your SBHC program offers social services, list hours per month:

Program Services

Services	Provided	Referral
Treatment of Acute Illness		
First Aid		
Diabetes Screening		
Asthma Screening		
Obesity Screening		
Heart Disease Screening		
Diabetes Monitoring		
Asthma Monitoring		
Well-Child Exam (EPSDT/HC)		
Oral Health Screening		
Preventive Dental		
Acute Dental		
Specialty Dental		
Health Education (classroom)		
Health Education (individual)		
Prescriptions for Medications		
Medications Administered on-site		
Mental Health Counseling		
Sports Physical		
Comprehensive Health Assessment		
Standardized Behavioral Risk Assessment		
Nutrition Counseling		
Care for Infants of Students		
Immunizations		
Substance Abuse Screening		
Health Risk Screening (GAPS)		
Emergency Care		

SBHC Services

Site Name: _____ **School:** _____

Chronic Disease Prevalence

Number of Program Patients Diagnosed (Primary or Secondary)

Asthma	Diabetes	Depression	ADHD	Obesity (BMI>95%)	High Blood Pressure	High Cholesterol

Chronic Disease Management

Explain the chronic disease management program:

In-House School-Based Mental Health and Substance Abuse Services

Site Name: _____ **School:** _____

Mental Health and Substance Abuse Services Totals **Actual**

Visits with Master Level Therapist

Individual Mental Health and Substance Abuse Patients

Mental Health and Substance Abuse visits Per Patient

Leading Diagnoses for Patients

Anxiety Disorder	
Depressive Disorder	
Attention Deficit Disorder	
Behavior Disorder	
Drug Abuse	
Alcohol Abuse	
Violence Screening	

Patients by Gender

Male Patients	
Female Patients	

Patients by Age Group

Age < 5	
Age 5-11	
Age 13-21	
Age >21	

In-House School-Based Oral Health Services

Site Name:	School:	
Patient and Visit Totals		Actual
Visits with Dentist		
Visits with Dental Hygienist		
Individual oral health patients		

Reason for Oral Health Visits

Exam	
Prophylaxis	
Fluoride	
Sealants	
Restorative	
Number of students referred for restorative work	
Number of referred students who received care	

Patients by Gender

Male Patients	
Female Patients	

Patients by Age Group

Age < 5	
Age 5-11	
Age 13-21	
Age >21	

Patients by Age & Gender

Site Name:

School:

Patients and Visits by Age

Age Groups	Male Patients	Female Patients	Total Patients
Ages 0-4			
Age 5			
Age 6			
Age 7			
Age 8			
Age 9			
Age 10			
Age 11			
Age 12			
Age 13			
Age 14			
Age 15			
Age 16			
Age 17			
Age 18			
Age 19 and Over			
Totals			

Patients Race & Language

Site Name:

School:

Patients by Race

Patients	Number
Hispanic-Latino Descent	
Black/African American	
American Indian/Alaska Native	
White	
More than one race	
Unreported/Refused to report	
Total Patients	

Patients by Language

Patients	Number
Patients best served in a language other than English	

Site Information

Site Name:

Site Physical Address: City: State: Zip Code: County: On-site Contact Person: Phone: E-mail:	
12 hrs/week medical provider? Number of patients for this site: Number of billable visits for this site: Number of non-billable visits for this site: Total Number of Visits for this site: Number of schools served by this site:	

School Information for this Site

School:

Elementary, Middle or High School: School Physical Address: School City: School State: School Zip Code: School County: Principal's Name: Principal's Phone: Principal's Fax: Principal's E-Mail: Total School Enrollment: Total Students Eligible for Free/Reduced Lunch: Number of Students Enrolled in SBHC program: (signed consents on file) Number of Enrollees who are Uninsured: (e.g. no Medicaid, no CHIP)	
--	--

Site Posted Hours of Operation

Site Name:	School:					
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours of Operation						
Evening Hours						
Summer Hours						
Hours of Provider Coverage* <small>*Provider =MD,DO,PA or NP</small>						
Hours of RN Coverage						
Hours of LPN Coverage						
Hours of MA Coverage						

Does the SBHC have after-hours through on-call services provided by the PCC or external agency?
 Is this site a community-based satellite clinic?
 Does this site only serve the school population?
 Does this site assist in enrolling children/families in public insurance programs (Medicaid, WVCHIP) by performing the complete enrollment process onsite or by helping complete forms or take elsewhere for completion?

Electronic Communication

Does SBHC use Electronic Medical Records (EMR)?
 Does this SBHC have Electronic Billing Capability?
 Does this SBHC have Electronic Prescribing?
 Does this SBHC use Telemedicine?

Health Care Preparedness Plan

This site has a Healthcare Preparedness Plan in place with response strategies addressing the following :

- Natural Disasters, Severe Weather, Fire
- Mass Casualty Event
- Accidents (e.g., hazardous material spills, bus crashes)
- Medical/Mental Health Emergencies

When was the Plan Updated?
 Is this site included with in the School Health Care Preparedness Plan?
 Is this site included within the CHC Health Care Preparedness Plan?

SBHC Services	
Site Name:	School:
Service Hours	

If your SBHC Program offers dental services, list hours per month:
If your SBHC program offers mental health services, list hours per month:
If your SBHC program offers social services, list hours per month:

Program Services

Services	Provided	Referral
Treatment of Acute Illness		
First Aid		
Diabetes Screening		
Asthma Screening		
Obesity Screening		
Heart Disease Screening		
Diabetes Monitoring		
Asthma Monitoring		
Well-Child Exam (EPSDT/HC)		
Oral Health Screening		
Preventive Dental		
Acute Dental		
Specialty Dental		
Health Education (classroom)		
Health Education (individual)		
Prescriptions for Medications		
Medications Administered on-site		
Mental Health Counseling		
Sports Physical		
Comprehensive Health Assessment		
Standardized Behavioral Risk Assessment		
Nutrition Counseling		
Care for Infants of Students		
Immunizations		
Substance Abuse Screening		
Health Risk Screening (GAPS)		
Emergency Care		

SBHC Services

Site Name: _____ **School:** _____

Chronic Disease Prevalence

Number of Program Patients Diagnosed (Primary or Secondary)

Asthma	Diabetes	Depression	ADHD	Obesity (BMI>95%)	High Blood Pressure	High Cholesterol

Chronic Disease Management

Explain the chronic disease management program:

In-House School-Based Mental Health and Substance Abuse Services

Site Name: _____ **School:** _____

Mental Health and Substance Abuse Services Totals **Actual**

Visits with Master Level Therapist

Individual Mental Health and Substance Abuse Patients

Mental Health and Substance Abuse visits Per Patient

Leading Diagnoses for Patients

Anxiety Disorder	
Depressive Disorder	
Attention Deficit Disorder	
Behavior Disorder	
Drug Abuse	
Alcohol Abuse	
Violence Screening	

Patients by Gender

Male Patients	
Female Patients	

Patients by Age Group

Age < 5	
Age 5-11	
Age 13-21	
Age >21	

In-House School-Based Oral Health Services

Site Name:	School:	
Patient and Visit Totals		Actual
Visits with Dentist		
Visits with Dental Hygienist		
Individual oral health patients		

Reason for Oral Health Visits

Exam
 Prophylaxis
 Fluoride
 Sealants
 Restorative
 Number of students referred for restorative work
 Number of referred students who received care

Patients by Gender

Male Patients
 Female Patients

Patients by Age Group

Age < 5
 Age 5-11
 Age 13-21
 Age >21

Patients by Age & Gender

Site Name:

School:

Patients and Visits by Age

Age Groups	Male Patients	Female Patients	Total Patients
Ages 0-4			
Age 5			
Age 6			
Age 7			
Age 8			
Age 9			
Age 10			
Age 11			
Age 12			
Age 13			
Age 14			
Age 15			
Age 16			
Age 17			
Age 18			
Age 19 and Over			
Totals			

Patients Race & Language

Site Name:

School:

Patients by Race

Patients	Number
Hispanic-Latino Descent	
Black/African American	
American Indian/Alaska Native	
White	
More than one race	
Unreported/Refused to report	
Total Patients	

Patients by Language

Patients	Number
Patients best served in a language other than English	

Site Information

Site Name:

Site Physical Address: City: State: Zip Code: County: On-site Contact Person: Phone: E-mail:	
12 hrs/week medical provider? Number of patients for this site: Number of billable visits for this site: Number of non-billable visits for this site: Total Number of Visits for this site: Number of schools served by this site:	

School Information for this Site

School:

Elementary, Middle or High School: School Physical Address: School City: School State: School Zip Code: School County: Principal's Name: Principal's Phone: Principal's Fax: Principal's E-Mail: Total School Enrollment: Total Students Eligible for Free/Reduced Lunch: Number of Students Enrolled in SBHC program: (signed consents on file) Number of Enrollees who are Uninsured: (e.g. no Medicaid, no CHIP)	
--	--

Site Posted Hours of Operation

Site Name:	School:					
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours of Operation						
Evening Hours						
Summer Hours						
Hours of Provider Coverage* <small>*Provider =MD,DO,PA or NP</small>						
Hours of RN Coverage						
Hours of LPN Coverage						
Hours of MA Coverage						

Does the SBHC have after-hours through on-call services provided by the PCC or external agency?
 Is this site a community-based satellite clinic?
 Does this site only serve the school population?
 Does this site assist in enrolling children/families in public insurance programs (Medicaid, WVCHIP) by performing the complete enrollment process onsite or by helping complete forms or take elsewhere for completion?

Electronic Communication

Does SBHC use Electronic Medical Records (EMR)?
 Does this SBHC have Electronic Billing Capability?
 Does this SBHC have Electronic Prescribing?
 Does this SBHC use Telemedicine?

Health Care Preparedness Plan

This site has a Healthcare Preparedness Plan in place with response strategies addressing the following :

- Natural Disasters, Severe Weather, Fire
- Mass Casualty Event
- Accidents (e.g., hazardous material spills, bus crashes)
- Medical/Mental Health Emergencies

When was the Plan Updated?
 Is this site included with in the School Health Care Preparedness Plan?
 Is this site included within the CHC Health Care Preparedness Plan?

SBHC Services	
Site Name:	School:
Service Hours	

If your SBHC Program offers dental services, list hours per month:
If your SBHC program offers mental health services, list hours per month:
If your SBHC program offers social services, list hours per month:

Program Services

Services	Provided	Referral
Treatment of Acute Illness		
First Aid		
Diabetes Screening		
Asthma Screening		
Obesity Screening		
Heart Disease Screening		
Diabetes Monitoring		
Asthma Monitoring		
Well-Child Exam (EPSDT/HC)		
Oral Health Screening		
Preventive Dental		
Acute Dental		
Specialty Dental		
Health Education (classroom)		
Health Education (individual)		
Prescriptions for Medications		
Medications Administered on-site		
Mental Health Counseling		
Sports Physical		
Comprehensive Health Assessment		
Standardized Behavioral Risk Assessment		
Nutrition Counseling		
Care for Infants of Students		
Immunizations		
Substance Abuse Screening		
Health Risk Screening (GAPS)		
Emergency Care		

SBHC Services

Site Name: _____ **School:** _____

Chronic Disease Prevalence

Number of Program Patients Diagnosed (Primary or Secondary)

Asthma	Diabetes	Depression	ADHD	Obesity (BMI>95%)	High Blood Pressure	High Cholesterol

Chronic Disease Management

Explain the chronic disease management program:

In-House School-Based Mental Health and Substance Abuse Services

Site Name: _____ **School:** _____

Mental Health and Substance Abuse Services Totals **Actual**

Visits with Master Level Therapist

Individual Mental Health and Substance Abuse Patients

Mental Health and Substance Abuse visits Per Patient

Leading Diagnoses for Patients

Anxiety Disorder	
Depressive Disorder	
Attention Deficit Disorder	
Behavior Disorder	
Drug Abuse	
Alcohol Abuse	
Violence Screening	

Patients by Gender

Male Patients	
Female Patients	

Patients by Age Group

Age < 5	
Age 5-11	
Age 13-21	
Age >21	

In-House School-Based Oral Health Services

Site Name:	School:	
Patient and Visit Totals		Actual
Visits with Dentist		
Visits with Dental Hygienist		
Individual oral health patients		

Reason for Oral Health Visits

Exam
Prophylaxis
Fluoride
Sealants
Restorative
Number of students referred for restorative work
Number of referred students who received care

Patients by Gender

Male Patients
Female Patients

Patients by Age Group

Age < 5
Age 5-11
Age 13-21
Age >21

Patients by Age & Gender

Site Name:

School:

Patients and Visits by Age

Age Groups	Male Patients	Female Patients	Total Patients
Ages 0-4			
Age 5			
Age 6			
Age 7			
Age 8			
Age 9			
Age 10			
Age 11			
Age 12			
Age 13			
Age 14			
Age 15			
Age 16			
Age 17			
Age 18			
Age 19 and Over			
Totals			

Patients Race & Language

Site Name:

School:

Patients by Race

Patients	Number
Hispanic-Latino Descent	
Black/African American	
American Indian/Alaska Native	
White	
More than one race	
Unreported/Refused to report	
Total Patients	

Patients by Language

Patients	Number
Patients best served in a language other than English	

Site Information

Site Name:

Site Physical Address: City: State: Zip Code: County: On-site Contact Person: Phone: E-mail:	
12 hrs/week medical provider? Number of patients for this site: Number of billable visits for this site: Number of non-billable visits for this site: Total Number of Visits for this site: Number of schools served by this site:	

School Information for this Site

School:

Elementary, Middle or High School: School Physical Address: School City: School State: School Zip Code: School County: Principal's Name: Principal's Phone: Principal's Fax: Principal's E-Mail: Total School Enrollment: Total Students Eligible for Free/Reduced Lunch: Number of Students Enrolled in SBHC program: (signed consents on file) Number of Enrollees who are Uninsured: (e.g. no Medicaid, no CHIP)	
--	--

Site Posted Hours of Operation

Site Name:	School:					
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours of Operation						
Evening Hours						
Summer Hours						
Hours of Provider Coverage* <small>*Provider =MD,DO,PA or NP</small>						
Hours of RN Coverage						
Hours of LPN Coverage						
Hours of MA Coverage						

Does the SBHC have after-hours through on-call services provided by the PCC or external agency?
 Is this site a community-based satellite clinic?
 Does this site only serve the school population?
 Does this site assist in enrolling children/families in public insurance programs (Medicaid, WVCHIP) by performing the complete enrollment process onsite or by helping complete forms or take elsewhere for completion?

Electronic Communication

Does SBHC use Electronic Medical Records (EMR)?
 Does this SBHC have Electronic Billing Capability?
 Does this SBHC have Electronic Prescribing?
 Does this SBHC use Telemedicine?

Health Care Preparedness Plan

This site has a Healthcare Preparedness Plan in place with response strategies addressing the following :

- Natural Disasters, Severe Weather, Fire
- Mass Casualty Event
- Accidents (e.g., hazardous material spills, bus crashes)
- Medical/Mental Health Emergencies

When was the Plan Updated?
 Is this site included with in the School Health Care Preparedness Plan?
 Is this site included within the CHC Health Care Preparedness Plan?

