

Bureau of Primary Health Care Section 330 Grantees Uniform Data System (UDS)

Calendar Year 2003 Data



National Rollup Report

(including Grant Specific Rollups)

UDS Trend Data for Years 1996 through 2003										UDS Trend data		UDS Trend data	
										Gross Change between 2003 and:		Percent Change between 2003 and:	
MDS Data used in 1997-8	1996	1997	1998	1999	2000	2001	2002	2003	2001	2002	2001	2002	
Grantees	686	673	694	690	730	748	843	890	142	47	19.45%	6.28%	
Users	8,095,047	8,250,000	8,669,000	9,017,325	9,600,158	10,280,747	11,318,727	12,391,270	2,110,523	1,072,543	21.98%	10.43%	
Medical users	7,086,069	7,310,393	7,651,090	8,031,421	8,606,022	9,153,138	10,075,694	11,014,677	1,861,539	938,983	21.63%	10.26%	
Dental users	1,138,897	1,152,749	1,190,906	1,242,987	1,329,635	1,412,270	1,644,917	1,885,359	473,089	240,442	35.58%	17.03%	
Encounters	32,921,908	34,274,931	34,809,561	36,632,678	38,293,815	40,239,431	44,777,627	49,319,011	9,079,580	4,541,384	23.71%	11.29%	
Medical	24,546,858	25,679,768	26,659,896	27,971,443	29,638,670	31,124,922	34,455,073	37,791,985	6,667,063	3,336,912	22.49%	10.72%	
Non-nursing medical	21,400,332	22,445,041	23,385,075	24,636,054	26,472,012	28,113,095	31,406,508	34,528,778	6,415,683	3,122,270	24.24%	11.11%	
Dental	2,732,207	2,743,955	2,829,605	2,882,701	3,008,272	3,230,529	3,787,923	4,460,429	1,229,900	672,506	40.88%	20.82%	
Encounters per user	4.067	4.155	4.015	4.062	3.989	3.914	3.956	3.980	0.066	0.024	1.66%	0.62%	
Medical per medical user	3.464	3.513	3.484	3.483	3.444	3.400	3.420	3.431	0.031	0.011	0.89%	0.34%	
Non-nursing medical/user	3.020	3.070	3.056	3.067	3.076	3.071	3.117	3.135	0.063	0.018	2.06%	0.58%	
Dental/dental user	2.399	2.380	2.376	2.319	2.262	2.287	2.303	2.366	0.078	0.063	3.46%	2.75%	
Staff FTE	48,173	48,173	48,837	51,035	55,914	60,751	69,956	78,096	17,345,000	8,140,000	31.02%	13.40%	
Total Income	\$2,742,305,776	\$2,855,409,617	\$3,109,533,451	\$3,369,710,582	\$3,933,154,727	\$4,423,253,477	\$5,212,249,417	\$5,964,519,374	\$1,541,265,897	\$752,269,957	39.19%	17.01%	
Income per user	\$338.76	\$346.11	\$358.70	\$373.69	\$409.70	\$430.25	\$460.50	\$481.35	\$51.10	\$20.85	12.47%	4.85%	
Total Cost	\$2,829,242,745	\$3,007,000,000	\$3,197,903,237	\$3,444,317,086	\$3,988,830,763	\$4,488,682,636	\$5,301,415,055	\$6,116,980,828	\$1,628,298,192	\$815,565,773	40.82%	18.17%	
Cost without donations	\$2,757,000,630	\$2,954,207,013	\$3,127,572,154	\$3,376,025,917	\$3,898,998,529	\$4,367,181,134	\$5,151,816,321	\$5,935,147,606	\$1,567,966,472	\$783,331,285	40.21%	17.94%	
Cost per total user	\$340.58	\$358.09	\$360.78	\$374.39	\$406.14	\$424.79	\$455.16	\$478.98	\$54.19	\$23.82	13.34%	5.61%	
Cost per total encounter	\$83.74	\$86.19	\$89.85	\$92.16	\$101.82	\$108.53	\$115.05	\$120.34	\$11.81	\$5.29	11.60%	4.87%	
Medical per user	\$259.75	\$269.49	\$276.74	\$282.50	\$299.41	\$318.51	\$337.91	\$351.75	\$33.25	\$13.84	11.10%	4.35%	
Medical per encounter	\$86.01	\$87.77	\$90.54	\$92.09	\$97.34	\$103.70	\$108.41	\$112.21	\$8.51	\$3.80	8.74%	3.67%	
Dental per user	\$195.17	\$204.63	\$209.76	\$219.51	\$233.36	\$254.43	\$275.20	\$292.92	\$38.49	\$17.73	16.49%	6.97%	
Dental per encounter	\$81.36	\$85.96	\$88.28	\$94.65	\$103.14	\$111.23	\$119.50	\$123.81	\$12.58	\$4.31	12.20%	3.87%	
Patient Service Revenue													
Total collections	\$1,494,824,609	\$1,614,691,991	\$1,763,147,802	\$1,842,427,859	\$2,152,570,643	\$2,418,545,170	\$2,870,306,920	\$3,313,292,036	\$894,746,866	\$442,985,116	41.57%	18.32%	
Collections/user **	\$181.74	\$190.79	\$199.41	\$198.66	\$216.65	\$228.91	\$244.89	\$256.84	\$27.93	\$11.95	12.89%	5.22%	
Medicaid													
Users	2,732,826	2,810,000	2,840,000	2,945,768	3,221,673	3,562,706	4,019,978	4,436,270	873,564	416,292	27.12%	11.68%	
% of total users	33.76%	34.06%	32.76%	32.67%	33.56%	34.65%	35.52%	35.80%	1.15%	0.29%			
Total Medicaid collections	\$935,874,124	\$985,000,000	\$1,049,000,000	\$1,113,150,877	\$1,343,796,288	\$1,494,564,901	\$1,808,463,976	\$2,116,251,553	\$621,686,652	\$307,787,577	46.26%	20.59%	
% of total coll.	62.61%	61.00%	59.50%	60.42%	62.43%	61.80%	63.01%	63.87%	2.08%	0.87%			
Reconciliations/Incentives		\$54,000,000	\$133,000,000	\$169,100,740	\$246,442,714	\$272,272,298	\$361,028,164	\$446,895,231	\$174,622,933	\$85,867,067	70.86%	31.54%	
% of Medicaid Coll.		5.48%	15.19%	18.34%	18.22%	19.96%	21.12%	2.90%	1.15%				
Prior year reconciliations	n/a	n/a	\$53,000,000	\$66,119,871	\$106,808,959	\$98,928,076	\$123,460,744	\$159,035,424	\$60,107,348	\$35,574,680	56.28%	35.96%	
Collections/user	\$342.46	\$350.53	\$369.37	\$377.88	\$417.11	\$419.50	\$449.87	\$477.03	\$57.53	\$27.16	13.79%	6.48%	
Uninsured users	3,193,961	3,310,000	3,550,000	3,699,439	3,859,036	3,999,758	4,405,301	4,872,045	872,287	466,744	22.60%	11.67%	

** Calculation based on Medical + Dental users. This does not equate directly to a user population and does not reflect collections from other services

State: None Specified
 Calendar Year: 2003

UDS Comparison Measures

UNIVERSAL		Averages					National Percentiles			
		<NONE>	National	Urban	Rural	Large	Small	25th	Median	75th
U1.00	USER DEMOGRAPHICS									
U1.10	Target Populations									
U1.11	% Pediatric (<15 years old)		30%	31%	29%	31%	24%	19%	27%	34%
U1.12	% Geriatric (age 65 and over)		7%	5%	9%	7%	8%	3%	6%	10%
U1.13	% Women's health (age 15 - 44)		29%	30%	27%	29%	28%	23%	28%	32%
U1.20	Gender Split by Age Group									
U1.21	% total users who are female		59%	60%	59%	60%	57%	55%	59%	62%
U1.22	% users under 15 who are female		50%	50%	50%	50%	50%	49%	50%	51%
U1.23	% users 15 - 44 who are female		65%	65%	64%	66%	61%	58%	64%	69%
U1.24	% users 45 - 64 who are female		59%	59%	60%	60%	55%	55%	59%	64%
U1.25	% users 65 and over who are female		62%	65%	60%	62%	59%	57%	62%	66%
U1.30	Race/Ethnicity/Language									
U1.31	% Asian*		3%	4%	2%	3%	3%	0%	0%	1%
U1.32	% Black / African American*		24%	33%	13%	24%	25%	1%	9%	43%
U1.33	% Native American / Alaskan Native*		1%	1%	2%	1%	3%	0%	0%	1%
U1.34	% Hispanic or Latino*		35%	37%	34%	39%	19%	2%	10%	45%
U1.35	% White*		36%	25%	49%	33%	50%	13%	38%	72%
U1.36	% with Linguistic Barrier		30%	31%	28%	33%	17%	1%	10%	38%
U1.40	Income/Insurance									
U1.41	% < 100% Poverty *		69%	73%	64%	69%	68%	55%	69%	83%
U1.42	% < 200% Poverty *		90%	92%	87%	90%	89%	88%	96%	99%
U1.43	% Uninsured		39%	43%	35%	39%	42%	26%	38%	52%
U1.44	% with Medicaid coverage		36%	39%	33%	37%	29%	20%	31%	43%
U1.45	% with Medicare coverage		7%	5%	10%	7%	9%	3%	6%	11%
U1.46	% with Other Public Ins. coverage		3%	3%	2%	3%	2%	0%	0%	2%
U1.47	% with Private Ins. coverage		15%	10%	20%	14%	19%	5%	13%	25%
U1.48	% CHIP enrolled (M'aid or Oth.Pub.)		2%	3%	2%	2%	2%	0%	0%	2%

* Denominator excludes 'Unknown' category

** Billable encounters based on non-nursing Medical + Dental + Mental Health. Reimbursable cost based on total Medical + Dental + Mental Health + Pharmacy.

*** Compares accrued cost to cash income

Comparison Group Criteria:

All Grantees

State: None Specified
 Calendar Year: 2003

UDS Comparison Measures

UNIVERSAL	Averages						National Percentiles		
	<NONE>	National	Urban	Rural	Large	Small	25th	Median	75th
U2.0	CLINICAL INFORMATION								
U2.10	Service User to population ratios								
U2.11	HIV Test / total users	2.76%	3.79%	1.53%	2.86%	2.34%	0.02%	0.69%	3.21%
U2.12	Mammogram / female users 45+ years	10.84%	12.74%	9.00%	11.82%	7.00%	0.00%	0.00%	10.61%
U2.13	Pap smears / female users 15+ years	22.76%	25.23%	19.83%	23.63%	18.96%	10.90%	17.20%	25.73%
U2.14	Family planning / female users 15-44 yrs	19.99%	21.34%	18.19%	20.59%	17.15%	5.91%	12.49%	21.52%
U2.15	Well child users / users < 12 years	52.84%	58.03%	46.18%	54.01%	45.87%	28.87%	45.40%	62.70%
U2.20	Diagnosis User to population ratios								
U2.21	Hypertension / user 20+ years	14.33%	13.31%	15.52%	14.01%	15.56%	8.71%	12.95%	19.33%
U2.22	Symptomatic HIV / total medical users	0.43%	0.66%	0.16%	0.44%	0.35%	0.00%	0.03%	0.25%
U2.23	Asymptomatic HIV / total medical users	0.19%	0.29%	0.08%	0.20%	0.14%	0.00%	0.00%	0.04%
U2.24	Asthma / total medical users	3.65%	3.94%	3.32%	3.74%	3.26%	2.07%	2.96%	4.26%
U2.25	Diabetes / total medical users	6.27%	6.01%	6.57%	6.10%	7.03%	4.14%	5.76%	7.66%
U2.30	Visits per year for patients with specific diagnoses								
U2.31	Asthma	1.87	1.84	1.90	1.89	1.78	1.48	1.68	1.91
U2.32	Hypertension	2.42	2.50	2.33	2.45	2.31	1.89	2.18	2.61
U2.33	Diabetes	3.16	3.20	3.12	3.21	2.96	2.44	2.99	3.63
U2.34	Otitis Media	1.52	1.49	1.54	1.52	1.49	1.26	1.40	1.54
U2.35	Mental disorders	2.97	3.34	2.54	3.02	2.78	1.49	1.83	2.57
U2.40	Proportion of Medical Encounters by Diagnosis								
U2.41	% Asthma encounters	1.99%	2.16%	1.80%	2.04%	1.73%	1.06%	1.54%	2.29%
U2.42	% Hypertension encounters	7.01%	6.98%	7.05%	6.75%	8.21%	4.08%	6.43%	9.83%
U2.43	% Diabetes encounters	5.77%	5.73%	5.82%	5.68%	6.19%	3.73%	5.18%	7.28%
U2.50	Perinatal Care								
U2.51	% Prenatal teen users (< 20 yrs)	19.41%	18.79%	20.46%	19.38%	19.61%	15.32%	20.26%	25.39%
U2.52	% Newborns Below Normal Birthweight	7.05%	7.19%	6.80%	6.98%	7.61%	3.37%	5.82%	9.65%
U2.53	% Late Entry Into Prenatal Care	37.73%	38.69%	36.08%	38.13%	34.53%	23.03%	32.80%	42.73%

* Denominator excludes 'Unknown' category

** Billable encounters based on non-nursing Medical + Dental + Mental Health. Reimbursable cost based on total Medical + Dental + Mental Health + Pharmacy.

*** Compares accrued cost to cash income

Comparison Group Criteria:

All Grantees

State: None Specified
 Calendar Year: 2003

UDS Comparison Measures

UNIVERSAL		Averages					National Percentiles			
		<NONE>	National	Urban	Rural	Large	Small	25th	Median	75th
U3.0	STAFFING RATIOS AND PRODUCTIVITY									
U3.10	Support Ratios									
U3.11	Direct medical support		1.62	1.65	1.59	1.69	1.36	1.13	1.50	1.86
U3.12	Direct dental support ratio		1.40	1.37	1.45	1.45	1.23	0.87	1.23	1.74
U3.13	"Patient support" ratio		1.19	1.15	1.22	1.22	1.06	0.68	1.11	1.50
U3.20	Med. Productivity and Patient Panel Size									
U3.21	Family Practice Productivity		3,954	3,790	4,104	4,037	3,666	3,112	3,777	4,492
U3.22	General Practice Productivity		4,279	3,837	4,434	4,473	3,450	2,700	3,803	4,925
U3.23	Internal Medicine Productivity		3,867	3,809	3,970	3,936	3,515	3,066	3,753	4,577
U3.24	Ob/Gyn Productivity		3,586	3,585	3,587	3,599	3,396	2,716	3,801	4,698
U3.25	Pediatric Productivity		4,047	3,947	4,237	4,105	3,499	3,114	3,833	4,596
U3.26	Overall Physician Productivity (excl. Psych)		3,926	3,817	4,061	3,995	3,589	3,194	3,763	4,372
U3.27	NP / PA Productivity		2,791	2,611	2,991	2,924	2,422	2,149	2,750	3,280
U3.28	Medical Team Productivity		4,284	4,110	4,495	4,359	3,967	3,630	4,227	4,824
U3.29	Medical Users per Provider FTE		1,137	1,112	1,168	1,169	1,016	896	1,112	1,370
U3.30	Dental Productivity and Patient Panel Size									
U3.31	Dentist Productivity		2,703	2,688	2,723	2,787	2,356	2,008	2,514	3,066
U3.32	Dental Hygenist Productivity		1,329	1,413	1,226	1,360	1,207	946	1,277	1,690
U3.33	Dental Team Productivity		2,696	2,707	2,682	2,777	2,365	2,018	2,507	3,019
U3.34	Dental Users per Provider FTE		996	1,004	986	1,031	852	712	933	1,231
U4.0	UTILIZATION RATES									
U4.10	Medical Encounters per Medical User		3.43	3.35	3.52	3.45	3.36	2.80	3.30	3.85
U4.20	Dental Encounters per Dental User		2.37	2.37	2.36	2.36	2.41	1.81	2.26	2.70
U4.30	Mental Health Encounters Per MH User		4.92	5.15	4.53	4.90	5.00	2.39	3.81	6.18
U4.40	Substance Abuse Encounters Per SA User		11.27	12.69	5.59	13.21	7.62	2.17	4.19	10.34
U4.50	Enabling Encounters per Enab. User		2.82	2.92	2.66	2.75	3.15	1.64	2.44	4.15

* Denominator excludes 'Unknown' category

** Billable encounters based on non-nursing Medical + Dental + Mental Health. Reimbursable cost based on total Medical + Dental + Mental Health + Pharmacy.

*** Compares accrued cost to cash income

Comparison Group Criteria:

All Grantees

State: None Specified
 Calendar Year: 2003

UDS Comparison Measures

UNIVERSAL	Averages						National Percentiles			
	<NONE>	National	Urban	Rural	Large	Small	25th	Median	75th	
U5.0	COSTS									
U5.10	Costs by cost center									
U5.11	Administration % of Total Cost	25%	25%	24%	24%	27%	21%	26%	32%	
U5.12	Facility % of Total Cost	7%	8%	7%	7%	7%	5%	7%	9%	
U5.13	Medical (loaded) as % of total cost	65%	63%	69%	66%	64%	57%	69%	80%	
U5.14	Dental (loaded) as % of total cost	9%	9%	10%	9%	9%	0%	7%	14%	
U5.15	Pharmacy (loaded) as % of total cost	7%	6%	9%	8%	6%	0%	3%	9%	
U5.16	Lab/X-ray (loaded) as % of total cost	5%	5%	6%	5%	4%	1%	4%	7%	
U5.17	Mental/Addictive (loaded) as % of total cost	4%	5%	2%	4%	6%	0%	1%	4%	
U5.18	Enabling (loaded) as % of total cost	9%	11%	6%	9%	9%	3%	7%	12%	
U5.20	Costs per user									
U5.21	Medical Cost per Medical User	\$352	\$372	\$328	\$349	\$362	\$275	\$337	\$421	
U5.22	Dental Cost per Dental User	\$293	\$291	\$296	\$284	\$335	\$217	\$301	\$403	
U5.23	Total Cost per Total User	\$479	\$518	\$433	\$474	\$503	\$350	\$432	\$555	
U5.30	Costs per encounter									
U5.31	Medical cost per medical encounter	\$112	\$120	\$104	\$111	\$120	\$95	\$111	\$135	
U5.32	Dental Cost per dental encounter	\$124	\$123	\$125	\$121	\$139	\$100	\$129	\$166	
U5.33	Pharmacy Cost per medical encounter	\$13	\$12	\$13	\$13	\$11	\$0	\$4	\$16	
U5.34	Lab & X-ray Cost per medical encounter	\$9	\$9	\$8	\$9	\$8	\$2	\$6	\$13	
U6.0	MANAGED CARE									
U6.10	Managed Care Surplus/Deficit as % Expenses									
U6.11	Medicaid MC Surplus/Deficit %	6%	8%	4%	8%	-5%	-18%	0%	16%	
U6.12	Medicare MC Surplus/Deficit %	-10%	-6%	-34%	-9%	-33%	-55%	-34%	-11%	
U6.13	Other Public MC Surplus/Deficit %	1%	10%	-13%	2%	-14%	-46%	-20%	12%	
U6.14	Private MC Surplus/Deficit %	-28%	-31%	-22%	-29%	-27%	-49%	-31%	-9%	
U6.15	Total MC Surplus/Deficit %	2%	3%	-1%	3%	-9%	-22%	-4%	10%	
U6.20	Average Capitated Member Month Revenue									
U6.21	Medicaid PMPM	\$23	\$23	\$22	\$23	\$24	\$14	\$18	\$25	
U6.22	Medicare PMPM	\$74	\$106	\$19	\$78	\$24	\$21	\$27	\$38	
U6.23	Other Public PMPM	\$20	\$19	\$23	\$20	\$27	\$14	\$20	\$31	
U6.24	Private Insurance PMPM	\$17	\$18	\$15	\$17	\$16	\$10	\$11	\$17	
U6.30	Total Encounters per Member Year	3.73	3.50	4.15	3.70	4.00	2.74	3.53	4.63	

* Denominator excludes 'Unknown' category

** Billable encounters based on non-nursing Medical + Dental + Mental Health. Reimbursable cost based on total Medical + Dental + Mental Health + Pharmacy.

*** Compares accrued cost to cash income

Comparison Group Criteria:

All Grantees

State: None Specified
 Calendar Year: 2003

UDS Comparison Measures

UNIVERSAL		Averages					National Percentiles			
		<NONE>	National	Urban	Rural	Large	Small	25th	Median	75th
U7.0	CHARGES, COLLECTIONS AND ADJUSTMENTS									
U7.10	Income by Source									
U7.11	% Income from Patient Service		56%	52%	60%	59%	43%	33%	50%	64%
U7.12	% Income from BPHC		22%	20%	25%	20%	31%	18%	28%	40%
U7.13	% Income from other sources		22%	28%	15%	21%	27%	7%	16%	30%
U7.20	Managed Care Participation									
U7.21	% Non-Managed Care Charges		78%	74%	84%	77%	87%	73%	93%	100%
U7.22	% Capitated Managed Care Charges		11%	13%	8%	12%	5%	0%	0%	10%
U7.23	% Fee-for-Service Managed Care Charges		11%	12%	9%	11%	8%	0%	0%	14%
U7.30	Income Ratios									
U7.31	Average Charge per Unduplicated User		\$438	\$473	\$398	\$453	\$374	\$269	\$359	\$474
U7.32	Average Charge per Billable Encounter **		\$135	\$147	\$121	\$138	\$118	\$91	\$112	\$141
U7.33	Ratio of Charges to Reimbursable Costs **		108%	112%	103%	112%	90%	75%	95%	114%
U7.34	Average 330 Grant \$ per Medical User		\$120	\$121	\$119	\$108	\$174	\$94	\$134	\$200
U7.40	Collection Rate									
U7.41	% Medicaid Charges Collected		89%	86%	93%	89%	87%	71%	89%	107%
U7.42	% Medicare Charges Collected		68%	64%	71%	67%	71%	53%	73%	91%
U7.43	% Other Public Charges Collected		73%	74%	73%	77%	54%	43%	65%	85%
U7.44	% Private Insurance Charges Collected		58%	50%	64%	57%	60%	43%	59%	71%
U7.45	% Self Pay Charges Collected		20%	15%	28%	20%	22%	12%	21%	33%
U7.46	% Overall Charges Collected		61%	58%	66%	62%	57%	44%	61%	73%
U7.47	% Collections from Retroactive Payments		14%	17%	11%	15%	10%	0%	5%	17%
U7.50	Adjustments									
U7.51	Sliding Discounts as % of self pay charges		68%	73%	61%	69%	67%	52%	67%	80%
U7.52	Bad Debt as % of self pay charges		9%	10%	9%	9%	10%	2%	6%	14%
U7.53	Allowances as % of insured charges		17%	19%	15%	17%	16%	1%	12%	25%
U7.60	Indigent Care Income as % of self pay chgs.		13%	16%	10%	13%	17%	0%	0%	11%
U7.70	Surplus/Deficit as % Total Cost***		0%	1%	0%	1%	0%	-5%	0%	6%

* Denominator excludes 'Unknown' category

** Billable encounters based on non-nursing Medical + Dental + Mental Health. Reimbursable cost based on total Medical + Dental + Mental Health + Pharmacy.

