

COMMUNITY BENEFITS REPORTING FORM

Pursuant to RSA 7:32-c-1

FOR FISCAL YEAR BEGINNING 01/01/2016

to be filed with:

Office of the Attorney General
Charitable Trusts Unit
33 Capitol Street, Concord, NH 03301-6397
603-271-3591

Section 1: ORGANIZATIONAL INFORMATION

Organization Name Planned Parenthood of Northern New England

Street Address 784 Hercules Drive, Suite 110

City Colchester

County --

State VT Zip Code 05446

Federal ID # 30222941

State Registration # 2729

Website Address: www.ppnne.org

Is the organization's community benefit plan on the organization's website? No

Has the organization filed its Community Benefits Plan Initial Filing Information form? Yes

IF NO, please complete and attach the Initial Filing Information Form.

IF YES, has any of the initial filing information changed since the date of submission?

No **IF YES**, please attach the updated information.

Chief Executive: Meagan Gallagher 8024489700
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Board Chair: Randall Rives Perkins 8024489700 board@ppnne.org

Community Benefits

Plan Contact: Holly Schiavoni 2076873292
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Is this report being filed on behalf of more than one health care charitable trust? No

IF YES, please complete a copy of this page for each individual organization included in this filing.

Section 2: MISSION & COMMUNITY SERVED

Mission Statement: To provide, promote and protect access to reproductive health care and sexuality education so that all people can make voluntary choices about their reproductive and sexual health.

Has the Mission Statement been reaffirmed in the past year (*RSA 7:32e-1*)? Yes

Please describe the community served by the health care charitable trust. “Community” may be defined as a geographic service area and/or a population segment.

Service Area (Identify Towns or Region describing the trust’s primary service area):

PPNNE operates six health centers that serve the State of New Hampshire, located in Claremont, Derry, Exeter, Keene, Manchester, and White River Junction (VT). The locations of our health centers facilitate access to family planning services in the Upper Valley and southern portions of the state. Our White River Junction site serves a fairly equal number of NH and VT residents. In addition, health centers located just over the border, in Brattleboro, VT and Sanford, ME serve NH residents.

Service Population (Describe demographic or other characteristics if the trust primarily serves a population other than the general population):

PPNNE patients are generally low-income, young women. In 2015, PPNNE served 11,121 patients in New Hampshire, with over 16,100 family planning medical visits. Twenty-three percent of those patients qualified for Medicaid and 37% were uninsured; 66% had incomes under 150% of the federal poverty level. Fifteen percent of patients were teenagers and 55% were in their twenties. Eighty-nine percent of patients were women, although a growing number of patients are men.

Section 3: COMMUNITY NEEDS ASSESSMENT

In what year was the last community needs assessment conducted to assist in determining the activities to be included in the community benefit plan?

A needs assessment was completed in 2010, and should currently be on file. PPNNE continually assesses the needs of the communities it serves. Over this past year, PPNNE has continued to focus on assessing the needs in Manchester, where we are working to establish a peer education program for adolescents and young adults. In addition, the past three years PPNNE has been a key component of the state's health insurance enrollment projects, and much community needs planning and assessment work has centered around these efforts. . *(Please attach a copy of the needs assessment if completed in the past year)*

Was the assessment conducted in conjunction with other health care charitable trusts in your community? Yes

Based on the needs assessment and community engagement process, what are the priority needs and health concerns of your community?

	NEED (Please enter code # from attached list of community needs)
1	101
2	203
3	204
4	301
5	302
6	362
7	503
8	508
9	999

What other important health care needs or community characteristics were considered in the development of the current community benefits plan (e.g. essential needs or services not specifically identified in the community needs assessment)?

	NEED (Please enter code # from attached list of community needs)
A	102
B	120
C	201
D	507
E	526
F	602
G	

Please provide additional description or comments on community needs including description of “other” needs (code 999) if applicable. *Attach additional pages if necessary:*

As is evident from the organization's mission, PPNNE's primary focus is ensuring that high quality family planning services are accessible and available to those who need them in the areas we serve. The availability of family planning services, including effective contraceptive methods, is directly correlated with the ability of women to plan and space their pregnancies, thereby reducing unintended pregnancies and fostering healthier babies, mothers and families. PPNNE also provides safe, confidential, medical and surgical abortion services for women who do become pregnant, but for health, safety, or personal reasons choose not to continue their pregnancies.

