IRSCN APPLICATION
(UPDATED 10/10/2018)

Thank you for your interest in establishing a school-based telehealth health clinic in your community. Please fill out the following information entirely in order to have your application considered.

1. Name of School System

2. School System County

3. Name of Partnering Provider

4. Counties Served by Provider

5. Is the Provider an InSRHN member?

6. With which Medicaid Holders does the Provider have contracts?
   a. Anthem
   b. MHS
   c. MDwise
   d. CareSource

7. Do you currently have access to an insurance navigator in order to connect children and families to coverage?

8. Where did you hear about the IRHA School-Based Telehealth process?
   a. News
   b. Email
   c. Online
   d. Colleague
   e. IRHA Staff

9. Please select all of the desired services to be provided
   a. Primary Care
   b. Behavioral
   c. Diabetes Management
   d. Asthma Management
   e. Obesity Management
   f. Dental Care

   List potential dental/behavioral dental provider(s) if desired:

10. Is the partnering provider already conducting telehealth?

11. What location will serve as the primary placement for telehealth equipment where the clinic visit will take place?

12. How much money are you requesting for equipment? (up to $20,000)

13. Will you seek or provide any match funding from other sources?

14. Is the school or the provider willing to purchase a laptop with the necessary requirements for the telehealth program?

15. What are your anticipated hours of operation? Please list days of the week and hours.

16. Please state the number of students in the school system.

17. How many school nurses work for the school system?

18. Are the school nurse(s) full or part time?

19. Are more than 50% of students on free and reduced lunch? (Provide Percentage)

20. Please list your County Health Ranking.

21. If selected, you will be required to participate in monthly IRSCN Member Calls. Are you willing and able to dedicate time to this monthly meeting and/or choose a representative to be present for the calls?

22. Do you currently have an IT staff member that would be willing to dedicate time to resolve any technical issues that may arise with the telehealth system/program?

23. The following items are required and should be emailed to kchelminiak@indianarha.org with the school systems name in the subject line. 1) Letter of Intent from the School 2) Letter of Intent from the Provider 3) Letters of Support from Community Partners

24. Please provide the name, e-mail address, and phone number for the person who completed the application.