*** Compares accrued cost to cash income

Comparison Group Criteria:

All Grantees

TABLE 2: SERVICES OFFERED AND DELIVERY METHOD

National Summary for 2003

890 Grantees

SERVICE TYPE NOTE: NOT ALL CENTERS PROVIDE ALL SERVICES (See Appendix B for Definitions)		DELIVERY METHOD (More than one method may apply for a given service)			
		PROVIDED BY GRANTEE (a)	BY REFERRAL/ GRANTEE PAYS (b)	BY REFERRAL/ GRANTEE DOESN'T PAY (c)	PROVIDES ONE OR MORE DELIVERY
PRIMARY MEDICAL CARE SERVICES					
1.	General Primary Medical Care (other than listed below)	99.4%	6.3%	10.7%	99.8%
2.	Diagnostic Laboratory (technical component)	82.0%	59.2%	66.6%	99.7%
3.	Diagnostic X-Ray Procedures (technical component)	45.6%	44.0%	75.8%	99.1%
4.	Diagnostic Tests/Screenings (professional component)	77.4%	43.9%	72.4%	99.0%
5.	Emergency medical services	43.7%	8.7%	80.6%	97.1%
6.	Urgent medical care	86.9%	8.4%	52.2%	99.0%
7.	24-hour coverage	87.1%	9.0%	26.4%	98.2%
8.	Family Planning	94.8%	6.1%	28.5%	99.3%
9.	HIV testing and counseling	91.5%	11.7%	41.6%	99.6%
10.	Testing for Blood Lead Levels	75.7%	16.5%	38.7%	98.1%
11.	Immunizations	97.9%	3.8%	21.1%	99.3%
12.	Following hospitalized patients	78.7%	10.3%	44.7%	97.2%
OBSTETRICAL AND GYNECOLOGICAL CARE					
13.	Gynecological Care	94.8%	12.6%	49.2%	99.7%
14.	Prenatal care	72.1%	8.3%	56.7%	99.3%
15.	Antepartum fetal assessment	52.2%	7.9%	64.6%	96.4%
16.	Ultrasound	28.7%	17.5%	79.4%	96.9%
17.	Genetic counseling and testing	12.1%	6.2%	88.5%	94.3%
18.	Amniocentesis	5.7%	6.4%	89.2%	94.7%
19.	Labor and delivery professional care	39.0%	10.2%	72.1%	95.4%
20.	Postpartum care	72.8%	6.3%	45.7%	96.1%

Date Printed: 8/13/2004 2:09:31 PM

Report Criteria:

TABLE 2: SERVICES OFFERED AND DELIVERY METHOD

National Summary for 2003

890 Grantees

SERVICE TYPE NOTE: NOT ALL CENTERS PROVIDE ALL SERVICES (See Appendix B for Definitions)		DELIVERY METHOD (More than one method may apply for a given service)			
		PROVIDED BY GRANTEE (a)	BY REFERRAL/ GRANTEE PAYS (b)	BY REFERRAL/ GRANTEE DOESN'T PAY (c)	PROVIDES ONE OR MORE DELIVERY
SPECIALTY MEDICAL CARE					
21.	Directly observed TB therapy	29.6%	4.9%	80.9%	95.5%
22.	Respite Care	6.3%	3.7%	81.7%	86.5%
23.	Other Specialty Care	31.8%	13.8%	80.4%	90.4%
DENTAL CARE SERVICES					
24.	Dental Care - Preventive	74.4%	15.5%	40.3%	98.7%
25.	Dental Care - Restorative	65.6%	20.7%	51.3%	98.1%
26.	Dental Care - Emergency	67.3%	18.2%	56.7%	98.0%
27.	Dental Care - Rehabilitative	36.7%	9.2%	70.2%	91.2%
MENTAL HEALTH/SUBSTANCE ABUSE SERVICES					
28.	Mental Health Treatment/Counseling	70.0%	11.2%	77.2%	98.5%
29.	Developmental Screening	70.0%	5.5%	62.5%	97.3%
30.	24-hour Crisis Intervention/Counseling	20.2%	4.7%	88.2%	95.4%
31.	Other Mental Health Issues	43.8%	6.6%	79.1%	95.1%
32.	Substance Abuse Treatment/Counseling	50.3%	8.9%	82.9%	98.1%
33.	Other Substance Abuse Services	32.1%	6.1%	82.2%	93.5%
OTHER PROFESSIONAL SERVICES					
34.	Hearing Screening	87.1%	7.9%	45.8%	99.2%
35.	Nutrition Services Other than WIC	77.3%	4.9%	50.4%	97.9%
36.	Occupational or Vocational Therapy	4.8%	4.4%	91.2%	94.5%
37.	Physical Therapy	7.5%	7.6%	90.0%	95.8%
38.	Pharmacy - Licensed Pharmacy staffed by Registered Pharmacist	33.5%	31.9%	65.6%	94.9%
39.	Pharmacy - Provider Dispensing	61.9%	15.4%	36.7%	87.1%
40.	Vision Screening	92.6%	10.2%	44.4%	99.1%
41.	Podiatry	30.0%	10.1%	76.7%	96.2%
42.	Optometry	18.0%	14.4%	83.1%	96.0%

Date Printed: 8/13/2004 2:10:05 PM

Report Criteria:

TABLE 2: SERVICES OFFERED AND DELIVERY METHOD

National Summary for 2003

890 Grantees

SERVICE TYPE NOTE: NOT ALL CENTERS PROVIDE ALL SERVICES (See Appendix B for Definitions)		DELIVERY METHOD (More than one method may apply for a given service)			
		PROVIDED BY GRANTEE (a)	BY REFERRAL/ GRANTEE PAYS (b)	BY REFERRAL/ GRANTEE DOESN'T PAY (c)	PROVIDES ONE OR MORE DELIVERY
ENABLING SERVICES					
43.	Case management	89.8%	4.2%	41.6%	98.3%
44.	Child Care (during visit to center)	11.9%	0.6%	57.8%	66.4%
45.	Discharge Planning	53.1%	2.9%	54.0%	86.4%
46.	Eligibility Assistance	87.2%	1.5%	44.3%	97.8%
47.	Environmental Health Risk Reduction	30.2%	1.6%	67.2%	82.8%
48.	Health education	97.8%	3.5%	34.2%	99.3%
49.	Interpretation/Translation services	85.4%	19.3%	30.3%	96.0%
50.	Nursing home and assisted-living placement	33.8%	1.6%	71.8%	89.3%
51.	Outreach	90.6%	2.8%	26.9%	97.1%
52.	Transportation	56.7%	26.7%	57.1%	94.9%
53.	Out Stationed Eligibility Workers	41.8%	1.2%	46.2%	79.3%
54.	Home Visiting	64.5%	2.6%	52.4%	90.6%
55.	Parenting Education	73.1%	2.6%	47.1%	93.8%
56.	Special Education Program	15.73%	1.01%	64.16%	73.9%
57.	Other	12.47%	0.79%	3.60%	13.4%
PREVENTITIVE SERVICES RELATED TO TARGET CLINICAL AREAS					
I. Cancer					
58.	Pap smear	95.28%	12.25%	25.17%	99.2%
59.	Fecal occult blood test	92.13%	8.43%	20.67%	98.4%
60.	Sigmoidoscopy	20.00%	10.00%	81.12%	96.4%
61.	Colonoscopy	8.09%	10.56%	87.75%	96.5%
62.	Mammograms	14.72%	25.84%	84.04%	98.5%
63.	Smoking cessation program	55.96%	3.37%	60.79%	94.7%
II. Diabetes					
64.	Glycosylated hemoglobin measurement for people with diabetes	82.02%	17.87%	33.15%	98.5%
65.	Urinary microalbumin measurement for people with diabetes	78.65%	18.88%	33.71%	98.3%
66.	Foot exam for people with diabetes	92.81%	6.85%	31.46%	98.4%
67.	Dilated eye exam for people with diabetes	27.98%	15.73%	74.38%	96.6%

Date Printed: 8/13/2004 2:10:42 PM

Report Criteria:

TABLE 2: SERVICES OFFERED AND DELIVERY METHOD

National Summary for 2003

890 Grantees

SERVICE TYPE NOTE: NOT ALL CENTERS PROVIDE ALL SERVICES (See Appendix B for Definitions)		DELIVERY METHOD (More than one method may apply for a given service)			
		PROVIDED BY GRANTEE (a)	BY REFERRAL/ GRANTEE PAYS (b)	BY REFERRAL/ GRANTEE DOESN'T PAY (c)	PROVIDES ONE OR MORE DELIVERY
III. Cardiovascular Disease					
68.	Blood pressure monitoring	98.99%	3.15%	10.00%	99.4%
69.	Weight reduction program	73.15%	3.03%	45.62%	95.2%
70.	Blood cholesterol screening	87.42%	15.51%	27.19%	98.5%
IV. HIV/AIDS					
See line 9. HIV testing and counseling					
V. Infant Mortality					
71.	Follow-up testing and related health care services for abnormal newborn bloodspot screening	42.70%	8.76%	64.94%	90.6%
See line 14. Prenatal Care					
VI. Immunizations					
See line 11. Immunizations					
COMPLEMENTARY/ALTERNATIVE THERAPIES					
Lines 72-80 no longer reported					
OTHER SERVICES					
81.	WIC Services	29.33%	1.91%	71.12%	95.4%
82.	Head Start services	6.97%	0.90%	81.57%	86.6%
83.	Food bank/delivered meals	10.34%	1.35%	80.90%	85.3%
84.	Employment/Educational Counseling	15.96%	1.01%	76.40%	83.1%
85.	Assistance in obtaining housing	25.96%	1.46%	74.27%	84.9%

Date Printed: 8/13/2004 2:10:55 PM

Report Criteria:

TABLE 3A: USERS BY AGE AND GENDER

National Summary for 2003

890 Grantees

Universal

Age Groups		MALE USERS	FEMALE USERS	All Users	
		(a)	(b)	Number	Percent
Number of Users					
1.	Under Age 1	235,533	233,976	469,509	3.8%
2.	Age 1	146,745	144,849	291,594	2.4%
3.	Age 2	129,464	128,235	257,699	2.1%
4.	Age 3	131,884	131,818	263,702	2.1%
5.	Age 4	137,432	137,565	274,997	2.2%
6.	Age 5	124,964	124,698	249,662	2.0%
7.	Age 6	110,188	109,643	219,831	1.8%
8.	Age 7	104,052	102,796	206,848	1.7%
9.	Age 8	102,618	102,788	205,406	1.7%
10.	Age 9	102,749	102,580	205,329	1.7%
11.	Age 10	103,266	104,250	207,516	1.7%
12.	Age 11	104,617	104,751	209,368	1.7%
13.	Age 12	110,793	111,470	222,263	1.8%
14.	Age 13	104,877	107,640	212,517	1.7%
15.	Age 14	100,534	110,866	211,400	1.7%
16.	Age 15	92,238	114,762	207,000	1.7%
17.	Age 16	86,101	122,956	209,057	1.7%
18.	Age 17	79,531	129,723	209,254	1.7%
19.	Age 18	68,598	135,012	203,610	1.6%
20.	Age 19	60,346	136,244	196,590	1.6%
21.	Age 20	59,593	143,910	203,503	1.6%
22.	Age 21	59,190	146,058	205,248	1.7%
23.	Age 22	60,298	147,162	207,460	1.7%
24.	Age 23	62,306	146,991	209,297	1.7%
25.	Age 24	63,002	143,717	206,719	1.7%
26.	Ages 25 - 29	286,935	625,193	912,128	7.4%
27.	Ages 30 - 34	296,531	562,691	859,222	6.9%
28.	Ages 35 - 39	318,399	514,519	832,918	6.7%
29.	Ages 40 - 44	350,682	507,957	858,639	6.9%
30.	Ages 45 - 49	322,003	446,094	768,097	6.2%
31.	Ages 50 - 54	262,816	369,448	632,264	5.1%
32.	Ages 55 - 59	198,345	299,221	497,566	4.0%
33.	Ages 60 - 64	162,159	245,440	407,599	3.3%
34.	Ages 65 - 69	116,409	175,091	291,500	2.4%
35.	Ages 70 - 74	84,532	128,189	212,721	1.7%
36.	Ages 75 - 79	60,754	99,183	159,937	1.3%
37.	Ages 80 - 84	38,662	68,253	106,915	0.9%
38.	Age 85 and over	27,140	59,245	86,385	0.7%
39.	Total Users (sum lines 1-38)	5,066,286	7,324,984	12,391,270	100.0%
	Percent of Total	40.9%	59.1%		

* Percents may not total to 100% due to rounding.

Date printed 6/30/2004 5:02:50 PM

Report Criteria:

TABLE 3B: USERS BY RACE / ETHNICITY / LANGUAGE

National Summary for 2003 890 Grantees

Universal

Race/Ethnicity/Language		Number	Percent (a)	% of Known
Proportion of Users				
1a.	Asian	276,804	2.2%	2.4%
1b.	Native Hawaiian	23,652	0.2%	0.2%
1c.	Other Pacific Islander	83,445	0.7%	0.7%
1.	Asian/Pacific Islander	383,901	3.1%	3.3%
2.	Black/African American	2,811,747	22.7%	24.1%
3.	American Indian/Alaska Native	127,585	1.0%	1.1%
4.	White	4,225,265	34.1%	36.2%
5.	Hispanic or Latino	4,137,026	33.4%	35.4%
6.	Unreported / Refused to report	705,746	5.7%	
7.	Total Users (sum lines 1-6)	12,391,270	100.0%	100.0%
8.	Users best serviced by languages other than English (including Sign Language)	3,680,109	29.7%	

* Percents may not equal 100% due to rounding

Date printed 6/30/2004 5:02:54 PM

Report Criteria:

TABLE 4: USERS BY SOCIOECONOMIC CHARACTERISTICS

National Summary for 2003 890 Grantees

Universal

Income as Percent of Poverty Level		Number of Users (a)	% of Total	% of Known	
1.	100% and Below	6,890,395	55.6%	69.1%	
2.	101 - 150%	1,424,223	11.5%	14.3%	
3.	151 - 200%	630,436	5.1%	6.3%	
4.	Over 200%	1,032,906	8.3%	10.4%	
5.	Unknown	2,413,310	19.5%		
6.	Total (sum lines 1-5)	12,391,270	100.0%		
Principal Third Party Insurance Source		0 - 19 (a)	20 and Older (b)	TOTAL	%
7.	None/Uninsured	1,292,378	3,579,667	4,872,045	39.3%
8a.	Regular Medicaid (Title XIX)	2,495,729	1,773,890	4,269,619	34.5%
8b.	S-CHIP Medicaid	141,940	24,711	166,651	1.3%
8.	Total Medicaid (Line 8a + 8b)	2,637,669	1,798,601	4,436,270	35.8%
9.	Medicare (Title XVIII)	4,214	891,735	895,949	7.2%
10a.	Other Public Insurance non-S-CHIP	64,233	159,088	223,321	1.8%
10b.	Other Public Insurance S-CHIP	112,143	11,470	123,613	1.0%
10.	Total Public Insurance (Line 10a + 10b)	176,376	170,558	346,934	2.8%
11.	Private Insurance	622,515	1,217,557	1,840,072	14.8%
12.	Total (Sum Lines 7 + 8 + 9 + 10 + 11)	4,733,152	7,658,118	12,391,270	100.0%
Selected User Characteristics		Number of Users (a)	Percent		
13.	Migrant (330g grantees Only)	310,012	47.3%		
14.	Seasonal (330g grantees Only)	346,002	52.7%		
15.	Total Migrant/Seasonal Agricultural Worker or Dependent (MHC Funded Total)	656,014	100.0%		
	Total Migrant/Seasonal Agricultural Worker or Dependent (All Grantees Report This Line)	694,040			
16.	Homeless Shelter (330h grantees Only)	260,282	44.2%		
17.	Transitional (330h grantees Only)	57,153	9.7%		
18.	Doubling Up (330h grantees Only)	103,288	17.6%		
19.	Street (330h grantees Only)	63,656	10.8%		
20.	Other (330h grantees Only)	46,778	7.9%		
21.	Unknown (330h grantees Only)	57,287	9.7%		
22.	Total Homeless (HO Funded Total)	588,444	100.0%		
	Total Homeless (All Grantees Report This Line)	678,075			
23.	Total School Based Health Center Users (All Grantees Report this Line)	177,824			

* Percents may not equal 100% due to rounding

Date printed 6/30/2004 5:02:58 PM

* Grantees without HO and/or MHC funding report totals on line 15 and 22, but not the detail. These lines are duplicated to show totals from all grantees

Report Criteria:

TABLE 5: STAFFING AND UTILIZATION

National Summary for 2003 890 Grantees

PERSONNEL BY MAJOR SERVICE CATEGORY		FTEs (a)	Encounters (b)	Users (c)
1.	Family Practitioners	2,764.48	10,930,942	
2.	General Practitioners	283.26	1,211,975	
3.	Internists	1,330.73	5,145,387	
4.	Obstetrician/Gynecologists	495.43	1,776,471	
5.	Pediatricians	1,188.56	4,809,581	
6.	Psychiatrists	144.80	417,709	
7.	Other Specialist Physicians	177.91	627,084	
8.	Subtotal of Physicians	6,385.17	24,919,149	
9.	Nurse Practitioners/Physician Assistants	3,110.33	8,858,127	
10.	Certified Nurse Midwives	333.16	751,502	
11.	Nurses	7,763.67	3,263,207	
12.	Other Medical Personnel	8,187.31		
13.	Laboratory Personnel	1,547.84		
14.	X-ray Personnel	487.44		
15.	Total Medical Care Services	27,814.92	37,791,985	11,014,677
16.	Dentists	1,415.83	3,826,872	
17.	Dental Hygienists	476.88	633,557	
18.	Dental Assistants, Aides, and Technicians	2,656.01		
19.	Total Dental Services	4,548.72	4,460,429	1,885,359
20.	Mental Health Specialist Services	1,444.13	1,290,862	262,328
21.	Substance Abuse Specialist Services	676.82	1,046,867	92,908
22.	Other Professional Personnel Services	754.15	996,811	335,622
23.	Pharmacy Personnel	1,409.28		
24.	Case Managers	2,776.29	2,333,020	
25.	Education Specialists	1,488.57	1,399,037	
26.	Outreach workers	1,736.65		
27.	Transportation Staff	394.69		
28.	Personnel performing other enabling service activities	1,929.40		
29.	Total Enabling Services	8,325.60	3,732,057	1,322,544
29A.	Other Program Related Services Staff	2,280.27		
30.	Administration Staff	14,682.65		
31.	Facility Staff	2,268.28		
32.	Patient services support staff	13,891.38		
33.	Total Administration and Facility	30,842.31		
34.	Total (Total Lines 15+19+20+21+22+23+29+29A+33)	78,096.20	49,319,011	

Note: Subtotals may differ from the sum of cells due to rounding.

* % Unduplicated users exceeds 100% due to use of multiple services

Date printed 6/30/2004 5:03:03 PM

Report Criteria:

TABLE 5: STAFFING AND UTILIZATION

National Summary for 2003 890 Grantees

PERSONNEL BY MAJOR SERVICE CATEGORY		FTEs		Encounters			Users
		% Group	% Total	% Group	% Total	Encounters per FTE	% of T3A * Unduplicate
1.	Family Practitioners	9.9%	3.5%	28.9%	22.2%	3,954	
2.	General Practitioners	1.0%	0.4%	3.2%	2.5%	4,279	
3.	Internists	4.8%	1.7%	13.6%	10.4%	3,867	
4.	Obstetrician/Gynecologists	1.8%	0.6%	4.7%	3.6%	3,586	
5.	Pediatricians	4.3%	1.5%	12.7%	9.8%	4,047	
6.	Psychiatrists	0.5%	0.2%	1.1%	0.8%	2,885	
7.	Other Specialist Physicians	0.6%	0.2%	1.7%	1.3%	3,525	
8.	Subtotal of Physicians	23.0%	8.2%	65.9%	50.5%	3,903	
9.	Nurse Practitioners/Physician Assistants	11.2%	4.0%	23.4%	18.0%	2,848	
10.	Certified Nurse Midwives	1.2%	0.4%	2.0%	1.5%	2,256	
11.	Nurses	27.9%	9.9%	8.6%	6.6%	420	
12.	Other Medical Personnel	29.4%	10.5%				
13.	Laboratory Personnel	5.6%	2.0%				
14.	X-ray Personnel	1.8%	0.6%				
15.	Total Medical Care Services	100.0%	35.6%	100.0%	76.6%	2,148	88.9%
16.	Dentists	31.1%	1.8%	85.8%	7.8%	2,703	
17.	Dental Hygienists	10.5%	0.6%	14.2%	1.3%	1,329	
18.	Dental Assistants, Aides, and Technicians	58.4%	3.4%				
19.	Total Dental Services	100.0%	5.8%	100.0%	9.0%	2,357	15.2%
20.	Mental Health Specialist Services	100.0%	1.8%	100.0%	2.6%	894	2.1%
21.	Substance Abuse Specialist Services	100.0%	0.9%	100.0%	2.1%	1,547	0.7%
22.	Other Professional Personnel Services	100.0%	1.0%	100.0%	2.0%	1,322	2.7%
23.	Pharmacy Personnel	100.0%	1.8%				
24.	Case Managers	33.3%	3.6%	62.5%	4.7%	840	
25.	Education Specialists	17.9%	1.9%	37.5%	2.8%	940	
26.	Outreach workers	20.9%	2.2%				
27.	Transportation Staff	4.7%	0.5%				
28.	Personnel performing other enabling service activi	23.2%	2.5%				
29.	Total Enabling Services	100.0%	10.7%	100.0%	7.6%	875	10.7%
29A.	Other Program Related Services Staff	100.0%	2.9%				
30.	Administration Staff	47.6%	18.8%				
31.	Facility Staff	7.4%	2.9%				
32.	Patient services support staff	45.0%	17.8%				
33.	Total Administration and Facility	100.0%	39.5%				
34.	Total (Total Lines 15+19+20+21+22+23+29+29A+33)		100.0%		100.0%		

Note: Subtotals may differ from the sum of cells due to rounding.

* % Unduplicated users exceeds 100% due to use of multiple services

Date printed 6/30/2004 5:03:03 PM

Report Criteria:

TABLE 6: SELECTED DIAGNOSES AND SERVICES

National Summary for 2003 890 Grantees

Universal

	Diagnostic Category	Applicable Primary ICD-9-CM or CPT Code (where applicable)	Number of Encounters (a)	Number of Users (b)	Encounters/ User
Selected Infectious and Parasitic Diseases					
1.	Symptomatic HIV	042.xx	265,490	47,049	5.64
2.	Asympomatic HIV	V08	80,372	20,967	3.83
3.	Tuberculosis	010.xx - 018.xx	36,267	16,045	2.26
4.	Syphilis and other venereal diseases	090.xx - 099.xx	87,591	56,668	1.55
Selected Diseases of the Respiratory System					
5.	Asthma	493.xx	751,259	401,807	1.87
6.	Chronic bronchitis and emphysema	490.xx - 492.xx 496.xx	432,327	247,809	1.74
Selected Other Medical Conditions					
7.	Abnormal breast findings, female	174.xx; 198.81; 233.0x; 793.8	30,591	18,033	1.70
8.	Abnormal cervical findings	180.xx; 198.82; 233.1x; 795.0x	130,399	80,867	1.61
9.	Diabetes mellitus	250.xx; 775.1x; 790.2	2,181,703	690,902	3.16
10.	Heart disease (selected)	391.xx - 392.xx 410.xx - 429.xx	516,540	215,010	2.40
11.	Hypertension	401.xx - 405.xx	2,650,710	1,097,079	2.42
12.	Contact dermatitis and other eczema	692.xx	317,522	251,591	1.26
13.	Dehydration	276.5x	28,577	16,345	1.75
14.	Exposure to heat or cold	991.xx - 992.xx	3,423	2,527	1.35
Selected Childhood Conditions					
15.	Otitis media and eustachian tube disorders	381.xx - 382.xx	837,184	551,977	1.52
16.	Selected perinatal medical conditions	770.xx; 771.xx; 773.xx; 774.xx - 779.xx (excluding 779.3x)	52,404	29,676	1.77
17.	Lack of expected normal physiological developments (such as delayed milestone; failure to gain weight; failure to thrive) -- does not include sexual or mental development; Nutritional deficiencies	260.xx - 269.xx; 779.3x; 783.3x - 783.4x	73,276	40,360	1.82

Date Printed 6/30/2004 5:03:07 PM

Report Criteria:

TABLE 6: SELECTED DIAGNOSES AND SERVICES

National Summary for 2003 890 Grantees

Universal

Diagnostic Category		Applicable Primary ICD-9-CM or CPT Code (where applicable)	Number of Encounters (a)	Number of Users (b)	Encounters/ User
Selected Mental Health and Substance Abuse Conditions					
18.	Alcohol dependence	303.xx; 291.xx; 357.5x	231,055	47,826	4.83
19.	Drug dependence	304.xx; 292.xx; 648.3x; 357.6x	489,843	53,307	9.19
20.	Other mental disorders, excluding drug and alcohol dependence (includes mental retardation)	290.xx - 302.9x; 306.xx - 319.xx; 648.4x (excluding 291.xx, 292.xx, 303.xx, 304.xx, 357.5x, 357.6x, 648.3x)	2,143,438	721,613	2.97
Selected Diagnostic Tests/Screening/Preventive Services					
21.	HIV Test	CPT-4: 86311; 86689; 86701-86703	395,304	342,122	1.16
22.	Mammogram	ICD-9: V76.1 or CPT-4: 76090-76092	223,427	204,964	1.09
23.	Pap Smear	ICD-9: V72.3; V76.2 or CPT-4: 88141; 88142; 88150; 88155; 88156; 88158	1,419,749	1,244,381	1.14
24.	Selected Immunizations: diphtheria, pertussis and tetanus (DPT); measles, mumps and rubella (MMR); oral polio vaccine; influenza; hepatitis B; hemophilus influenza B (HIB)	CPT-4: 90701, 90707, 90712, 90724, 90731, 90737; 90744; 90745; 90746; 90747	2,269,805	1,608,723	1.41
25.	Contraceptive management	ICD-9: V25.xx	1,280,488	714,886	1.79
26.	Health supervision of infant or child (ages 0 through 11)	ICD-9: V20.xx; V29.xx or CPT-4: 99391-99393; 99381-99383; 99431-99433	2,736,400	1,617,742	1.69

Date Printed 6/30/2004 5:03:08 PM

Report Criteria:

TABLE 7: PERINATAL PROFILE

National Summary for 2003 890 Grantees

CHARACTERISTICS		Number of Users (a)			
SECTION 1 ALL GRANTEEES					
1.	Total Users Known to be Pregnant	This Line No Longer Reported			
2.	Total Users Known to be HIV+ Pregnant Women	929			
ONLY CONTINUE IF YOU PROVIDE PRENATAL SERVICES					
SECTION II GRANTEES WHO PROVIDE PRENATAL CARE					
A. DEMOGRAPHIC CHARACTERISTICS OF PRENATAL CARE USERS					
CHARACTERISTICS		Number of Users (a)	Percent		
AGE					
3.	Less than 15 years	2,455	0.7%		
4.	Ages 15 - 19	62,058	18.7%		
5.	Ages 20 - 24	113,067	34.0%		
6.	Ages 25 - 44	153,802	46.3%		
7.	Ages 45 and Over	1,031	0.3%		
8.	Total (Sum Lines 3-7)	332,413	100.0%		
Race/Ethnicity/Language¹					
9a.	Asian	9,708	2.9%		
9b.	Native Hawaiian	781	0.2%		
9c.	Other Pacific Islander	3,877	1.2%		
9.	Asian/Pacific Islander (total Lines (9a + 9b + 9c))	14,365	4.3%		
10.	Black/African American (not Hispanic or Latino)	65,199	19.6%		
11.	American Indian/Alaska Native	3,027	0.9%		
12.	White (not Hispanic or Latino)	66,640	20.0%		
13.	Hispanic or Latino (all races)	170,541	51.3%		
14.	Unreported/Refused to report	12,641	3.8%		
15.	Total (Sum Lines 9 - 14)	332,413	100.0%		
B. TRIMESTER OF ENTRY INTO PRENATAL CARE					
Trimester of First Known Visit for Women Receiving Prenatal Care During Reporting Year		Women Making First Visit at Grantee Site		Women Making First Visit at Another Provider	
		(a)	%	(b)	%
16.	First Trimester	199,562	60.0%	7,445	2.2%
17.	Second Trimester	90,186	27.1%	7,148	2.2%
18.	Third Trimester	24,264	7.3%	3,808	1.1%

* Percents may not equal 100% due to rounding

Date Printed 6/30/2004 5:03:11 PM

¹ Grantees report this section by percentage. To generate summary reports, the number of users is calculated from the reported percentages. Because of rounding in reported data, total users by race/ethnicity may not precisely equal total unduplicated users.

