

Form I, Respondent Site Readiness

Complete a separate Respondent Site Readiness Form for each clinic site.

Legal Business Name of Respondent:	Clinic Site # ____ of ____
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On **Form I, Respondent Site Readiness** and **Form G, Epilepsy Clinic Sites**, please assure each clinic site is numbered the same way in the 'Clinic Site # ____ of ____' section of the form.

Appropriate signage to identify funded entity	Y		N	
Space for clinical and administrative staff	Y		N	
Data and financial management systems, including secure confidential data storage	Y		N	
Computer systems with following minimum functionality:				
• Internet - minimum Internet Explorer (IE) 10; recommend IE 11 or newer	Y		N	
• Microsoft Office minimum 2010 Office Suite; recommended 2013 Office Suite	Y		N	
• Email Client	Y		N	
Locked storage for charts, records, medications and medical supplies	Y		N	
Proper disposal for medical waste	Y		N	
Clinical Laboratory Improvement Amendments (CLIA) certification for level of tests performed	Y		N	
Handicap-accessible clinic sites that are geographically close to target population	Y		N	
Appropriate facility(ies) where services can be delivered with clean exam rooms, space for client intake, and a place for Clients to wait	Y		N	
Appropriate use of interpreter services and language translation (including resources for both)	Y		N	
Compliance with Americans with Disabilities Act ("ADA") requirements	Y		N	
Extended hours and weekend hours for delivery of services, as appropriate	Y		N	