SBHC Services	
Site Name:	School:
Service Hours	

If your SBHC Program offers dental services, list hours per month:
If your SBHC program offers mental health services, list hours per month:
If your SBHC program offers social services, list hours per month:

Program Services

Services	Provided	Referral
Treatment of Acute Illness		
First Aid		
Diabetes Screening		
Asthma Screening		
Obesity Screening		
Heart Disease Screening		
Diabetes Monitoring		
Asthma Monitoring		
Well-Child Exam (EPSDT/HC)		
Oral Health Screening		
Preventive Dental		
Acute Dental		
Specialty Dental		
Health Education (classroom)		
Health Education (individual)		
Prescriptions for Medications		
Medications Administered on-site		
Mental Health Counseling		
Sports Physical		
Comprehensive Health Assessment		
Standardized Behavioral Risk Assessment		
Nutrition Counseling		
Care for Infants of Students		
Immunizations		
Substance Abuse Screening		
Health Risk Screening (GAPS)		
Emergency Care		

SBHC Services

Site Name: _____ **School:** _____

Chronic Disease Prevalence

Number of Program Patients Diagnosed (Primary or Secondary)

Asthma	Diabetes	Depression	ADHD	Obesity (BMI>95%)	High Blood Pressure	High Cholesterol

Chronic Disease Management

Explain the chronic disease management program:

In-House School-Based Mental Health and Substance Abuse Services

Site Name: _____ **School:** _____

Mental Health and Substance Abuse Services Totals **Actual**

Visits with Master Level Therapist

Individual Mental Health and Substance Abuse Patients

Mental Health and Substance Abuse visits Per Patient

Leading Diagnoses for Patients

Anxiety Disorder	
Depressive Disorder	
Attention Deficit Disorder	
Behavior Disorder	
Drug Abuse	
Alcohol Abuse	
Violence Screening	

Patients by Gender

Male Patients	
Female Patients	

Patients by Age Group

Age < 5	
Age 5-11	
Age 13-21	
Age >21	

In-House School-Based Oral Health Services

Site Name:	School:	
Patient and Visit Totals		Actual
Visits with Dentist		
Visits with Dental Hygienist		
Individual oral health patients		

Reason for Oral Health Visits

Exam
Prophylaxis
Fluoride
Sealants
Restorative
Number of students referred for restorative work
Number of referred students who received care

Patients by Gender

Male Patients
Female Patients

Patients by Age Group

Age < 5
Age 5-11
Age 13-21
Age >21

Patients by Age & Gender

Site Name:

School:

Patients and Visits by Age

Age Groups	Male Patients	Female Patients	Total Patients
Ages 0-4			
Age 5			
Age 6			
Age 7			
Age 8			
Age 9			
Age 10			
Age 11			
Age 12			
Age 13			
Age 14			
Age 15			
Age 16			
Age 17			
Age 18			
Age 19 and Over			
Totals			

Patients Race & Language

Site Name:

School:

Patients by Race

Patients	Number
Hispanic-Latino Descent	
Black/African American	
American Indian/Alaska Native	
White	
More than one race	
Unreported/Refused to report	
Total Patients	

Patients by Language

Patients	Number
Patients best served in a language other than English	

Site Information

Site Name:

Site Physical Address: City: State: Zip Code: County: On-site Contact Person: Phone: E-mail:	
12 hrs/week medical provider? Number of patients for this site: Number of billable visits for this site: Number of non-billable visits for this site: Total Number of Visits for this site: Number of schools served by this site:	

School Information for this Site

School:

Elementary, Middle or High School: School Physical Address: School City: School State: School Zip Code: School County: Principal's Name: Principal's Phone: Principal's Fax: Principal's E-Mail: Total School Enrollment: Total Students Eligible for Free/Reduced Lunch: Number of Students Enrolled in SBHC program: (signed consents on file) Number of Enrollees who are Uninsured: (e.g. no Medicaid, no CHIP)	
--	--

Site Posted Hours of Operation

Site Name:	School:					
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours of Operation						
Evening Hours						
Summer Hours						
Hours of Provider Coverage* <small>*Provider =MD,DO,PA or NP</small>						
Hours of RN Coverage						
Hours of LPN Coverage						
Hours of MA Coverage						

Does the SBHC have after-hours through on-call services provided by the PCC or external agency?
 Is this site a community-based satellite clinic?
 Does this site only serve the school population?
 Does this site assist in enrolling children/families in public insurance programs (Medicaid, WVCHIP) by performing the complete enrollment process onsite or by helping complete forms or take elsewhere for completion?

Electronic Communication

Does SBHC use Electronic Medical Records (EMR)?
 Does this SBHC have Electronic Billing Capability?
 Does this SBHC have Electronic Prescribing?
 Does this SBHC use Telemedicine?

Health Care Preparedness Plan

This site has a Healthcare Preparedness Plan in place with response strategies addressing the following :

- Natural Disasters, Severe Weather, Fire
- Mass Casualty Event
- Accidents (e.g., hazardous material spills, bus crashes)
- Medical/Mental Health Emergencies

When was the Plan Updated?
 Is this site included with in the School Health Care Preparedness Plan?
 Is this site included within the CHC Health Care Preparedness Plan?

SBHC Services	
Site Name:	School:
Service Hours	

If your SBHC Program offers dental services, list hours per month:
If your SBHC program offers mental health services, list hours per month:
If your SBHC program offers social services, list hours per month:

Program Services

Services	Provided	Referral
Treatment of Acute Illness		
First Aid		
Diabetes Screening		
Asthma Screening		
Obesity Screening		
Heart Disease Screening		
Diabetes Monitoring		
Asthma Monitoring		
Well-Child Exam (EPSDT/HC)		
Oral Health Screening		
Preventive Dental		
Acute Dental		
Specialty Dental		
Health Education (classroom)		
Health Education (individual)		
Prescriptions for Medications		
Medications Administered on-site		
Mental Health Counseling		
Sports Physical		
Comprehensive Health Assessment		
Standardized Behavioral Risk Assessment		
Nutrition Counseling		
Care for Infants of Students		
Immunizations		
Substance Abuse Screening		
Health Risk Screening (GAPS)		
Emergency Care		

SBHC Services

Site Name: _____ **School:** _____

Chronic Disease Prevalence

Number of Program Patients Diagnosed (Primary or Secondary)

Asthma	Diabetes	Depression	ADHD	Obesity (BMI>95%)	High Blood Pressure	High Cholesterol

Chronic Disease Management

Explain the chronic disease management program:

In-House School-Based Mental Health and Substance Abuse Services

Site Name: _____ **School:** _____

Mental Health and Substance Abuse Services Totals **Actual**

Visits with Master Level Therapist

Individual Mental Health and Substance Abuse Patients

Mental Health and Substance Abuse visits Per Patient

Leading Diagnoses for Patients

Anxiety Disorder	
Depressive Disorder	
Attention Deficit Disorder	
Behavior Disorder	
Drug Abuse	
Alcohol Abuse	
Violence Screening	

Patients by Gender

Male Patients	
Female Patients	

Patients by Age Group

Age < 5	
Age 5-11	
Age 13-21	
Age >21	

In-House School-Based Oral Health Services

Site Name:	School:	
Patient and Visit Totals		Actual
Visits with Dentist		
Visits with Dental Hygienist		
Individual oral health patients		

Reason for Oral Health Visits

Exam
Prophylaxis
Fluoride
Sealants
Restorative
Number of students referred for restorative work
Number of referred students who received care

Patients by Gender

Male Patients
Female Patients

Patients by Age Group

Age < 5
Age 5-11
Age 13-21
Age >21

Patients by Age & Gender

Site Name:

School:

Patients and Visits by Age

Age Groups	Male Patients	Female Patients	Total Patients
Ages 0-4			
Age 5			
Age 6			
Age 7			
Age 8			
Age 9			
Age 10			
Age 11			
Age 12			
Age 13			
Age 14			
Age 15			
Age 16			
Age 17			
Age 18			
Age 19 and Over			
Totals			

Patients Race & Language

Site Name:

School:

Patients by Race

Patients	Number
Hispanic-Latino Descent	
Black/African American	
American Indian/Alaska Native	
White	
More than one race	
Unreported/Refused to report	
Total Patients	

Patients by Language

Patients	Number
Patients best served in a language other than English	

Site Information

Site Name:

Site Physical Address: City: State: Zip Code: County: On-site Contact Person: Phone: E-mail:	
12 hrs/week medical provider? Number of patients for this site: Number of billable visits for this site: Number of non-billable visits for this site: Total Number of Visits for this site: Number of schools served by this site:	

School Information for this Site

School:

Elementary, Middle or High School: School Physical Address: School City: School State: School Zip Code: School County: Principal's Name: Principal's Phone: Principal's Fax: Principal's E-Mail: Total School Enrollment: Total Students Eligible for Free/Reduced Lunch: Number of Students Enrolled in SBHC program: (signed consents on file) Number of Enrollees who are Uninsured: (e.g. no Medicaid, no CHIP)	
--	--

Site Posted Hours of Operation

Site Name:	School:					
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours of Operation						
Evening Hours						
Summer Hours						
Hours of Provider Coverage* <small>*Provider =MD,DO,PA or NP</small>						
Hours of RN Coverage						
Hours of LPN Coverage						
Hours of MA Coverage						

Does the SBHC have after-hours through on-call services provided by the PCC or external agency?
 Is this site a community-based satellite clinic?
 Does this site only serve the school population?
 Does this site assist in enrolling children/families in public insurance programs (Medicaid, WVCHIP) by performing the complete enrollment process onsite or by helping complete forms or take elsewhere for completion?

