

SNF-BASED RHC/FQHC STATISTICAL DATA	PROVIDER CCN: RHC/FQHC CCN:	PERIOD : FROM _____ TO _____	WORKSHEET S-5
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Check applicable box: RHC FQHC

Clinic Address and Identification:

1	Street:	County:	1
2	City:	State:	Zip Code:
3	Designation (for FQHC's only) - "U" for urban or "R" for rural		3

Source of Federal funds:		Grant Award	Date	
4	Community Health Center (Section 330(d), PHS Act)			4
5	Migrant Health Center (Section 329(d), PHS Act)			5
6	Health Services for the Homeless (Section 340(d), PHS Act)			6
7	Appalachian Regional Commission			7
8	Look - Alikes			8
9	Other (specify)			9

10	Does this facility operate as other than an RHC or FQHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate the number of other operations in column 2.	1	2	10
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Facility hours of operations (1)

Type of Operation	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		
	from	to	from	to	from	to	from	to	from	to	from	to	from	to	
0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	
11	Clinic														11

(1) Enter clinic/center hours of operation on line 11 and other type operations on subscripts of line 11 (both type and hours of operation). List hours of operation based on a 24 hour clock. For example: 8:00am is 0800, 6:30pm is 1830, and midnight is 2400.

12	Have you received an approval for an exception to the productivity standard?	1	2	12
13	Is this a consolidated cost report in accordance with CMS Pub. 100-04, Chapter 9, §30.8? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of RHC/FQHC's included in this report. List the names of all RHC/FQHC's and numbers below.			13
14	RHC/FQHC Name:	CCN Number:		14