

CBO Upstate Consortium Affiliate Contact Form

Name of Organization: _____

Address of Organization: _____

Primary county in which you operate: _____

Organization Tax ID: _____

Contact Name: _____

Contact Email: _____

Contact Phone: _____

Contact Fax: _____

Annual Organization Budget: _____

Years Servicing your Community: _____

Does your organization bill Medicaid or receive Medicaid funds through a Medicaid Managed Care organization? Yes_____ No_____

How many people does your organization serve annually? : _____

What social determinants of health does your organization address? (Check all that apply)

Economic Stability	Poverty	
	Housing Security & Stability	
	Employment	
	Food Security	
	Transportation	
Education	Early Childhood Education and Development	
	High School Education	
	Enrollment in Higher Education	
	Language and Literacy	
Social, Family & Community	Social Cohesion	
	Civic Participation	
	Perceptions of Discrimination and Equity	
	Incarceration/Institutionalization	
Neighborhood & Environment	Affordable/Quality Housing	
	Environmental Conditions	
	Access to Health Foods	
	Crime and Violence	
Health & Health Care	Access to Healthcare- gaining entry into HC System	
	Access to Primary Care/Trusted Provider	
	Health Literacy	
Other		

Send completed forms back to Tony Sanfilippo at Healthy Community Alliance at sanfilippoa@hcanetwork.org or by fax (716) 532-1011.