Electronic Communication

Does SBHC use Electronic Medical Records (EMR)?
 Does this SBHC have Electronic Billing Capability?
 Does this SBHC have Electronic Prescribing?
 Does this SBHC use Telemedicine?

Health Care Preparedness Plan

This site has a Healthcare Preparedness Plan in place with response strategies addressing the following :

- Natural Disasters, Severe Weather, Fire
- Mass Casualty Event
- Accidents (e.g., hazardous material spills, bus crashes)
- Medical/Mental Health Emergencies

When was the Plan Updated?
 Is this site included with in the School Health Care Preparedness Plan?
 Is this site included within the CHC Health Care Preparedness Plan?

SBHC Services	
Site Name:	School:
Service Hours	

If your SBHC Program offers dental services, list hours per month:
If your SBHC program offers mental health services, list hours per month:
If your SBHC program offers social services, list hours per month:

Program Services

Services	Provided	Referral
Treatment of Acute Illness		
First Aid		
Diabetes Screening		
Asthma Screening		
Obesity Screening		
Heart Disease Screening		
Diabetes Monitoring		
Asthma Monitoring		
Well-Child Exam (EPSDT/HC)		
Oral Health Screening		
Preventive Dental		
Acute Dental		
Specialty Dental		
Health Education (classroom)		
Health Education (individual)		
Prescriptions for Medications		
Medications Administered on-site		
Mental Health Counseling		
Sports Physical		
Comprehensive Health Assessment		
Standardized Behavioral Risk Assessment		
Nutrition Counseling		
Care for Infants of Students		
Immunizations		
Substance Abuse Screening		
Health Risk Screening (GAPS)		
Emergency Care		

SBHC Services

Site Name: _____ **School:** _____

Chronic Disease Prevalence

Number of Program Patients Diagnosed (Primary or Secondary)

Asthma	Diabetes	Depression	ADHD	Obesity (BMI>95%)	High Blood Pressure	High Cholesterol

Chronic Disease Management

Explain the chronic disease management program:

In-House School-Based Mental Health and Substance Abuse Services

Site Name: _____ **School:** _____

Mental Health and Substance Abuse Services Totals **Actual**

Visits with Master Level Therapist

Individual Mental Health and Substance Abuse Patients

Mental Health and Substance Abuse visits Per Patient

Leading Diagnoses for Patients

Anxiety Disorder	
Depressive Disorder	
Attention Deficit Disorder	
Behavior Disorder	
Drug Abuse	
Alcohol Abuse	
Violence Screening	

Patients by Gender

Male Patients	
Female Patients	

Patients by Age Group

Age < 5	
Age 5-11	
Age 13-21	
Age >21	

In-House School-Based Oral Health Services

Site Name:	School:	
Patient and Visit Totals		Actual
Visits with Dentist		
Visits with Dental Hygienist		
Individual oral health patients		

Reason for Oral Health Visits

Exam Prophylaxis Fluoride Sealants Restorative Number of students referred for restorative work Number of referred students who received care

Patients by Gender

Male Patients Female Patients

Patients by Age Group

Age < 5 Age 5-11 Age 13-21 Age >21

Patients by Age & Gender

Site Name:

School:

Patients and Visits by Age

Age Groups	Male Patients	Female Patients	Total Patients
Ages 0-4			
Age 5			
Age 6			
Age 7			
Age 8			
Age 9			
Age 10			
Age 11			
Age 12			
Age 13			
Age 14			
Age 15			
Age 16			
Age 17			
Age 18			
Age 19 and Over			
Totals			

Patients Race & Language

Site Name:

School:

Patients by Race

Patients	Number
Hispanic-Latino Descent	
Black/African American	
American Indian/Alaska Native	
White	
More than one race	
Unreported/Refused to report	
Total Patients	

Patients by Language

Patients	Number
Patients best served in a language other than English	

Site Information

Site Name:

Site Physical Address: City: State: Zip Code: County: On-site Contact Person: Phone: E-mail:	
12 hrs/week medical provider? Number of patients for this site: Number of billable visits for this site: Number of non-billable visits for this site: Total Number of Visits for this site: Number of schools served by this site:	

School Information for this Site

School:

Elementary, Middle or High School: School Physical Address: School City: School State: School Zip Code: School County: Principal's Name: Principal's Phone: Principal's Fax: Principal's E-Mail: Total School Enrollment: Total Students Eligible for Free/Reduced Lunch: Number of Students Enrolled in SBHC program: (signed consents on file) Number of Enrollees who are Uninsured: (e.g. no Medicaid, no CHIP)	
--	--

Site Posted Hours of Operation

Site Name:	School:					
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours of Operation						
Evening Hours						
Summer Hours						
Hours of Provider Coverage* <small>*Provider =MD,DO,PA or NP</small>						
Hours of RN Coverage						
Hours of LPN Coverage						
Hours of MA Coverage						

Does the SBHC have after-hours through on-call services provided by the PCC or external agency?
 Is this site a community-based satellite clinic?
 Does this site only serve the school population?
 Does this site assist in enrolling children/families in public insurance programs (Medicaid, WVCHIP) by performing the complete enrollment process onsite or by helping complete forms or take elsewhere for completion?

Electronic Communication

Does SBHC use Electronic Medical Records (EMR)?
 Does this SBHC have Electronic Billing Capability?
 Does this SBHC have Electronic Prescribing?
 Does this SBHC use Telemedicine?

Health Care Preparedness Plan

This site has a Healthcare Preparedness Plan in place with response strategies addressing the following :

- Natural Disasters, Severe Weather, Fire
- Mass Casualty Event
- Accidents (e.g., hazardous material spills, bus crashes)
- Medical/Mental Health Emergencies

When was the Plan Updated?
 Is this site included with in the School Health Care Preparedness Plan?
 Is this site included within the CHC Health Care Preparedness Plan?

SBHC Services	
Site Name:	School:
Service Hours	

If your SBHC Program offers dental services, list hours per month:
If your SBHC program offers mental health services, list hours per month:
If your SBHC program offers social services, list hours per month:

Program Services

Services	Provided	Referral
Treatment of Acute Illness		
First Aid		
Diabetes Screening		
Asthma Screening		
Obesity Screening		
Heart Disease Screening		
Diabetes Monitoring		
Asthma Monitoring		
Well-Child Exam (EPSDT/HC)		
Oral Health Screening		
Preventive Dental		
Acute Dental		
Specialty Dental		
Health Education (classroom)		
Health Education (individual)		
Prescriptions for Medications		
Medications Administered on-site		
Mental Health Counseling		
Sports Physical		
Comprehensive Health Assessment		
Standardized Behavioral Risk Assessment		
Nutrition Counseling		
Care for Infants of Students		
Immunizations		
Substance Abuse Screening		
Health Risk Screening (GAPS)		
Emergency Care		

SBHC Services

Site Name: _____ **School:** _____

Chronic Disease Prevalence

Number of Program Patients Diagnosed (Primary or Secondary)

Asthma	Diabetes	Depression	ADHD	Obesity (BMI>95%)	High Blood Pressure	High Cholesterol

Chronic Disease Management

Explain the chronic disease management program:

In-House School-Based Mental Health and Substance Abuse Services

Site Name: _____ **School:** _____

Mental Health and Substance Abuse Services Totals **Actual**

Visits with Master Level Therapist

Individual Mental Health and Substance Abuse Patients

Mental Health and Substance Abuse visits Per Patient

Leading Diagnoses for Patients

Anxiety Disorder	
Depressive Disorder	
Attention Deficit Disorder	
Behavior Disorder	
Drug Abuse	
Alcohol Abuse	
Violence Screening	