Report Criteria:

TABLE 7: PERINATAL PROFILE

National Summary for 2003 890 Grantees

C. Delivery, Postpartum and Infant Utilization During the Calendar Year									
	Asian (a)	Native Hawaiian (b1)	Other Pacific Islander	Black/ African American (c)	American Indian/ Alaska Native	White (not Hispanic or Latino) (e)	Hispanic or Latino (all races) (f)	Unreported/ Refused to Report (g)	Total (h)
19. Prenatal care users who delivered during the year	5,199	362	2,286	34,758	1,581	34,462	95,970	3,987	178,605
	2.9%	0.2%	1.3%	19.5%	0.9%	19.3%	53.7%	2.2%	100.0%
20. Births less than 1500 grams (very low)	48	13	18	745	23	443	1,184	83	2,557
	1.9%	0.5%	0.7%	29.1%	0.9%	17.3%	46.3%	3.2%	100.0%
21. Births 1501 to 2500 grams (low)	270	20	183	2,790	79	2,111	4,152	290	9,895
	2.7%	0.2%	1.8%	28.2%	0.8%	21.3%	42.0%	2.9%	100.0%
22. Births more than 2500 grams (normal)	4,824	321	1,946	30,927	1,494	31,481	89,473	3,821	164,287
	2.9%	0.2%	1.2%	18.8%	0.9%	19.2%	54.5%	2.3%	100.0%
% Low & very low birthweight	6.2%	9.3%	9.4%	10.3%	6.4%	7.5%	5.6%	8.9%	7.0%
23. Prenatal care users who received postpartum care within 8 weeks of the delivery	4,041	323	1,264	22,853	1,038	23,637	67,974	2,849	123,979
	3.3%	0.3%	1.0%	18.4%	0.8%	19.1%	54.8%	2.3%	100.0%
24. Infant delivered who received newborn visit w/in 4 weeks of birth	3,841	296	1,553	22,376	1,058	21,302	67,783	2,867	121,076
	3.2%	0.2%	1.3%	18.5%	0.9%	17.6%	56.0%	2.4%	100.0%
D. ENROLLMENT OF PRENATAL CARE USERS AND THEIR INFANTS IN WIC (only patients who receive prenatal service from the grantee)									
CHARACTERISTICS					Number of Users (a)		%		
25.	Prenatal Care Users (% Total Users)				189,414		57.0%		
26.	Infants (% Infant Births)				110,210		62.4%		
27.	Postpartum Care Users (% Prenatal Care users who Delivered)				98,054		54.9%		

* Percents may not equal 100% due to rounding

Date Printed 6/30/2004 5:03:12 PM

1 Grantees report this section by percentage. To generate summary reports, the number of users is calculated from the reported percentages. Because of rounding in reported data, total users by race/ethnicity may not precisely equal total unduplicated users.

Report Criteria:

TABLE 8A: FINANCIAL COSTS

National Summary for 2003 890 Grantees

Services		Accrued Cost	Allocation of Facility and Administration	Total Cost After Allocation of Facility and Administration
		(a)	(b)	(c)
Financial Costs for Medical Care				
1.	Medical Staff	2,000,022,014	1,007,299,424	3,007,321,438
2.	Lab and X-ray	206,676,778	94,609,062	301,285,840
3.	Medical/Other Direct	381,800,806	184,055,214	565,856,020
4.	Total Medical Care Services (sum lines 1 through 3)	2,588,499,598	1,285,963,700	3,874,463,298
Financial Costs for Other Clinical Services				
5.	Dental	372,710,808	179,551,830	552,262,638
6.	Mental Health	113,138,251	50,878,390	164,016,641
7.	Substance Abuse	46,418,680	22,171,838	68,590,518
8.	Pharmacy	325,982,813	111,222,777	437,205,590
9.	Other Professional	65,752,903	31,638,646	97,391,549
10.	Total Other Clinical Services (Sum Lines 5 through 9)	924,003,455	395,463,481	1,319,466,936
Financial Costs of Enabling and Other Program Related Services				
11.	Enabling	359,498,474	167,884,640	527,383,114
12.	Other Related Services	154,993,426	58,840,832	213,834,258
13.	Total Enabling and Other Services (Sum Lines 11 and 12)	514,491,900	226,725,472	741,217,372
Overhead and Totals				
14.	Facility	437,335,229		
15.	Administration	1,470,817,424		
16.	Total Overhead (Sum Lines 14 and 15)	1,908,152,653		
17.	Total Accrued Costs (Sum lines 4+10 + 13 + 16)	5,935,147,606		5,935,147,606
18.	Value of Donated Facilities, Services and			181,833,222
19.	Total With Donations (Sum Lines 17 and 18)			6,116,980,828

* Percents may not equal 100% due to rounding

Date Printed: 6/30/2004 5:03:16 PM

Report Criteria:

TABLE 8A: FINANCIAL COSTS

National Summary for 2003 890 Grantees

Services		Direct Accrued Cost (a)		Loaded Cost (c) Includes Overhead
		% in Category	% of Total	% of Total
Financial Costs for Medical Care				
1.	Medical Staff	77.3%	33.7%	50.7%
2.	Lab and X-ray	8.0%	3.5%	5.1%
3.	Medical/Other Direct	14.7%	6.4%	9.5%
4.	Total Medical Care Services (sum lines 1 through 3)	100.0%	43.6%	65.3%
Financial Costs for Other Professional Services				
5.	Dental	40.3%	6.3%	9.3%
6.	Mental Health	12.2%	1.9%	2.8%
7.	Substance Abuse	5.0%	0.8%	1.2%
8.	Pharmacy	35.3%	5.5%	7.4%
9.	Other Professional Services	7.1%	1.1%	1.6%
10.	Total Other Professional Services (Sum Lines 5 through 9)	100.0%	15.6%	22.2%
Financial Costs of Enabling and Non-Medicare Services				
11.	Enabling Services	69.9%	6.1%	8.9%
12.	Non-Medicare allowed services	30.1%	2.6%	3.6%
13.	Total Enabling and Non-Medicare Services (Sum Lines 11 and 12)	100.0%	8.7%	12.5%
Overhead and Totals				
14.	Facility	22.9%	7.4%	
15.	Administration	77.1%	24.8%	
16.	Total Overhead (Sum Lines 14 and 15)	100.0%	32.2%	
17.	Total Accrued Costs (Sum lines 4+10 + 13 + 16)	100.0%	100.0%	100.0%
18.	Value of Donated Services and Supplies (As % of direct cost - Line 17)			3.1%

* Percents may not equal 100% due to rounding

Date Printed: 6/30/2004 5:03:16 PM

Report Criteria:

TABLE 8B: ENABLING SERVICES

National Summary for 2003
890 Grantees

SERVICE		COST (a)	Percentage
Mental Health/Substance Abuse Services			
1-3	(These lines are no longer required)		
Enabling Services			
4.	Case Management	130,576,281	36%
5.	Transportation	21,012,686	6%
6.	Outreach	73,273,740	20%
7.	Patient Education	62,157,625	17%
8.	Translation/Interpretation	16,849,309	5%
9.	Community Education	18,362,040	5%
10.	Environmental Health Risk Reduction	1,913,491	1%
11.	Other Enabling Services	31,992,668	9%
12.	Other Enabling Services	3,360,634	1%
13.	Total Enabling Services Cost (Sum Line 4-12)	359,498,474	100%

* Percents may not equal 100% due to rounding

Report Criteria:

TABLE 9C: MANAGED CARE ENROLLMENT/UTILIZATION

National Summary for 2003 890 Grantees

Payor Category		Medicaid	Medicare	Other Public	Private	Total
		(a)	(b)	(c)	(d)	(e)
Revenues						
1a.	Capitation revenue for Services Within Scope of Project	341,291,519	8,041,307	47,090,172	32,501,359	428,924,357
1b.	Fee-for-Service revenue for Services Within Scope of Project	256,510,178	4,717,126	11,188,334	42,435,200	314,850,838
1.	Total revenue for Services Within Scope of Project (Lines 1a + 1b)	597,801,697	12,758,433	58,278,506	74,936,559	743,775,195
2a.	Capitation revenue for Services Outside Scope of Project	No Longer Reported				
2b.	Fee-for-Service revenue for Services Outside Scope of Project					
2.	Total revenue for Services Outside Scope of Project (Lines 2a + 2b)					
3a.	Collections from State Medicaid or Federal Medicare reconciliation/wrap around (for current Year)	214,625,995	1,020,910			215,646,905
3b.	Collections from State Medicaid or Federal Medicare reconciliation/wrap around (for previous years)	96,924,826	702,360			97,627,186
3c.	Collections from patient co-payments and from managed care plans for other retroactive payments/ risk pool/ incentive/ withhold	30,071,098	991,038	18,599,737	7,708,827	57,370,700
3d.	Penalties or paybacks to managed care plans	3,192,320	45,825	0	9,891	3,248,036
4.	Total Managed Care Revenue (Line 1 + 2 + 3a + 3b + 3c) - (Line 3d)	936,231,296	15,426,916	76,878,243	82,635,495	1,111,171,950
Expenses						
5a.	Capitation expenses for Services Within Scope of Project	473,496,991	10,407,474	61,482,674	51,114,708	596,501,847
5b.	Fee-for-Service expenses for Services Within Scope of Project	406,557,737	6,721,276	14,355,692	64,141,487	491,776,192
5.	Total expenses for Services Within Scope of Project (Lines 5a + 5b)	880,054,728	17,128,750	75,838,366	115,256,195	1,088,278,039
6a.	Capitation expenses for Services Outside Scope of Project	No Longer Reported				
6b.	Fee-for-Service expenses for Services Outside Scope of Project					
6.	Total expenses for Services Outside Scope of Project (Lines 6a + 6b)					
7.	Total Managed Care Expenses (Lines 5 + 6)	880,054,728	17,128,750	75,838,366	115,256,195	1,088,278,039
	Surplus / Deficit (Line 4 - Line 7)	56,176,568	-1,701,834	1,039,877	-32,620,700	22,893,911
	Surplus / Deficit as % of Expenses (L4 - L7)/L7	6.4%	-9.9%	1.4%	-28.3%	2.1%

Date Printed 6/30/2004 5:03:26 PM

Report Criteria:

TABLE 9C: MANAGED CARE ENROLLMENT/UTILIZATION

National Summary for 2003 890 Grantees

Payor Category	Medicaid	Medicare	Other Public	Private	Total
	(a)	(b)	(c)	(d)	(e)

Utilization Data						
8a.	Member months for managed care (capitated)	15,040,578	108,645	2,345,256	1,943,429	19,437,908
8b.	Member months for managed care (fee-for-service)	7,724,456	126,818	374,326	1,770,249	9,995,849
8.	Total Member months for managed care	22,765,034	235,463	2,719,582	3,713,678	29,433,757
9a.	Managed Care Encounters (capitated)	4,281,699	46,826	442,148	422,847	5,193,520
9b.	Managed Care Encounters (fee-for-service)	3,199,593	54,837	116,362	573,877	3,944,669
9.	Total Managed Care Encounters (Lines 9a + 9b)	7,481,292	101,663	558,510	996,724	9,138,189
10a.	Enrollees in Managed Care Plans (capitated) (as of 12/31)	1,284,343	9,678	193,509	170,199	1,657,729
10b.	Enrollees in Managed Care Plans (fee-for-service) (as of 12/31)	711,755	11,727	34,373	163,233	921,088
10.	Enrollees in Managed Care Plans (Lines 10a + 10b) (as of 12/31)	1,996,098	21,405	227,882	333,432	2,578,817
11.	Enrollees in Primary Care Case Management Programs (PCCM)	420,118	0	1,099	8,747	429,964
12.	Number of Managed Care Contracts	10,124	146	419	1,226	11,915

Date Printed 6/30/2004 5:03:27 PM

Report Criteria:

TABLE 9D: PATIENT RELATED REVENUE (Scope of Project Only)

National Summary for 2003 890 Grantees

Payor Category		Charges			Collections			
		Full Charges This Period (a)	% of Payor	% of Total	Amount Collected (b)	% of Payor	% of Total	% of Charges
1.	Medicaid Non-Managed Care	1,406,164,950	59.1%	25.9%	1,196,767,052	56.6%	36.1%	85.1%
2a.	Medicaid Managed Care (capitated)	487,060,897	20.5%	9.0%	556,870,148	26.3%	16.8%	114.3%
2b.	Medicaid managed Care (fee-for-service)	487,082,679	20.5%	9.0%	362,614,353	17.1%	10.9%	74.4%
3.	Total Medicaid (Lines 1 + 2a + 2b)	2,380,308,526	100.0%	43.8%	2,116,251,553	100.0%	63.9%	88.9%
4.	Medicare Non-Managed Care	466,560,428	96.4%	8.6%	313,148,791	95.8%	9.5%	67.1%
5a.	Medicare Managed Care (capitated)	10,334,192	2.1%	0.2%	8,775,541	2.7%	0.3%	84.9%
5b.	Medicare managed Care (fee-for-service)	7,218,333	1.5%	0.1%	4,968,042	1.5%	0.1%	68.8%
6.	Total Medicare (Lines 4 + 5a + 5b)	484,112,953	100.0%	8.9%	326,892,374	100.0%	9.9%	67.5%
7.	Other Public including Non-Medicaid S-CHIP (Non Managed Care)	127,356,731	62.1%	2.3%	73,226,147	48.6%	2.2%	57.5%
8a.	Other Public including Non-Medicaid S-CHIP (Managed Care Capitated)	57,687,174	28.1%	1.1%	65,451,546	43.5%	2.0%	113.5%
8b.	Other Public including Non-Medicaid S-CHIP (Managed Care fee-for-service)	20,042,408	9.8%	0.4%	11,876,647	7.9%	0.4%	59.3%
9.	Total Other Public (Lines 7 + 8a + 8b)	205,086,313	100.0%	3.8%	150,554,340	100.0%	4.5%	73.4%
10.	Private Non-Managed Care	521,945,023	82.0%	9.6%	292,615,394	79.7%	8.8%	56.1%
11a.	Private Managed Care (capitated)	45,211,725	7.1%	0.8%	34,800,233	9.5%	1.1%	77.0%
11b.	Private Managed Care (fee-for-service)	69,236,479	10.9%	1.3%	39,792,221	10.8%	1.2%	57.5%
12.	Total Private (Lines 10 + 11a + 11b)	636,393,227	100.0%	11.7%	367,207,848	100.0%	11.1%	57.7%
13.	Self-Pay	1,725,880,859	100.0%	31.8%	352,385,921	100.0%	10.6%	20.4%
14.	Total (Lines 3 + 6 + 9 + 12 + 13)	5,431,781,878		100.0%	3,313,292,036		100.0%	61.0%

Date Printed 6/30/2004 5:03:35 PM

Report Criteria:

TABLE 9D: PATIENT RELATED REVENUE (Scope of Project Only)

National Summary for 2003 890 Grantees

Payor Category		Retroactive Settlements, Receipts, and Paybacks (c)					Allowances		
		Collection of recon./wrap around Current Year (c1)	Collection of recon./wrap around Previous Year (c2)	Collection of other retroactive payments (c3)	Penalty/ Payback (c4)	Net Retros	Net Retros % of Charges	Allowances (d)	Allowances % of Charges
1.	Medicaid Non-Managed Care	53,444,439	57,867,850		4,861,450	106,450,839	7.6%	198,183,052	14.1%
2a.	Medicaid Managed Care (capitated)	130,451,132	60,397,529	25,323,326	2,709,167	213,462,820	43.8%	-60,675,245	-12.5%
2b.	Medicaid managed Care (fee-for-service)	84,562,619	40,770,045	2,132,061	483,153	126,981,572	26.1%	118,160,978	24.3%
3.	Total Medicaid (Lines 1 + 2a + 2b)	268,458,190	159,035,424	27,455,387	8,053,770	446,895,231	18.8%	255,668,785	10.7%
4.	Medicare Non-Managed Care	3,407,474	6,872,313		1,311,012	8,968,775	1.9%	113,760,771	24.4%
5a.	Medicare Managed Care (capitated)	0	76,550	700,221	45,825	730,946	7.1%	1,551,442	15.0%
5b.	Medicare managed Care (fee-for-service)	1,020,910	626,449	34,987	0	1,682,346	23.3%	900,752	12.5%
6.	Total Medicare (Lines 4 + 5a + 5b)	4,428,384	7,575,312	735,208	1,356,837	11,382,067	2.4%	116,212,965	24.0%
7.	Other Public including Non-Medicaid S-CHIP (Non Managed Care)				0	0	0.0%	43,947,504	34.5%
8a.	Other Public including Non-Medicaid S-CHIP (Managed Care Capitated)			18,047,181	0	18,047,181	31.3%	-6,837,545	-11.9%
8b.	Other Public including Non-Medicaid S-CHIP (Managed Care fee-for-service)			117,623	0	117,623	0.6%	6,874,311	34.3%
9.	Total Other Public (Lines 7 + 8a + 8b)			18,164,804	0	18,164,804	8.9%	43,984,270	21.4%
10.	Private Non-Managed Care				35,897	-35,897	0.0%	179,812,209	34.5%
11a.	Private Managed Care (capitated)			1,773,629	0	1,773,629	3.9%	10,037,255	22.2%
11b.	Private Managed Care (fee-for-service)			2,147,342	10,401	2,136,941	3.1%	25,731,965	37.2%
12.	Total Private (Lines 10 + 11a + 11b)			3,920,971	46,298	3,874,673	0.6%	215,581,429	33.9%
13.	Self-Pay								
14.	Total (Lines 3 + 6 + 9 + 12 + 13)	272,886,574	166,610,736	50,276,370	9,456,905	480,316,775	8.8%	631,447,449	11.6%

13. Self Pay (Line 14 is same)	Sliding Discounts (e)	S.D. % of S.P. Chgs	Bad Debt (f)	Bad Debt % of S.P. Chgs
	1,180,772,667	68.4%	163,060,256	9.4%

Date Printed 6/30/2004 5:03:35 PM

Report Criteria:

TABLE 9E: OTHER REVENUES

National Summary for 2003
890 Grantees

Source		Amount (a)	% Group Total
BPHC GRANTS ENTER AMOUNT DRAWN DOWN - CONSISTENT WITH PMS-272			
1a.	Migrant Health Center	96,205,901	7.3%
1b.	Community Health Center	1,072,110,243	81.0%
1c.	Health Care for the Homeless	104,396,414	7.9%
1d.	Homeless Children	248,951	0.0%
1e.	Public Housing Primary Care	15,610,471	1.2%
1f.	School Based Health	17,963,921	1.4%
1g.	Total Health Center Cluster (Sum Lines 1a - 1f)	1,306,535,901	98.7%
1h.	Integrated Services Development Initiative	4,502,507	0.3%
1i.	Shared Integrated Management Information Systems	3,002,188	0.2%
1j.	Capital Improvement Program Grants	9,051,995	0.7%
1.	Total BPHC Grants (Lines 1f + 1g)	1,323,092,591	100.0%
OTHER FEDERAL GRANTS			
2.	Ryan White Title III HIV Early Intervention	75,915,724	38.2%
3.	Other Federal Grants	94,409,020	47.5%
4.	Other Federal Grants	28,538,603	14.4%
5.	Total Other Federal Grants (Sum Lines 2-4)	198,863,347	100.0%
NON-FEDERAL GRANTS or CONTRACTS			
6.	State Government Grants and Contracts	338,099,849	34.5%
6a.	State/Local Indigent Care Programs	230,051,094	23.5%
7.	Local Government Grants and Contracts	223,055,212	22.8%
8.	Foundation/Private Grants and Contracts	188,381,942	19.2%
9.	Total Non-Federal Grants and Contracts (Sum Lines 6+7+8)	979,588,097	100.0%
10.	Other Revenue (Non-patient related revenue not reported elsewhere)	149,683,303	100.0%
11.	Total Revenue (Lines 1+5+9+10)	2,651,227,338	

Date Printed 6/30/2004 5:03:43 PM

Report Criteria:

EXHIBIT A: TOTAL REVENUE RECEIVED BY BPHC GRANTEES**National Summary for 2003
890 Grantees**

	<u>Amount</u>	<u>Percent of Total</u>
<u>GRANT REVENUE</u>	<u>2,271,492,941</u>	<u>38.1%</u>
FEDERAL	1,521,955,938	25.5%
BPHC Grants	1,323,092,591	22.2%
Other Federal Grants	198,863,347	3.3%
NON- FEDERAL	749,537,003	12.6%
State and Local Grants/Contracts	561,155,061	9.4%
Foundation/ Private Grants/Contracts	188,381,942	3.2%
<u>REVENUE FROM SERVICE TO PATIENTS</u>	<u>3,313,292,036</u>	<u>55.6%</u>
PATIENT SELF-PAY	352,385,921	5.9%
THIRD-PARTY PAYERS	2,960,906,115	49.6%
Medicaid	2,116,251,553	35.5%
Medicare	326,892,374	5.5%
Other Public	150,554,340	2.5%
Other (Private)Third Party	367,207,848	6.2%
<u>REVENUE FROM INDIGENT CARE PROGRAMS</u>	<u>230,051,094</u>	<u>3.9%</u>
<u>OTHER REVENUE</u>	<u>149,683,303</u>	<u>2.5%</u>
<u>TOTAL REVENUE</u>	<u>5,964,519,374</u>	<u>100.0%</u>

Note: Percents may not sum to 100% due to rounding.

