

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration Patient Impact Form	FOR HRSA USE ONLY			
	Grant Number		Application Tracking Number	
	Maximum Eligible Amount:		Total Federal Requested Amount:	
Service Types Selected:				

Patient Impact Questions

1. As a direct result of this funding, how many NEW patients do you predict will access services at your health center?

[Applicant enters whole number here]

	NEW Patients by Service Category (as applicable)					
	Enabling Services (EN)	Medical Services (MS)	Oral Health Services (OH)	Behavioral Health Services (BH)	Pharmacy Services (PS)	Vision Services (VS)
Projected NEW Patients						
Total NEW patients for all services	[Total calculated by EHB – must match the number the applicant entered for Question 1 above]					

2. As a direct result of this funding, how many current/existing health center patients will access newly expanded services to which they did not previously have access?

[Applicant enters whole number here]

	EXISTING Patients by Service Category (as applicable)				
	Enabling Services (EN)	Oral Health Services (OH)	Behavioral Health Services (BH)	Pharmacy Services (PS)	Vision Services (VS)
Projected EXISTING Patients					
Total EXISTING patients for all services	[Total calculated by EHB – must match the number the applicant entered for Question 2 above]				

New Patients by Population Type

Population Type	NEW Patients Projected
Total NEW Patients (from Q1)	[Prepopulated from response to Question 1 above]
• General Underserved Community	
• Migratory and Seasonal Agricultural Workers	
• People Experiencing Homelessness	
• Public Housing Residents	
Total NEW Patients by Population Type	[Total calculated by EHB – must match the number the applicant entered for Question 1 above]

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0285. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-33, Rockville, Maryland, 20857.