

Asthma Project Application 2020



About the SBHC	
SBHC Name:	<input type="text"/>
SBHC Address:	<input type="text"/>
County:	<input type="text"/>
# SBHC Patients: <i>(This # should include all unique patients within a 1-year period)</i>	<input type="text"/>
# SBHC Patients with Asthma served in last year:	<input type="text"/>

About the School	
School Name:	<input type="text"/>
School Enrollment	<input type="text"/>
% Free/Reduced Lunch:	<input type="text"/>
Community School?	<input type="text"/>

SBHC Serves:	Pre-school	Services Provided:	Medical	Case Management	
	Elementary		Reproductive Health		Health Education
	Middle School		Behavioral Health		Other:
	High School		Psychiatry		
Community	Dental				

SBHC Operation Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday/Sunday
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SBHC Sponsoring Agency

Agency Name:	<input type="text"/>	Type of organization:	<input type="checkbox"/> Community Health Center <input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> FQHC <input type="checkbox"/> Hospital <input type="checkbox"/> School District <input type="checkbox"/> Other <i>Specify Other:</i>
Chief Executive Officer:	<input type="text"/>	Email:	<input type="text"/>
Chief Medical Officer:	<input type="text"/>	Email:	<input type="text"/>

Mini-Grant Payments

Name of Recipient:	<input type="text"/>	Title:	<input type="text"/>
Organization:	<input type="text"/>	Email:	<input type="text"/>
Mailing Address: <i>for Checks to be mailed</i>	<input type="text"/>		

Primary Contact

Name	<input type="text"/>	Email:	<input type="text"/>
Title	<input type="text"/>	Phone:	<input type="text"/>
Years at SBHC:	<input type="text"/>		
Describe your role in SBHC:	<input type="text"/>		

Asthma Project Proposal 2020



1 – Assess the Problem Creatively

Please describe the problem of asthma and/or environmental triggers at your site. Limit 400 words.

Please describe your current asthma self-management education for patients. Limit 250 words.

Please describe any initial ideas about the types of interventions and/or types of triggers you would like to address. Limit 400 words.

2 – Select an Intervention

You can see examples of interventions in the *Asthma Environmental Intervention Guide for School-Based Health Centers*, which you can access at http://www.rampasthma.org/uploads/asthma_guide_sbhc.pdf

3 – Build Relationships & Get Buy-In

Please describe any past or current asthma interventions. Who have you partnered with or who has been supportive of your interventions? If none, please describe who you plan to partner with to build relationships or get buy-in. Limit 400 words.

What do you hope to accomplish or achieve with your intervention? What measures do you hope to impact? *Limit 400 words.*

**4 – Achieve Success
with Your Community**

Please describe a general timeline for your proposed interventions. *Limit 400 words.*

**5 – Develop a
Plan of Action &
Implement the
Work**

How will this work benefit the student population that you serve and/or the broader community? *Limit 400 words.*

**6 – Connect with
Others & Expand
Your Impact**

Please submit your application by June 26, 2020 at 5:00 PM MST, by email to: wilma@nmasbhc.org