Patients by Gender

Male Patients	
Female Patients	

Patients by Age Group

Age < 5	
Age 5-11	
Age 13-21	
Age >21	

In-House School-Based Oral Health Services

Site Name:	School:	
Patient and Visit Totals		Actual
Visits with Dentist		
Visits with Dental Hygienist		
Individual oral health patients		

Reason for Oral Health Visits

Exam
 Prophylaxis
 Fluoride
 Sealants
 Restorative
 Number of students referred for restorative work
 Number of referred students who received care

Patients by Gender

Male Patients
 Female Patients

Patients by Age Group

Age < 5
 Age 5-11
 Age 13-21
 Age >21

Patients by Age & Gender

Site Name:

School:

Patients and Visits by Age

Age Groups	Male Patients	Female Patients	Total Patients
Ages 0-4			
Age 5			
Age 6			
Age 7			
Age 8			
Age 9			
Age 10			
Age 11			
Age 12			
Age 13			
Age 14			
Age 15			
Age 16			
Age 17			
Age 18			
Age 19 and Over			
Totals			

Patients Race & Language

Site Name:

School:

Patients by Race

Patients	Number
Hispanic-Latino Descent	
Black/African American	
American Indian/Alaska Native	
White	
More than one race	
Unreported/Refused to report	
Total Patients	

Patients by Language

Patients	Number
Patients best served in a language other than English	

Site Information

Site Name:

Site Physical Address: City: State: Zip Code: County: On-site Contact Person: Phone: E-mail:	
12 hrs/week medical provider? Number of patients for this site: Number of billable visits for this site: Number of non-billable visits for this site: Total Number of Visits for this site: Number of schools served by this site:	

School Information for this Site

School:

Elementary, Middle or High School: School Physical Address: School City: School State: School Zip Code: School County: Principal's Name: Principal's Phone: Principal's Fax: Principal's E-Mail: Total School Enrollment: Total Students Eligible for Free/Reduced Lunch: Number of Students Enrolled in SBHC program: (signed consents on file) Number of Enrollees who are Uninsured: (e.g. no Medicaid, no CHIP)	
--	--

Site Posted Hours of Operation

Site Name:	School:					
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours of Operation						
Evening Hours						
Summer Hours						
Hours of Provider Coverage* <small>*Provider =MD,DO,PA or NP</small>						
Hours of RN Coverage						
Hours of LPN Coverage						
Hours of MA Coverage						

Does the SBHC have after-hours through on-call services provided by the PCC or external agency?
 Is this site a community-based satellite clinic?
 Does this site only serve the school population?
 Does this site assist in enrolling children/families in public insurance programs (Medicaid, WVCHIP) by performing the complete enrollment process onsite or by helping complete forms or take elsewhere for completion?

Electronic Communication

Does SBHC use Electronic Medical Records (EMR)?
 Does this SBHC have Electronic Billing Capability?
 Does this SBHC have Electronic Prescribing?
 Does this SBHC use Telemedicine?

Health Care Preparedness Plan

This site has a Healthcare Preparedness Plan in place with response strategies addressing the following :

- Natural Disasters, Severe Weather, Fire
- Mass Casualty Event
- Accidents (e.g., hazardous material spills, bus crashes)
- Medical/Mental Health Emergencies

When was the Plan Updated?
 Is this site included with in the School Health Care Preparedness Plan?
 Is this site included within the CHC Health Care Preparedness Plan?

SBHC Services	
Site Name:	School:
Service Hours	

If your SBHC Program offers dental services, list hours per month:
If your SBHC program offers mental health services, list hours per month:
If your SBHC program offers social services, list hours per month:

Program Services

Services	Provided	Referral
Treatment of Acute Illness		
First Aid		
Diabetes Screening		
Asthma Screening		
Obesity Screening		
Heart Disease Screening		
Diabetes Monitoring		
Asthma Monitoring		
Well-Child Exam (EPSDT/HC)		
Oral Health Screening		
Preventive Dental		
Acute Dental		
Specialty Dental		
Health Education (classroom)		
Health Education (individual)		
Prescriptions for Medications		
Medications Administered on-site		
Mental Health Counseling		
Sports Physical		
Comprehensive Health Assessment		
Standardized Behavioral Risk Assessment		
Nutrition Counseling		
Care for Infants of Students		
Immunizations		
Substance Abuse Screening		
Health Risk Screening (GAPS)		
Emergency Care		

SBHC Services

Site Name: _____ **School:** _____

Chronic Disease Prevalence

Number of Program Patients Diagnosed (Primary or Secondary)

Asthma	Diabetes	Depression	ADHD	Obesity (BMI>95%)	High Blood Pressure	High Cholesterol

Chronic Disease Management

Explain the chronic disease management program:

In-House School-Based Mental Health and Substance Abuse Services

Site Name: _____ **School:** _____

Mental Health and Substance Abuse Services Totals **Actual**

Visits with Master Level Therapist

Individual Mental Health and Substance Abuse Patients

Mental Health and Substance Abuse visits Per Patient

Leading Diagnoses for Patients

Anxiety Disorder	
Depressive Disorder	
Attention Deficit Disorder	
Behavior Disorder	
Drug Abuse	
Alcohol Abuse	
Violence Screening	

Patients by Gender

Male Patients	
Female Patients	

Patients by Age Group

Age < 5	
Age 5-11	
Age 13-21	
Age >21	

In-House School-Based Oral Health Services

Site Name:	School:	
Patient and Visit Totals		Actual
Visits with Dentist		
Visits with Dental Hygienist		
Individual oral health patients		

Reason for Oral Health Visits

Exam
Prophylaxis
Fluoride
Sealants
Restorative
Number of students referred for restorative work
Number of referred students who received care

Patients by Gender

Male Patients
Female Patients

Patients by Age Group

Age < 5
Age 5-11
Age 13-21
Age >21

Patients by Age & Gender

Site Name:

School:

Patients and Visits by Age

Age Groups	Male Patients	Female Patients	Total Patients
Ages 0-4			
Age 5			
Age 6			
Age 7			
Age 8			
Age 9			
Age 10			
Age 11			
Age 12			
Age 13			
Age 14			
Age 15			
Age 16			
Age 17			
Age 18			
Age 19 and Over			
Totals			

Patients Race & Language

Site Name:

School:

Patients by Race

Patients	Number
Hispanic-Latino Descent	
Black/African American	
American Indian/Alaska Native	
White	
More than one race	
Unreported/Refused to report	
Total Patients	

Patients by Language

Patients	Number
Patients best served in a language other than English	

Site Information

Site Name:

Site Physical Address: City: State: Zip Code: County: On-site Contact Person: Phone: E-mail:	
12 hrs/week medical provider? Number of patients for this site: Number of billable visits for this site: Number of non-billable visits for this site: Total Number of Visits for this site: Number of schools served by this site:	

School Information for this Site

School:

Elementary, Middle or High School: School Physical Address: School City: School State: School Zip Code: School County: Principal's Name: Principal's Phone: Principal's Fax: Principal's E-Mail: Total School Enrollment: Total Students Eligible for Free/Reduced Lunch: Number of Students Enrolled in SBHC program: (signed consents on file) Number of Enrollees who are Uninsured: (e.g. no Medicaid, no CHIP)	
--	--

Site Posted Hours of Operation

Site Name:	School:					
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours of Operation						
Evening Hours						
Summer Hours						
Hours of Provider Coverage* <small>*Provider =MD,DO,PA or NP</small>						
Hours of RN Coverage						
Hours of LPN Coverage						
Hours of MA Coverage						

Does the SBHC have after-hours through on-call services provided by the PCC or external agency?
 Is this site a community-based satellite clinic?
 Does this site only serve the school population?
 Does this site assist in enrolling children/families in public insurance programs (Medicaid, WVCHIP) by performing the complete enrollment process onsite or by helping complete forms or take elsewhere for completion?

Electronic Communication

Does SBHC use Electronic Medical Records (EMR)?
 Does this SBHC have Electronic Billing Capability?
 Does this SBHC have Electronic Prescribing?
 Does this SBHC use Telemedicine?

