Certificate of Need Application

Schedule 3

For Establishment/Construction Requiring Full Review*

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Community Need

Public Need Summary: Briefly summarize on this schedule, why the project is needed. Feel free to use additional paper, as necessary, especially for the narratives in question 4.
1. Identify the relevant service area e.g., Minor Civil Division(s), Census Tract(s), street boundaries, Zip Code(s), Health Professional Shortage Area (HPSA) etc.
2. Give a qualitative description of the characteristics of the population to be served e.g., median income, ethnicity, payer mix etc.
3. Indicate the current and projected demand for the service you propose to provide.
4. (a) Describe how this project is responsive to and reflective of the needs of the residents in the community you propose to serve.
* Do not use master copy. Photocopy master and then complete copy if this schedule is required DOH 144 (1/99)

Public Need Summary*

Schedule 3

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- 4. (b) Describe how this project is consistent with your facility's Community Service Implementation Plan (voluntary not-for-profit hospitals) or strategic plan (other providers).
- 5. Describe where and how the population to be served currently receives the service(s) proposed.

6. Describe the consequences to the population to be served if this project is not implemented.

7. A. Total Population Distribution							
(See factor #3 of instructions)							
	Current	Year ()		5 Year	Projection	()	
Age	Male	Female	Total	Male	Female	Total	
0-4 Years			0				0
5-9 Years			0				0
10-14 Years			0				0
15-44 Years			0				0
45-64 Years			0				0
65+ Years			0				0
TOTAL	0	0	0	0	0		0

B. Ambulatory Care Service Registrants							
(See factor #10 of instructions)							
Ambulatory Care	Registrant Rate Per	No. of Registrants					
Service Registrants	1,000 Population	Projected					
First Year							
Second Year							
Third Year	_						

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complete copy if this schedule
is required.