Barrier to Care Initiative Report Form

Date:

Clinic Name:

Clinic BNPI:

Clinic Address (full):

Note: If you are a Healthcare system reporting for multiple clinics, please include an attachment with the clinic names and clinic addresses.

Focus of Initiative

Years implementing the initiative?

5+

AIM Statement / Goal

(What is the goal you intend to accomplish with your Barrier to Care initiative?)

Caseload Information

1-5

Number of recipients served by this Barrier to Care initiative:

1-5

Progress:
(Select the option that best describes the outcomes achieved.)

Goals met fully

Please describe your progress:

Name of Initiative Submitter:

Title/Role:

Contact email: