

COVID-19 Vaccination Supplemental Funding Application

Clinic Name:						
Clinic Address:						
	City:		State:		Zip:	
Billing Address:						
	City:		State:		Zip:	
Contact Name:			Contact Phone#:			
			Email:			
NPI#:			Clinic Tax ID#:			
ALERT ID #:						

Which program track are you applying for? (choose one)

Is this practice a (check one):

- PCPCH Clinic - If yes, what tier:
- Certified Community Behavioral Health Clinic
- OHA-Identified Public Access Clinic

A portion of this funding should be used to support COVID-19 vaccine equity work. How does this practice intend to provide community outreach and engagement around equity?

How is the clinic ensuring vaccination efforts are accessible to individuals with limited English proficiency and those living at the margins of our economy?

In what ways do your efforts address vaccine confidence?

For questions about this application, please call: 971-345-4478.

Please submit your application along with a W9 here: OHA.Vaccinationsupport@phtech.com