



427 W. Dussel Dr., #117
 Maumee, Ohio 43537
 419-740-0510

Pathways Community HUB InstituteSM Model Certification Pathways Community HUB Certification Application Form

Instructions: Fill out the electronic form by entering the required information in the fields below. Email your completed form to info@pchi-hub.org. The \$550 application fee plus a 3% processing fee can be paid on www.pchi-hub.org or by check (no processing fee) mailed to the Pathways Community HUB Institute at 427 W. Dussel Dr. #117, Maumee, Ohio 43537.

Contact Information	
Organization Name	
Address	
Website	
Organization Contact Name	
Organization Contact Title	
Organization Contact Phone Number	
Organization Contact Email Address	
Parent Organization	



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Organization Information	
What is the status of your Organization?	<input type="checkbox"/> For Profit <input type="checkbox"/> Not-for-Profit
Federal Tax ID/ EIN	
Does your organization have a Board of Directors or other governing body? <i>If yes, attach a copy of the organization's Board Roster.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your Pathways Community HUB directly employ community-based care coordinators?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pathways Community HUB Director Name: <i>Attach a copy of the resume or CV.</i>	
Pathways Community HUB Director Email Address	
Pathways Community HUB Director Phone Number	



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Pathways Community HUB Overview

We understand as a new applicant that you may not be able to respond to all of these questions. Please answer to the best of your ability or write 'N/A' for Not Applicable.

Approximate # of clients served since inception	
Approximate # of clients served annually	
Service Area: List Counties Served (note if you do not serve the whole county). List Zip Codes or Census Tracts served within your service area.	
Do you serve Urban, Suburban or Rural Populations? (List all that apply)	
Technology Vendor	
# of CHWs	
CHWs that were previously unemployed	
CHWs that were previously clients before hire	
# of contracted Care Coordination Agencies	
Name of Care Coordination Agencies	
# of Funders	
# of Funders paying for OBUs	
Funder Names	
Annual Organization Operating Budget: <i>Please attach a copy of your most recent annual audit and annual budget with expenses and revenue.</i>	



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Provide a Brief Narrative of your Pathways Community HUB

Please describe the process that your community went through to adopt the Pathways Community HUB Institute Model and to select your organization as the PCH. Provide documentation about community engagement, stakeholder involvement, target population (including supporting data justifying the disparities being addressed), and other relevant information to support your description.

EXHIBIT A. DOCUMENTS REQUIRED TO SUPPORT THE APPLICATION

Documentation

Once your application has been accepted and your Certification Agreement has been executed, you will receive access to PCHI's electronic file system to upload the application documentation listed below and your prerequisites and standards documentation.

Organization Information

- Organization's Board Roster
- Pathways Community HUB Director's resume or CV

Financial Documents

- Organization's most recent annual audit
- Annual PCH operating budget – expenses and revenue

Documentation supporting PCH development

- Meeting minutes/attendance from community discussions around adopting the Pathways Community HUB Institute Model and any other relevant meeting minutes