

(Press F2 in the spaces below to add information)

HEALTH DEPARTMENT/VENDOR:		CHECK ALL THAT APPLY			
NAME OF REPORTER:		Children		Adults	
PHONE NUMBER: (ex:4101234567)		YES or NO	LHD Program	YES or NO	LHD Program
FISCAL/AWARD YEAR: 2015		YES or NO	School or Offsite	YES or NO	Oral Cancer

ORAL HEALTH ACTIVITY & STATE STAT REPORTING FORM

ACTIVITY PERFORMED	1st QUARTER ACTIVITY COUNT	2nd QUARTER ACTIVITY COUNT	3rd QUARTER ACTIVITY COUNT	4th QUARTER ACTIVITY COUNT	TOTAL FY ACTIVITY COUNT
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Section 1: Children's Clinical Program

A. Program Measures (CLINIC ONLY)

(1) Number of Patients Seen (Unduplicated Children) 0 0 0 0 0

Patient Demographic Breakdown

(a) Age

0-2 Years					0
3-5 Years					0
6-12 Years					0
13-20 Years					0

(b) Gender

Male					0
Female					0

(c) Race

White					0
Black/African American					0
Asian					0
Hispanic					0
Hawaiian/Pacific Islander					0
Native American/Alaska Native					0
Other/Unknown					0

(d) Insured Status

Medicaid/SCHIP					0
Private Insurance					0
Other/Uninsured/Unknown					0

(2) Number of Clinical Visits (Children) 0

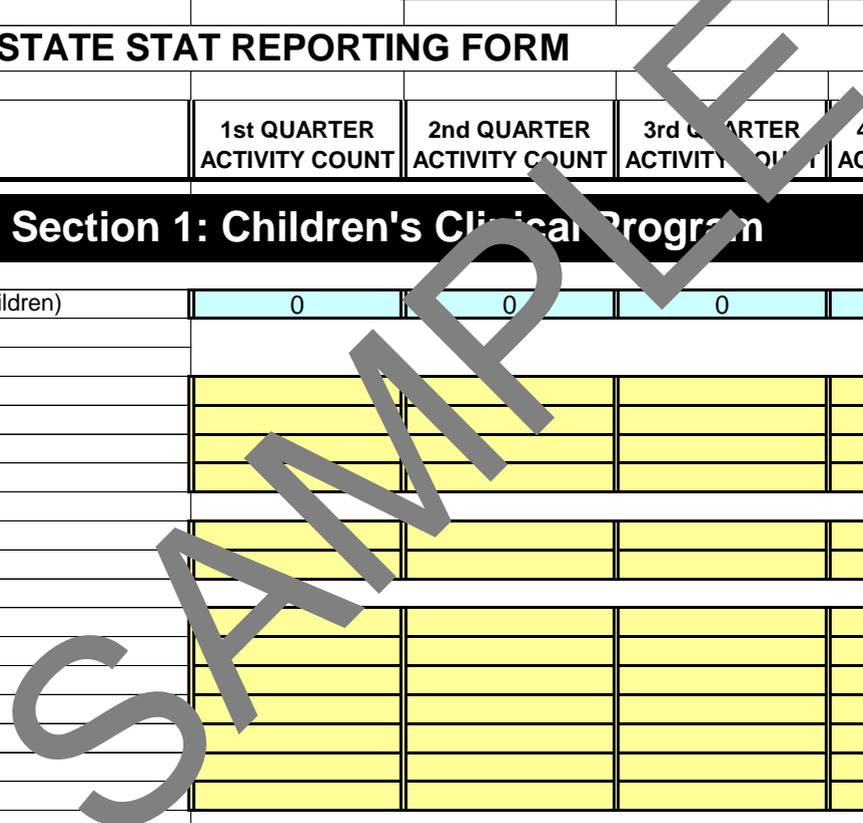
(3) Number of Children Receiving Emergency Treatment 0

(4) Number of Children Receiving Health Education 0

(5) Number of Children Receiving Sealants 0

(6) Number of Children Receiving Fluoride Treatments 0

CROSS CHECK



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FISCAL/AWARD YEAR: 2015		YES or NO	School Offsite	YES or NO	Oral Cancer

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ACTIVITY PERFORMED	1st QUARTER ACTIVITY COUNT	2nd QUARTER ACTIVITY COUNT	3rd QUARTER ACTIVITY COUNT	4th QUARTER ACTIVITY COUNT	TOTAL FY ACTIVITY COUNT
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B. School-Based/Linked or Off-Site Service Production

(1) Number of Children Examined/Screened					0
(2) Number of Children Receiving Fluoride Treatments					0
(3) Number of Children Receiving Dental Referrals					0
(4) Number of Children Receiving Health Education					0

Section 2: Adult Clinical Program (Including Oral Cancer)

A. Program Measures

(1) Number of Patients Seen (Unduplicated Adults)	0	0	0	0	0
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Patient Demographic Breakdown

(a) Age						CROSS CHECK
21-64 Years					0	
65+ Years					0	0
(b) Gender						
Male					0	
Female					0	0
(c) Race						
White					0	
Black/African American					0	
Asian					0	
Hispanic					0	
Hawaiin/Pacific Islander					0	
Native American/Alaska Native					0	
Other/Unknown					0	0
(d) Insured Status						
Medicaid/SCHIP					0	
Private Insurance					0	
Other/Uninsured/Unknown					0	0

DATA CAN ONLY BE ENTERED IN THE YELLOW SPACES.

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PHONE NUMBER: (ex:4101234567)		YES or NO	LHD Program	YES or NO	LHD Program
FISCAL/AWARD YEAR:	2015	YES or NO	School or Community	YES or NO	Oral Cancer

ORAL HEALTH ACTIVITY & STATE STAT REPORTING FORM

ACTIVITY PERFORMED	1st QUARTER ACTIVITY COUNT	2nd QUARTER ACTIVITY COUNT	3rd QUARTER ACTIVITY COUNT	4th QUARTER ACTIVITY COUNT	TOTAL FY ACTIVITY COUNT
(2) Number of Clinical Visits (Adult)					0
(3) Number of Adults Receiving Emergency Treatment					0
(4) Number of Adults Receiving Health Education					0

B. Oral Cancer Service Production

(1) Number of Oral Cancer Screenings					0
(2) Number of Oral Cancer Referrals for Biopsy					0
(3) Number of Patients Educated on Oral Cancer					0
(4) Number of Healthcare Providers Educated on Oral Cancer					0

Section 3: Dental Public Health Infrastructure Capacity Measures

(1) Number of Medicaid Dental Chairs					
(2) Number of Uninsured Dental Chairs					
(3) Number of Offsite/Head Start Programs Operated by LHDs					
(4) Number of LHD Public Health Dentists (FTE)					
(5) Number of LHD Public Health Hygienists (FTE)					