

**Ohio Association of Free Clinics**  
**Expenditure**  
*Uninsured Care Funds*  
*Grant Period 7/1/17 - 6/30/18*

**Clinic Name:**

**Name:**

**Date:**

**Quarter Reporting:**

How many visits included...	On-site	Off-site
Medical (Primary Care)		
Specialty Care		
Dental Care		
Vision Care		
Behavioral Health Care		
Social Services/ Case Management		
Nursing Visit/ Follow-up		

How many educational sessions were performed for...			
Pharmacy Education	Disease Management	Lifestyle/ Prevention	Other
Comments			

How many of each service was provided...	Q1	Q2	Q3	Q4	YTD
# Prescriptions					
# Lab Tests					
# Diagnostic Tests					

How many patients were...	Q1	Q2	Q3	Q4	YTD
Uninsured					
Covered by Medicaid					
Covered by other Insurance					

**Total # Patients Served**

	Q1	Q2	Q3	Q4	YTD
Infants < 1 year					
Children (1-18)					
Pregnant Women					
Women					
Men					
Total Patients					

**Total # Patient Visits** (including on-site and off-site)

	Q1	Q2	Q3	Q4	YTD
Infants < 1 year					
Children (1-18)					
Pregnant Women					
Women					
Men					
Total Visits					

Provide a narrative of the impact these funds made for your patients during this reporting period.

**Q1 REPORTING PERIOD July 1, 2017 – September 30, 2017 – REPORT DUE by Oct. 12, 2017**

**Q2 REPORTING PERIOD October 1, 2017 – December 31, 2017 – REPORT DUE by Jan. 12, 2018**

**Q3 REPORTING PERIOD January 1, 2018 – March 31, 2018 - REPORT DUE by April 12, 2018**

**Q4 REPORTING PERIOD April 1, 2018 – June 30, 2018 – REPORT DUE by July 12, 2018**