

## New CCare Clinic Form

To add a clinic to the RH Program, send the following to [rh.program@state.or.us](mailto:rh.program@state.or.us):

- ✓ This completed form. **Be sure to provide phone numbers that allow state staff to reach the clinic, and clinic staff, directly** – this is often needed to respond to urgent client eligibility questions. **Fields outlined in red are required.**
- ✓ Submit clinic’s Board of Pharmacy license if RNs dispense contraceptives.

Once this form and the Board of Pharmacy license (if applicable) are submitted, the RH Program will begin the process of amending your CCare MSA to include this clinic.

Requestor Information	
Agency Name:	Ahlers Project/Agency #:
Requestor’s Name:	Email:

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.	
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

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If clinic is a SBHC, where will clients get their contraceptive supplies (must choose one):	
All supplies will be dispensed on-site	
Some supplies will be dispensed on-site. Please tell us which contraceptives will be available on-site:  _____	
No supplies will be dispensed on-site	
If clients will be referred somewhere else for any supplies please tell us where:  _____	
Is it ok to list this clinic on our website?    Yes    No	
<b>Clinic Manager:</b> The person in charge of daily operations of the clinic.	
Name:	
Desk Phone:	Email:
<b>RH Eligibility Program Database Contact:</b> A person who uses the RH Program Eligibility Database for client enrollment and will receive the eligibility update emails.	
Name:	
Desk Phone:	Email:

**Please note** that new RH Program Eligibility Database Users will need to complete a Ahlers User ID/Password Request form to gain access to the database. The form can be accessed on our Client Enrollment page: [healthoregon.org/rhclientenrollment](http://healthoregon.org/rhclientenrollment).