



An Integrated Approach to the Delivery of Community Health Services

New Add Activities

For questions completing this form, please contact your Community Support Services Consultant.

1. Shipping address for WIC food instruments: _____

2. Shipping address for immunization biologics: _____

3. Assist agency in determination of data needs: _____

4. Will clients go to new site via in-state transfers (i.e., site staff will control the movement of data)?
_____Yes _____No (If no, please complete Attachment 2: Mass Data Move Form.)
5. Will clients go to the new site via the mass update process (i.e., the Cornerstone Application Team will control the movement of data)? _____Yes _____No (If yes, please complete Attachment 2: Mass Data Move Form.)
6. Identify any change in program services to be delivered and notify program of agency's intent to open a new site

_____WIC program has been notified and costs/funding has been discussed as needed.
_____FCM program has been notified and costs/funding has been discussed as needed.
_____Immunization program has been notified and costs/funding has been discussed as needed.
_____E. I. program has been notified and costs/funding has been discussed as needed.