



**An Integrated Approach to the Delivery of Community Health Services**

## Agency Profile Information

Agency/Site ID: \_\_\_\_\_

Agency/Site Name: \_\_\_\_\_

Site Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

### I. AGENCY/SITE HOURS OF OPERATION

Monday Start Time \_\_\_\_\_ End Time \_\_\_\_\_

Tuesday Start Time \_\_\_\_\_ End Time \_\_\_\_\_

Wednesday Start Time \_\_\_\_\_ End Time \_\_\_\_\_

Thursday Start Time \_\_\_\_\_ End Time \_\_\_\_\_

Friday Start Time \_\_\_\_\_ End Time \_\_\_\_\_

Saturday Start Time \_\_\_\_\_ End Time \_\_\_\_\_

Comments: \_\_\_\_\_

### II. HOLIDAY SCHEDULE: (Circle if the site is open, closed or ½ day for each of the following holidays)

New Year's Eve	Open	Closed	½ Day
New Year's Day	Open	Closed	
Martin Luther King's Birthday	Open	Closed	
Lincoln's Birthday	Open	Closed	
Washington's Birthday	Open	Closed	
President's Day	Open	Closed	
Casmir Pulaski Day	Open	Closed	
Good Friday	Open	Closed	
Memorial Day	Open	Closed	
Fourth of July	Open	Closed	
Labor Day	Open	Closed	
Columbus Day	Open	Closed	
Election Day	Open	Closed	
Veterans Day	Open	Closed	
Thanksgiving Day	Open	Closed	
Day after Thanksgiving Day	Open	Closed	
Christmas Eve	Open	Closed	½ Day
Christmas Day	Open	Closed	

Comments \_\_\_\_\_



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### III. SERVICES PROVIDED AT THIS SITE

Check the following Cornerstone services currently being provided at this site:

- |  |  |
|--|--|
| <input type="checkbox"/> Breast & Cervical Cancer Program (BCCP) | <input type="checkbox"/> Diabetes (IDCP)                                     |
| <input type="checkbox"/> Early Intervention (EI)                 | <input type="checkbox"/> Family Case Management (FCM)                        |
| <input type="checkbox"/> Genetics (GEN)                          | <input type="checkbox"/> Healthy Births for Healthy Communities (HBHC)       |
| <input type="checkbox"/> Healthy Families of Illinois (HFI)      | <input type="checkbox"/> Healthy Start (HS)                                  |
| <input type="checkbox"/> Immunizations (IMM)                     | <input type="checkbox"/> Prenatal Care (PREN)                                |
| <input type="checkbox"/> Primary Pediatric Care (PPC)            | <input type="checkbox"/> Targeted Intensive Prenatal Case Management (TIPCM) |
| <input type="checkbox"/> Teen Parent Services (TPS)              | <input type="checkbox"/> WIC (WIC)   |
| <input type="checkbox"/> WISEWOMAN (WW)                          |  |

### IV. SITE CONTACTS

As applicable, record the first name, last name (verify spellings), and phone number of the site contacts in the following areas:

Cornerstone Liaison: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Agency Administrator: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

CFC Manager: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Cornerstone Equipment Inventory Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

MIS Liaison: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Foxfire Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Other: \_\_\_\_\_

Signature of agency/site representative: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_