|  |  |  |  |
| --- | --- | --- | --- |
| County: |  | School: |  |
| Applicant: |  |  |  |

|  |  |  |  |  |
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| Funding Priority Area 1: School Demographics | | | | |
|  | Metric (# or %) | Year to which Data Apply | Geographic Area | Data Source | |
| School enrollment: |  |  | School/School District  (please indicate) |  | |
| Race | | | | |
| % White: |  |  | School/School District  (please indicate) |  |
| % Black or African American: |  |  | School/School District  (please indicate) |  |
| % American Indian or Alaskan Native: |  |  | School/School District  (please indicate) |  |
| % Asian: |  |  | School/School District  (please indicate) |  |
| % Native Hawaiian or Other Pacific Islander: |  |  | School/School District  (please indicate) |  |
| % Multiracial: |  |  | School/School District  (please indicate) |  |
| Ethnicity | | | | |
| % Hispanic or Latino: |  |  | School/School District  (please indicate) |  |
| % white alone, not Hispanic or Latino: |  |  | School/School District  (please indicate) |  |

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| --- | --- | --- | --- | --- |
| Funding Priority Area 2: School Attendance & Poverty | | | | |
|  | Metric (# or %) | Year to which Data Apply | Geographic Area | Data Source |
| Absenteeism rate: |  |  | School/School District  (please indicate) |  |
| Graduation rate:  *(if applicable)* | (% or NA) |  | School/School District  (please indicate) |  |
| % students on free or reduced lunch: |  |  | School/School District  (please indicate) |  |

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| --- | --- | --- | --- | --- |
| Funding Priority Area 3: Counties without Certified SBHC | | | | |
|  | Metric (# or %) | Year to which Data Apply | Geographic Area | Data Source |
| # SBHCs in your county: |  |  | County |  |

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| Funding Priority Area 4: Access to Healthcare Providers | | | | |
|  | Metric (# or %) | Year to which Data Apply | Geographic Area | Data Source |
| Healthcare Provider Shortage Area (HPSA)? | (Y/N) |  |  |  |
| Medically Underserved Area/Population? | (Y/N) |  |  |  |
| Distance/travel time to nearest primary care provider: |  |  |  |  |

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| Funding Priority Area 5: Unmet Need | | | | |
|  | Metric (# or %) | Year to which Data Apply | Geographic Area | Data Source |
| Oregon Rural Unmet Healthcare Need Service Area? | (Y/N) |  |  |  |
| % students reporting unmet physical health care need: |  |  | County or School (if available) |  |
| % students reporting unmet emotional or mental health care need: |  |  | County or School (if available) |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Funding Priority Area 6: Local Demographics | | | | |
|  | Metric (# or %) | Year to which Data Apply | Geographic Area | Data Source |
| Local population: |  |  |  |  |

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| --- | --- | --- | --- | --- |
| Funding Priority Area 7: Poverty | | | | |
|  | Metric (# or %) | Year to which Data Apply | Geographic Area | Data Source |
| % population at or below 200% of federal poverty level: |  |  |  |  |
| Unemployment rate: |  |  |  |  |

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| Funding Priority Area 8: Health Indicators | | | | |
|  | Metric (# or %) | Year to which Data Apply | Geographic Area | Data Source |
| Teen pregnancy rate age 15-17: |  |  | County |  |
| # adolescent suicide attempts: |  |  | County |  |
| School immunization nonmedical exemption rate: |  |  | School |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Funding Priority Area 9: Other – *Please include other relevant community data points, if any* | | | | |
|  | Metric (# or %) | Year to which Data Apply | Geographic Area | Data Source |
|  |  |  |  |  |
|  |  |  |  |  |
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