Health Care Preparedness Plan

This site has a Healthcare Preparedness Plan in place with response strategies addressing the following :

- Natural Disasters, Severe Weather, Fire
- Mass Casualty Event
- Accidents (e.g., hazardous material spills, bus crashes)
- Medical/Mental Health Emergencies

When was the Plan Updated?
 Is this site included with in the School Health Care Preparedness Plan?
 Is this site included within the CHC Health Care Preparedness Plan?

SBHC Services	
Site Name:	School:
Service Hours	

If your SBHC Program offers dental services, list hours per month:
If your SBHC program offers mental health services, list hours per month:
If your SBHC program offers social services, list hours per month:

Program Services

Services	Provided	Referral
Treatment of Acute Illness		
First Aid		
Diabetes Screening		
Asthma Screening		
Obesity Screening		
Heart Disease Screening		
Diabetes Monitoring		
Asthma Monitoring		
Well-Child Exam (EPSDT/HC)		
Oral Health Screening		
Preventive Dental		
Acute Dental		
Specialty Dental		
Health Education (classroom)		
Health Education (individual)		
Prescriptions for Medications		
Medications Administered on-site		
Mental Health Counseling		
Sports Physical		
Comprehensive Health Assessment		
Standardized Behavioral Risk Assessment		
Nutrition Counseling		
Care for Infants of Students		
Immunizations		
Substance Abuse Screening		
Health Risk Screening (GAPS)		
Emergency Care		

SBHC Services

Site Name: _____ **School:** _____

Chronic Disease Prevalence

Number of Program Patients Diagnosed (Primary or Secondary)

Asthma	Diabetes	Depression	ADHD	Obesity (BMI>95%)	High Blood Pressure	High Cholesterol

Chronic Disease Management

Explain the chronic disease management program:

In-House School-Based Mental Health and Substance Abuse Services

Site Name: _____ **School:** _____

Mental Health and Substance Abuse Services Totals **Actual**

Visits with Master Level Therapist

Individual Mental Health and Substance Abuse Patients

Mental Health and Substance Abuse visits Per Patient

Leading Diagnoses for Patients

Anxiety Disorder	
Depressive Disorder	
Attention Deficit Disorder	
Behavior Disorder	
Drug Abuse	
Alcohol Abuse	
Violence Screening	

Patients by Gender

Male Patients	
Female Patients	

Patients by Age Group

Age < 5	
Age 5-11	
Age 13-21	
Age >21	

In-House School-Based Oral Health Services

Site Name:	School:	
Patient and Visit Totals		Actual
Visits with Dentist		
Visits with Dental Hygienist		
Individual oral health patients		

Reason for Oral Health Visits

Exam
 Prophylaxis
 Fluoride
 Sealants
 Restorative
 Number of students referred for restorative work
 Number of referred students who received care

Patients by Gender

Male Patients
 Female Patients

Patients by Age Group

Age < 5
 Age 5-11
 Age 13-21
 Age >21

Patients by Age & Gender

Site Name:

School:

Patients and Visits by Age

Age Groups	Male Patients	Female Patients	Total Patients
Ages 0-4			
Age 5			
Age 6			
Age 7			
Age 8			
Age 9			
Age 10			
Age 11			
Age 12			
Age 13			
Age 14			
Age 15			
Age 16			
Age 17			
Age 18			
Age 19 and Over			
Totals			

Patients Race & Language

Site Name:

School:

Patients by Race

Patients	Number
Hispanic-Latino Descent	
Black/African American	
American Indian/Alaska Native	
White	
More than one race	
Unreported/Refused to report	
Total Patients	

Patients by Language

Patients	Number
Patients best served in a language other than English	

Site Information

Site Name:

Site Physical Address: City: State: Zip Code: County: On-site Contact Person: Phone: E-mail:	
12 hrs/week medical provider? Number of patients for this site: Number of billable visits for this site: Number of non-billable visits for this site: Total Number of Visits for this site: Number of schools served by this site:	

School Information for this Site

School:

Elementary, Middle or High School: School Physical Address: School City: School State: School Zip Code: School County: Principal's Name: Principal's Phone: Principal's Fax: Principal's E-Mail: Total School Enrollment: Total Students Eligible for Free/Reduced Lunch: Number of Students Enrolled in SBHC program: (signed consents on file) Number of Enrollees who are Uninsured: (e.g. no Medicaid, no CHIP)	
--	--

Site Posted Hours of Operation

Site Name:	School:					
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours of Operation						
Evening Hours						
Summer Hours						
Hours of Provider Coverage* <small>*Provider =MD,DO,PA or NP</small>						
Hours of RN Coverage						
Hours of LPN Coverage						
Hours of MA Coverage						

Does the SBHC have after-hours through on-call services provided by the PCC or external agency?
 Is this site a community-based satellite clinic?
 Does this site only serve the school population?
 Does this site assist in enrolling children/families in public insurance programs (Medicaid, WVCHIP) by performing the complete enrollment process onsite or by helping complete forms or take elsewhere for completion?

Electronic Communication

Does SBHC use Electronic Medical Records (EMR)?
 Does this SBHC have Electronic Billing Capability?
 Does this SBHC have Electronic Prescribing?
 Does this SBHC use Telemedicine?

Health Care Preparedness Plan

This site has a Healthcare Preparedness Plan in place with response strategies addressing the following :

- Natural Disasters, Severe Weather, Fire
- Mass Casualty Event
- Accidents (e.g., hazardous material spills, bus crashes)
- Medical/Mental Health Emergencies

When was the Plan Updated?
 Is this site included with in the School Health Care Preparedness Plan?
 Is this site included within the CHC Health Care Preparedness Plan?

SBHC Services	
Site Name:	School:
Service Hours	

If your SBHC Program offers dental services, list hours per month:
If your SBHC program offers mental health services, list hours per month:
If your SBHC program offers social services, list hours per month:

Program Services

Services	Provided	Referral
Treatment of Acute Illness		
First Aid		
Diabetes Screening		
Asthma Screening		
Obesity Screening		
Heart Disease Screening		
Diabetes Monitoring		
Asthma Monitoring		
Well-Child Exam (EPSDT/HC)		
Oral Health Screening		
Preventive Dental		
Acute Dental		
Specialty Dental		
Health Education (classroom)		
Health Education (individual)		
Prescriptions for Medications		
Medications Administered on-site		
Mental Health Counseling		
Sports Physical		
Comprehensive Health Assessment		
Standardized Behavioral Risk Assessment		
Nutrition Counseling		
Care for Infants of Students		
Immunizations		
Substance Abuse Screening		
Health Risk Screening (GAPS)		
Emergency Care		

SBHC Services

Site Name: _____ **School:** _____

Chronic Disease Prevalence

Number of Program Patients Diagnosed (Primary or Secondary)

Asthma	Diabetes	Depression	ADHD	Obesity (BMI>95%)	High Blood Pressure	High Cholesterol

Chronic Disease Management

Explain the chronic disease management program:

In-House School-Based Mental Health and Substance Abuse Services

Site Name: _____ **School:** _____

Mental Health and Substance Abuse Services Totals **Actual**

Visits with Master Level Therapist

Individual Mental Health and Substance Abuse Patients

Mental Health and Substance Abuse visits Per Patient

Leading Diagnoses for Patients

Anxiety Disorder	
Depressive Disorder	
Attention Deficit Disorder	
Behavior Disorder	
Drug Abuse	
Alcohol Abuse	
Violence Screening	

Patients by Gender

Male Patients	
Female Patients	

Patients by Age Group

Age < 5	
Age 5-11	
Age 13-21	
Age >21	

In-House School-Based Oral Health Services

Site Name:	School:	
Patient and Visit Totals		Actual
Visits with Dentist		
Visits with Dental Hygienist		
Individual oral health patients		

Reason for Oral Health Visits

Exam
 Prophylaxis
 Fluoride
 Sealants
 Restorative
 Number of students referred for restorative work
 Number of referred students who received care

Patients by Gender

Male Patients
 Female Patients

Patients by Age Group

Age < 5
 Age 5-11
 Age 13-21
 Age >21

Patients by Age & Gender

Site Name:

