

Agency, Staff, and Clinic Information for Abortion Services

Please provide the following information about your agency, staff, and **every** clinic site that will receive abortion funding and meet the certification requirements. **Please only include clinics that meet all the certification requirements.** If your agency has more clinic sites than there are tables, please let us know and we'll provide additional tables.

Be sure to provide phone numbers that allow state staff to reach the clinic, and staff, directly – this is often needed to respond to urgent client eligibility questions.

Fields outlined in red are required.

Agency	
Name:	
Address:	
City:	Zip:
Mailing Address (<i>if different</i>):	
City:	Zip:
Phone Number:	Secure Fax Number:
Please check all of the following designations that apply to the agency:	
Local Public Health Authority (LPHA)	College/University
Federally Qualified Health Center (FQHC)	Rural Health Center (RHC)
Tribal Health Center	None apply to agency

Agency Administrator/Executive Director/CEO	
Name:	
Address:	
City:	Zip:
Desk Phone w/extension:	Fax Number:
Email Address:	
Receive bi-monthly RH Newsletter?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Agency, Staff, and Clinic Information for Abortion Services

RH Coordinator (will receive bi-monthly RH Newsletter):	
Name:	
Title <i>(optional)</i> :	
Address <i>(if different)</i> :	
City:	Zip:
Desk Phone w/extension:	Fax Number:
Email Address:	

Billing Contact: The person in charge of submitting claims and fiscal reports. Will receive bi-monthly RH Newsletter.	
Name:	
Title <i>(optional)</i> :	
Address <i>(if different)</i> :	
City:	Zip:
Desk Phone w/extension:	Fax Number:
Email Address:	

See following pages for clinic information.

Agency, Staff, and Clinic Information for Abortion Services

Clinic	
Clinic Name: <i>(what you call it when speaking to clients)</i>	
Physical Address:	
City:	Zip:
Mailing Address <i>(if different)</i> :	
City:	Zip:
Phone Number for Clients: <i>(e.g. appointment scheduling)</i>	
Clinic's Direct Phone Number: <i>(needed to respond to urgent staff questions)</i>	Secure Fax Number:
Does the clinic also provide primary care on-site? Yes No	
Please indicate all of the following designations that apply to the clinic. Note: clinic must dispense contraceptives on-site, or have a referral system in place.	
Local Public Health Authority (LPHA)	Rural Health Center (RHC)
Federally Qualified Health Center (FQHC)	None apply to clinic
Tribal Health Center	
Is it ok to list this clinic on our website? Yes No	
Clinic Manager: The person in charge of daily operations of the clinic.	
Name:	
Desk Phone:	Email:
RH Eligibility Program Database Contact: A person who uses the RH Program Eligibility Database for client enrollment and will receive the eligibility update emails.	
Name:	
Desk Phone:	Email:

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