Date Printed 6/30/2004 5:03:46 PM

Report Criteria:

UDS - 2003 SITE SUMMARY REPORT

National Summary for 2003

890 Grantees

UDS - 2003 SITE SUMMARY REPORT Page 1			
DEMOGRAPHIC AND CLINICAL DATA			
USERS		ENCOUNTERS	
Total Users	12,391,270	Total Encounters	49,319,011
Number of users who used:		Medical	37,791,985
Medical Services	11,014,677	Dental	4,460,429
Dental Services	1,885,359	Mental Health	1,290,862
Mental health services	262,328	Substance Abuse	1,046,867
Substance abuse services	92,908	Other Professional	996,811
Other professional Services	335,622	Enabling	3,732,057
Enabling Service	1,322,544	Medical Encounters per Medical User	3.43
Migrant/Seasonal Farmworker Users	694,040	Dental Encounters per Dental User	2.37
Homeless Users	678,075	Mental Health/ Substance Abuse per User	6.58
Total Prenatal Users	332,413	Other Professional Encounters per User	2.97
Target populations		Enabling Encounters per User	2.82
% Pediatric (<15 years old)	30%	CLINICAL INFORMATION	
% Geriatric (age 65 and over)	7%	Service Users to Target Population Ratios	
% Women's health (age 15-44)	29%	Pap smear users / female users 15+ yrs	22.76%
Gender of Users, by Age		Well child users / Users < 13 years	43.63%
% users under 15 who are female	50%	Family planning users / fem. users 15-44	19.99%
% users 15-64 who are female	63%	Proportions of total users with key diagnoses	
% users 65 and over who are female	62%	Asthma	3.24%
Other user characteristics		Hypertension	8.85%
% Non-White	64%	Diabetes	5.58%
% Best served in another language	30%	Otitis Media	4.45%
% < 200% Poverty	90%	Mental Disorder	5.82%
% Uninsured	39%	Visits per year for patients with specific diagnoses	
% with Medicaid coverage	36%	Asthma	1.87
STAFFING, PRODUCTIVITY AND SUPPORT RATIOS		Hypertension	2.42
Full Time Equivalents		Diabetes	3.16
Primary care physicians FTE	6,062.46	Otitis Media	1.52
Other physicians (incl psych) FTE	322.71	Mental Disorder	2.97
NPs / PAs/ CNMs FTE	3,443.49	Perinatal Care	
Dental FTE	1,415.83	Total Users	332,413
Dental Hyg FTE	476.88	% Prenatal teen users	19.4%
Total Admin/Fac FTE	30,842.31	% Newborns Below Normal Birthweight	7.0%
Total FTE	78,096.20	% Late Entry Into Prenatal Care	37.7%
Support Ratios		% Deliveries with Postpartum Visit	69.4%
Direct medical support	1.62	% Deliveries with Newborn Visit	67.8%
Direct dental support ratio	1.40		
Patient support ratio (front office)	1.19		
Productivity and User Ratios			
Physician Productivity (excl. Psych)	3,926		
Mid-Level Productivity	2,791		
Medical Team Productivity	4,284		
Dentist Productivity	2,703		
Dental Hygienist Productivity	1,329		
Dental Team Productivity	2,696		
Medical Users per Medical Provider	1,137		
Dental Users per Dental Provider	996		

Date Printed 6/30/2004 5:03:49 PM

Report Criteria:

UDS - 2003 SITE SUMMARY REPORT

National Summary for 2003 890 Grantees

UDS - 2003 SITE SUMMARY REPORT Page 2			
FISCAL INFORMATION			
COSTS		CHARGES, COLLECTIONS, AND ADJUSTMENTS	
Admin/Facility % of Total Cost	32%	Total Income (All Sources)	\$5,964,519,374
Costs by costs center after allocation		% Income from Patient Service	56%
Medical as % of total costs	65%	% Income from BPHC	22%
Dental as % of total costs	9%	% Income from other sources	22%
Pharmacy as % of total costs	7%	Total Charges (All Payors)	\$5,431,781,878
Lab/X-ray as % of total costs	5%	% Medicaid	44%
Mental/Addictive Srvc as % of total cost	4%	% Medicare	9%
Costs per user		% Other Public	4%
Medical Cost per Medical User	\$352	% Private Insurance	12%
Dental Cost per Dental User	\$293	% Self Pay	32%
Total Cost per Total User	\$479	% Non-Managed Care	78%
Costs per encounter		%Capitated Managed Care	11%
Medical cost per medical encounter	\$112	% Fee-for-Service Managed Care	11%
Dental cost per dental encounter	\$124	Average Charge per User	\$438
Pharmacy cost per medical encounter	\$13	Average Charge per Billable Encounter	\$135
Lab & X-ray cost per medical encounter	\$9	Ratio of Charges to Reimbursable Costs	1.08
		Total Collections (All Payors)	\$3,313,292,036
		% Medicaid	64%
		% Medicare	10%
		% Other Public	5%
		% Private Insurance	11%
		% Self Pay	11%
		% from Retroactive Payments	14%
		Overall Collection Rate (% of Charges)	61%
		Adjustments	
		Sliding Discounts as % SP Charges	68%
		Bad Debt as % of self pay charges	9%
		Allowances as % of insured charges	17%
		Indigent Care Income as % of self pay c	13%
		Net Surplus/Deficit (excl. Donated)	\$29,371,768
		Surplus/Deficit as % Total Cost	0%
MANAGED CARE			
Total managed care income	\$1,111,171,950		
Total expenses	\$1,088,278,039		
Medicaid Expenses	\$880,054,728		
Medicare Expenses	\$17,128,750		
Other Public Expenses	\$75,838,366		
Private Ins. Expenses	\$115,256,195		
Total profit/loss	\$22,893,911		
Medicaid MC Profit/Loss	\$56,176,568		
Medicare MC Profit/Loss	(\$1,701,834)		
Other Public MC Profit/Loss	\$1,039,877		
Private MC Profit/Loss	(\$32,620,700)		
Total profit/loss as % of expenses	2%		
Total Managed Care Encounters	9,138,189		
% Medicaid	82%		
% Medicare	1%		
% Other Public	6%		
% Private Insurance	11%		
Total Encounters per Member Year	3.73		

Date Printed 6/30/2004 5:03:50 PM

Report Criteria:

Rollup Summary

National Summary for 2003 890 Grantees

	<u>Grantees</u>	<u>% of Total</u>
Region: Region I	71	8.0%
State: Connecticut	10	1.1%
State: Maine	12	1.3%
State: Massachusetts	33	3.7%
State: New Hampshire	7	0.8%
State: Rhode Island	6	0.7%
State: Vermont	3	0.3%
Region: Region II	89	10.0%
State: New Jersey	16	1.8%
State: New York	51	5.7%
State: Puerto Rico	20	2.2%
State: Virgin Islands	2	0.2%
Region: Region III	92	10.3%
State: Delaware	3	0.3%
State: District of Columbia	2	0.2%
State: Maryland	13	1.5%
State: Pennsylvania	29	3.3%
State: Virginia	18	2.0%
State: West Virginia	27	3.0%

* Summary by Grant Category may exceed 100% due to multiple funded grantee

Date printed

6/30/2004 5:03:58 PM

Report Criteria:

Rollup Summary

National Summary for 2003 890 Grantees

	<u>Grantees</u>	<u>% of Total</u>
Region: Region IV	171	19.2%
State: Alabama	15	1.7%
State: Florida	32	3.6%
State: Georgia	22	2.5%
State: Kentucky	12	1.3%
State: Mississippi	21	2.4%
State: North Carolina	25	2.8%
State: South Carolina	21	2.4%
State: Tennessee	23	2.6%
Region: Region V	115	12.9%
State: Illinois	31	3.5%
State: Indiana	11	1.2%
State: Michigan	26	2.9%
State: Minnesota	12	1.3%
State: Ohio	21	2.4%
State: Wisconsin	14	1.6%
Region: Region VI	81	9.1%
State: Arkansas	10	1.1%
State: Louisiana	16	1.8%
State: New Mexico	14	1.6%
State: Oklahoma	6	0.7%
State: Texas	35	3.9%

* Summary by Grant Category may exceed 100% due to multiple funded grantee

Date printed

6/30/2004 5:03:59 PM

Report Criteria:

Rollup Summary

National Summary for 2003 890 Grantees

	<u>Grantees</u>	<u>% of Total</u>
Region: Region VII	38	4.3%
State: Iowa	8	0.9%
State: Kansas	8	0.9%
State: Missouri	17	1.9%
State: Nebraska	5	0.6%
Region: Region VIII	53	6.0%
State: Colorado	15	1.7%
State: Montana	11	1.2%
State: North Dakota	5	0.6%
State: South Dakota	7	0.8%
State: Utah	11	1.2%
State: Wyoming	4	0.4%
Region: Region IX	114	12.8%
State: American Samoa	1	0.1%
State: Arizona	14	1.6%
State: California	83	9.3%
State: Fed. States of Micron	1	0.1%
State: Guam	1	0.1%
State: Hawaii	10	1.1%
State: Marshall Islands	1	0.1%
State: Nevada	2	0.2%
State: Palau	1	0.1%

* Summary by Grant Category may exceed 100% due to multiple funded grantee

Date printed

6/30/2004 5:04:01 PM

Report Criteria:

Rollup Summary

National Summary for 2003 890 Grantees

	<u>Grantees</u>	<u>% of Total</u>
Region: Region X	66	7.4%
State: Alaska	21	2.4%
State: Idaho	7	0.8%
State: Oregon	16	1.8%
State: Washington	22	2.5%
OverAll Count:	890	100.0%
Grant Categories:		
CHC	789	88.7%
MHC	125	14.0%
HO	159	17.9%
SBH	80	9.0%
PH	33	3.7%

* Summary by Grant Category may exceed 100% due to multiple funded grantee

Date printed

6/30/2004 5:04:08 PM

Report Criteria:

Rollup Summary

National Summary for 2003 890 Grantees

ISN Participation by Network Type and Funding

	Network Type			% Network Type
	BPHC Funded	No BPHC Funds	Total	
Horizontal	166	63	229	63%
Vertical	15	26	41	11%
Both	49	47	96	26%
Any	230	136	366	41%*
% BPHC Funded	63%	37%	100%	

* Percent of total grantees with Any ISN Participation

Other Grantee Statistics

Number of Service Delivery Locations Supported by BPHC Grant(s):	4,990
Number of National Health Service Corps Assignees:	731
Number of Grantees deemed under Federal Tort Claims Act (FTCA):	689
Percentage of total deemed under FTCA:	77%

Drug Pricing Programs

	Total	Percentage
340(b)	502	56%
Alternative	321	36%
Any	633	71%*

* Percent of total grantees with any drug discounting program

Grantees Included in Rollup

List of Sites included in the Report as specified for National Summary for 2003 890 Grantees

<u>UDS</u>	<u>Grantee Name</u>	<u>City, State</u>	<u>CHC</u>	<u>MHC</u>	<u>HO</u>	<u>SBH</u>	<u>PH</u>
010030	HOLYOKE HEALTH CENTER, INC.	HOLYOKE, MA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
010040	MAINE MIGRANT HEALTH PROGRAM, INC.	Augusta, ME	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
010060	FAIR HAVEN COMMUNITY HEALTH CENTER	NEW HAVEN, CT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
010070	HILL HEALTH CORPORATION	New Haven, CT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
010120	SPRINGFIELD PUBLIC HEALTH DEPT	Springfield, MA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
010130	Manchester Health Department	Manchester, NH	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
010150	COMMUNITY HEALTH CENTER OF BURLINGTON	Burlington, VT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
010160	NORTH END COMMUNITY HEALTH CENTER	Boston, MA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
010170	HARBOR HEALTH SERVICES, INC.	Dorchester, MA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
010180	COMMUNITY HEALTHLINK, INC.	Worcester, MA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
010220	GENERATIONS FAMILY HEALTH CENTER, INC.	Willimantic, CT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
010290	ROXBURY COMPREHENSIVE	Roxbury, MA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
010330	HILLTOWN COMMUNITY HLTH CTRS INC	Worthington, MA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
010340	Bucksport Regional Health Center	Bucksport, ME	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
010380	REGIONAL MED CTR AT LUBEC, INC.	Lubec, ME	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
010460	HEALTHREACH COMMUNITY HEALTH CENTERS	Waterville, ME	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
010470	TRAVELERS AID OF RHODE ISLAND	Providence, RI	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
010480	Northwest Community Health Care	Pascoag, RI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
010530	FISH RIVER RURAL HEALTH	Eagle Lake, ME	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
010570	EASTPORT HEALTH CARE, INC.	Eastport, ME	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
010580	PROVIDENCE COMMUNITY HEALTH CENTERS, INC	Providence, RI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
010600	Fenway Community Health Center	Boston, MA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
010620	HEALTH CARE FOR PORTLAND'S HOMELESS	Portland, ME	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
010640	NORTHERN COUNTIES HEALTH CARE, INC.	St. Johnsbury, VT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
010700	BROCKTON NEIGHBORHOOD HEALTHCTR	Brockton, MA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
010710	SOUTH COVE COMMUNITY HEALTH CENT	Boston, MA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
010720	EAST BOSTON NEIGHBORHOOD HEALTH	Boston, MA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
010760	MANCHESTER COMMUNITY HLTH CTR	Manchester, NH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
010800	FAMILY HEALTH CENTER OF WORCESTER, INC.	Worcester, MA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
010810	SOUTH WEST COMMUNITY HEALTH	Bridgeport, CT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
010830	GREAT BROOK VALLEY HEALTH CENTER	Worcester, MA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
010840	SPRINGFIELD SOUTHWEST COMMUNITY	Springfield, MA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
010850	COOS COUNTY FAMILY	Berlin, NH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
010860	NORTH SHORE COMMUNITY HEALTH, INC.	SALEM, MA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
010980	AMMONOOSUC COMMUNITY HLTH SVCS, INC	Littleton, NH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
011190	OUTER CAPE HEALTH SERVICES, INC.	ORLEANS, MA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
011210	BOSTON HEALTH CARE FOR THE HOMELESS PROGRAM	Boston, MA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
011230	SACOPEE VALLEY HEALTH CENTER	PORTER, ME	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
011260	COMMUNITY HEALTH SERVICES, INC.	Hartford, CT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
011270	BRIDGEPORT COMMUNITY HEALTH	Bridgeport, CT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
011280	DIMOCK COMM HEALTH CENTER	Roxbury, MA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
011430	LYNN COMMUNITY HEALTH CENTER, INC	Lynn, MA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
011450	Connecticut River Valley Farmworker Health Program	Boston, MA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date printed 6/30/2004 5:04:17 PM

Report Criteria:

Grantees Included in Rollup

List of Sites included in the Report as specified for National Summary for 2003 890 Grantees

<u>UDS</u>	<u>Grantee Name</u>	<u>City, State</u>	<u>CHC</u>	<u>MHC</u>	<u>HO</u>	<u>SBH</u>	<u>PH</u>
011460	LOWELL COMMUNITY HEALTH CENTER	Lowell, MA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
011580	LAMPREY HEALTH CARE, INC.	Newmarket, NH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
011640	MANET COMMUNITY HEALTH CENTER IN	Quincy, MA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
011720	O'Neill Health Center	Hyannis, MA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
011820	THUNDERMIST HEALTH CENTER	Woonsocket, RI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
011830	CHARTER OAK TERRACE/RICE HEIGHTS	Hartford, CT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
011890	JOSEPH M SMITH COMM HLTH CTR, INC.	Allston, MA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
011930	GREATER NEW BEDFORD COMM HLTH CT	New Bedford, MA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
011990	BLACKSTONE VALLEY COMMUNITY HEALTH CARE	Pawtucket, RI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
012010	MATTAPAN COMMUNITY HEALTH CENTER	Mattapan, MA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
012070	WHITTIER STREET HEALTH CENTER	Roxbury, MA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
012080	COMMUNITY HEALTH CENTER, INC.	Middletown, CT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
012160	GREATER LAWRENCE FAMILY HEALTH	Lawrence, MA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
012230	WOOD RIVER HEALTH SERVICES INC	Hope Valley, RI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
012410	STAYWELL HEALTH CARE, INC.	Waterbury, CT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
013240	KATAHDIN VALLEY HEALTH CENTER	Patten, ME	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
013250	HARRINGTON FAMILY HEALTH CENTER	Harrington, ME	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
013260	COMMUNITY HEALTH CENTER OF FRANKLIN COUNTY, INC.	TURNERS FALLS, MA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
013280	DFD RUSSELL MEDICAL CENTER	Leeds, ME	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
013370	East Hartford CHC	East Hartford, CT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
013470	St. Croix Regional Family Health Center	Princeton, ME	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
013600	South Boston Community Health Center	South Boston, MA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
013840	CHC of the Berkshires	Great Barrington, MA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
013900	Community Health Connections, Inc	Fitchburg, MA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
013970	Richford Health Center Inc.	Richford, VT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
014040	Families First of the Greater Seacoast	Portsmouth, NH	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
014060	Health First Family Care	Franklin, NH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
015050	Boston Public Health Commission	Boston, MA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
020010	NORTHWEST BUFFALO COMMUNITY HEALTH CARE CENTER	Buffalo, NY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
020020	CARE FOR THE HOMELESS	New York, NY	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
020070	HENRY J. AUSTIN HEALTH CENTER	Trenton, NJ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
020110	WHITNEY M YOUNG,JR. HEALTH	Albany, NY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
020130	HERITAGE HEALTH AND HOUSING, INC	New York, NY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
020150	Centro de Salud Familiar Dr Julio Palmieri-Ferri, Inc.	Arroyo, PR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
020160	SYRACUSE COMMUNITY HLTH CTR,INC.	Syracuse, NY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
020180	OAK ORCHARD COMMUNITY HEALTH	Brockport, NY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
020270	SUNSET PARK FAMILY HEALTH CENTER NETWORK	Brooklyn, NY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
020390	BORIKEN NEIGHBORHOOD HEALTH CTR. (EHCHS, Inc.)	New York, NY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
020490	WILLIAM F. RYAN COMMUNITY HEALTH CENTER	New York, NY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
020500	NEWARK COMM.HLTH.CTS., INC.	NEWARK, NJ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
020560	ROCHESTER PRIMARY CARE NETWORK	Rochester, NY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
020620	FAMILY HEALTH CENTER OF NEWBURGH, INC.	Newburgh, NY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
020650	CENTRAL AREAWIDE COMPREHENSIVE	Naranjito, PR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date printed 6/30/2004 5:04:18 PM

Report Criteria:

Grantees Included in Rollup

List of Sites included in the Report as specified for National Summary for 2003 890 Grantees

<u>UDS</u>	<u>Grantee Name</u>	<u>City, State</u>	<u>CHC</u>	<u>MHC</u>	<u>HO</u>	<u>SBH</u>	<u>PH</u>
020660	CASTANER GENERAL HOSPITAL	Castaner, PR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
020670	CONCILIO DE SALUD INTEGRAL DE Loiza, Inc.	Loiza, PR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
020680	CONSEJO DE SALUD DE LA COMUNIDAD DE LA PLAYA DE PO	PONCE, PR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
020690	SAN JUAN COMPREHENSIVE HEALTH	San Juan, PR	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
020700	JUNTA DEL CENTRO DE SALUD COMUNAL DR. JOSE S. BELA	San Juan, PR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
020710	NEWARK HOMELESS HEALTH SERVICES	Newark, NJ	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
020720	BOWERY RESIDENTS' COMMITTEE, INC.	New York, NY	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
020730	COSSMA-CORPORACION DE SERVICIOS DE SALUD Y MEDICIN	Cidra, PR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
020800	NEW YORK CHILDREN'S HEALTH PROJ.	New York, NY	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
020870	NORTHERN OSWEGO COUNTY HEALTH	Pulaski, NY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
020890	PATILLAS PRIMARY HEALTH CARE	Patillas, PR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
020910	CAMUY HEALTH SERVICES, INC.	Camuy, PR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
020930	SOUTHERN JERSEY FAMILY MEDICAL	Hammonton, NJ	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
021030	RINCON RURAL HEALTH INITIATIVE	RINCON, PR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
021040	MIGRANT HEALTH CTR, WESTERN REG INC.	Mayaguez, PR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
021080	SETTLEMENT HEALTH & MEDICAL	New York, NY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
021120	WESTSIDE HEALTH SERVICES, INC.	Rochester, NY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
021200	Betances Health Center	New York, NY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
021210	ODA PRIMARY CARE HEALTH CTR.	Brooklyn, NY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
021230	PLAINFIELD NEIGHBORHOOD HEALTH SERVICES CORPORATI	Plainfield, NJ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
021240	FAMILY HEALTH NETWORK OF CENTRAL	Cortland, NY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
021250	CIALES PRIMARY HEALTH CARE	Ciales, PR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
021260	CORP DE SVCS MEDICOS PRIMARIOS Y	Hatillo, PR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
021270	COMMUNITY HEALTH CARE, INC.	Bridgeton, NJ	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
021280	CAMCARE HEALTH CORP.	Camden, NJ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
021300	PATERSON COMMUNITY HEALTH CENTER, INC.	Paterson, NJ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
021390	CHARLES B. WANG COMMUNITY HEALTH CENTER, INC.	New York, NY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
021400	FLORIDA RHI PROJECT	Florida, PR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
021490	ERIC B.CHANDLER HEALTH CENTER	New Brunswick, NJ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
021500	MOUNT VERNON NEIGHBORHOOD HEALTH	Mt. Vernon, NY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
021510	HUDSON RIVER HEALTHCARE, INC.	PEEKSKILL, NY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
021520	OPEN DOOR FAMILY MEDICAL CENTER, INC.	Ossining, NY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
021610	MORRIS HEIGHTS HEALTH CENTER	Bronx, NY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
021630	COMMUNITY HEALTHCARE NETWORK	New York, NY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
021700	SAINT VINCENTS CATHOLIC MEDICAL CENTERS OF NEW YOR	New York, NY	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
021770	COVENANT HOUSE/UNDER 21	New York, NY	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
021790	HUDSON HEADWATERS NETWORK	Warrensburg, NY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
021830	SCHENECTADY FAMILY HEALTH SVCS.	Schenectady, NY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
021870	BARCELONETA PRIMARY HEALTH CARE SERVICES	BARCELONETA, PR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
021950	SOUNDVIEW HEALTH CENTER	Bronx, NY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
021960	BROWNSVILLE COMMUNITY DEVEOPMENT CORP.	Brooklyn, NY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
021980	BROOKLYN PLAZA MEDICAL CENTER	Brooklyn, NY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
022030	GURABO COMMUNITY HEALTH CENTER.,INC	Gurabo, PR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date printed 6/30/2004 5:04:20 PM

Report Criteria:

Grantees Included in Rollup

List of Sites included in the Report as specified for National Summary for 2003 890 Grantees

<u>UDS</u>	<u>Grantee Name</u>	<u>City, State</u>	<u>CHC</u>	<u>MHC</u>	<u>HO</u>	<u>SBH</u>	<u>PH</u>
022050	LYNDON B.JOHNSON HEALTH	Brooklyn, NY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
022070	ANTHONY L JORDAN HEALTH CENTER	ROCHESTER, NY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
022090	LARES HEALTH CENTER	LARES, PR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
022110	JOSEPH P. ADDABBO FAMILY HEALTH	ARVERNE, NY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
022120	BEDFORD STUYVESANT FAMILY HEALTH	Brooklyn, NY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
022230	MOROVIS COMMUNITY HLTH.CTR.,INC.	Morovis, PR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
023480	Horizon Health Center	Jersey City, NJ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
023600	URBAN HEALTH PLAN, INC.	Bronx, NY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
023710	Institute for Urban Family Health	New York, NY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
023890	UNITY HEALTH SYSTEM HEALTHREACH	Rochester, NY	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
024000	St. Joseph's Hospital	Yonkers, NY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
024260	BRONX-LEBANON INTEGRATED SERVICES SYSTEM INC.	Bronx, NY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
024270	BRONX COMMUNITY HEALTH NETWORK	Bronx, NY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
024470	GREENBURGH HEALTH CENTER, INC	White Plains, NY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
024480	OUR LADY OF LOURDES HEALTH FOUNDATION	Camden, NJ	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
024490	NORTH HUDSON COMMUNITY ACTION CO	West New York, NJ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
024520	JERSEY CITY FAMILY HEALTH CENTER	Jersey City, NJ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
024580	Project Renewal	New York, NY	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
024690	CHCs of Buffalo	Buffalo, NY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
025310	St. Thomas East End Medical Center Corp.	St. Thomas, VI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
025320	FREDERIKSTED HEALTH CARE, INC.	Frederiksted, VI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
025500	The Floating Hospital	New York, NY	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
026250	MIDDLETOWN COMMUNITY HEALTH CENTER, INC	Middletown, NY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
027000	Jewish Renaissance Med Ctr	Perth Amboy, NJ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
027260	Refuah Hlth Ctr	Spring Valley, NY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
027370	Hudson Valley Regional	Monsey, NY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
027640	TOA Alta Comprehensive Urban/Rural Advanced Health Servic	Toa Alta, PR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
027670	VNACJ Community Health Center, Inc.	Asbury Park, NJ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
027710	Atlanticare Health Services	Egg Harbor Twp, NJ	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
028210	Finger Lakes Migrant Health Care Project, Inc	Penn Yan, NY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
028480	Damian Family Care Center	Jamaica, NY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
030070	DELMARVA MIGRANT HEALTH PROJECT	Dover, DE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
030130	PARK WEST MEDICAL CENTER, INC.	Baltimore, MD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
030150	TOTAL HEALTH CARE, INC.	Baltimore, MD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
030220	BROADTOP AREA MEDICAL CENTER INC	Broad Top City, PA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
030290	HAMILTON HEALTH CENTER INC	Harrisburg, PA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
030340	WELSH MOUNTAIN MEDICAL AND DENTAL CENTER	New Holland, PA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
030440	PRIMARY CARE HEALTH SERVICES,INC	Pittsburgh, PA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
030480	Barnes-Kasson Health Center Inc.	Susquehanna, PA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
030560	RURAL HEALTH CORP OF NE PENNSYLV	Wilkes-Barre, PA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
030700	CENTRAL VIRGINIA HEALTH SERVICES	New Canton, VA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
030720	E S RURAL HEALTH SYSTEM, INC	NASSAWADOX, VA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
030740	STONE MOUNTAIN HEALTH SERVICES	St. Charles, VA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date printed 6/30/2004 5:04:21 PM

Report Criteria:

Grantees Included in Rollup

List of Sites included in the Report as specified for National Summary for 2003 890 Grantees

<u>UDS</u>	<u>Grantee Name</u>	<u>City, State</u>	<u>CHC</u>	<u>MHC</u>	<u>HO</u>	<u>SBH</u>	<u>PH</u>
030750	EAST LIBERTY FAMILY HEALTH CARE CENTER	Pittsburgh, PA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
030790	COMMUNITY HEALTH SYSTEMS	Beckley, WV	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
030800	CLAY-BATTELLE HEALTH SERVICES ASSOC.	Blacksville, WV	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
030820	MON VALLEY ASN HLTH CTRS, INC.	Fairmont, WV	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
030850	Lincoln County PCC	Hamlin, WV	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
030880	VALLEY HEALTH SYSTEMS INC	Huntington, WV	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
030890	PRESTON-TAYLOR COMMUNITY HEALTH	Grafton, WV	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
030900	SHENNANDOAH VALLEY MEDICAL	Martinsburg, WV	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
030990	MONROE COUNTY HEALTH CENTER	UNION, WV	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
031000	Tug River Health Association, Inc.	Gary, WV	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
031040	PENDLETON COMMUNITY CARE	Franklin, WV	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
031160	YORK HEALTH CORPORATION	York, PA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
031220	NORTH PENN COMPREHENSIVE HLTH SE	Wellsboro, PA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
031230	CLINCH RIVER HEALTH SERVICES INC	Dungannon, VA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
031250	BLUESTONE HEALTH CENTER	Matoaka, WV	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
031260	HENRIETTA JOHNSON MEDICAL CENTER	WILMINGTON, DE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
031270	Family Health Centers of Baltimore	Baltimore, MD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
031600	TRI-STATE COMMUNITY HLTH CTR, IN	Hancock, MD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
031670	PHILADELPHIA HLTH MGMT CORP.	Philadelphia, PA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
031690	HEALTH CARE FOR THE HOMELESS INC	Baltimore, MD	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
031700	CENTERVILLE CLINICS, INC	Fredericktown, PA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
031720	DAILY PLANET HCH PROGRAM	Richmond, VA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
031760	STONY CREEK COMMUNITY HEALTH CTR	Stony Creek, VA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
031810	SALTVILLE MEDICAL CENTER	Saltville, VA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
031820	Cabin Creek Hlth Ctr	Dawes, WV	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
032220	COVENANT HOUSE HEALTH SERVICE	Philadelphia, PA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
032230	F.O.R. STO-ROX NEIGHBORHOOD HLTH	McKees Rocks, PA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
032240	PENINSULA INST FOR COMM HTH	Newport News, VA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
032260	COMMUNITY HEALTH FOUNDATION OF M	Man, WV	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
032300	Keystone Rural Hlth Consort.	Emporium, PA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
032430	GLENDALE AREA MEDICAL CENTER	Coalport, PA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
032440	HYNDMAN AREA HEALTH CENTER, INC.	Hyndman, PA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
032560	Scranton Primary Health Care Center	Scranton, PA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
032580	N. GREENBRIER HEALTH CLINIC, INC	Williamsburg, WV	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
032600	NEW RIVER FAMILY HEALTH CENTER	Scarbro, WV	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
032650	BLAND COUNTY MEDICAL CLINIC	Bastian, VA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
032700	KEYSTONE RURAL HEALTH CENTER	CHAMBERSBURG, PA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
032750	Choptank Community Health System, Inc.	Denton, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
032840	IVOR MEDICAL CENTER	Ivor, VA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
032900	DELAWARE VALLEY COMMUNITY HEALTH, INC.	Philadelphia, PA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
032930	PEOPLE'S COMMUNITY HEALTH CENTER	Baltimore, MD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
032960	WESTSIDE HEALTH SERVICES	Wilmington, DE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
033010	Three Lower Counties Community Services, Inc.	Princess Anne, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date printed 6/30/2004 5:04:22 PM

Report Criteria:

Grantees Included in Rollup

List of Sites included in the Report as specified for National Summary for 2003 890 Grantees

<u>UDS</u>	<u>Grantee Name</u>	<u>City, State</u>	<u>CHC</u>	<u>MHC</u>	<u>HO</u>	<u>SBH</u>	<u>PH</u>
033080	RAINELLE MEDICAL CENTER	Rainelle, WV	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
033090	CORNERSTONE CARE, INC.	Greensboro, PA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
033100	CAMDEN-ON-GAULEY MEDICAL CENTER	Camden-on-Gauley, WV	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
033130	E. A. HAWSE HEALTH CENTER INC.	Baker, WV	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
033180	BALTIMORE MEDICAL SYSTEM, INC.	Baltimore, MD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
033200	GREATER PHILADELPHIA HLTH ACTION	Philadelphia, PA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
033230	TRI-AREA HEALTH CLINIC	Laurel Fork, VA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
033620	SE LANCASTER HEALTH SERVICES	Lancaster, PA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
033690	St. George Medical Clinic, Inc.	St. George, WV	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
033770	GREATER BADEN MED. SVCS. INC.	Upper Marlboro, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
033780	QUALITY COMMUNITY HLTH CARE, INC	Philadelphia, PA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
033930	CHESPENN HEALTH SERVICES	Chester, PA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
034050	BLUE RIDGE MEDICAL CTR, INC.	Arrington, VA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
034060	SHARON MEDICAL GROUP	Sharon, PA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
034090	PRIMARY CARE SYSTEMS, INC.	Clay, WV	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
034100	PORTSMOUTH COMMUNITY HEALTH CTR	Portsmouth, VA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
034120	FAMILY HEALTH CARE	Spencer, WV	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
034140	SPECTRUM HEALTH SERVICES, INC.	PHILADELPHIA, PA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
034170	BOYDTON COMMUNITY HEALTH FACILITY, INC.	Boydton, VA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
034180	Southern Dominion Health Systems, Inc	Victoria, VA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
034190	MINNIE HAMILTON HEALTH CARE CTR	Grantville, WV	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
034210	TRI-COUNTY HEALTH CLINIC	Rock Cave, WV	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
034230	COMMUNITY HEALTH NET	Erie, PA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
036640	Chase Brexton Health Services, Inc.	Baltimore, MD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
036670	RESOURCES FOR HUMAN DEVELOP.INC	Philadelphia, PA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
037020	Unity Health Care Inc.	Washington, DC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
037150	Vernon J. Harris East End CHC	Richmond, VA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
037460	VALLEY HEALTH CARE, INC.	Mill Creek, WV	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
037480	Kuumba Community Health & Wellness Center	Roanoke, VA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
037680	Columbia Road Hlth Svcs	Washington, DC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
037920	Ritchie County Primary Care Assoc., Inc.	Harrisville, WV	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
038440	WOMENCARE, INC.	Scott Depot, WV	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
038480	Baltimore City HD	Baltimore, MD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
038580	Highland Medical Center	Monterey, VA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
038800	Wirt County Health Services Association, Inc.	Elizabeth, WV	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
039290	University of Pittsburgh	Pittsburgh, PA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
039840	Walnut Street Community Health Center	Hagerstown, MD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
040130	HEALTH SERVICES, INC.	MONTGOMERY, AL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
040160	CENTRAL ALABAMA COMPREHENSIVE HEALTH INC	Tuskegee, AL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
040210	CENTRAL FLORIDA HEALTH CARE, INC	Avon Park, FL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
040230	Duval County Health Department-d/b/a Agape Community Health	Jacksonville, FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
040250	PROJECT HEALTH INC/THOMAS E LANGLEY MEDICAL CTR	Sumterville, FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
040310	BORINQUEN HEALTH CARE CENTER, INC	Miami, FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date printed 6/30/2004 5:04:23 PM

Report Criteria:

Grantees Included in Rollup

List of Sites included in the Report as specified for National Summary for 2003 890 Grantees

<u>UDS</u>	<u>Grantee Name</u>	<u>City, State</u>	<u>CHC</u>	<u>MHC</u>	<u>HO</u>	<u>SBH</u>	<u>PH</u>
040320	COMMUNITY HEALTH OF SOUTH DADE, INC	Miami, FL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
040330	ECONOMIC OPPORTUNITY FHC, INC.	Miami, FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
040340	RURAL HLTH CARE INC/FAM. MED&DENTAL CTR	Palatka, FL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
040370	FLORIDA CHC'S, INC.	W. Palm Beach, FL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
040380	NORTH FLORIDA MEDICAL CENTER INC	Tallahassee, FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
040390	NORTHEAST HEALTH SYSTEMS, INC	Colbert, GA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
040400	SOUTHSIDE MEDICAL CENTER, INC.	Atlanta, GA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
040410	WEST END MEDICAL CENTERS, INC	Atlanta, GA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
040490	CURTIS V. COOPER PRIMARY HEALTH CARE, INC.	Savannah, GA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
040570	FAMILY HEALTH CENTER, INC	Laurel, MS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
040600	MOUNTAIN COMPREHENSIVE HEALTH CORP	Whitesburg, KY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
040650	PARK DUVALLE COMMUNITY HEALTH CTR	LOUISVILLE, KY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
040670	BIG SANDY HEALTH CARE, INC.	Prestonburg, KY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
040750	CENTRAL MS CIVIC IMPROVEMENT ASSOC, INC	Jackson , MS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
040760	G A CARMICHAEL FAMILY HEALTH CENTER	Canton, MS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
040780	DELTA HEALTH CENTER, INC	Mound Bayou, MS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
040890	PIEDMONT HEALTH SERVICES, INC	Chapel Hill, NC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
040900	TRI-COUNTY COMMUNITY HEALTH COUNCIL, INC	Newton Grove, NC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
040910	LINCOLN COMMUNITY HEALTH CENTER, INC.	Durham, NC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
040940	BLUE RIDGE COMMUNITY HEALTH SVCS, INC	Hendersonville, NC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
041000	WAKE HEALTH SERVICES, INC	Raleigh, NC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
041020	GREENE COUNTY HEALTH CARE, INC	Snow Hill, NC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
041060	VANCE-WARREN COMPREHENSIVE HEALTH PLAN	Manson, NC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
041090	SOUTH CAROLINA MIGRANT HEALTH PROGRAM	Columbia, SC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
041110	FRANKLIN C FETTER FAMILY HEALTH CENTER	Charleston, SC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
041180	FAMILY HEALTH CENTERS, INC	Orangeburg, SC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
041190	BEAUFORT-JASPER COMP HLTH SERVICES, INC	Ridgeland, SC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
041230	OCOEE REGIONAL HEALTH CORPORATION	Benton, TN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
041260	SOUTHSIDE and DODSON AVE COMM HEALTH CTRS	Chattanooga, TN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0412790	RURAL HEALTH SERVICES CONSORTIUM INC	Rogersville, TN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0412810	TAMPA COMMUNITY HEALTH CENTERS, INC	Tampa, FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
041290	MORGAN COUNTY HEALTH COUNCIL, INC	Wartburg, TN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0412940	N BROWARD HOSPITAL DISTRICT/HOMELESS	Ft. Lauderdale, FL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0413090	Cherokee Health Systems, Inc.	Talbot, TN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0413190	FELLSMERE COMM HLTH COALITION, INC	Fellsmere, FL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
041330	REACHS CHC	Jacksboro, TN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0413490	East Tennessee State University College of Nursing	Johnson City, TN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
0413580	HCH of Orlando	Orlando, FL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
041370	PERRY COUNTY MEDICAL CENTER, INC	Linden, TN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
041410	MEMPHIS HEALTH CENTER, INC	Memphis, TN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
041420	MATTHEW WALKER COMPREHENSIVE HEALTH CTR	Nashville, TN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
041440	MOUNTAIN PEOPLES' HEALTH COUNCILS, INC	Huntsville, TN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0415310	BROWARD COMMUNITY & FAMILY HEALTH CENTERS, INC.	Pompano Beach, FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date printed 6/30/2004 5:04:24 PM

Report Criteria:

Grantees Included in Rollup

List of Sites included in the Report as specified for National Summary for 2003

890 Grantees

<u>UDS</u>	<u>Grantee Name</u>	<u>City, State</u>	<u>CHC</u>	<u>MHC</u>	<u>HO</u>	<u>SBH</u>	<u>PH</u>
0416080	LOW COUNTRY HEALTH CARE SYSTEM	Fairfax, SC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
041630	HELEN B BENTLEY FAMILY HEALTH CTR, INC	Miami, FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
041660	COMMUNITY HEALTH CENTERS, INC	Winter Garden, FL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
041680	FAMILY HEALTH CTRS OF SW FL, INC	Ft. Myers, FL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
041700	COLLIER HEALTH SERVICES, INC.	Immokalee, FL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0417140	Christ Community Health Services, Inc.	Memphis, TN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
041720	CENTRAL FLORIDA FAMILY HEALTH CENTER	Sanford, FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
041740	PALM BEACH COUNTY HEALTH DEPARTMENT	W. Palm Beach, FL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
041750	SUNCOAST COMMUNITY HEALTH CENTERS, INC.	Ruskin, FL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
041780	TENNESSEE DEPARTMENT OF HEALTH	COOKEVILLE, TN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0418700	SEA ISLAND MEDICAL CENTERS, INC.	Johns Island, SC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
041960	Birmingham Health Care, Inc.	Birmingham, AL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
042000	HEALTH CARE FOR HOMELESS OF NASHVILLE	Nashville, TN	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
042010	Saint Joseph's Mercy Care Services, Inc.	Atlanta, GA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
042030	CHATTANOOGA/HAMILTON COUNTY HEALTH DEPARTMENT	Chattanooga, TN	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
042040	PINELLAS CO BD OF CO COMM/HUMAN SVCS	Clearwater, FL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
042050	CRISIS MINISTRIES, INC	Charleston, SC	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0420550	EASTERN KENTUCKY UNIV COLLEGE OF HEALTH SCIENCES	Richmond, KY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0420630	I.M. SULZBACHER CENTER FOR THE HOMELESS	Jacksonville, FL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
042070	GREATER MERIDIAN HEALTH CLINIC, INC	Meridian, MS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0420980	Wilmington Health Access for Teens	Wilmington, NC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
0421000	ReGenesis Community Health Center	Spartanburg, SC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
042110	GEORGIA MOUNTAINS HEALTH SERVICES, INC.	Morganton, GA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0421240	BOWLING GREEN-WARREN CO. PRIMARY CARE CTR, INC.	Bowling Green, KY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
042160	DAYSRING FAMILY HEALTH CENTER	Jellico, TN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0421720	Tendercare Clinic	Greensboro, GA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0421730	LA CLINICA DE BALDWIN / THE BALDWIN CLINIC, INC.	FOLEY, AL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
042180	SOUTHERN RURAL HEALTH CARE CONSORTIUM, INC.	RUSSELLVILLE, AL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0423590	Sumter Family Health Center	Sumter, SC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
042390	TRI-COUNTY HEALTH SYSTEM, INC	Warrenton, GA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
042400	CAMILLUS HEALTH CONCERN, INC	Miami, FL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
042430	COASTAL FAMILY HEALTH CENTER	Biloxi, MS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
042440	FAMILY HEALTH CARE CLINIC	PEARL, MS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
042450	WHATLEY HEALTH SERVICES, INC	Tuscaloosa, AL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0425010	Hazard Perry County Community Ministries	Hazard, KY	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
042600	COMMUNITY MEDICINE FOUNDATION, INC.	Rock Hill, SC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
042610	NEW HORIZON FAMILY HEALTH SERVICES	Greenville, SC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
042710	TRENTON MEDICAL CENTER, INC.	Trenton, FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
042720	EAST CENTRAL MISSISSIPPI HEALTH CARE INC	Sebastopol, MS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
042780	CAROLINA HEALTH CENTERS, INC	Greenwood, SC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0428200	Agape Community Health Center	Washington, NC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
042830	TRI-COUNTY MEDICAL CENTER, INC	EVERGREEN, AL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
042850	RURAL HEALTH MEDICAL PROGRAM, INC.	Selma, AL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date printed 6/30/2004 5:04:25 PM

Report Criteria:

Grantees Included in Rollup

List of Sites included in the Report as specified for National Summary for 2003 890 Grantees

<u>UDS</u>	<u>Grantee Name</u>	<u>City, State</u>	<u>CHC</u>	<u>MHC</u>	<u>HO</u>	<u>SBH</u>	<u>PH</u>
0429000	Meridian Education Resource Group, Inc.	Atlanta, GA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
043060	NORTHEAST MISSISSIPPI HEALTH CARE, INC	Byhalia, MS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
043270	EAU CLAIRE COOPERATIVE HEALTH CENTERS	Columbia, SC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
043340	STEWART WEBSTER RURAL HEALTH, INC.	Richland, GA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
043860	RICHLAND COMMUNITY HEALTH CARE ASSOC.	Columbia, SC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
043920	MANTACHIE RURAL HEALTH CARE, INC.	Mantachie, MS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
044030	NC DEPT OF HLTH & HUMAN SERVICES	Raleigh, NC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
044090	HEALTHPOINT FAMILY CARE	NEWPORT, KY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
044110	UNITED NEIGHBORHOOD HEALTH SERVICES, INC	Nashville, TN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
044120	QUALITY OF LIFE HEALTH SERVICES, INC.	Gadsden, AL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
044130	MIAMI BEACH COMMUNITY HEALTH CENTER, INC.	Miami Beach, FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
044150	ALBANY AREA PRIMARY HEALTH CARE, INC	ALBANY, GA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
044230	ANSON REGIONAL MEDICAL SERVICES, INC	Wadesboro, NC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
044310	MANATEE COUNTY RURAL HEALTH SERVICES INC	Parrish, FL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
044470	GREENE AREA MEDICAL EXTENDERS, INC.	Leakesville, MS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
044700	BAYOU LA BATRE AREA HEALTH DEVELOPMENT BOARD, IN	BAYOU LA BATRE, AL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
044710	FRANKLIN PRIMARY HEALTH CENTER, INC.	Mobile, AL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
044790	PRIMARY HEALTH CARE CTR OF DADE, INC	Trenton, GA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
044820	HEALTH HELP INC	MCKEE, KY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
044920	CASWELL FAMILY MEDICAL CENTER	Yanceyville, NC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
045050	SANDHILLS MEDICAL FOUNDATION, INC	Jefferson, SC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
045180	JOHNSON CO CENTER FOR COMMUNITY HEALTH	WRIGHTSVILLE, GA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
045190	HARDEMAN COUNTY COMMUNITY HEALTH CENTER	Bolivar, TN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
045200	WESTERN MEDICAL GROUP, INC	MAMERS, NC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
045220	RURAL HEALTH SERVICES, INC	CLEARWATER, SC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
045230	CARESOUTH CAROLINA, INC	Hartsville, SC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
045240	NEW HANOVER COMMUNITY HEALTH CENTER INC	Wilmington, NC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
045260	PALMETTO HEALTH COUNCIL, INC	Decatur, GA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
045420	CITIZENS OF LAKE CO FOR HLTH CARE, INC	Tiptonville, TN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
045500	HEALTH RESOURCE ALLIANCE OF PASCO, INC	Dade City, FL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
045630	Gaston Family Health Services, Inc.	Gastonia, NC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
045710	NORTHEAST ALABAMA HEALTH SERVICES, INC.	Scottsboro, AL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
045770	Southeast Mississippi Rural Health Initiative, Inc.	Hattiesburg, MS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
045780	AMITE COUNTY MEDICAL SERVICES, INC	Liberty, MS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
045800	GOSHEN MEDICAL CENTER, INC	Faison, NC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
045940	Gulf County Hlth Dept./St. Joseph Care of FL	Port St. Joe, FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
046080	Central Mississippi Health Services, Inc.	Jackson, MS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
046150	AARON E HENRY COMMUNITY HEALTH SERVICES	Clarksdale, MS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
046450	Carolina Family Health Centers, Inc.	Wilson, NC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
046560	HARDIN COUNTY REGIONAL HEALTH CENTER INC	Savannah, TN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
046610	TWIN COUNTY RURAL HEALTH CENTER INC	Hollister, NC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
046680	Rural Health Group, Inc	Jackson, NC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
046800	PERSON FAMILY MEDICAL CENTER INC	ROXBORO, NC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date printed 6/30/2004 5:04:26 PM

Report Criteria:

Grantees Included in Rollup

List of Sites included in the Report as specified for National Summary for 2003

890 Grantees

<u>UDS</u>	<u>Grantee Name</u>	<u>City, State</u>	<u>CHC</u>	<u>MHC</u>	<u>HO</u>	<u>SBH</u>	<u>PH</u>
046810	RURAL MEDICAL SERVICES INC	Newport, TN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
046840	Lou. Jeff. Co. Board of Health - Family Health Centers, Inc.	Louisville, KY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
046860	ACCESS FAMILY HEALTH SERVICES INC	Smithville, MS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
046900	OAKHURST MEDICAL CENTERS, INC.	STONE MOUNTAIN, GA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
046910	STEDMAN-WADE HEALTH SERVICES INC	Wade , NC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
046930	BLACK RIVER HEALTHCARE INC	Manning, SC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
047000	HEALTH CARE PARTNERS INC	Conway, SC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
047060	LITTLE RIVER MEDICAL CENTER INC	Little River, SC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
047080	FAMILY ORIENTED PRIMARY HEALTH CARE CLINIC INC	Mobile, AL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
047430	GEORGIA HIGHLANDS MEDICAL SERVICES INC	CUMMING, GA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
047650	COBB COUNTY BOARD OF HEALTH	Marietta, GA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
047770	METROLINA COMPREHENSIVE HEALTH CENTER	Charlotte, NC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
047820	UNION-GRAINGER PRIMARY CARE INC	Talbot, TN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
047980	DR ARENIA C MALLORY CHC, INC.	Lexington, MS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
047990	SOUTH CENTRAL PRIMARY CARE CENTER	OCILLA, GA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
048050	BOND COMMUNITY HEALTH CENTER, INC	Tallahassee, FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
048070	CHCS OF WESTERN KENTUCKY, INC	Greenville, KY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
048080	MCKINNEY COMMUNITY HEALTH CENTER, INC	Waycross, GA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
048120	KINSTON COMMUNITY HEALTH CENTER, INC	Kinston, NC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
048130	VALLEY HEALTHCARE SYSTEM, INC	COLUMBUS, GA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
048140	LEXINGTON-FAYETTE CO HEALTH DEPARTMENT	Lexington, KY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
048190	CENTRAL NORTH ALABAMA HEALTH SERVICES, INC.	Huntsville, AL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
048270	GEORGIA DEPARTMENT OF COMMUNITY HEALTH SERVICES	Cordele, GA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
048420	CLAIBORNE COUNTY FAMILY HEALTH CENTER	Port Gibson, MS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
048430	ST JAMES-SANTEE FAMILY HEALTH CENTER INC	McClellanville, SC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
048800	JEFFERSON COMPREHENSIVE HEALTH CENTER	Fayette, MS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
048870	OUTREACH HEALTH SERVICES, INC	Shubuta, MS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
048950	SE ALABAMA RURAL HEALTH ASSOCIATES	Troy, AL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
048970	FAMILY HEALTH CENTER OF COLUMBIA CO, INC	Lake City, FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
048980	LEWIS COUNTY PRIMARY CARE CENTER, INC	Vanceburg, KY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
049000	ROBESON HEALTH CARE CORPORATION	Fairmont, NC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
049010	EAST GEORGIA HEALTHCARE CENTER, INC.	Swainsboro, GA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
049040	TENNESSEE DEPARTMENT OF HEALTH	Nashville, TN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
049070	Community Health Centers of Pinellas, Inc.	St. Petersburg, FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
049100	NORTH BENTON COUNTY HEALTH CARE, INC	ASHLAND, MS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
049190	BERTIE COUNTY RURAL HEALTH ASSOCIATION	Windsor, NC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
050030	COMMUNITY HLTH & EMER SVCS, INC	CAIRO, IL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
050040	SHAWNEE HEALTH SERVICE AND DEVELOPMENT CORPORATI	Carterville, IL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
050060	COMM. HEALTH PARTNERSHIP OF IL.	Chicago, IL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
050210	BALDWIN FAMILY HEALTH CARE	Baldwin, MI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
050220	INTERCARE COMMUNITY HEALTH NETWORK	Bangor, MI	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
050290	MIDMICHIGAN HEALTH SERVICES	Houghton Lake, MI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
050320	MIGRANT HEALTH SERVICES INC	Moorhead, MN	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date printed 6/30/2004 5:04:28 PM

