

Tribal name: _____
 Name and Title of person submitting form: _____
 Signature: _____ Date _____

Tribal Priority	Health Care Facilities' Needs
	Outpatient Ambulatory Facilities: Primary Care; with Current level of Dental Care and Eye Care.
	Staff Quarters/housing.
	Specialty Care Centers*: Podiatry; Urology; Ophthalmology; Orthopedics; Cardiology; Chemotherapy; Dermatology and Otolaryngology.
	Specialty Care Consultation Visiting Provider Space: Podiatry; Urology; Ophthalmology; Orthopedics, Cardiology, Dermatology, etc.
	Dialysis*.
	Outpatient Behavioral/Mental Health/ Social Services/Alcohol & Substance Abuse.
	Inpatient Mental Health or Alcohol & Substance Abuse*.
	Inpatient: Acute Care; Intensive Care; Labor and Delivery; Surgery.
	Clinical Long Term Care Facilities*: Primarily engaged health-related care (Skilled Nursing Facility (Rehabilitation after hospitalization), Nursing Facility, Alzheimer's, Hospice, cognitive delays or other disabilities special care).
	Non-Clinical Long Term Care Facilities*: Primary focus on Activities of Daily Living (ADLs). Custodial Care (Residential Care, Adult Day Care, and Assisted Living facilities that provide incidental medical care).
	Other: <div style="text-align: right;">(Use the back if additional writing space is needed).</div>
	Other:

* Newly Authorized facility types specifically cited in the IHCIA that may be further developed or a part of the process.

All facility types include their respective allotment of Administration and Support Service's program space. Home Health Care is a medical LTC service requiring minimal clinical space. Personal Home Care is non-medical for ADLs (laundry, shopping, cooking, and cleaning) with no facility space required.