

Clinic/Site Number Request Form

Please provide the following information about the clinic/site for which you are requesting a new site number. **Be sure to provide a phone number that allows state staff to reach the clinic directly** – this is often needed to respond to client eligibility questions. Fields outlined in red are required.

Requestor Information	
Agency Name:	Ahlers Project/Agency #:
Contact Name:	Email:

New Clinic/Site Information	
Clinic Name:	
Physical Address <i>(if different from agency address):</i>	
Mailing Address <i>(if different):</i>	
City:	Zip:
Phone Number for Clients <i>(e.g. call center):</i>	
Direct Phone Number <i>(for RH state staff only):</i>	Secure Fax Number:
Please indicate if the clinic will receive CCare and/or Title X funding:	
Please indicate which, if any, of the following designations apply to the clinic:	
Local Public Health Authority (LPHA)	School-Based Health Center (SBHC)
Federally Qualified Health Center (FQHC)	Rural Health Center (RHC)
If clinic is a SBHC, where will clients get their contraceptive supplies (must indicate one):	
On-Site	Referred to: _____

CCare Eligibility Database Contact: A person at the clinic who will use the CCare Eligibility Database* for client enrollment and who will receive eligibility update emails.	
Name:	
Title <i>(Optional):</i>	
Direct Phone Number:	Fax Number:
Email Address:	

*New CCare Eligibility Database Users will need to complete a Ahlers User ID/Password Request form ([Exhibit D-2](#)) to gain access to the database.