



Technical Assistance Program

Site Application

Date: _____

Site Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Contact Information:

Name of Administrator/Manager: _____

Telephone: _____ FAX: _____

Email: _____

Name of Chief Financial Officer: _____

Telephone: _____ FAX: _____

Email: _____

Type of Health Care Facility: (check one)

Public/Non-Profit Hospital
(# beds _____)

Public/Non-Profit Nursing Home

Public/Non-Profit Health
Clinic

Community Health Center

Other Non-Profit (describe)

Description of Problem/Needs:

Description of Service Area:

Briefly describe the geographic service area by town and county or zip code; describe any special populations or considerations (age, income levels, percent of person utilizing Medicare/Medicaid).



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Type of Services Requested: (check all that apply)

Financial Assistance

- Financial Review
- Restructuring Fiscal Services
- Accounts Receivable Management
- Financial Planning
- Management Reporting
- Computer Selection and Setup
- Internal Audit Development
- Productivity Analysis
- Corporate (Medicare) Compliance Program
- Charge System Reviews
- Fiscal Management Seminars (for Boards and Groups)
- Interim Financial Management

Legal Assistance

- Board of Directors' Training
- Compliance Planning
- Specialized Legal Services
- Review of Contracts/ Transactions
- Other Legal Services

Community Assessment

- Market Analysis (ICD-9/Primary Care data projections)
- Community Market Surveys
- Key Informant Interviews
- Focus Group Interviews
- Community Wide Meetings
- Customer Satisfaction Surveys
- Economic Impact Studies

Organizational/Management Development

- Organizational Surveys
- Scope of Services
- Employee Satisfaction Surveys
- Board Development
- Leadership Training
- Teambuilding
- Strategic Planning Facilitation
- Medical Staff Development/Conflict Resolution

Other: (Please list)

Which consultant or firm will you use? _____

Please provide a detailed estimate of costs from the consultant or firm.

Financial Capability:

On a separate sheet, please summarize the current financial status of the health care facility and provide a copy of the last audited year-end statements (unless you have a financing through the Idaho Health Facilities Authority).

Describe the importance of these services to the financial stability and the ongoing success of your local health care system.