**FORM F**

**ASSESSMENT AND PROJECT DEVELOPMENT**

**Legal Business Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Instructions: Number each response to the items below with the information requested. Identify any surveys, resources or documents used in completing this section. A maximum of 7 additional pages may be attached.**

1. Provide brief synopsis of the community as a whole describing in general:

1. Geographic boundaries (urban or rural, physical environment);
2. General demographic data (age, gender, ethnicity, etc.);
3. General socioeconomic data (per capita income, poverty levels, unemployment, occupational data, etc.); and,
4. General description of community-wide health status (e.g., key morbidity/mortality statistics).

2. Describe the resources for children/youth with special health care needs and their families, unmet needs, unserved or underserved areas or populations, the gaps in resources, and the potential barriers to children/youth with special health care needs in accessing needed services and improving health status.

3. Describe existing health and human service systems, networks, and health-related resources available within the area.

4. Identify the community-based resources listed below in the Applicant’s designated service area and detail existing working relationships. Where working relationships do not currently exist, Applicants shall identify planned efforts to establish such relationships to enhance mutual awareness and knowledge of available resources, referral of children/families, and coordination of services.

1. Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) provide primary care health care and dental services for low-income and uninsured individuals to ensure access to medical homes when needed.
2. Aging and Disability Resource Centers (ADRCs) are part of the No Wrong Door system, which is designed to streamline public access to long-term services care programs. ADRCs serve as a key point of access to person- centered Long-Term Services and Supports (LTSS), specialized information, referral and assistance, and provide one-stop access to information for people who need help finding long-term care services.
3. Mental/behavioral health providers, such as Local Mental Health Authorities (LMHAs) and Local Behavioral Health Authorities (LBHAs) help ensure that individuals are connected with needed mental/behavioral health services and supports.
4. Emergency Preparedness resources including existing and potential collaboration efforts to provide information and education to children/youth and families regarding the importance of planning for emergencies and particular considerations for people with disabilities and special health care needs. In addition, Applicants shall detail activities and efforts to assist families with emergency preparedness planning utilizing resources such as those available through:
   * + The American Academy of Pediatrics, https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Children-and-Disasters/Pages/default.aspx;
     + Emergency Medical Services for Children in Texas, <https://www.bcm.edu/departments/pediatrics/sections-divisions-centers/texasemsc>; and
     + Texas DSHS Ready or Not? Have A Plan, https://www.texasprepares.org/.

E. Other local community-based supports/services in the Applicant’s geographical area such as Promotoras/Community Health Workers, faith-based organizations, and community resources to address health disparities.

5. Describe target population including:

* 1. Geographic service area- counties, zip codes, school district distribution, etc.;
  2. Characteristics of target population, including demographic (age range, conditions/disabilities, language, culture, etc.) and socioeconomic data specific to each population;
  3. Target population’s health status (including population data related to health indicators, behavioral data and community opinion data); and,
  4. Current population served (characteristics, population data, numbers of children/youth/families served, types and numbers of services provided) - identify any differences between the current population served and the proposed target population and rationale for changes in target.

6. Document family, individual/self-advocate or other community participation in project planning by providing dates and summaries or attaching documentation such as formal agreements or letters of support.

7. Summarize the needs identified by the community and target population assessments and describe the proposed project’s priorities that are designed to address these needs.

8. Identify the health and health-related priorities to be addressed by this project.