According to data from the Guttmacher Institute (<https://data.guttmacher.org/states/table?state=NH&topics=141&dataset=data>), there are over 63,000 women in need of publicly funded contraceptive services in New Hampshire, with over 50,000 residing in the six counties primarily served by PPNNE. In 2010 43% of pregnancies in NH were unintended pregnancies, with 53% of unplanned births in the state publicly funded, accounting for \$26.8 million in public costs. The ability of women to access high quality family planning services improves public health, and saves public funds by averting the costs of publicly funded prenatal care, childbirth, and child and family services.

PPNNE's family planning and sexuality education services also serve to reduce teen pregnancy in NH. New Hampshire has the lowest teen birth rate compared to all the other states at 13 per 1,000 girls age 15 to 19, even so in 2010 there were 1,290 teen pregnancies in the state, 65% of which resulted in live births. Teens who become pregnant are less likely to finish high school or attain additional education, more likely to live in poverty and face unemployment as an adult. Therefore PPNNE efforts to reduce teen pregnancy enhances educational attainment and high school graduation, and reduces poverty.

The Centers for Disease Control (CDC) has included teen pregnancy as one of its "winnable battles" in public health promotion, and has identified five key components to address. PPNNE is engaged in each of these components, but most especially: "Ensuring clinical partners are providing teen friendly, culturally competent reproductive health care services that are easily accessible to all youth in the community, and establishing linkages between teen pregnancy prevention program partners and clinics that serve at risk youth from the target community." (<http://www.cdc.gov/teenpregnancy/prevent-teen-pregnancy/>)

PPNNE's efforts to address teen pregnancy have been especially focused on Manchester, where the teen birth rate is well over double the state average at 31 per 1,000 girls age 15 to 19, exceeding even the national average of 27 per 1,000 girls age 15 to 19. PPNNE's Manchester health center is our busiest NH site and the hub of PPNNE's NH peer sexuality education program, which aims to provide education, resources, community mobilization, and local collaboration to reduce teen pregnancy.

PPNNE's clinical services also address critical public health needs including screening for six forms of cancer, primarily breast and cervical cancer, and screening and treatment of sexually transmitted infections (STIs), including chlamydia, gonorrhea, and syphilis, and confidential HIV testing. PPNNE also provides early pregnancy detection and care so that women who are

pregnant are able to immediately access basic prenatal care at PPNNE and through referrals to obstetricians who work closely with PPNNE to ensure seamless maternal and perinatal care.

For many patients, PPNNE health centers are their entry into the health care system, and patients rely on us for basic primary care and health screening. PPNNE is a critical health care provider for many patients whose low incomes, lack of transportation and geographic location, or health insurance status prevent them from seeking medical care elsewhere. PPNNE provides general health exams and sports/school physicals, as well as limited immunizations, initial smoking cessation and obesity management assistance and referrals, and screening for health and safety concerns related to domestic and intimate partner violence. PPNNE's strong community connections allow for "warm" referrals to critical social services to assist patients with these and other concerns.

Finally, PPNNE provides health insurance education, outreach, and enrollment assistance to thousands of New Hampshire residents who are uninsured or under-insured. This critical service enables PPNNE to fulfill an "other community need/999," assisting PPNNE patients and other NH residents with enrolling in private marketplace or public health insurance programs. PPNNE was one of NH's two original federal Navigator organizations, enrolling over 7,850 people in health plans from October 1, 2013 through March 31, 2016. This critical work has provided access to health care to thousands of people throughout the state, enhancing their ability to support their families, participate in the workforce and community affairs, and lead productive, healthy lives.

Section 4: COMMUNITY BENEFIT ACTIVITIES

Identify the categories of Community Benefit activities provided in the preceding year and planned for the upcoming year (note: some categories may be blank). For each area where your organization has activities, report the past and/or projected unreimbursed costs for *all* community benefit activities in that category. For each category, also indicate the *primary* community needs that are addressed by these activities by referring to the applicable number or letter from the lists on the previous page (i.e. the listed needs may relate to only a subset of the total reported costs in some categories).

