

Technical Assistance Program Site Application

Date: _____

Site Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Contact Information:

Name of Administrator/CEO: _____

Telephone: _____ FAX: _____

Email : _____

Name of Chief Financial Officer: _____

Telephone: _____ FAX: _____

Email: _____

Type of Health Care Facility: (check one)

- | | |
|--|--|
| <input type="checkbox"/> Public/Non-Profit Hospital (# beds _____) | <input type="checkbox"/> Community Health Center |
| <input type="checkbox"/> Public/Non-Profit Nursing Home | <input type="checkbox"/> Other Non-Profit (describe) |
| <input type="checkbox"/> Public/Non-Profit Health Clinic | _____ |

Description of Problem/Needs:

Description of Service Area:

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

Technical Assistance Program

Type of Services Requested: (check all that apply)

Financial Assistance

- Financial Review
- Restructuring Fiscal Services
- Accounts Receivable Management
- Management Reporting
- Productivity Analysis
- Corporate (Medicare) Compliance Program
- Charge System Reviews (one per facility limit)
- Fiscal Management Seminars (for Boards and groups)

Legal Assistance

- Board of Directors' Training (including best governance principles)
- Compliance Planning
- Specialized Legal Services
- Review of Contracts/Transactions
- Other Legal Services

Organizational/Management Development

- Scope of Services Determination
- Board Development and Training
- Leadership Training
- Teambuilding
- Strategic Planning Facilitation

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 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.