

FORM C: FQHC SECONDARY SITE

Instructions: Complete a separate form for each clinic site, numbered consecutively.

Legal Name of Applicant/FQHC:		Site #	of
FQHC Site Name to Appear on OSDH Website:			
Service Area (counties to be served by this site):			
FQHC Site Contact Person:			
Number of Patients Receiving Services at this Site in SFY 2015:			
Street Address:		Location of Site:	
City:	County:	Zip Code:	
Phone:	Fax:		
Is this Site a Subcontractor Site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
E-mail:	Website:		

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	Evening (After 5 PM)				
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