Report Criteria:

Grantees Included in Rollup

List of Sites included in the Report as specified for National Summary for 2003 890 Grantees

<u>UDS</u>	<u>Grantee Name</u>	<u>City, State</u>	<u>CHC</u>	<u>MHC</u>	<u>HO</u>	<u>SBH</u>	<u>PH</u>
050360	HEALTH DELIVERY INC	Saginaw, MI	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
050390	NORTHWEST MICHIGAN HEALTH SERVICES, INC.	Traverse City, MI	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
050560	OHIO HILLS HEALTH SERVICES	Barnesville, OH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
050580	NORTHEAST OHIO NGHBRHD HLTH SVCS	CLEVELAND, OH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
050640	FAM HLTH SVC OF DARKE COUNTY	Greenville, OH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
050840	MARSHFIELD FAMILY HLTH CENTER	Marshfield, WI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
050900	LA CLINICA DE LOS CAMPESINOS	WAUTOMA, WI	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
050920	NEIGHBORHOOD HEALTH CARE, INC.	Cleveland, OH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
050960	COMMUNITY HEALTH SERVICES	Fremont, OH	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
050990	SOUTHERN OHIO HEALTH SERVICES	Milford, OH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
051020	Hackley Community Care Center	Muskegon Heights, MI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0510220	PRIMECARE COMMUNITY HEALTH, INC.	Chicago, IL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0510280	LAKE SUPERIOR COMMUNITY HEALTH CENTER	Duluth, MN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
051030	Clinic in Altgeld, Inc.	Chicago, IL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
051050	CHICAGO FAMILY HEALTH CENTER, INC.	Chicago, IL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0510700	OPEN DOOR/BMH HEALTH CENTER, INC.	Muncie, IN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0511020	WESTSIDE HEALTHCARE ASSOCIATION	Milwaukee, WI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0511330	Good Samaritan Hospital	Dayton, OH	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0512480	ROSELAND CHRISTIAN HEALTH MINISTRIES	Chicago, IL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0512780	Uptown International Center	Chicago, IL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0513810	University of Minnesota	Minneapolis, MN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0514070	Visiting Nurse Association	Aurora, IL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
051440	U.P ASSOC. OF RURAL HLTH SVCS.	Marquette, MI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0514720	Raphael Health Center, Inc.	Indianapolis, IN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
051490	NORTHERN HEALTH CENTERS, INC.	LAKEWOOD, WI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0515160	Greater Elgin Family Care	Elgin, IL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0515170	Oakland Primary Health Services	Pontiac, MI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0515190	Neighborhood Health Care	Cincinnati, OH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
0515200	Madison CHC	Madison, WI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
051570	CINCINNATI HEALTH NETWORK	CINCINNATI, OH	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0516210	Winton Hills Medical & Health Center, Inc.	Cincinnati, OH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
051660	IRONTON-LAWRENCE CO. C.A.O.	Ironton, OH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0516700	Cedar Riverside People's Center	Minneapolis, MN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0516760	Madison County CHC	Anderson, IN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
051680	EAST JORDAN FAMILY HEALTH CENTER	East Jordan, MI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0516820	MGH Family Health Center	Muskegon Heights, MI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0517410	Shalom Health Care Center, Inc.	Indianapolis, IN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
051750	ACCESS COMMUNITY HEALTH NETWORK	Chicago, IL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
051770	Indian Health Board of Minneapolis, Inc.	Minneapolis, MN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
051780	Neighborhood Health Association	Toledo, OH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
051810	HENNEPIN CTY HLTH CARE-HOMELESS	Minneapolis, MN	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
051820	CARE ALLIANCE	Cleveland, OH	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
051830	INGHAM COUNTY HEALTH DEPT.	Lansing, MI	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date printed 6/30/2004 5:04:29 PM

Report Criteria:

Grantees Included in Rollup

List of Sites included in the Report as specified for National Summary for 2003 890 Grantees

<u>UDS</u>	<u>Grantee Name</u>	<u>City, State</u>	<u>CHC</u>	<u>MHC</u>	<u>HO</u>	<u>SBH</u>	<u>PH</u>
051840	ST. MARY'S HEALTH SERVICES	Grand Rapids, MI	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
051850	CALHOUN COUNTY HEALTH DEPT.	Battle Creek, MI	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
051880	DETROIT HEALTH CARE FOR THE HOMELESS,INC.	Detroit, MI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
051900	CHICAGO HEALTH OUTREACH, INC	Chicago, IL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
051920	HEALTH CARE FOR THE HOMELESS	Milwaukee, WI	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
051980	ALCONA HEALTH CENTER	Lincoln, MI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
052030	CHERRY STREET SERVICES, INC.	Grand Rapids, MI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
052070	DETROIT COMMUNITY HEALTH CONNECTION,INC.	Detroit, MI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
052090	MILWAUKEE HEALTH SERVICES, INC	Milwaukee, WI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
052130	REA CLINIC-CHRISTOPHER GRTR AREA	Christopher, IL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
052140	HENDERSON COUNTY RURAL HEALTH CENTER	Oquawka, IL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
052180	Rural Health, Inc.	Anna, IL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
052200	Downriver Community Services, Inc.	Algonac, MI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
052250	STERLING AREA HEALTH CENTER	Sterling, MI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
052270	FAMILY HEALTHCARE, INC./PRAV	Chillicothe, OH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
052360	Health and Hospital Corp of Marion County	Indianapolis, IN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
052700	SAWTOOTH MOUNTAIN CLINIC	Grand Marais, MN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
052710	COOK AREA HEALTH SERVICES, INC	Cook, MN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
052730	OPEN CITIES HEALTH CENTER	St. Paul, MN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
052760	CRUSADERS CLINIC	Rockford, IL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
052810	NORTH WOODS COMM. HLTH. CTR.	MINONG, WI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
052900	COMMUNITY ACTION COMMITTEE	Piketon, OH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
052910	FAMILY MEDICAL CENTER	CARLETON, MI	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
053020	WESTSIDE COMMUNITY HEALTH SERVICES, INC.	St. Paul, MN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
053060	16TH STREET COMMUNITY HLTH CTR	Milwaukee, WI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
053110	INDIANA HEALTH CENTERS INC	Indianapolis, IN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
053130	CIRCLE FAMILY CARE	Chicago, IL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
053150	COMMUNITY HEALTH IMPROVEMENT CEN	Decatur, IL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
053160	THUNDER BAY COMMUNITY HLTH SVCS	Hillman, MI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
053200	HEALTHNET, INC.	Indianapolis, IN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
053210	ERIE FAMILY HEALTH CENTER	Chicago, IL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
053280	NEAR NORTH HEALTH SERVICE CORP.	Chicago, IL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
053300	HAMILTON COMMUNITY HEALTH NETWORK, INC.	Flint, MI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
053320	SO. IL. HEALTHCARE FOUNDATION	East St. Louis, IL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
056230	FAMILY HEALTH CENTER, INC.	Kalamazoo, MI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
056360	N.E.W. COMMUNITY CLINIC	Green Bay, WI	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
056420	LAWNDALE CHRISTIAN HLTH CTR	Chicago, IL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
056430	FAMILY HLTH CTR,BATTLE CREEK	Battle Creek, MI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
056440	YOUNGSTOWN COMM. HEALTH CENTER	Youngstown, OH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
056620	ALIVIO MEDICAL CENTER	Chicago, IL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
056730	SCENIC BLUFFS HEALTH CENTER	Cashton, WI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
056750	FREMONT COMMUNITY HLTH. SVCS.	Minneapolis, MN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
056770	COMM HLTH AND SOC SVCS (CHASS)	Detroit, MI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date printed 6/30/2004 5:04:30 PM

Report Criteria:

Grantees Included in Rollup

List of Sites included in the Report as specified for National Summary for 2003 890 Grantees

<u>UDS</u>	<u>Grantee Name</u>	<u>City, State</u>	<u>CHC</u>	<u>MHC</u>	<u>HO</u>	<u>SBH</u>	<u>PH</u>
056820	COMMUNITY ACTION AGENCY OF COLUMBIANA COUNTY, INC	LISBON, OH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
056960	SOUTHSIDE COMMUNITY HEALTH SERVICES, INC.	Minneapolis, MN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
057030	Center For Family Health, Inc.	Jackson, MI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
057110	THIRD STREET COMMUNITY CLINIC	Mansfield, OH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
057250	BRIDGE COMMUNITY HEALTH CLINIC	Wausau, WI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
057260	KENOSHA COMMUNITY HEALTH CENTER, INC.	Kenosha, WI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
057270	AKRON COMMUNITY HEALTH RESOURCES	Akron, OH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
057440	PCC Community Wellness	Oak Park, IL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
057480	Tippecanoe Community Health Clin	Lafayette, IN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
057580	Mile Square CHC	Chicago, IL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
057880	WILL COUNTY COMMUNITY HEALTH CENTER	JOLIET, IL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
058470	Columbus Neighborhood Health Ctr	Columbus, OH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
058480	Neighborhood Health Clinics, Inc	Ft. Wayne, IN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
058490	ECHO Community Health Care, Inc.	Evansville, IN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
058870	LAKE COUNTY HEALTH DEPT. & CHC	Waukegan, IL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
059030	BELOIT AREA COMMUNITY H.C., INC.	Beloit, WI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
059110	Friend Family HC	Chicago, IL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
059300	Family Christian Health Center	Harvey, IL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
059450	East Chicago Community Health Center, Inc.	East Chicago, IN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
059700	Healthy Springfield	Springfield, IL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
059720	Aunt Martha's Youth Service Center, Inc.	Chicago Heights, IL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
059880	Lincoln Heights HealthCare Connection, Inc	Lincoln Heights, OH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
060060	LEE COUNTY COOPERATIVE CLINIC	Marianna, AR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
060110	JEFFERSON COMPREHENSIVE CARE SYS	Pine Bluff, AR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
060140	EAST ARKANSAS FAMILY HEALTH CENTER, INC.	West Memphis, AR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
060180	TECHE ACTION CLINIC	Franklin, LA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
060190	NATCHITOCHEES OUT-PATIENT MED CTR	Natchitoches, LA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
060240	FIRST CHOICE COMMUNITY HLTHCARE	Albuquerque, NM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
060300	Mora Valley Community Health Service, Inc	Mora, NM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
060310	LAS CLINICAS DEL NORTE, INC	El Rito, NM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
060330	HEALTH CENTERS OF NORTHERN NM	Espanola, NM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
060370	BEN ARCHER HEALTH CENTER, INC.	Hatch, NM	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
060400	PECOS VALLEY MEDICAL CENTER, INC	Pecos, NM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
060460	LA CLINICA DEL PUEBLO DE RIO ARR	Tierra Amarillo, NM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
060530	Community Health Centers Inc.	Oklahoma City, OK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
060670	VIDA Y SALUD-HEALTH SYSTEMS INC	Crystal City, TX	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
060680	Los Barrios Unidos Community Clinic, Inc.	Dallas, TX	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
060710	CROSS TIMBERS HEALTH CLINICS,INC	De Leon, TX	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
060740	UNITED MEDICAL CENTERS	Eagle Pass, TX	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
060750	NUUESTRA CLINICA DEL VALLE, INC.	Pharr, TX	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
060810	COMMUNITY HEALTH CENTERS OF SOUTH CENTRAL TEXAS, I	Gonzales, TX	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
060820	COMMUNITY HEALTH SERVICE AGENCY, INC.	Greenville, TX	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
060840	SU CLINICA FAMILIAR	Harlingen, TX	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Date printed 6/30/2004 5:04:31 PM

Report Criteria:

Grantees Included in Rollup

List of Sites included in the Report as specified for National Summary for 2003 890 Grantees

<u>UDS</u>	<u>Grantee Name</u>	<u>City, State</u>	<u>CHC</u>	<u>MHC</u>	<u>HO</u>	<u>SBH</u>	<u>PH</u>
060940	WHITE RIVER RURAL HEALTH CTR., INC	Augusta, AR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
060950	South Plains Health Provider Org., Inc.	Plainview, TX	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
060970	COMM ACTION COUNCIL OF SO TEXAS	Rio Grande, TX	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
061010	Martin Luther King, Jr. Family Clinic	Dallas, TX	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0610680	INNIS COMMUNITY HEALTH CENTER	Innis, LA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0610700	City of Austin Community Care Services Department	Austin, TX	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0611930	Kiamichi Fam. Med Ctr	Battiest, OK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
061220	South Plains Rural Health Services, Inc.	Levelland, TX	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0612200	Healthy Connections, Inc	Mena, AR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0612210	HCH-Houston	Houston, TX	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0612230	Brazos Valley Com Action	Bryan, TX	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
061230	CENTRO DE SALUD FAMILIAR LA FE	El Paso, TX	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
061260	EAST TEXAS COMMUNITY HEALTH	Nacogdoches, TX	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0612740	Northeastern Oklahoma Community Health Centers, Inc.	Hulbert, OK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
061290	LA CASA DE BUENA SALUD	Portales, NM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0613350	St. Charles Community Health Center, Inc.	Luling, LA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
061440	ALBUQUERQUE HEALTH CARE FOR THE HOMELESS, INC.	Albuquerque, NM	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
061510	BROWNSVILLE COMMUNITY HEALTH	Brownsville, TX	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
061550	HEALTH CARE FOR THE HOMELESS	New Orleans, LA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
061600	HARRIS COUNTY HOSPITAL DISTRICT	Houston, TX	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
061610	GALVESTON CO COORDIN COMM CLINIC	La Marque, TX	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
061730	Gulf Coast Health Center, Inc.	Port Arthur, TX	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
061750	GATEWAY COMMUNITY HEALTH CENTER, INC.	Laredo, TX	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
061920	DAVID RAINES COMM HLTH CTR., INC	Shreveport, LA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
062090	MID-DELTA HEALTH SYSTEMS, INC.	Clarendon, AR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
062120	SO. TEXAS RURAL HLTH SERVS.,INC.	Cotulla, TX	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
062140	CABUN RURAL HLTH SVC, INC.	Hampton, AR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
062350	IBERIA COMP. COMMUNITY HLTH CTR	New Iberia, LA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
062360	BARRIO COMPREHENSIVE HLTH CARE	San Antonio, TX	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
062390	ATASCOSA HEALTH CENTER, INC.	PLEASANTON, TX	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
062480	CATAHOULA PARISH HOSP SERV DIST	Sicity Island, LA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
062730	MAINLINE HEALTH SYSTEM, INC.	Portland, AR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
062870	EXCELTH, INC., HLTH CARE NETWORK	New Orleans, LA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
062900	SOUTHWEST LA. PRIMARY HLTH CARE	Opelousas, LA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
062910	COMM HEALTH NETWORK OF LUBBOCK	Lubbock, TX	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
063010	La Clinica de Familia, Inc.	Las Cruces, NM	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
063250	EL CENTRO DEL BARRIO, INC	San Antonio, TX	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
063380	Southwest Louisiana Center for Health Services	Lake Charles, LA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
063450	PRESBYTERIAN MEDICAL SERVICES	Sante Fe, NM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
063620	SOUTHEAST AREA HEALTH CENTER	Oklahoma City, OK	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
063710	ST. HELENA COMMUNITY HEALTH CENTER	Greenburg, LA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
063720	CORNING AREA HEALTHCARE, INC.	Corning, AR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
063730	BOSTON MOUNTAIN RURAL HLTH CTR.	Marschall, AR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date printed 6/30/2004 5:04:32 PM

Report Criteria:

Grantees Included in Rollup

List of Sites included in the Report as specified for National Summary for 2003

890 Grantees

<u>UDS</u>	<u>Grantee Name</u>	<u>City, State</u>	<u>CHC</u>	<u>MHC</u>	<u>HO</u>	<u>SBH</u>	<u>PH</u>
063740	NORTH CENT'L TX COMM HLTH CARE	Wichita Falls, TX	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
063890	MORTON COMPREHENSIVE HEALTH	Tulsa, OK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
063910	COMMUNITY HEALTH DEVELOPMENT, INC.	Uvalde, TX	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
063920	La Familia Medical Center	Sante Fe, NM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
063930	CENTRAL OKLAHOMA FAMILY MEDICAL CENTER, INC.	Konawa, OK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
064760	ST. GABRIEL HEALTH CLINIC, INC.	St. Gabriel, LA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
065800	SO. CENTRAL HOUSTON ACTION	Houston, TX	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
066540	Fort Bend Family Health Center, Inc.	Richmond, TX	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
066570	LA ESPERANZA CLINIC	San Angelo, TX	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
066580	CENTRO SAN VICENTE	El Paso, TX	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
067090	Rapides Primary Health Care Center	Alexandria, LA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
067230	HIDALGO MEDICAL SERVICES	Lordsburg, NM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
067560	Debaca Family Practice Clinic, Inc	Fort Sumner, NM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
067570	CAPITOL CITY FAMILY HLTH CENTER, INC.	Baton Rouge, LA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
068160	Heart of Texas Community Health Center	Waco, TX	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
068480	Primary Health Services Center	Monroe, LA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
069730	HOMES/PARKLAND HEALTH & HOSPITAL SYSTEM	DALLAS, TX	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
070090	KANSAS DEPT. OF HEALTH & ENVIRON	Topeka, KS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
070150	HUNTER HEALTH CLINIC	Wichita, KS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
070270	Swope Health Services	Kansas City, MO	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
070290	SAMUEL U. RODGERS HLTH CTR.,INC.	Kansas City, MO	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
070300	Northeast Missouri Health Council, Inc.	Kirksville, MO	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
070370	MYRTLE HILLIARD DAVIS COMPREHENSIVE HEALTH CENTER, I	St. Louis, MO	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
070430	BIG SPRINGS MEDICAL ASSOCIATION, INC.	ELLINGTON, MO	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
070530	PROTEUS, INC.	Des Moines, IA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
070550	PRIMARY HEALTH CARE, INC.	Des Moines, IA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
070890	SIOUXLAND COMMUNITY HEALTH CTR.	Sioux City, IA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
071170	COMMUNITY HEALTH CARE, INC.	Davenport, IA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
071190	GRACE HILL NEIGHBORHOOD HEALTH CENTERS, INC.	St. Louis, MO	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
071370	SOUTHEAST MISSOURI HLTH NETWORK	New Madrid, MO	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
071410	PEOPLES COMMUNITY HEALTH CLINIC	Waterloo, IA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
071670	CENTRAL OZARK MEDICAL CENTER	Richland, MO	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
071700	FAMILY CARE HEALTH CENTERS	St. Louis, MO	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
072100	PEOPLE'S HEALTH CENTERS, INC.	St. Louis, MO	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
072110	CHARLES DREW HEALTH CENTER	Omaha, NE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
072130	NORTH WEST HEALTH SERVICES, INC.	St. Joseph, MO	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
073080	PANHANDLE COMMUNITY HEALTH	Gering, NE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
074010	KONZA PRAIRIE COMMY HEALTH CTR	Junction City, KS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
074020	CROSS TRAILS MEDICAL CENTER	Cape Girardeau, MO	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
074400	Douglas County Public Hlth	Ava, MO	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
074490	OZARK TRI-COUNTY HEALTH CARE CONSORTIUM INC	ANDERSON, MO	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
074540	Flint Hills Community Health Center/Lyon County Health Dept.	Emporia, KS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
074630	United Methodist W KS Mex-Am Min	Garden City, KS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date printed 6/30/2004 5:04:33 PM

Report Criteria:

Grantees Included in Rollup

List of Sites included in the Report as specified for National Summary for 2003 890 Grantees

<u>UDS</u>	<u>Grantee Name</u>	<u>City, State</u>	<u>CHC</u>	<u>MHC</u>	<u>HO</u>	<u>SBH</u>	<u>PH</u>
074650	Council Bluffs CHC	Council Bluffs, IA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
075000	SHAWNEE COUNTY HEALTH AGENCY	Shawnee, KS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
075300	Family Health Center of Boone Co.	Columbia, MO	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
075660	RIVER HILLS COMMUNITY HEALTH CENTER	Ottumwa, IA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
076290	ONE WORLD COMMUNITY HEALTH CENTERS, INC	Omaha, NE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
076340	WE CARE PROJECT, INC.	Great Bend, KS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
077200	Advocates for a Hlthy Com.	Springfield, MO	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
077310	Community Health Centers of Southeastern Iowa, Inc.	Burlington, IA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
077470	Rural Alliance for Better Hlth	West Plains, MO	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
077570	Community Hlth Ctr of Southeast Kansas	Pittsburg, KS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
078030	East-Central District Hlth Dept.	Columbus, NE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
078170	People's Health Center	Lincoln, NE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
080030	VALLEY-WIDE HEALTH SYSTEMS, INC	ALAMOSA, CO	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
080060	DENVER HEALTH & HOSPITALS/	Denver, CO	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
080100	DOLORES COUNTY HEALTH ASSOC	Dove Creek, CO	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
080130	PLAN DE SALUD DEL VALLE, INC.	Ft. Lupton, CO	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
080140	SUNRISE COMM HEALTH CENTER	Greeley, CO	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
080170	PUEBLO COMMUNITY HEALTH CENTER,	Pueblo, CO	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
080220	COMMUNITY HEALTH CENTERS INC	Salt Lake City, UT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
080590	RURAL HEALTH CARE, INC.	Pierre, SD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
080620	CO COALITION FOR THE HOMELESS	Denver, CO	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
080730	METRO COMMUNITY PROVIDER NTWK	Englewood, CO	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
080790	WY HEALTH COUNCIL	Cheyenne, WY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
080890	UNION COUNTY HEALTH FOUNDATION	Elk Point, SD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
080900	Limon Doctors Committee	Limon, CO	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
081030	HORIZON HEALTH CARE, INC	Howard, SD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0810470	Ruth Meiers Hospitality House	Bismarck, ND	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0810710	Northland Health Partners CHC	Velva, ND	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0810960	Eastside Neighborhood Center Inc.	Pierre, SD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
081100	Sweet Medical Center, Inc.	Chinook, MT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0811150	Bear Lake Community Health Center, Inc.	Garden City, UT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0811490	Custer County Community Health Center, Inc.	Miles City, MT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0811500	Coal Country Community Health Center	Beulah, ND	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0811510	Valley Community Health Centers	Northwood, ND	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
081260	Mountain Family Health Center DBA: Columbine Family Health	Nederland, CO	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
081450	CITY OF SIOUX FALLS HEALTH DEPT.	Sioux Falls, SD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
081460	Peak Vista Community Health Centers	Colorado Springs, CO	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
081650	CLINICA CAMPESINA	Lafayette, CO	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
081740	UNCOMPAGRE COMBINED CLINICS	Norwood, CO	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
081890	RAPID CITY COMMUNITY HEALTH CENTER, INC.	Rapid City, SD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
082100	Prairie Community Health, Inc.	Isabel, SD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
082160	MONTANA MIGRANT COUNCIL, INC	Billings, MT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
082240	WAYNE COMMUNITY HEALTH CENTER INC.	BICKNELL, UT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date printed 6/30/2004 5:04:35 PM

Report Criteria:

