

**Project Name:**

Level:

Type of Applicant:

**Contact Information:**

Name:

Address:

Phone:

Fax:

Website:

Healthy Start Grantee Since:

Service Area:

Target Population:

Organization Type:

**Patient Profile:**

Year	Number of Women Served	Number of pregnant Women Served	Goal
2014			
2015			
2016			
2017			
2018			

Statistics	Nation	State	Target Pop
% LBW	7.99		
IM rate	6.05		
Preterm Birth Rate	11.54		
% Entry in 1st Trimester	73.1		
% Eligible on FP	56.5		
% Eligible Breastfeeding	76.9		
% Pregnant women who smoke	11.6		
% Women who Smoke Before Conception	24.2		

**Client Recruitment:**

How does the HS program plan to recruit participants?

**Community Assets:****What other service systems are currently available in the community? Check all that apply:**

MIECHV (Home visiting)

Project Launch

WIC

Title X Family Planning

FIMR

FQHC

Head Start

Help Me Grow

Title V Maternal and Child Health Programs

Infant Mortality CollN

Early Childhood Program

Early Head Start Program

Family/Patient Centered Medical Home Program

Family-to-Family Health Information Center

Healthy Tomorrows

National Preconception Health and Health Care (PCHHC Initiative)

Strong Start

**Evidence-based Practices across the 4Ps**

List evidence-based programs/interventions and/or screening tools used in each of the 4 perinatal phases (e.g., PHQ-9 screening for depression, Triple P parenting program):

4 Ps	Healthy Start Program provides	HS subcontracts or refers for services
Preconception/ Interconception		
Prenatal		
Post-Partum		
Parenting		

**E****EVALUATE NEED****Date of Last Community Needs Assessment:****Date of Last Written Plan of Action:****Name of Evaluator:**

List priority areas to address identified needs:

**P****PARTNER FOR COLLECTIVE IMPACT****Date CAN established:****Frequency of Meetings:****Role of HS grantee:****CAN structure:****Types of entities participating in CAN (check all that apply):**

FQHC/CHCs

Tribal Organization

Health Department

Academic Institution

Hospital

Local Government

Early Childcare &amp; Education providers

State Government

Faith Based Organizations

Other Private Organization

Consumers

Other Community-based Organization

Community Member

List of agenda priorities for CAN:

**I****IMPLEMENT EVIDENCE-BASED PRACTICES****Is there an existing centralized/coordinated intake system for tracking participants?****Which of the following services are provided to Healthy Start clients? (check all that apply)**

Case Management

Patient Centered Medical Home

Developmental Screenings for Children,

Mental and Behavioral Health

Enabling Services (e.g., transportation, childcare)

Parenting Education

Father/Partner Involvement Promotion

Patient Navigation

Health Education and Promotion

Reproductive Life Planning

Health Insurance Outreach and Enrollment

Services that Address Toxic Stress and Adverse Childhood Experiences

Other

**What enrollment assistance do you provide: (check all that apply)**

Refer Out

Certified Application Counselor

Navigator

Marketplace Assister

List of organizations with whom you have formal MOUs:

**C****CONSIDER PARTICIPANT CONTEXT****What individual life conditions do you assess? (Check all that apply):**

Education

Public Safety/Crime

Housing

Discrimination

Immigration

Parenting

Financial Management

Personal Safety/Violence

Employment

Transportation, Other

Access to Healthy Foods

List of social service organizations with whom you have formal referral arrangements: