

## **FORM 7**

### **DISCRETIONARY GRANT PROJECT SUMMARY DATA**

**1. Project Service Focus**

- Urban/Central City       Suburban       Metropolitan Area (city & suburbs)  
 Rural       Frontier       Border (US-Mexico)

**2. Project Scope**

- Local       Multi-county       State-wide  
 Regional       National

**3. Grantee Organization Type**

- State Agency  
 Community Government Agency  
 School District  
 University/Institution Of Higher Learning (Non-Hospital Based)  
 Academic Medical Center  
 Community-Based Non-Governmental Organization (Health Care)  
 Community-Based Non-Governmental Organization (Non-Health Care)  
 Professional Membership Organization (Individuals Constitute Its Membership)  
 National Organization (Other Organizations Constitute Its Membership)  
 National Organization (Non-Membership Based)  
 Independent Research/Planning/Policy Organization  
 Other \_\_\_\_\_

**4. Project Infrastructure Focus (from MCH Pyramid) if applicable**

- Guidelines/Standards Development And Maintenance  
 Policies And Programs Study And Analysis  
 Synthesis Of Data And Information  
 Translation Of Data And Information For Different Audiences  
 Dissemination Of Information And Resources  
 Quality Assurance  
 Technical Assistance  
 Training  
 Systems Development  
 Other

**5. Demographic Characteristics of Project Participants**

Indicate the service level:

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | <b>Direct Health Care Services</b>        |
| <input type="checkbox"/> | <b>Enabling Services</b>                  |
| <input type="checkbox"/> | <b>Public Health Services and Systems</b> |

|  | RACE (Indicate all that apply)   |       |                           |   |       |                    |            |       | ETHNICITY          |                        |            |       |
|--|----------------------------------|-------|---------------------------|---|-------|--------------------|------------|-------|--------------------|------------------------|------------|-------|
|  | American Indian or Alaska Native | Asian | Black or African American | Native Hawaiian or Other Pacific Islander | White | More than One Race | Unrecorded | Total | Hispanic or Latino | Not Hispanic or Latino | Unrecorded | Total |
| Pregnant Women (All Ages)              |                                  |       |                           |   |       |                    |            |       |                    |                        |            |       |
| Infants <1 year                        |                                  |       |                           |   |       |                    |            |       |                    |                        |            |       |
| Children 1 to 12 years                 |                                  |       |                           |   |       |                    |            |       |                    |                        |            |       |
| Adolescents 12-18 years                |                                  |       |                           |   |       |                    |            |       |                    |                        |            |       |
| Young Adults 18-25 years               |                                  |       |                           |   |       |                    |            |       |                    |                        |            |       |
| CSHCN Infants <1 year                  |                                  |       |                           |   |       |                    |            |       |                    |                        |            |       |
| CSHCN Children and Youth 1 to 25 years |                                  |       |                           |   |       |                    |            |       |                    |                        |            |       |
| Women 25+ years                        |                                  |       |                           |   |       |                    |            |       |                    |                        |            |       |
| Men 25+                                |                                  |       |                           |   |       |                    |            |       |                    |                        |            |       |
| <b>TOTALS</b>                          |                                  |       |                           |   |       |                    |            |       |                    |                        |            |       |

**6. Clients' Primary Language(s)**

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**1. Population Served**

- Homeless
- Incarcerated
- Severely Depressed
- Migrant Worker/ Population
- Uninsured
- Adolescent Pregnancy
- Food Stamp Eligible
- Other

**8. Resource/TA and Training Centers ONLY**

Answer all that apply.

- a. Characteristics of Primary Intended Audience(s)
  - Providers/ Professionals
  - Local/ Community partners
  - Title V
  - Other state agencies/ partners
  - Regional
  - National
  - International
- b. Number of Requests Received/Answered: \_\_\_\_/\_\_\_\_
- c. Number of Continuing Education credits provided: \_\_\_\_\_
- d. Number of Individuals/ Participants Reached: \_\_\_\_\_
- e. Number of Organizations Assisted: \_\_\_\_\_
- f. Major Type of TA or Training Provided:
  - continuing education courses,
  - workshops,
  - on-site assistance,
  - distance learning classes
  - one-on-one remote consultation
  - other, Specify: \_\_\_\_\_

## **INSTRUCTIONS FOR THE COMPLETION OF FORM 7 PROJECT SUMMARY**

### **Section 1 – Project Service Focus**

Select all that apply

### **Section 2 – Project Scope**

Choose the one that best applies to your project.

### **Section 3 – Grantee Organization Type**

Choose the one that best applies to your organization.

### **Section 4 – Project Infrastructure Focus**

If applicable, choose all that apply.

### **Section 5 – Demographic Characteristics of Project Participants**

Indicate the service level for the grant program. Multiple selections may be made. Please fill in each of the cells as appropriate.

**Direct Health Care Services** are those services generally delivered one-on-one between a health professional and a patient in an office, clinic or emergency room which may include primary care physicians, registered dietitians, public health or visiting nurses, nurses certified for obstetric and pediatric primary care, medical social workers, nutritionists, dentists, sub-specialty physicians who serve children with special health care needs, audiologists, occupational therapists, physical therapists, speech and language therapists, specialty registered dietitians. Basic services include what most consider ordinary medical care, inpatient and outpatient medical services, allied health services, drugs, laboratory testing, x-ray services, dental care, and pharmaceutical products and services. State Title V programs support - by directly operating programs or by funding local providers - services such as prenatal care, child health including immunizations and treatment or referrals, school health and family planning. For CSHCN, these services include specialty and sub-specialty care for those with HIV/AIDS, hemophilia, birth defects, chronic illness, and other conditions requiring sophisticated technology, access to highly trained specialists, or an array of services not generally available in most communities.

**Enabling Services** allow or provide for access to and the derivation of benefits from, the array of basic health care services and include such things as transportation, translation services, outreach, respite care, health education, family support services, purchase of health insurance, case management, coordination of with Medicaid, WIC and educations. These services are especially required for the low income, disadvantaged, geographically or culturally isolated, and those with special and complicated health needs. For many of these individuals, the enabling services are essential - for without them access is not possible. Enabling services most commonly provided by agencies for CSHCN include transportation, care coordination, translation services, home visiting, and family outreach. Family support activities include parent support groups, family training workshops, advocacy, nutrition and social work.

**Public Health Services and Systems** include preventive interventions and personal health services, developed and available for the entire MCH population of the State rather than for individuals in a one-on-one situation. Disease prevention, health promotion, and statewide outreach are major components. Common among these services are newborn screening, lead screening, immunization, Sudden Infant Death Syndrome counseling, oral health, injury prevention, nutrition and outreach/public education. These services are generally available whether the mother or child receives care in the private or public system, in a rural clinic or an HMO, and whether insured or not. The other critical aspect of **Public Health Services and Systems** are activities directed at improving and maintaining the health status of all women and children by providing support for development and maintenance of comprehensive health services systems and resources such as health services standards/guidelines, training, data and planning systems. Examples include needs assessment, evaluation, planning, policy development, coordination, quality assurance, standards development, monitoring, training, applied research, information systems and systems of care. In the development of systems of care it should be assured that the systems are family centered, community based and culturally competent.

**Section 6 – Clients Primary Language(s)**

Indicate which languages your clients speak as their primary language, other than English, for the data provided in Section 6. List up to three languages.

**Section 7 – Check all population served**

**Section 8 – Resource/TA and Training Centers (Only)**

Answer all that apply.