Grantees Included in Rollup

List of Sites included in the Report as specified for National Summary for 2003

890 Grantees

<u>UDS</u>	<u>Grantee Name</u>	<u>City, State</u>	<u>CHC</u>	<u>MHC</u>	<u>HO</u>	<u>SBH</u>	<u>PH</u>
082480	ENTERPRISE VALLEY MED CLINIC INC	Enterprise, UT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
082490	GREEN RIVER MEDICAL CENTER	Green River, UT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
082500	YELLOWSTONE CITY/CTY HLTH DEPT	Billings, MT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
083270	BUTTE-SILVER BOW PRIM. HLTH CARE	Butte, MT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
083430	MISSOULA CITY-CTY HEALTH DEPT (PARTNERSHIP HEALTH C	MISSOULA, MT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
083440	CARBON MED SERVICE ASSOC, INC	East Carbon City, UT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
083670	FAMILY HEALTHCARE CENTER	Fargo, ND	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
083800	MIDTOWN COMMUNITY HEALTH CENTER	Ogden, UT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
083930	LEWIS & CLARK CITY/COUNTY HEALTH	Helena, MT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
083950	MOUNTAINLANDS COMMUNITY HEALTH	Provo, UT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
083970	Community Action Partnership of Natrona County	Casper, WY	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
084100	High Plains Community Health Ctr	Lamar, CO	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
084380	Cascade City Cnty HD/CH Care Ctr	Great Falls, MT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
084390	PEOPLE'S CLINIC	Boulder, CO	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
084620	COMMUNITY ACTION OF LARAMIE CTY	Cheyenne, WY	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
084980	UTAH NAVAJO HEALTH SYSTEMS, INC.	Montezuma Creek, UT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
084990	COMMUNITY HEALTH PARTNERS INC.	Livingston, MT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
085060	WASATCH HOMELESS HLTH CARE, INC	Salt Lake City, UT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
085900	Ashland CHC	Ashland, MT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
086120	COMMUNITY HEALTH CENTER OF CENTRAL WYOMING	Casper, WY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
088300	Lincoln County CHC	Libby, MT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
089110	SW Utah Public HD	St. George, UT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
090030	SUN LIFE FAMILY HEALTH CENTER	Casa Grande, AZ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
090080	MARANA HEALTH CENTER	Marana, AZ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
090090	MARIPOSA COMMUNITY HEALTH CENTER	NOGALES, AZ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
090130	SUNSET COMMUNITY HEALTH CENTER, INC.	SOMERTON, AZ	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
090160	EL RIO HEALTH CENTER	Tucson, AZ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
090200	South Central Family Health Center	Los Angeles, CA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
090210	GARDNER FAMILY HEALTH	San Jose, CA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
090250	CLINICAS DE SALUD DEL PUEBLO, INC.	Brawley, CA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
090350	West County Health Centers, Inc.	Guerneville, CA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
090390	CLINICA SIERRA VISTA	Bakersfield, CA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
090470	GOLDEN VALLEY HEALTH CENTERS	Merced, CA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
090530	San Francisco Medical Center Outpatient Improvement Program	San Francisco, CA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
090540	WEST OAKLAND HEALTH COUNCIL, INC	Oakland, CA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
090560	UNITED HEALTH CENTERS	Parlier, CA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
090660	MISSION NEIGHBORHOOD HC	San Francisco, CA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
090670	NORTH EAST MEDICAL SERVICES	San Francisco, CA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
090710	COMMUNITY HEALTH CENTERS OF THE CENTRAL COAST	Nipomo, CA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
090720	NORTH COUNTY HEALTH SERVICES	San Marcos, CA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
090730	MINISTRY OF HEALTH	Koror, PW	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
090750	MARICOPA COUNTY DEPT OF PUBLIC	Phoenix, AZ	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
090780	COMMUNITY MEDICAL CENTERS, INC	Stockton, CA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date printed 6/30/2004 5:04:36 PM

Report Criteria:

Grantees Included in Rollup

List of Sites included in the Report as specified for National Summary for 2003

890 Grantees

<u>UDS</u>	<u>Grantee Name</u>	<u>City, State</u>	<u>CHC</u>	<u>MHC</u>	<u>HO</u>	<u>SBH</u>	<u>PH</u>
090800	SACRAMENTO COUNTY DEPT OF HEALTH H	Sacramento, CA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
090830	Santa Barbara County Public Health Department	Santa Barbara, CA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
090850	DEL NORTE CLINICS, INC	Yuba City, CA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
090870	ALAMEDA COUNTY HEALTH CARE SERVICES	Oakland, CA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
090880	COUNTY OF SANTA CRUZ HEALTH SERVICES AGENCY	Santa Cruz, CA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
090990	WAIANAEO COAST COMP HLTH CENTER	Waianae, HI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
091000	NORTHEAST VALLEY HEALTH CORP.	San Fernando, CA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
0910240	Franciscan Clinics	Los Angeles, CA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0910250	Mendocino Coast Clinics, Inc.	Fort Bragg, CA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0910260	South Bay Family Healthcare Center	Torrance, CA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
091030	ASIAN HEALTH SERVICES	Oakland, CA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0910370	St. John's Well Child and Family Center	Los Angeles, CA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
091040	ASIAN/PACIFIC HEALTH CARE	Los Angeles, CA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
091050	CLINICA DE SALUD DEL VALLE	Salinas, CA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
091070	SF COMMUNITY CLINIC CONSORTIUM	San Francisco, CA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
091080	SAN YSIDRO HEALTH CENTER	San Ysidro, CA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
091100	SAN JOAQUIN HEALTH CENTER	San Joaquin, CA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0911100	San Diego Family Care	San Diego, CA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
091120	CONTRA COSTA CO. HLTH. SRVS.DEPT	Martinez, CA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0911320	School Health Clinics of Santa Clara County	San Jose, CA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
091140	SAN MATEO CO. DEPT. OF	San Mateo, CA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
091160	Salud Para La Gente, Inc.	Watsonville, CA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0911800	Shingletown Medical Center, Inc	Shingletown, CA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
091230	LA CLINICA DE LA RAZA	Oakland, CA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
091250	San Bernadino County	San Bernardino, CA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
091290	HO'OLA LAHUI HAWAI'I	LIHUE, HI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
091300	CANYONLANDS COMMUNITY HEALTH CARE	Page, AZ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
091520	Mountain Health & Com. Sv.	Campo, CA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
091540	OPEN DOOR COMMUNITY HEALTH CENTERS	Arcata, CA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
091570	NEVADA HEALTH CENTERS, INC.	Carson City, NV	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
091600	NATIONAL HEALTH SERVICES, INC.	Shafter, CA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
091650	LONG VALLEY HEALTH CENTER	Laytonville, CA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
091670	Vista Community Clinic	Vista, CA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
091700	Redwoods Rural Health Center	Redway, CA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
091750	Mountain Valleys Health Centers	Bieber, CA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
091850	CHILDREN'S HOSPITAL MEDICAL	Oakland, CA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
091880	BAY CLINIC	Hilo, HI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
091920	POHNPEI COMMUNITY HEALTH CENTER	Pohnpei, FM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
091940	MENDOCINO COMMUNITY HEALTH CLINIC, INC.	Ukiah, CA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
091960	NORTHEASTERN RURAL HLTH CLINICS	Susanville, CA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
092060	WAIKIKI HEALTH CENTER	Honolulu, HI	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
092080	Alliance Medical Center	Healdsburg, CA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
092160	HAMAKUA HEALTH CENTER	Honokaa, HI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date printed 6/30/2004 5:04:37 PM

Report Criteria:

Grantees Included in Rollup

List of Sites included in the Report as specified for National Summary for 2003

890 Grantees

<u>UDS</u>	<u>Grantee Name</u>	<u>City, State</u>	<u>CHC</u>	<u>MHC</u>	<u>HO</u>	<u>SBH</u>	<u>PH</u>
092240	SHASTA COMMUNITY HEALTH CENTER	Redding, CA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
092280	HEALTH ACCESS WASHOE COUNTY-HAWC	Reno, NV	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
092290	WAIMANALO HEALTH CENTER	Waimanalo, HI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
092440	T.H.E. CLINIC, INC.	Los Angeles, CA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
092540	NMA Comprehensive Health Center	San Diego, CA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
092640	Natividad Medical Center	Salinas, CA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
092650	DESERT SENITA COMMUNITY HEALTH CENTER	Ajo, AZ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
092870	CHIRICAHUA COMMUNITY HEALTH CTR	Elfrida, AZ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
092880	LIFELONG MEDICAL CARE	Berkeley, CA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
092890	North Country Community Health Center	Flagstaff, AZ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
093030	CLINICA ADELANTE INC.	Surprise, AZ	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
093070	MOUNTAIN PARK HEALTH CENTER	Phoenix, AZ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
093080	U.C. IRVINE FAMILY HEALTH CENTER - Santa Ana	Santa Ana, CA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
093110	ALTAMED HEALTH SERVICES CORP.	Los Angeles, CA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
093120	FAMILY HEALTH CENTERS OF SAN DIEGO	San Diego, CA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
093160	ARROYO VISTA FAMILY HEALTH FOUNDATION	Los Angeles, CA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
093190	TIBURCIO VASQUEZ HEALTH CENTER, INC.	UNION CITY, CA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
093210	DARIN M. CAMARENA HEALTH CENTERS, INC.	Madera, CA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
093320	SEQUOIA COMMUNITY HEALTH FOUNDATION	Fresno, CA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
093410	KOKUA KALIHI VALLEY HEALTH	Honolulu, HI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
093530	GUAM DEPT OF HEALTH & SOCIAL	Inarajan, GU	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
093540	Neighborhood Healthcare--formerly Escondido Community Clini	Escondido, CA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
093570	MINISTRY OF HEALTH, RMI, Ebeye - DUNS # 854 862 646	Ebeye, MH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
093590	UNITED COMMUNITY HEALTH CENTER	Green Valley, AZ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
093640	FAMILY HEALTHCARE NETWORK	Porterville, CA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
093650	CLINICAS DEL CAMINO REAL	Ventura, CA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
093660	COMMUNITY HEALTH SYSTEMS, INC.	BLOOMINGTON, CA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
095340	Tulare Community Health Clinic	Tulare, CA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
095380	MARIN COMMUNITY CLINIC	Greenbrae, CA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
095400	COASTAL HEALTH ALLIANCE	Point Reyes, CA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
095440	LA MAESTRA FAMILY CLINIC	San Diego, CA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
096000	Brookside CHC	San Pablo, CA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
096010	Kalihi-Palama HC	Honolulu, HI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
096030	REDWOOD COAST MEDICAL SERVICES	GUALALA, CA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
096040	Community Clinic of Maui	Kahului, HI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
097180	Peach Tree Clinic	Marysville, CA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
097880	PETALUMA HEALTH CENTER, INC.	Petaluma, CA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
098150	South County Community Health Center	East Palo Alto, CA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
098480	Ventura County Health Care Agency	Oxnard, CA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
098550	Hana CHC	Hana, HI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
098620	Inland Behavioral & Hlth	San Bernardino, CA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
098790	SW CHC	Santa Rosa, CA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
098820	THE CHILDREN'S CLINIC SERVING CHILDREN & THEIR FAM	Los Angeles, CA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Date printed 6/30/2004 5:04:38 PM

Report Criteria:

Grantees Included in Rollup

List of Sites included in the Report as specified for National Summary for 2003 890 Grantees

<u>UDS</u>	<u>Grantee Name</u>	<u>City, State</u>	<u>CHC</u>	<u>MHC</u>	<u>HO</u>	<u>SBH</u>	<u>PH</u>
099000	East Valley Community Health Center, Inc.	West Covina, CA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
099010	Borrego Com. Hlth Fdn.	Borrego Springs, CA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
099040	Department of Health-Tafuna Family Health Center	Pago Pago, AS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
099370	Mobile Medical Office	Eureka, CA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
099410	Clinica Monsenor Oscar A. Romero	Los Angeles, CA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
099420	Yavapai County Health Department & Prescott Free Clinic, Inc	Prescott, AZ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
099480	Watts Healthcare Corporation	Los Angeles, CA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100020	ANCHORAGE NEIGHBORHOOD HEALTH	Anchorage, AK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100050	Edgar Nollner Health Center	Galena, AK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100070	Norton Sound Hlth Corp.	Nome, AK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100150	Siskiyou Community Health Center, Inc.	Grants Pass, OR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
100160	TERRY REILLY HEALTH SERVICES	Nampa, ID	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100180	HEALTH WEST, INC.	Pocatello, ID	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100360	N.E.W. HEALTH PROGRAMS	Chewelah, WA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100450	COMMUNITY HEALTH CARE DELIVERY S	Tacoma, WA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100460	COLUMBIA BASIN HEALTH ASSN	Othello, WA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100570	COLUMBIA VALLEY COMM. HLTH CTR.	Wentachee, WA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100640	PUGET SOUND NEIGHBORHOOD HEALTH CENTERS	Seattle, WA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
100690	METROPOLITAN DEVELOPMENT COUNCIL	Tacoma, WA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100700	WHITE BIRD CLINIC	Eugene, OR	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100760	NORTHWEST HUMAN SERVICES, INC	Salem, OR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100790	LA CLINICA DEL VALLE FAMILY HEALTH CARE CENTER	Medford, OR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
100800	Maniilaq Association	Kotzebue, AK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101000	MOSES LAKE COMMUNITY HEALTH CTR	MOSES LAKE, WA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101020	SEA MAR COMMUNITY HEALTH CENTER	Seattle, WA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101030	YAKIMA VALLEY FARM WORKERS CLINIC	Toppenish, WA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101050	Yukon-Kuskokwim Health Corporation	St. Mary's, AK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101120	MULTNOMAH COUNTY	Portland, OR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
101230	VIRGINIA GARCIA MEMORIAL HC	Cornelius, OR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101250	Tanana Chiefs Conf.	Fairbanks, AK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101270	SE Alaska Reg'l Health	Sitka, AK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101300	COMM HLTH CTRS OF KING COUNTY	Kent, WA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101310	CLACKAMAS CO PUBLIC HEALTH DIV	Oregon City, OR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101470	Bethel Family Clinic	Bethel, AK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101520	LA CLINICA COMMUNITY HEALTH CTR	Pasco, WA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101530	COEUR D'ALENE TRIBE / BENEWAH MEDICAL CENTER	Plummer, ID	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101540	Peninsula Community Health Services	Bremerton, WA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101610	GLENNS FERRY HEALTH CENTER	Glenns Ferry, ID	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101630	VALLEY FAMILY HEALTH CARE, INC.	Payette, ID	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101650	FAMILY HEALTH SERVICES CORP.	Twin Falls, ID	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101770	FAMILY HEALTH CENTERS	Okanogan, WA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
102040	Illiuliuk Family & Hlth Svc	Unalaska, AK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
102080	LA CLINICA DEL CARINO	Hood River, OR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date printed 6/30/2004 5:04:39 PM

Report Criteria:

Grantees Included in Rollup

List of Sites included in the Report as specified for National Summary for 2003 890 Grantees

<u>UDS</u>	<u>Grantee Name</u>	<u>City, State</u>	<u>CHC</u>	<u>MHC</u>	<u>HO</u>	<u>SBH</u>	<u>PH</u>
102120	Sunshine Community Health Center	Talkeetna, AK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
102270	Interior Community Health Center	Fairbanks, AK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
102280	CHC OF SNOHOMISH COUNTY	Everett, WA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
102340	SEATTLE KING CO DEPT OF PUB HLTH	Seattle, WA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
102360	TILLAMOOK COUNTY HEALTH DEPT.	Tillamook, OR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
102480	COWLITZ FAMILY HEALTH CENTER	Longview, WA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
102520	COUNTRY DOCTOR COMMUNITY CLINIC	Seattle, WA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
102530	INTERNATIONAL CMNTY HEALTH SVCS	Seattle, WA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
102540	PIKE MARKET MEDICAL CLINIC	Seattle, WA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
102550	SEATTLE INDIAN HEALTH BOARD	Seattle, WA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
102570	COMM. HEALTH ASSOC. OF SPOKANE	Spokane, WA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
102900	Eastern Aleutian Tribes, Inc.	Anchorage, AK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
102910	KLAMATH HEALTH PARTNERSHIP	Klamath Falls, OR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
103100	Umpqua Community Health Center, Inc.	Roseburg, OR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
105600	Ochoco Community Clinic	Prineville, OR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
106170	Aleutian/Pribilof Islands	Anchorage, AK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
106180	Southcentral Foundation	Anchorage, AK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
106200	Bristol Bay Area Health	Dillingham, AK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
106210	Seldovia Village Tribe	Seldovia, AK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
106220	Council of Athabaskan Tribal/Yukon Flats Health Center	Ft. Yukon, AK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
106230	Bristol Bay Borough	Naknek, AK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
106280	Coastal FHC	Astoria, OR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
106290	Outside In	Portland, OR	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
106300	Boundary Regional CHC	Bonnars Ferry, ID	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
107170	Central Peninsula Health Centers, Inc.	Soldotna, AK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
107660	Central City Concern	Portland, OR	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
107860	Cross Road Medical Center	Glennallen, AK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
107880	Native American Rehabilitation Association of the NW	Portland, OR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
107930	Kodiak Island Health Care Foundation	Kodiak, AK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
107940	Colville Confederated Tribes	Inchelium, WA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date printed 6/30/2004 5:04:40 PM

Report Criteria:

TABLE 3A: USERS BY AGE AND GENDER

National Summary for 2003

159 Grantees

Healthcare for the Homeless

Age Groups		MALE USERS	FEMALE USERS	All Users	
		(a)	(b)	Number	Percent
Number of Users					
1.	Under Age 1	4,713	4,464	9,177	1.6%
2.	Age 1	3,558	3,369	6,927	1.2%
3.	Age 2	2,849	2,721	5,570	1.0%
4.	Age 3	2,550	2,529	5,079	0.9%
5.	Age 4	2,395	2,289	4,684	0.8%
6.	Age 5	2,064	2,048	4,112	0.7%
7.	Age 6	1,722	1,746	3,468	0.6%
8.	Age 7	1,660	1,688	3,348	0.6%
9.	Age 8	1,562	1,589	3,151	0.5%
10.	Age 9	1,543	1,570	3,113	0.5%
11.	Age 10	1,552	1,619	3,171	0.5%
12.	Age 11	1,519	1,417	2,936	0.5%
13.	Age 12	1,455	1,454	2,909	0.5%
14.	Age 13	1,367	1,412	2,779	0.5%
15.	Age 14	1,332	1,646	2,978	0.5%
16.	Age 15	1,380	1,843	3,223	0.6%
17.	Age 16	1,308	2,129	3,437	0.5%
18.	Age 17	1,549	2,504	4,053	0.7%
19.	Age 18	2,387	3,739	6,126	1.1%
20.	Age 19	3,570	5,032	8,602	1.5%
21.	Age 20	4,115	5,753	9,868	1.7%
22.	Age 21	4,237	5,817	10,054	1.7%
23.	Age 22	4,579	5,488	10,067	1.7%
24.	Age 23	4,671	5,544	10,215	1.8%
25.	Age 24	5,314	5,808	11,122	1.9%
26.	Ages 25 - 29	23,240	23,241	46,481	8.0%
27.	Ages 30 - 34	31,059	24,524	55,583	9.6%
28.	Ages 35 - 39	43,684	26,962	70,646	12.1%
29.	Ages 40 - 44	55,399	29,221	84,620	14.5%
30.	Ages 45 - 49	50,341	23,810	74,151	12.7%
31.	Ages 50 - 54	35,191	15,970	51,161	8.8%
32.	Ages 55 - 59	19,728	9,889	29,617	5.1%
33.	Ages 60 - 64	9,799	5,990	15,789	2.7%
34.	Ages 65 - 69	3,888	2,804	6,692	1.1%
35.	Ages 70 - 74	2,003	1,617	3,620	0.6%
36.	Ages 75 - 79	904	886	1,790	0.3%
37.	Ages 80 - 84	418	494	912	0.2%
38.	Age 85 and over	295	403	698	0.1%
39.	Total Users (sum lines 1-38)	340,900	241,029	581,929	99.9%
	Percent of Total	58.6%	41.4%		

* Percents may not total to 100% due to rounding.

Date printed 6/30/2004 5:05:08 PM

* Includes Universal Data for any selected grantee with a single category of Special Populations funding.

Report Criteria:

TABLE 3B: USERS BY RACE / ETHNICITY / LANGUAGE

National Summary for 2003 159 Grantees

Healthcare for the Homeless

Race/Ethnicity/Language		Number	Percent (a)	% of Known
Proportion of Users				
1a.	Asian	9,687	1.7%	1.8%
1b.	Native Hawaiian	987	0.2%	0.2%
1c.	Other Pacific Islander	1,532	0.3%	0.3%
1.	Asian/Pacific Islander	12,206	2.1%	2.2%
2.	Black/African American	214,045	36.8%	39.1%
3.	American Indian/Alaska Native	8,823	1.5%	1.6%
4.	White	202,131	34.7%	36.9%
5.	Hispanic or Latino	110,313	19.0%	20.1%
6.	Unreported / Refused to report	34,411	5.9%	
7.	Total Users (sum lines 1-6)	581,929	100.0%	100.0%
8.	Users best serviced by languages other than English (including Sign Language)	82,413	14.2%	

* Percents may not equal 100% due to rounding

Date printed 6/30/2004 5:05:42 PM

* Includes Universal Data for any selected grantee with a single category of Special Populations funding.

Report Criteria:

TABLE 4: USERS BY SOCIOECONOMIC CHARACTERISTICS

National Summary for 2003 159 Grantees

Healthcare for the Homeless

Income as Percent of Poverty Level		Number of Users (a)	% of Total	% of Known	
1.	100% and Below	450,704	77.4%	92.3%	
2.	101 - 150%	25,467	4.4%	5.2%	
3.	151 - 200%	6,139	1.1%	1.3%	
4.	Over 200%	6,132	1.1%	1.3%	
5.	Unknown	93,487	16.1%		
6.	Total (sum lines 1-5)	581,929	100.0%		
Principal Third Party Insurance Source		0 - 19 (a)	20 and Older (b)	TOTAL	%
7.	None/Uninsured	43,555	371,575	415,130	71.3%
8a.	Regular Medicaid (Title XIX)	35,483	88,159	123,642	21.2%
8b.	S-CHIP Medicaid	1,160	485	1,645	0.3%
8.	Total Medicaid (Line 8a + 8b)	36,643	88,644	125,287	21.5%
9.	Medicare (Title XVIII)	195	17,341	17,536	3.0%
10a.	Other Public Insurance non-S-CHIP	693	7,161	7,854	1.3%
10b.	Other Public Insurance S-CHIP	5,859	817	6,676	1.1%
10.	Total Public Insurance (Line 10a + 10b)	6,552	7,978	14,530	2.5%
11.	Private Insurance	1,898	7,548	9,446	1.6%
12.	Total (Sum Lines 7 + 8 + 9 + 10 + 11)	88,843	493,086	581,929	100.0%
Selected User Characteristics		Number of Users (a)	Percent		
13.	Migrant (330g grantees Only)	1,473	67.0%		
14.	Seasonal (330g grantees Only)	726	33.0%		
15.	Total Migrant/Seasonal Agricultural Worker or Dependent (MHC Funded Total)	2,199	100.0%		
	Total Migrant/Seasonal Agricultural Worker or Dependent (All Grantees Report This Line)	3,365			
16.	Homeless Shelter (330h grantees Only)	243,806	42.9%		
17.	Transitional (330h grantees Only)	56,823	10.0%		
18.	Doubling Up (330h grantees Only)	101,199	17.8%		
19.	Street (330h grantees Only)	63,433	11.1%		
20.	Other (330h grantees Only)	46,442	8.2%		
21.	Unknown (330h grantees Only)	57,229	10.1%		
22.	Total Homeless (HO Funded Total)	568,932	100.0%		
	Total Homeless (All Grantees Report This Line)	568,932			
23.	Total School Based Health Center Users (All Grantees Report this Line)	11,208			

* Includes Universal Data for any selected grantee with a single category of Special Populations funding.

* Percents may not equal 100% due to rounding

Date printed 6/30/2004 5:06:02 PM

* Grantees without HO and/or MHC funding report totals on line 15 and 22, but not the detail. These lines are duplicated to show totals from all grantees

Report Criteria:

TABLE 6: SELECTED DIAGNOSES AND SERVICES

National Summary for 2003 159 Grantees

Healthcare for the Homeless

Diagnostic Category	Applicable Primary ICD-9-CM or CPT Code (where applicable)	Number of Encounters (a)	Number of Users (b)	Encounters/ User
Selected Infectious and Parasitic Diseases				
1. Symptomatic HIV	042.xx	19,936	5,007	3.98
2. Asympomatic HIV	V08	10,916	3,129	3.49
3. Tuberculosis	010.xx - 018.xx	12,185	5,115	2.38
4. Syphilis and other venereal diseases	090.xx - 099.xx	8,035	4,904	1.64
Selected Diseases of the Respiratory System				
5. Asthma	493.xx	31,784	17,735	1.79
6. Chronic bronchitis and emphysema	490.xx - 492.xx 496.xx	16,961	9,960	1.70
Selected Other Medical Conditions				
7. Abnormal breast findings, female	174.xx; 198.81; 233.0x; 793.8	1,268	624	2.03
8. Abnormal cervical findings	180.xx; 198.82; 233.1x; 795.0x	2,605	1,807	1.44
9. Diabetes mellitus	250.xx; 775.1x; 790.2	76,763	29,483	2.60
10. Heart disease (selected)	391.xx - 392.xx 410.xx - 429.xx	16,073	8,020	2.00
11. Hypertension	401.xx - 405.xx	98,774	43,421	2.27
12. Contact dermatitis and other eczema	692.xx	16,507	11,561	1.43
13. Dehydration	276.5x	368	273	1.35
14. Exposure to heat or cold	991.xx - 992.xx	1,034	706	1.46
Selected Childhood Conditions				
15. Otitis media and eustachian tube disorders	381.xx - 382.xx	11,135	7,999	1.39
16. Selected perinatal medical conditions	770.xx; 771.xx; 773.xx; 774.xx - 779.xx (excluding 779.3x)	394	262	1.50
17. Lack of expected normal physiological developments (such as delayed milestone; failure to gain weight; failure to thrive) -- does not include sexual or mental development; Nutritional deficiencies	260.xx - 269.xx; 779.3x; 783.3x - 783.4x	2,236	1,343	1.66

* Includes Universal Data for any selected grantee with a single category of Special Populations funding.