School:

Patients and Visits by Age

Age Groups	Male Patients	Female Patients	Total Patients
Ages 0-4			
Age 5			
Age 6			
Age 7			
Age 8			
Age 9			
Age 10			
Age 11			
Age 12			
Age 13			
Age 14			
Age 15			
Age 16			
Age 17			
Age 18			
Age 19 and Over			
Totals			

Patients Race & Language

Site Name:

School:

Patients by Race

Patients	Number
Hispanic-Latino Descent	
Black/African American	
American Indian/Alaska Native	
White	
More than one race	
Unreported/Refused to report	
Total Patients	

Patients by Language

Patients	Number
Patients best served in a language other than English	

Site Information

Site Name:

Site Physical Address: City: State: Zip Code: County: On-site Contact Person: Phone: E-mail:	
12 hrs/week medical provider? Number of patients for this site: Number of billable visits for this site: Number of non-billable visits for this site: Total Number of Visits for this site: Number of schools served by this site:	

School Information for this Site

School:

Elementary, Middle or High School: School Physical Address: School City: School State: School Zip Code: School County: Principal's Name: Principal's Phone: Principal's Fax: Principal's E-Mail: Total School Enrollment: Total Students Eligible for Free/Reduced Lunch: Number of Students Enrolled in SBHC program: (signed consents on file) Number of Enrollees who are Uninsured: (e.g. no Medicaid, no CHIP)	
--	--

Site Posted Hours of Operation

Site Name:	School:					
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours of Operation						
Evening Hours						
Summer Hours						
Hours of Provider Coverage* <small>*Provider =MD,DO,PA or NP</small>						
Hours of RN Coverage						
Hours of LPN Coverage						
Hours of MA Coverage						

Does the SBHC have after-hours through on-call services provided by the PCC or external agency?
 Is this site a community-based satellite clinic?
 Does this site only serve the school population?
 Does this site assist in enrolling children/families in public insurance programs (Medicaid, WVCHIP) by performing the complete enrollment process onsite or by helping complete forms or take elsewhere for completion?

Electronic Communication

Does SBHC use Electronic Medical Records (EMR)?
 Does this SBHC have Electronic Billing Capability?
 Does this SBHC have Electronic Prescribing?
 Does this SBHC use Telemedicine?

Health Care Preparedness Plan

This site has a Healthcare Preparedness Plan in place with response strategies addressing the following :

- Natural Disasters, Severe Weather, Fire
- Mass Casualty Event
- Accidents (e.g., hazardous material spills, bus crashes)
- Medical/Mental Health Emergencies

When was the Plan Updated?
 Is this site included with in the School Health Care Preparedness Plan?
 Is this site included within the CHC Health Care Preparedness Plan?

SBHC Services	
Site Name:	School:
Service Hours	

If your SBHC Program offers dental services, list hours per month:
If your SBHC program offers mental health services, list hours per month:
If your SBHC program offers social services, list hours per month:

Program Services

Services	Provided	Referral
Treatment of Acute Illness		
First Aid		
Diabetes Screening		
Asthma Screening		
Obesity Screening		
Heart Disease Screening		
Diabetes Monitoring		
Asthma Monitoring		
Well-Child Exam (EPSDT/HC)		
Oral Health Screening		
Preventive Dental		
Acute Dental		
Specialty Dental		
Health Education (classroom)		
Health Education (individual)		
Prescriptions for Medications		
Medications Administered on-site		
Mental Health Counseling		
Sports Physical		
Comprehensive Health Assessment		
Standardized Behavioral Risk Assessment		
Nutrition Counseling		
Care for Infants of Students		
Immunizations		
Substance Abuse Screening		
Health Risk Screening (GAPS)		
Emergency Care		

SBHC Services

Site Name: _____ **School:** _____

Chronic Disease Prevalence

Number of Program Patients Diagnosed (Primary or Secondary)

Asthma	Diabetes	Depression	ADHD	Obesity (BMI>95%)	High Blood Pressure	High Cholesterol

Chronic Disease Management

Explain the chronic disease management program:

In-House School-Based Mental Health and Substance Abuse Services

Site Name: _____ **School:** _____

Mental Health and Substance Abuse Services Totals **Actual**

Visits with Master Level Therapist

Individual Mental Health and Substance Abuse Patients

Mental Health and Substance Abuse visits Per Patient

Leading Diagnoses for Patients

Anxiety Disorder	
Depressive Disorder	
Attention Deficit Disorder	
Behavior Disorder	
Drug Abuse	
Alcohol Abuse	
Violence Screening	

Patients by Gender

Male Patients	
Female Patients	

Patients by Age Group

Age < 5	
Age 5-11	
Age 13-21	
Age >21	

In-House School-Based Oral Health Services

Site Name:	School:	
Patient and Visit Totals		Actual
Visits with Dentist		
Visits with Dental Hygienist		
Individual oral health patients		

Reason for Oral Health Visits

Exam Prophylaxis Fluoride Sealants Restorative Number of students referred for restorative work Number of referred students who received care

Patients by Gender

Male Patients Female Patients

Patients by Age Group

Age < 5 Age 5-11 Age 13-21 Age >21

Patients by Age & Gender

Site Name:

School:

Patients and Visits by Age

Age Groups	Male Patients	Female Patients	Total Patients
Ages 0-4			
Age 5			
Age 6			
Age 7			
Age 8			
Age 9			
Age 10			
Age 11			
Age 12			
Age 13			
Age 14			
Age 15			
Age 16			
Age 17			
Age 18			
Age 19 and Over			
Totals			

Patients Race & Language

Site Name:

School:

Patients by Race

Patients	Number
Hispanic-Latino Descent	
Black/African American	
American Indian/Alaska Native	
White	
More than one race	
Unreported/Refused to report	
Total Patients	

Patients by Language

Patients	Number
Patients best served in a language other than English	

Site Information

Site Name:

Site Physical Address: City: State: Zip Code: County: On-site Contact Person: Phone: E-mail:	
12 hrs/week medical provider? Number of patients for this site: Number of billable visits for this site: Number of non-billable visits for this site: Total Number of Visits for this site: Number of schools served by this site:	

School Information for this Site

School:

Elementary, Middle or High School: School Physical Address: School City: School State: School Zip Code: School County: Principal's Name: Principal's Phone: Principal's Fax: Principal's E-Mail: Total School Enrollment: Total Students Eligible for Free/Reduced Lunch: Number of Students Enrolled in SBHC program: (signed consents on file) Number of Enrollees who are Uninsured: (e.g. no Medicaid, no CHIP)	
--	--

Site Posted Hours of Operation

Site Name:	School:					
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours of Operation						
Evening Hours						
Summer Hours						
Hours of Provider Coverage* <small>*Provider =MD,DO,PA or NP</small>						
Hours of RN Coverage						
Hours of LPN Coverage						
Hours of MA Coverage						

Does the SBHC have after-hours through on-call services provided by the PCC or external agency?
 Is this site a community-based satellite clinic?
 Does this site only serve the school population?
 Does this site assist in enrolling children/families in public insurance programs (Medicaid, WVCHIP) by performing the complete enrollment process onsite or by helping complete forms or take elsewhere for completion?

Electronic Communication

Does SBHC use Electronic Medical Records (EMR)?
 Does this SBHC have Electronic Billing Capability?
 Does this SBHC have Electronic Prescribing?
 Does this SBHC use Telemedicine?

Health Care Preparedness Plan

This site has a Healthcare Preparedness Plan in place with response strategies addressing the following :

- Natural Disasters, Severe Weather, Fire
- Mass Casualty Event
- Accidents (e.g., hazardous material spills, bus crashes)
- Medical/Mental Health Emergencies

When was the Plan Updated?

Is this site included with in the School Health Care Preparedness Plan?

Is this site included within the CHC Health Care Preparedness Plan?

SBHC Services	
Site Name:	School:
Service Hours	

If your SBHC Program offers dental services, list hours per month:
If your SBHC program offers mental health services, list hours per month:
If your SBHC program offers social services, list hours per month:

Program Services

Services	Provided	Referral
Treatment of Acute Illness		
First Aid		
Diabetes Screening		
Asthma Screening		
Obesity Screening		
Heart Disease Screening		
Diabetes Monitoring		
Asthma Monitoring		
Well-Child Exam (EPSDT/HC)		
Oral Health Screening		
Preventive Dental		
Acute Dental		
Specialty Dental		
Health Education (classroom)		
Health Education (individual)		
Prescriptions for Medications		
Medications Administered on-site		
Mental Health Counseling		
Sports Physical		
Comprehensive Health Assessment		
Standardized Behavioral Risk Assessment		
Nutrition Counseling		
Care for Infants of Students		
Immunizations		
Substance Abuse Screening		
Health Risk Screening (GAPS)		
Emergency Care		

SBHC Services

Site Name: _____ **School:** _____

Chronic Disease Prevalence

Number of Program Patients Diagnosed (Primary or Secondary)

Asthma	Diabetes	Depression	ADHD	Obesity (BMI>95%)	High Blood Pressure	High Cholesterol

Chronic Disease Management

Explain the chronic disease management program:

In-House School-Based Mental Health and Substance Abuse Services

Site Name: _____ **School:** _____

Mental Health and Substance Abuse Services Totals **Actual**

Visits with Master Level Therapist

Individual Mental Health and Substance Abuse Patients

Mental Health and Substance Abuse visits Per Patient

Leading Diagnoses for Patients

Anxiety Disorder	
Depressive Disorder	
Attention Deficit Disorder	
Behavior Disorder	
Drug Abuse	
Alcohol Abuse	
Violence Screening	

Patients by Gender

Male Patients	
Female Patients	

Patients by Age Group

Age < 5	
Age 5-11	
Age 13-21	
Age >21	

In-House School-Based Oral Health Services

Site Name:	School:	
Patient and Visit Totals		Actual
Visits with Dentist		
Visits with Dental Hygienist		
Individual oral health patients		

Reason for Oral Health Visits

Exam
 Prophylaxis
 Fluoride
 Sealants
 Restorative
 Number of students referred for restorative work
 Number of referred students who received care

Patients by Gender

Male Patients
 Female Patients

Patients by Age Group

Age < 5
 Age 5-11
 Age 13-21
 Age >21

Patients by Age & Gender

Site Name: _____ **School:** _____

Patients and Visits by Age

Age Groups	Male Patients	Female Patients	Total Patients
Ages 0-4			
Age 5			
Age 6			
Age 7			
Age 8			
Age 9			
Age 10			
Age 11			
Age 12			
Age 13			
Age 14			
Age 15			
Age 16			
Age 17			
Age 18			
Age 19 and Over			
Totals			

Patients Race & Language

Site Name:

School:

Patients by Race

Patients	Number
Hispanic-Latino Descent	
Black/African American	
American Indian/Alaska Native	
White	
More than one race	
Unreported/Refused to report	
Total Patients	

Patients by Language

Patients	Number
Patients best served in a language other than English	

Site Information

Site Name:

Site Physical Address: City: State: Zip Code: County: On-site Contact Person: Phone: E-mail:	
12 hrs/week medical provider? Number of patients for this site: Number of billable visits for this site: Number of non-billable visits for this site: Total Number of Visits for this site: Number of schools served by this site:	

School Information for this Site

School:

Elementary, Middle or High School: School Physical Address: School City: School State: School Zip Code: School County: Principal's Name: Principal's Phone: Principal's Fax: Principal's E-Mail: Total School Enrollment: Total Students Eligible for Free/Reduced Lunch: Number of Students Enrolled in SBHC program: (signed consents on file) Number of Enrollees who are Uninsured: (e.g. no Medicaid, no CHIP)	
--	--

Site Posted Hours of Operation

Site Name:	School:					
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours of Operation						
Evening Hours						
Summer Hours						
Hours of Provider Coverage* <small>*Provider =MD,DO,PA or NP</small>						
Hours of RN Coverage						
Hours of LPN Coverage						
Hours of MA Coverage						

Does the SBHC have after-hours through on-call services provided by the PCC or external agency?
 Is this site a community-based satellite clinic?
 Does this site only serve the school population?
 Does this site assist in enrolling children/families in public insurance programs (Medicaid, WVCHIP) by performing the complete enrollment process onsite or by helping complete forms or take elsewhere for completion?

Electronic Communication

Does SBHC use Electronic Medical Records (EMR)?
 Does this SBHC have Electronic Billing Capability?
 Does this SBHC have Electronic Prescribing?
 Does this SBHC use Telemedicine?

Health Care Preparedness Plan

This site has a Healthcare Preparedness Plan in place with response strategies addressing the following :

- Natural Disasters, Severe Weather, Fire
- Mass Casualty Event
- Accidents (e.g., hazardous material spills, bus crashes)
- Medical/Mental Health Emergencies

When was the Plan Updated?
 Is this site included with in the School Health Care Preparedness Plan?
 Is this site included within the CHC Health Care Preparedness Plan?

SBHC Services	
Site Name:	School:
Service Hours	

If your SBHC Program offers dental services, list hours per month:
If your SBHC program offers mental health services, list hours per month:
If your SBHC program offers social services, list hours per month:

Program Services

Services	Provided	Referral
Treatment of Acute Illness		
First Aid		
Diabetes Screening		
Asthma Screening		
Obesity Screening		
Heart Disease Screening		
Diabetes Monitoring		
Asthma Monitoring		
Well-Child Exam (EPSDT/HC)		
Oral Health Screening		
Preventive Dental		
Acute Dental		
Specialty Dental		
Health Education (classroom)		
Health Education (individual)		
Prescriptions for Medications		
Medications Administered on-site		
Mental Health Counseling		
Sports Physical		
Comprehensive Health Assessment		
Standardized Behavioral Risk Assessment		
Nutrition Counseling		
Care for Infants of Students		
Immunizations		
Substance Abuse Screening		
Health Risk Screening (GAPS)		
Emergency Care		

SBHC Services

Site Name: _____ **School:** _____

Chronic Disease Prevalence

Number of Program Patients Diagnosed (Primary or Secondary)

Asthma	Diabetes	Depression	ADHD	Obesity (BMI>95%)	High Blood Pressure	High Cholesterol

Chronic Disease Management

Explain the chronic disease management program:

In-House School-Based Mental Health and Substance Abuse Services

Site Name: _____ **School:** _____

Mental Health and Substance Abuse Services Totals **Actual**

Visits with Master Level Therapist

Individual Mental Health and Substance Abuse Patients

Mental Health and Substance Abuse visits Per Patient

Leading Diagnoses for Patients

Anxiety Disorder	
Depressive Disorder	
Attention Deficit Disorder	
Behavior Disorder	
Drug Abuse	
Alcohol Abuse	
Violence Screening	

Patients by Gender

Male Patients	
Female Patients	

Patients by Age Group

Age < 5	
Age 5-11	
Age 13-21	
Age >21	

In-House School-Based Oral Health Services

Site Name:	School:	
Patient and Visit Totals		Actual
Visits with Dentist		
Visits with Dental Hygienist		
Individual oral health patients		

Reason for Oral Health Visits

Exam	
Prophylaxis	
Fluoride	
Sealants	
Restorative	
Number of students referred for restorative work	
Number of referred students who received care	

Patients by Gender

Male Patients	
Female Patients	

Patients by Age Group

Age < 5	
Age 5-11	
Age 13-21	
Age >21	

Patients by Age & Gender

Site Name:

School:

Patients and Visits by Age

Age Groups	Male Patients	Female Patients	Total Patients
Ages 0-4			
Age 5			
Age 6			
Age 7			
Age 8			
Age 9			
Age 10			
Age 11			
Age 12			
Age 13			
Age 14			
Age 15			
Age 16			
Age 17			
Age 18			
Age 19 and Over			
Totals			

Patients Race & Language

Site Name:

School:

Patients by Race

Patients	Number
Hispanic-Latino Descent	
Black/African American	
American Indian/Alaska Native	
White	
More than one race	
Unreported/Refused to report	
Total Patients	

Patients by Language

Patients	Number
Patients best served in a language other than English	