

FQHC Self Assessment Tool

Agency Name: _____ Assessment Date: _____

Assessment Team Members Involved:

Administrators:	
Board members:	
Program Directors:	
Program Managers:	
Clinical Staff:	
Front line staff:	
Volunteers:	
Other (please specify):	
Total number involved:	

	Fully In Place	Partially In Place	Fully In Place with Partner Organization	Partially In Place with Partner Organization	Not Currently Addressed	Steps to Achieve
(1) Are you a non-profit private or public entity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
(2.1) Do you serve clients in a designated medically underserved population or medically underserved areas?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

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(2.2) Do you serve migrant and seasonal farmworkers, the homeless or residents of public housing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
(2.3) Do you provide substance abuse treatment to homeless individuals and families?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
(3.1) Do you provide comprehensive primary health care services either directly or through established written arrangements and referrals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
(3.2) Do you provide supportive services (education, translation and transportation, etc.) that promote access to health care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
(4.1) Do you provides services at times and locations that assure accessibility and meet the needs of the population to be served?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

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(4.2) Are you governed by a community board composed of a majority (51% or more) of health center patients who represent the population served?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
(5) Do you provide services available to all with fees adjusted based on ability to pay?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
(6) Do you have needs assessment data to documents the needs of your target population?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
(7.1) Do you maintain a core staff to carry out all required primary, preventive, enabling health services and additional health services as appropriate and necessary, either directly or through established arrangements and referrals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
(7.2) Are all staff appropriately licensed, credentialed, and privileged?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

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(8.1) Do health center physicians have admitting privileges at one or more referral hospitals, or other such arrangement to ensure continuity of care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
(8.2) Do you have firmly establish arrangements for hospitalization, discharge planning, and patient tracking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Additional Notes: