

Agency, Staff, and Clinic Information for Reproductive Health Services

Please provide the following information about your agency, staff, and **every** clinic site that will receive RH Program funding, meets the certification requirements, and will start the RH Program within six months of signing the MSA. 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 with asterisks (*) 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
*Please indicate which EHR system your agency uses: <dropdown>	
*How will you submit data? <dropdown>	

Agency Administrator/Executive Director/CEO	
*Name:	
Address:	
City:	Zip:
*Desk Phone w/extension:	Fax Number:
*Email Address:	
*Receive bi-monthly RH Newsletter?	Yes No

Agency, Staff, and Clinic Information for Reproductive Health Services

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

340B Authorizing Official	
*Name:	
*Title:	
Address (<i>if different</i>):	
City:	Zip:
*Desk Phone w/extension:	*Fax Number:
*Email Address:	
*Receive bi-monthly RH Newsletter? Yes No	

See following pages for clinic information.

Agency, Staff, and Clinic Information for Reproductive Health 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 a broad range of contraceptive methods on-site.	
Local Public Health Authority (LPHA)	School-based Health Center (SBHC)
Federally Qualified Health Center (FQHC)	Rural Health Center (RHC)
Tribal Health Center	None apply to clinic
*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.	
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