### Eligibility/Grant Application Form

*Complete Application and email with any supplemental documents to* [optimize@compasscare.info](mailto:optimize@compasscare.info).

**Optimize software is designed for pregnancy centers who meet the following criteria:**

* Currently offer medical services such as ultrasound diagnosis of pregnancy, provided by licensed medical professionals.
* Currently use a Linear Service Model, such as CompassCare’s Optimization Tool. *(A Linear Service Model is a step-by-step process used by your team to serve your patients in a consistent, meaningful and measureable manner),*
* Have a focused Mission Statement. For example: “To erase the need for abortion in Rochester.”
* Measure mission performance.
* Demonstrate a commitment to improve and streamline services in order to become more efficient and effective in accomplishing your mission by defining measurable results and setting goals for improvement.
* Actively advertise to reach the target market: pregnant women at-risk for abortion.
* Willing to commit to participation in a Continuous Improvement Network with other PRCs using the Optimize software by attending quarterly meetings.
* Healthy Board-Executive relationship as well as a Board and Key Staff consensus on decision to transition to Optimize.
* At least one technically competent staff member to manage software implementation, staff training, and day-to-day software support activities. Completion of a Software Aptitude Assessment is a requirement as part the Optimize application process.

**Organizational Information**

|  |  |
| --- | --- |
| Organization Name |  |
| Address |  |
| Executive Director |  |
| Phone Number |  |
| Email Address |  |
| Describe relationship between Director and Board |  |
| What type of Board do you have? | \_\_\_ Working Board – directly manages the organization, with its members essentially working as unpaid staff.  \_\_\_ Governing Board - provides the leadership of the organization, sets direction and policy, provides financial oversight. |
| How is the performance of the executive assessed annually by the Board? |  |
| What is your Mission Statement? |  |

**Staff Information – Core Staff Positions**

|  |  |
| --- | --- |
| Number of Paid Staff |  |
| Number of Volunteers who work directly with patients. |  |
| Average Age Range of Staff who are working directly with patients | \_\_\_ 20-29 \_\_\_30-39 \_\_\_40-49 \_\_\_50-59 \_\_\_60+ | |
| **Core Staff Positions** - Just list the position below (e.g. Nurse Manager), not individual names. Include only core staff positions, not all staff. | | |
| Staff Position (Title) |  | |
| Paid Staff or Volunteer? |  | |
| Hours worked/week |  | |
| Staff Position (Title) |  | |
| Paid Staff or Volunteer? |  | |
| Hours worked/week |  | |
| Staff Position (Title) |  | |
| Paid Staff or Volunteer? |  | |
| Hours worked/week |  | |
| Staff Position (Title) |  | |
| Paid Staff or Volunteer? |  | |
| Hours worked/week |  | |
| Staff Position (Title) |  | |
| Paid Staff or Volunteer? |  | |
| Hours worked/week |  | |
| Staff Position (Title) |  | |
| Paid Staff or Volunteer? |  | |
| Hours worked/week |  | |

**Organizational Operations**

|  |  |
| --- | --- |
| Annual Budget of Center |  |
| % of Budget Spent on Patient Marketing |  |
| Medical Services  (Provided Directly by the Center) |  |
| Non-Medical Services (Provided Directly by the Center) |  |

**Process Information**

|  |  |
| --- | --- |
| Are you currently using CompassCare’s Optimization Tool? |  |
| If so, have you made any significant  revisions to the original OT Process? |  |
| If not, are you using a different Linear  Service Model (LSM)? Describe and/or  attach documentation outlining your LSM. |  |
| An LSM is a step-by-step process used by your team to serve your patients, allowing for meaningful measurability for the purpose of improving quality of care. For more information, read Benchmarks to Success paper on the Optimize website (ccoptimize.com/papers) |  |
| Are you willing to participate in a National Continuous Improvement Network with other Optimize Centers? |  |

**Technology Information**

|  |  |
| --- | --- |
| What patient database are you currently using? |  |
| What is your patient facing website address? |  |
| What other ways do you use technology to engage patients? (Online booking, online chat, texting, scheduling, etc.) |  |
| How is your Information Technology managed? |  |
| Who will be your technically competent internal resource to manage software implementation, staff training, and day-to-day software support activities?  NOTE: Completion of a brief Software Aptitude Assessment is required as part of the application process. | Name:  Position:  Email:  Phone: |

**Patient Metrics:**

|  |  |  |
| --- | --- | --- |
|  | **Year To Date** | **Last Year** |
| Number of Phone Calls Received |  |  |
| Number of Appointments Made |  |  |
| Number of Women Coming to Scheduled Appointment |  |  |
| Number of STD Tests Given |  |  |
| Number of Pregnancy Test Given |  |  |
| Number of Positive Pregnancy Tests |  |  |
| Number of “At Risk” (A/V, A/M, A/D) Women Seen |  |  |
| Number of “At Risk” Women Given Ultrasound Exam (# of women, not number of ultrasounds) |  |  |
| Number of “At Risk” Women Having Their Babies |  |  |

**Start-Up Grant:**

Start-Up Grants are available for highly motivated pregnancy centers that may be lacking the capital to make the initial investment in the Optimize software. The Grant is for $2500 to help offset the start-up costs for implementing Optimize, including customization, training, and data migration.

|  |  |
| --- | --- |
| Are you applying for a Start-Up Grant? | **\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Maybe Later**  **If yes, please attach copy of financial statements for most recent fiscal year**. |
| Provide any additional information relating to financial documents that you think is relevant. |  |

**Additional Comments**

Provide any additional comments or information that you think might be helpful.