

PERSONAL DATA

As administrator of this program, the Rural Health and Primary Care Program must comply with federal reporting requirements. This form's purpose is to inform and prepare you for the type of questions that you will be asked for during the application process. There is no need to fill his form out.

Gender: M F

Year of Birth: _____

Ethnicity: Hispanic/Latino Non-Hispanic/Non-Latino

Race: American Indian or Alaska Native Asian Black or African-American
 Native Hawaiian or Other Pacific Islander White

Are you from a geographical area designated by the Federal Office of Rural Health Policy as rural? Yes No

Not sure? Check the [Rural Health Grants Eligibility Analyzer](#)

Do you have an educationally, environmentally or economically disadvantaged background*?
 Yes No

Do you fall into any of these categories with respect to military service?

Active Duty Military National Guard Reservist
 Veteran – Prior Service Veteran – Retired Not a Veteran

Have you participated in any other Health Resources Services Administration (HRSA)/Bureau of Health Workforce (BHW) Programs? Yes No

If Yes, please select all that apply:

- Advanced Nursing Education Area Health Education Centers
- Behavioral Health Workforce Education & Training Centers of Excellence
- Children's Hospital Graduate Medical Education Graduate Psychology Education
- Geriatric Workforce Enhancement Program Health Careers Opportunity Program
- Nurse Education Practice Quality & Retention Nurse Practitioner Residency
- Nursing Workforce Diversity Physician Assistant Training in Primary Care
- Post-Doctoral Training in General Pediatric & Public Health Dentistry
- Predoctoral training in General Pediatric & Public Health Dentistry & Dental Hygiene
- Preventative Medicine Residencies Primary Care Training and Enhancement
- Public Health Training Centers Scholarships for Disadvantaged Students

- Teaching Health Centers Graduate Medical Education
- Veterans Bachelor of Science in Nursing None of the Above

Do you possess a DATA 2000 waiver? Yes No

If Yes, what is your panel size?

- DW/30 DW/100 DW/275

Do you have a SUD license/certificate issued by the state or a national credentialing organization?

- Yes No

Do you provide MAT services? Yes No

If Yes, which services do you provide?

- Buprenorphine Buprenorphine plus counseling None of these

Do you provide any of these key services? Please check all that apply.

- Covid-19 Treatment or preventative services
- Integrated Behavioral Health in Primary Care Services
- Substance Use Treatment Services
- Telehealth Services
- None of the Above

*Disadvantaged Background Definitions

Environmentally Disadvantaged

A person's environment inhibited them from obtaining the knowledge, skills, and abilities required to enroll in and graduate from a health professions school.

Economically Disadvantaged

A person from a family with an annual income below a level based on low-income thresholds, according to family size established by the U.S. Census Bureau, adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary of the U.S. Department of Health and Human Services, for use in all health professions programs. A family is a group of two or more people.

The Secretary updates these income levels in the Federal Register annually.

Educationally Disadvantaged

A person who comes from a social, cultural, or educational environment that has demonstrably and directly inhibited the person from obtaining the knowledge, skills, and abilities necessary to develop and participate in a health professions education or training program.