

Oregon DHS Reproductive Health Program — Project / Site Number Request Form

Use this form to request a project or site number for a DHS Family Planning agency or clinic.

D. Exhibit 1

See reverse for instructions.

A. Request information

We are requesting New project (agency) number New site (clinic) number Both

B. Primary agency information

Agency Name: _____ Agency Number (if applicable): _____

Address: _____

Number/Street _____ City, State, Zip _____
 Phone: _____ Fax: _____

Agency FP Coordinator Name: _____ Phone: _____ Email: _____

FP Coordinator Info: (If different than agency)
 Number/Street _____ City, State, Zip _____ Fax Number _____

Agency Administrator Name: _____ Phone: _____ Email: _____

Agency type: (Check all that apply)
 Federally Qualified Health Clinic (FQHC) College or University Health Ctr.
 Rural Health Clinic (RHC) Title X-funded Agency
 Certified School-Based Health Center (SBHC) FPEP Agency

Agency County location: _____ Agency Service Area: _____

C. New clinic/site information (complete one form per clinic)

Clinic Name _____

Address _____

Number/Street _____ City, State, Zip _____
 Phone _____ Fax _____

Clinic Contact Name _____ Email _____

Clinic type (Check all that apply)
 Federally Qualified Health Clinic (FQHC) Subcontractor of Agency in B
 Rural Health Clinic (RHC) Title X-funded Clinic
 Region X Infertility Prevention Project (IPP) participant FPEP Clinic
 College or University Health Center Primary care provider
 Certified School-Based Health Ctr. (SBHC, see below)

If SBHC, where do you refer clients for contraceptive supplies?

Clinic/practitioner name _____ Number/Street _____ City, State, Zip _____ Phone _____

D. Clinic hours

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours							
Comments (If not open each day or week per month)							

Form completed by: _____ Phone _____

Fax completed form to the DHS Office of Family Health, Reproductive Health Program — 971-673-0231

Project/Site Number Request Form Instructions

Use this form to request an Ahlers number or for your agency or for a particular clinic within your agency. (Project numbers are assigned to agencies; site numbers are assigned to clinics.) Every agency and clinic affiliated with the Reproductive Health Program should have an Ahlers number for billing and data submission purposes.

A. Request information.

- Check both the “New project number” and “New site number” boxes if you are applying to become a new local Family Planning Agency.
- If you want to register a new site under an existing agency, check “New site number” only.
- If you previously provided FPEP services under contract with a local agency and now wish to contract directly with the state, check “New project number” only. You should use your old site number along with your new project number.

B. Primary agency information.

- Fill out the address information for your main clinic. Be sure to indicate both the Family Planning (FP) Coordinator’s and the Administrator’s contact information.
- Check all boxes that apply to your agency:
 - Federally Qualified Health Clinic – this is a HRSA designation
 - Rural Health Clinic – such clinics are certified by the Oregon Office of Rural Health
 - Certified School-based Health Center (SBHC) – certified by the Oregon Division of Public Health, Adolescent Health Program
 - College or University Health Center – health center or student health services
 - Title X-funded Agency – check this box if your agency receives Title X grant funds from the Oregon Division of Public Health, Reproductive Health Program
 - FPEP Agency - check this box if your agency has (or is submitting) a Medical Services Agreement to the Reproductive Health Program to provide FPEP services

C. New site or subcontractor information.

- If you want to register multiple sites, you may list the first one in Section C, and then use a new form for each additional site, indicating your agency/project number information in Section B and each site’s information in Section C and D.
- Check all boxes that apply to your clinic:
 - Federally Qualified Health Clinic – this is a HRSA designation
 - Rural Health Clinic – such clinics are certified by the Oregon Office of Rural Health
 - Region X Infertility Prevention Project (IPP) – a Chlamydia prevention project administered through the Oregon Division of Public Health, STD Program
 - College or University Health Center – health center or student health services
 - Certified School-based Health Center (SBHC) – certified by the Oregon Division of Public Health, Adolescent Health Program
 - Subcontractor of Agency in B – check this box if the clinic you are describing is a subcontractor of the Agency named in Section B.
 - Title X-funded Clinic – check this box if this clinic receives (or will receive) Title X grant funds
 - FPEP Clinic - check this box if this clinic provides (or will provide) FPEP services
 - Primary care provider - check this box if primary care services are available at this clinic location

D. Services and hours.

- Provide the days and hours of operation for the clinic described in part C.

Fax the completed form to: 971-673-0231