Date Printed 6/30/2004 5:06:24 PM

Report Criteria:

TABLE 6: SELECTED DIAGNOSES AND SERVICES

National Summary for 2003 159 Grantees

Healthcare for the Homeless

Diagnostic Category		Applicable Primary ICD-9-CM or CPT Code (where applicable)	Number of Encounters (a)	Number of Users (b)	Encounters/ User
Selected Mental Health and Substance Abuse Conditions					
18.	Alcohol dependence	303.xx; 291.xx; 357.5x	75,525	18,914	3.99
19.	Drug dependence	304.xx; 292.xx; 648.3x; 357.6x	119,975	20,313	5.91
20.	Other mental disorders, excluding drug and alcohol dependence (includes mental retardation)	290.xx - 302.9x; 306.xx - 319.xx; 648.4x (excluding 291.xx, 292.xx, 303.xx, 304.xx, 357.5x, 357.6x, 648.3x)	247,371	57,922	4.27
Selected Diagnostic Tests/Screening/Preventive Services					
21.	HIV Test	CPT-4: 86311; 86689; 86701-86703	24,936	20,961	1.19
22.	Mammogram	ICD-9: V76.1 or CPT-4: 76090-76092	6,637	6,181	1.07
23.	Pap Smear	ICD-9: V72.3; V76.2 or CPT-4: 88141; 88142; 88150; 88155; 88156; 88158	24,964	22,780	1.10
24.	Selected Immunizations: diphtheria, pertussis and tetanus (DPT); measles, mumps and rubella (MMR); oral polio vaccine; influenza; hepatitis B; hemophilus influenza B (HIB)	CPT-4: 90701, 90707, 90712, 90724, 90731, 90737; 90744; 90745; 90746; 90747	45,749	36,121	1.27
25.	Contraceptive management	ICD-9: V25.xx	26,603	16,931	1.57
26.	Health supervision of infant or child (ages 0 through 11)	ICD-9: V20.xx; V29.xx or CPT-4: 99391-99393; 99381-99383; 99431-99433	31,769	22,086	1.44

* Includes Universal Data for any selected grantee with a single category of Special Populations funding.

Date Printed 6/30/2004 5:06:24 PM

Report Criteria:

TABLE 3A: USERS BY AGE AND GENDER

National Summary for 2003 80 Grantees

School Based Health

Age Groups		MALE USERS	FEMALE USERS	All Users	
		(a)	(b)	Number	Percent
Number of Users					
1.	Under Age 1	443	423	866	0.9%
2.	Age 1	321	343	664	0.7%
3.	Age 2	293	338	631	0.6%
4.	Age 3	541	569	1,110	1.1%
5.	Age 4	1,107	1,091	2,198	2.2%
6.	Age 5	1,933	2,070	4,003	4.1%
7.	Age 6	1,730	1,732	3,462	3.5%
8.	Age 7	1,675	1,734	3,409	3.5%
9.	Age 8	1,674	1,860	3,534	3.6%
10.	Age 9	1,919	1,898	3,817	3.9%
11.	Age 10	2,107	2,349	4,456	4.5%
12.	Age 11	2,747	2,848	5,595	5.7%
13.	Age 12	3,179	3,515	6,694	6.8%
14.	Age 13	3,387	3,809	7,196	7.3%
15.	Age 14	4,246	5,126	9,372	9.5%
16.	Age 15	3,805	5,328	9,133	9.2%
17.	Age 16	3,508	5,479	8,987	7.3%
18.	Age 17	2,914	5,077	7,991	8.1%
19.	Age 18	1,665	3,387	5,052	5.1%
20.	Age 19	740	1,476	2,216	2.2%
21.	Age 20	205	680	885	0.9%
22.	Age 21	108	370	478	0.5%
23.	Age 22	67	201	268	0.3%
24.	Age 23	45	139	184	0.2%
25.	Age 24	50	123	173	0.2%
26.	Ages 25 - 29	268	712	980	1.0%
27.	Ages 30 - 34	297	791	1,088	1.1%
28.	Ages 35 - 39	277	690	967	1.0%
29.	Ages 40 - 44	260	586	846	0.9%
30.	Ages 45 - 49	217	546	763	0.8%
31.	Ages 50 - 54	210	448	658	0.7%
32.	Ages 55 - 59	138	262	400	0.4%
33.	Ages 60 - 64	113	203	316	0.3%
34.	Ages 65 - 69	61	86	147	0.1%
35.	Ages 70 - 74	34	58	92	0.1%
36.	Ages 75 - 79	30	29	59	0.1%
37.	Ages 80 - 84	20	17	37	0.0%
38.	Age 85 and over	7	31	38	0.0%
39.	Total Users (sum lines 1-38)	42,341	56,424	98,765	98.2%
	Percent of Total	42.9%	57.1%		

* Percents may not total to 100% due to rounding.

Date printed 6/30/2004 5:06:33 PM

* Includes Universal Data for any selected grantee with a single category of Special Populations funding.

Report Criteria:

TABLE 3B: USERS BY RACE / ETHNICITY / LANGUAGE

National Summary for 2003 80 Grantees

School Based Health

Race/Ethnicity/Language		Number	Percent (a)	% of Known
Proportion of Users				
1a.	Asian	1,673	1.7%	1.8%
1b.	Native Hawaiian	10	0.0%	0.0%
1c.	Other Pacific Islander	84	0.1%	0.1%
1.	Asian/Pacific Islander	1,767	1.8%	1.9%
2.	Black/African American	26,900	27.2%	29.0%
3.	American Indian/Alaska Native	2,788	2.8%	3.0%
4.	White	16,764	17.0%	18.1%
5.	Hispanic or Latino	44,491	45.0%	48.0%
6.	Unreported / Refused to report	6,055	6.1%	
7.	Total Users (sum lines 1-6)	98,765	100.0%	100.0%
8.	Users best serviced by languages other than English (including Sign Language)	30,126	30.5%	

* Percents may not equal 100% due to rounding

Date printed 6/30/2004 5:06:52 PM

* Includes Universal Data for any selected grantee with a single category of Special Populations funding.

Report Criteria:

TABLE 4: USERS BY SOCIOECONOMIC CHARACTERISTICS

National Summary for 2003 80 Grantees

School Based Health

Income as Percent of Poverty Level		Number of Users (a)	% of Total	% of Known	
1.	100% and Below	51,676	52.3%	69.1%	
2.	101 - 150%	12,350	12.5%	16.5%	
3.	151 - 200%	3,580	3.6%	4.8%	
4.	Over 200%	7,141	7.2%	9.6%	
5.	Unknown	24,018	24.3%		
6.	Total (sum lines 1-5)	98,765	100.0%		
Principal Third Party Insurance Source		0 - 19 (a)	20 and Older (b)	TOTAL	%
7.	None/Uninsured	40,714	5,386	46,100	46.7%
8a.	Regular Medicaid (Title XIX)	31,043	1,564	32,607	33.0%
8b.	S-CHIP Medicaid	3,108	4	3,112	3.2%
8.	Total Medicaid (Line 8a + 8b)	34,151	1,568	35,719	36.2%
9.	Medicare (Title XVIII)	14	244	258	0.3%
10a.	Other Public Insurance non-S-CHIP	2,609	19	2,628	2.7%
10b.	Other Public Insurance S-CHIP	1,844	6	1,850	1.9%
10.	Total Public Insurance (Line 10a + 10b)	4,453	25	4,478	4.5%
11.	Private Insurance	11,054	1,156	12,210	12.4%
12.	Total (Sum Lines 7 + 8 + 9 + 10 + 11)	90,386	8,379	98,765	100.0%
Selected User Characteristics		Number of Users (a)	Percent		
13.	Migrant (330g grantees Only)	821	42.7%		
14.	Seasonal (330g grantees Only)	1,103	57.3%		
15.	Total Migrant/Seasonal Agricultural Worker or Dependent (MHC Funded Total)	1,924	100.0%		
	Total Migrant/Seasonal Agricultural Worker or Dependent (All Grantees Report This Line)	2,122			
16.	Homeless Shelter (330h grantees Only)	3	33.3%		
17.	Transitional (330h grantees Only)	0	0.0%		
18.	Doubling Up (330h grantees Only)	2	22.2%		
19.	Street (330h grantees Only)	0	0.0%		
20.	Other (330h grantees Only)	2	22.2%		
21.	Unknown (330h grantees Only)	2	22.2%		
22.	Total Homeless (HO Funded Total)	9	100.0%		
	Total Homeless (All Grantees Report This Line)	309			
23.	Total School Based Health Center Users (All Grantees Report this Line)	101,357			

* Includes Universal Data for any selected grantee with a single category of Special Populations funding.

* Percents may not equal 100% due to rounding

Date printed 6/30/2004 5:07:01 PM

* Grantees without HO and/or MHC funding report totals on line 15 and 22, but not the detail. These lines are duplicated to show totals from all grantees

Report Criteria:

TABLE 6: SELECTED DIAGNOSES AND SERVICES

National Summary for 2003 80 Grantees

School Based Health

Diagnostic Category	Applicable Primary ICD-9-CM or CPT Code (where applicable)	Number of Encounters (a)	Number of Users (b)	Encounters/ User
Selected Infectious and Parasitic Diseases				
1. Symptomatic HIV	042.xx	156	46	3.39
2. Asympomatic HIV	V08	35	9	3.89
3. Tuberculosis	010.xx - 018.xx	271	131	2.07
4. Syphilis and other venereal diseases	090.xx - 099.xx	615	479	1.28
Selected Diseases of the Respiratory System				
5. Asthma	493.xx	11,384	4,535	2.51
6. Chronic bronchitis and emphysema	490.xx - 492.xx 496.xx	765	502	1.52
Selected Other Medical Conditions				
7. Abnormal breast findings, female	174.xx; 198.81; 233.0x; 793.8	1,230	452	2.72
8. Abnormal cervical findings	180.xx; 198.82; 233.1x; 795.0x	399	287	1.39
9. Diabetes mellitus	250.xx; 775.1x; 790.2	2,598	763	3.40
10. Heart disease (selected)	391.xx - 392.xx 410.xx - 429.xx	660	225	2.93
11. Hypertension	401.xx - 405.xx	4,956	1,463	3.39
12. Contact dermatitis and other eczema	692.xx	4,167	2,483	1.68
13. Dehydration	276.5x	29	25	1.16
14. Exposure to heat or cold	991.xx - 992.xx	8	8	1.00
Selected Childhood Conditions				
15. Otitis media and eustachian tube disorders	381.xx - 382.xx	6,263	3,751	1.67
16. Selected perinatal medical conditions	770.xx; 771.xx; 773.xx; 774.xx - 779.xx (excluding 779.3x)	47	33	1.42
17. Lack of expected normal physiological developments (such as delayed milestone; failure to gain weight; failure to thrive) -- does not include sexual or mental development; Nutritional deficiencies	260.xx - 269.xx; 779.3x; 783.3x - 783.4x	1,548	623	2.48

* Includes Universal Data for any selected grantee with a single category of Special Populations funding.

Report Criteria:

TABLE 6: SELECTED DIAGNOSES AND SERVICES

National Summary for 2003 80 Grantees

School Based Health

Diagnostic Category		Applicable Primary ICD-9-CM or CPT Code (where applicable)	Number of Encounters (a)	Number of Users (b)	Encounters/ User
Selected Mental Health and Substance Abuse Conditions					
18.	Alcohol dependence	303.xx; 291.xx; 357.5x	911	307	2.97
19.	Drug dependence	304.xx; 292.xx; 648.3x; 357.6x	3,225	674	4.78
20.	Other mental disorders, excluding drug and alcohol dependence (includes mental retardation)	290.xx - 302.9x; 306.xx - 319.xx; 648.4x (excluding 291.xx, 292.xx, 303.xx, 304.xx, 357.5x, 357.6x, 648.3x)	26,032	5,671	4.59
Selected Diagnostic Tests/Screening/Preventive Services					
21.	HIV Test	CPT-4: 86311; 86689; 86701-86703	1,377	1,192	1.16
22.	Mammogram	ICD-9: V76.1 or CPT-4: 76090-76092	461	351	1.31
23.	Pap Smear	ICD-9: V72.3; V76.2 or CPT-4: 88141; 88142; 88150; 88155; 88156; 88158	4,543	4,085	1.11
24.	Selected Immunizations: diphtheria, pertussis and tetanus (DPT); measles, mumps and rubella (MMR); oral polio vaccine; influenza; hepatitis B; hemophilus influenza B (HIB)	CPT-4: 90701, 90707, 90712, 90724, 90731, 90737; 90744; 90745; 90746; 90747	27,024	18,015	1.50
25.	Contraceptive management	ICD-9: V25.xx	18,018	8,007	2.25
26.	Health supervision of infant or child (ages 0 through 11)	ICD-9: V20.xx; V29.xx or CPT-4: 99391-99393; 99381-99383; 99431-99433	24,528	17,071	1.44

* Includes Universal Data for any selected grantee with a single category of Special Populations funding.

Date Printed 6/30/2004 5:07:15 PM

Report Criteria:

TABLE 3A: USERS BY AGE AND GENDER

National Summary for 2003

33 Grantees

Public Housing

Age Groups		MALE USERS	FEMALE USERS	All Users	
		(a)	(b)	Number	Percent
Number of Users					
1.	Under Age 1	1,579	1,606	3,185	2.9%
2.	Age 1	1,258	1,230	2,488	2.3%
3.	Age 2	1,134	1,226	2,360	2.1%
4.	Age 3	1,338	1,288	2,626	2.4%
5.	Age 4	1,332	1,305	2,637	2.4%
6.	Age 5	1,192	1,184	2,376	2.2%
7.	Age 6	1,076	1,017	2,093	1.9%
8.	Age 7	984	963	1,947	1.8%
9.	Age 8	1,126	993	2,119	1.9%
10.	Age 9	961	1,016	1,977	1.8%
11.	Age 10	1,018	1,118	2,136	1.9%
12.	Age 11	983	1,008	1,991	1.8%
13.	Age 12	1,033	1,104	2,137	1.9%
14.	Age 13	945	1,009	1,954	1.8%
15.	Age 14	941	1,055	1,996	1.8%
16.	Age 15	840	1,085	1,925	1.7%
17.	Age 16	763	1,095	1,858	1.8%
18.	Age 17	696	1,223	1,919	1.7%
19.	Age 18	533	1,245	1,778	1.6%
20.	Age 19	461	1,299	1,760	1.6%
21.	Age 20	491	1,410	1,901	1.7%
22.	Age 21	479	1,590	2,069	1.9%
23.	Age 22	510	1,667	2,177	2.0%
24.	Age 23	555	1,656	2,211	2.0%
25.	Age 24	566	1,681	2,247	2.0%
26.	Ages 25 - 29	2,132	6,542	8,674	7.9%
27.	Ages 30 - 34	2,152	6,098	8,250	7.5%
28.	Ages 35 - 39	2,314	5,302	7,616	6.9%
29.	Ages 40 - 44	2,413	4,903	7,316	6.6%
30.	Ages 45 - 49	2,254	4,127	6,381	5.8%
31.	Ages 50 - 54	1,686	3,200	4,886	4.4%
32.	Ages 55 - 59	1,310	2,636	3,946	3.6%
33.	Ages 60 - 64	983	2,001	2,984	2.7%
34.	Ages 65 - 69	716	1,485	2,201	2.0%
35.	Ages 70 - 74	536	1,141	1,677	1.5%
36.	Ages 75 - 79	355	880	1,235	1.1%
37.	Ages 80 - 84	214	512	726	0.7%
38.	Age 85 and over	120	387	507	0.5%
39.	Total Users (sum lines 1-38)	39,979	70,287	110,266	100.1%
	Percent of Total	36.3%	63.7%		

* Percents may not total to 100% due to rounding.

Date printed 6/30/2004 5:07:21 PM

* Includes Universal Data for any selected grantee with a single category of Special Populations funding.

Report Criteria:

TABLE 3B: USERS BY RACE / ETHNICITY / LANGUAGE

National Summary for 2003 33 Grantees

Public Housing

Race/Ethnicity/Language		Number	Percent (a)	% of Known
Proportion of Users				
1a.	Asian	4,444	4.0%	4.2%
1b.	Native Hawaiian	237	0.2%	0.2%
1c.	Other Pacific Islander	1,732	1.6%	1.6%
1.	Asian/Pacific Islander	6,413	5.8%	6.1%
2.	Black/African American	47,882	43.4%	45.3%
3.	American Indian/Alaska Native	236	0.2%	0.2%
4.	White	8,212	7.4%	7.8%
5.	Hispanic or Latino	43,038	39.0%	40.7%
6.	Unreported / Refused to report	4,485	4.1%	
7.	Total Users (sum lines 1-6)	110,266	100.0%	100.0%
8.	Users best serviced by languages other than English (including Sign Language)	39,308	35.6%	

* Percents may not equal 100% due to rounding

Date printed 6/30/2004 5:07:32 PM

* Includes Universal Data for any selected grantee with a single category of Special Populations funding.

Report Criteria:

TABLE 4: USERS BY SOCIOECONOMIC CHARACTERISTICS

National Summary for 2003

33 Grantees

Public Housing

Income as Percent of Poverty Level		Number of Users (a)	% of Total	% of Known	
1.	100% and Below	75,675	68.6%	78.4%	
2.	101 - 150%	12,688	11.5%	13.1%	
3.	151 - 200%	4,700	4.3%	4.9%	
4.	Over 200%	3,510	3.2%	3.6%	
5.	Unknown	13,693	12.4%		
6.	Total (sum lines 1-5)	110,266	100.0%		
Principal Third Party Insurance Source		0 - 19 (a)	20 and Older (b)	TOTAL	%
7.	None/Uninsured	9,754	38,560	48,314	43.8%
8a.	Regular Medicaid (Title XIX)	25,166	17,121	42,287	38.3%
8b.	S-CHIP Medicaid	4,127	471	4,598	4.2%
8.	Total Medicaid (Line 8a + 8b)	29,293	17,592	46,885	42.5%
9.	Medicare (Title XVIII)	16	4,406	4,422	4.0%
10a.	Other Public Insurance non-S-CHIP	1,397	2,138	3,535	3.2%
10b.	Other Public Insurance S-CHIP	646	21	667	0.6%
10.	Total Public Insurance (Line 10a + 10b)	2,043	2,159	4,202	3.8%
11.	Private Insurance	2,156	4,287	6,443	5.8%
12.	Total (Sum Lines 7 + 8 + 9 + 10 + 11)	43,262	67,004	110,266	100.0%
Selected User Characteristics		Number of Users (a)	Percent		
13.	Migrant (330g grantees Only)	36	2.0%		
14.	Seasonal (330g grantees Only)	1,766	98.0%		
15.	Total Migrant/Seasonal Agricultural Worker or Dependent (MHC Funded Total)	1,802	100.0%		
	Total Migrant/Seasonal Agricultural Worker or Dependent (All Grantees Report This Line)	1,842			
16.	Homeless Shelter (330h grantees Only)	422	56.4%		
17.	Transitional (330h grantees Only)	73	9.8%		
18.	Doubling Up (330h grantees Only)	20	2.7%		
19.	Street (330h grantees Only)	5	0.7%		
20.	Other (330h grantees Only)	58	7.8%		
21.	Unknown (330h grantees Only)	170	22.7%		
22.	Total Homeless (HO Funded Total)	748	100.0%		
	Total Homeless (All Grantees Report This Line)	788			
23.	Total School Based Health Center Users (All Grantees Report this Line)	2,783			

* Includes Universal Data for any selected grantee with a single category of Special Populations funding.

* Percents may not equal 100% due to rounding

Date printed 6/30/2004 5:07:37 PM

* Grantees without HO and/or MHC funding report totals on line 15 and 22, but not the detail. These lines are duplicated to show totals from all grantees

Report Criteria:

TABLE 6: SELECTED DIAGNOSES AND SERVICES

National Summary for 2003 33 Grantees

Public Housing

	Diagnostic Category	Applicable Primary ICD-9-CM or CPT Code (where applicable)	Number of Encounters (a)	Number of Users (b)	Encounters/ User
Selected Infectious and Parasitic Diseases					
1.	Symptomatic HIV	042.xx	1,269	233	5.45
2.	Asympomatic HIV	V08	278	113	2.46
3.	Tuberculosis	010.xx - 018.xx	62	54	1.15
4.	Syphilis and other venereal diseases	090.xx - 099.xx	806	611	1.32
Selected Diseases of the Respiratory System					
5.	Asthma	493.xx	8,039	4,300	1.87
6.	Chronic bronchitis and emphysema	490.xx - 492.xx 496.xx	2,663	1,565	1.70
Selected Other Medical Conditions					
7.	Abnormal breast findings, female	174.xx; 198.81; 233.0x; 793.8	114	88	1.30
8.	Abnormal cervical findings	180.xx; 198.82; 233.1x; 795.0x	783	558	1.40
9.	Diabetes mellitus	250.xx; 775.1x; 790.2	17,843	5,407	3.30
10.	Heart disease (selected)	391.xx - 392.xx 410.xx - 429.xx	1,891	941	2.01
11.	Hypertension	401.xx - 405.xx	19,718	7,882	2.50
12.	Contact dermatitis and other eczema	692.xx	2,342	1,932	1.21
13.	Dehydration	276.5x	69	47	1.47
14.	Exposure to heat or cold	991.xx - 992.xx	5	5	1.00
Selected Childhood Conditions					
15.	Otitis media and eustachian tube disorders	381.xx - 382.xx	5,019	3,426	1.46
16.	Selected perinatal medical conditions	770.xx; 771.xx; 773.xx; 774.xx - 779.xx (excluding 779.3x)	155	102	1.52
17.	Lack of expected normal physiological developments (such as delayed milestone; failure to gain weight; failure to thrive) -- does not include sexual or mental development; Nutritional deficiencies	260.xx - 269.xx; 779.3x; 783.3x - 783.4x	267	176	1.52

* Includes Universal Data for any selected grantee with a single category of Special Populations funding.

Report Criteria:

TABLE 6: SELECTED DIAGNOSES AND SERVICES

National Summary for 2003 33 Grantees

Public Housing

Diagnostic Category		Applicable Primary ICD-9-CM or CPT Code (where applicable)	Number of Encounters (a)	Number of Users (b)	Encounters/ User
Selected Mental Health and Substance Abuse Conditions					
18.	Alcohol dependence	303.xx; 291.xx; 357.5x	2,059	533	3.86
19.	Drug dependence	304.xx; 292.xx; 648.3x; 357.6x	2,887	580	4.98
20.	Other mental disorders, excluding drug and alcohol dependence (includes mental retardation)	290.xx - 302.9x; 306.xx - 319.xx; 648.4x (excluding 291.xx, 292.xx, 303.xx, 304.xx, 357.5x, 357.6x, 648.3x)	21,744	7,359	2.95
Selected Diagnostic Tests/Screening/Preventive Services					
21.	HIV Test	CPT-4: 86311; 86689; 86701-86703	3,072	2,621	1.17
22.	Mammogram	ICD-9: V76.1 or CPT-4: 76090-76092	2,233	2,114	1.06
23.	Pap Smear	ICD-9: V72.3; V76.2 or CPT-4: 88141; 88142; 88150; 88155; 88156; 88158	9,090	7,962	1.14
24.	Selected Immunizations: diphtheria, pertussis and tetanus (DPT); measles, mumps and rubella (MMR); oral polio vaccine; influenza; hepatitis B; hemophilus influenza B (HIB)	CPT-4: 90701, 90707, 90712, 90724, 90731, 90737; 90744; 90745; 90746; 90747	21,146	14,302	1.48
25.	Contraceptive management	ICD-9: V25.xx	11,525	6,606	1.74
26.	Health supervision of infant or child (ages 0 through 11)	ICD-9: V20.xx; V29.xx or CPT-4: 99391-99393; 99381-99383; 99431-99433	22,146	15,875	1.40

* Includes Universal Data for any selected grantee with a single category of Special Populations funding.

Date Printed 6/30/2004 5:07:42 PM

Report Criteria: