



An Integrated Approach to the Delivery of Community Health Services

## Agency Profile Information

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 1/2 day for each of the following holidays)

New Year's Eve	Open	Closed	1/2 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	1/2 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"/> Healthy Start (HS)                 | <input type="checkbox"/> WIC (WIC)                               |
| <input type="checkbox"/> Immunizations (IMM)                | <input type="checkbox"/> Diabetes (IDCP)                         |
| <input type="checkbox"/> Family Case Management (FCM)       | <input type="checkbox"/> Breast & Cervical Cancer Program (BCCP) |
| <input type="checkbox"/> Healthy Families Of Illinois (HFI) | <input type="checkbox"/> Prenatal Care (PREN)                    |
| <input type="checkbox"/> Primary Pediatric Care (PPC)       | <input type="checkbox"/> Early Intervention (EI)                 |
| <input type="checkbox"/> Teen Parent Services (TPS)         | <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: \_\_\_\_\_