



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

Pathways Community HUB InstituteSM Model Certification Pathways Agency 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 required) 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 community have a Pathways Community HUB? If yes, is it a Certified Pathways Community HUB?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Pathways Agency Director Name: <i>Attach a copy of the resume or CV.</i>	
Pathways Agency Director Email Address:	
Pathways Agency Director Phone Number:	



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Pathways Agency 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- Not Applicable'

Approximate # of clients served since using the PCHI Model	
Approximate # of PA participants 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	
# of CHW Supervisors	
CHWs that were previously unemployed	
CHWs that were previously clients before hire	
# of Funders	
# of Funders paying for OBUs	
Funder Names	
Annual Organization Operating Budget	



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Provide a Brief Narrative of your Pathways Agency

Please describe the process that your Organization went through to adopt the Pathways Community HUB Institute Model. Provide documentation about your Organization's mission and programs and how they align with the Pathways Agency approach. Describe your PA target population (including supporting data justifying the disparities being addressed), and other relevant information.



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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 standards documentation.

Agency Information

- Organization's Board Roster
- Pathways Agency Director Resume or CV

Financial Documents

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