<i>A. Community Health Services</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Community Health Education</i>	-- -- --		
<i>Community-based Clinical Services</i>	-- -- --		
<i>Health Care Support Services</i>	-- -- --		
<i>Other:</i>	-- -- --		

<i>B. Health Professions Education</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Provision of Clinical Settings for Undergraduate Training</i>	-- -- --		
<i>Intern/Residency Education</i>	-- -- --		
<i>Scholarships/Funding for Health Professions Ed.</i>	-- -- --		
<i>Other:</i>	-- -- --		

<i>C. Subsidized Health Services</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Type of Service:</i>	-- -- --		
<i>Type of Service:</i>	-- -- --		
<i>Type of Service:</i>	-- -- --		
<i>Type of Service:</i>	-- -- --		
<i>Type of Service:</i>	-- -- --		

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<i>D. Research</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Clinical Research</i>	-- -- --		
<i>Community Health Research</i>	-- -- --		
<i>Other:</i>	-- -- --		

<i>E. Financial Contributions</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Cash Donations</i>	-- -- --		
<i>Grants</i>	-- -- --		
<i>In-Kind Assistance</i>	-- -- --		
<i>Resource Development Assistance</i>	-- -- --		

<i>F. Community Building Activities</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Physical Infrastructure Improvement</i>	-- -- --		
<i>Economic Development</i>	-- -- --		
<i>Support Systems Enhancement</i>	-- -- --		
<i>Environmental Improvements</i>	-- -- --		
<i>Leadership Development; Training for Community Members</i>	-- -- --		
<i>Coalition Building</i>	-- -- --		
<i>Community Health Advocacy</i>	-- -- --		

<i>G. Community Benefit Operations</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Dedicated Staff Costs</i>	-- -- --		
<i>Community Needs/Asset Assessment</i>	-- -- --		
<i>Other Operations</i>	-- -- --		

<i>H. Charity Care</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Free & Discounted Health Care Services</i>	2 3 6	\$2,543,823.00	\$2,859,983.00

<i>I. Government-Sponsored Health Care</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Medicare Costs exceeding reimbursement</i>	-- -- --		
<i>Medicaid Costs exceeding reimbursement</i>	-- -- --		
<i>Other Publicly-funded health care costs exceeding reimbursement</i>	-- -- --		

Section 5: SUMMARY FINANCIAL MEASURES

<i>Financial Information for Most Recent Fiscal Year</i>	<i>Dollar Amount</i>
<i>Gross Receipts from Operations</i>	\$8,220.00
<i>Net Revenue from Patient Services</i>	\$3,037,598.00
<i>Total Operating Expenses</i>	\$6,055,412.00
<i>Net Medicare Revenue</i>	
<i>Medicare Costs</i>	
<i>Net Medicaid Revenue</i>	
<i>Medicaid Costs</i>	
<i>Unreimbursed Charity Care Expenses</i>	\$2,543,823.00
<i>Unreimbursed Expenses of Other Community Benefits</i>	
<i>Total Unreimbursed Community Benefit Expenses</i>	
<i>Leveraged Revenue for Community Benefit Activities</i>	
<i>Total Community Benefits including Leveraged Revenue for Community Benefit Activities</i>	

Section 6: COMMUNITY ENGAGEMENT in the Community Benefits Process

<i>List the Community Organizations, Local Government Officials and other Representatives of the Public consulted in the community benefits planning process. Indicate the role of each in the process.</i>	<i>Identification of Need</i>	<i>Prioritization of Need</i>	<i>Development of the Plan</i>	<i>Commented on Proposed Plan</i>
1) US DHHS Office of Population Affairs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2) Bi-State Primary Care Association	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) US DHHS Centers for Medicaid & Medicare Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4) Planned Parenthood Federation of America	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5) NH Department of Health and Human Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6) NH Voices for Health Coalition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) NH Women's Health Network	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8) Joan G. Lovering Health Center	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9) Concord Feminist Health Center	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10) NH Charitable Foundation and NH Women's Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11) Susan G. Komen VT/NH Affiliate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12) Manchester Boys and Girls Club	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
13) Manchester YWCA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
14) Manchester Health Department	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
15) Manchester Community Health Center	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
16) Granite State Independent Living	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
17) Manchester Child Health Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
18) Manchester Child and Family Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
19) NH-JAG	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
20) Manchester Health Department	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
21) PPNNE Board of Directors, Advisory Committees & Volunteers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
22) PPNNE patients, program participants, parents, and family members	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
23) Numerous local hospital, health & social service agencies, and private medical practices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
24) Numerous local private foundations and donors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
25) Numerous state and local elected officials	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Please provide a description of the methods used to solicit community input on community needs (attach additional pages if necessary): PPNNE utilizes multiple methods to solicit community input on community needs. We issue quarterly patient surveys to assess our ability to meet patient needs for high quality health services, affordability, accessibility, and confidentiality.

We regularly analyze internal data to determine service demand, health trends and outcomes, quality assurance, and financial efficiency. We work closely with state and federal health and human service agencies to identify needs and develop work plans for multi-year grant-funded projects to ensure compliance with laws and regulations and evidenced-based, nationally recognized best practices for delivery of health care services.

PPNNE's community needs assessment work includes analysis of health data from local, state, and federal sources. We assess trends in teen and overall unintended pregnancy rates, STD rates; poverty, unemployment, and health insurance status; and access to highly effective contraception and other important reproductive health services. Because PPNNE is a regional organization, also serving patients in Vermont and Maine, we benefit from multi-state partnerships and perspectives, enabling a rich comparative component to our analyses. For example, such national and regional analysis has led PPNNE to underscore its commitment to ensuring access to highly effective, long-acting reversible contraceptive (LARC) methods, which have been shown to reduce teen and unintended pregnancy rates in controlled research studies in other parts of the country.

In completing our Manchester community needs assessment for the peer education program, we interviewed representatives from numerous local education, youth, health, and social services organizations in order to identify gaps in current programs and methods by which young people in Manchester could become engaged. Following these interviews, and a close review of relevant local data, we developed a work plan, timeline, and advisory committee for our project. We then re-engaged with organizations and local officials to ensure that our work plan was appropriate and realistic. This work led to the formation of a coalition of organizations in Manchester that will work together to address the health needs of adolescents and teens in the city. Our ongoing assessment of needs has been interactive and evolutionary.

Because we are often a point of entry into the health care system for many young, vulnerable patients, we work with a rich network of local health and social service providers, and have established a strong referral network. We are in regular contact with local hospitals, medical practices, and medical professionals. We work closely with private New Hampshire foundations to assess needs, develop work plans, and solicit funding for our work. Several of these foundations are statewide, but many are locally based and focused, with deep connections to the people, organizations, and businesses in the area.

PPNNE's New Hampshire public and community affairs office works closely with state and local officials to assess and communicate the health needs of our patients and the communities in which they live. We have played a leadership role in the NH Women's Health Network, regularly collaborating with other women's and public health organizations.

PPNNE is committed to meeting the family planning and reproductive health needs of people in the communities we serve. In the continually evolving health care landscape, PPNNE has reaffirmed its role as a vital partner in meeting the community needs for access to high quality reproductive health and sexuality education for women, men, and teens in New Hampshire.

Section 7: CHARITY CARE COMPLIANCE

Please characterize the charity care policies and procedures of your organization according to the following:	YES	NO	Not Applicable
The valuation of charity does not include any bad debt, receivables or revenue	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written charity care policy available to the public	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any individual can apply for charity care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any applicant will receive a prompt decision on eligibility and amount of charity care offered	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notices of policy in lobbies	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Notice of policy in waiting rooms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notice of policy in other public areas	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Notice given to recipients who are served in their home	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

List of Potential Community Needs for Use on Section 3

100 - Access to Care; General

- 101 - Access to Care; Financial Barriers
- 102 - Access to Care; Geographic Barriers
- 103 - Access to Care; Language/Cultural Barriers to Care
- 120 - Availability of Primary Care
- 121 - Availability of Dental/Oral Health Care
- 122 - Availability of Behavioral Health Care
- 123 - Availability of Other Medical Specialties
- 124 - Availability of Home Health Care
- 125 - Availability of Long Term Care or Assisted Living
- 126 - Availability of Physical/Occupational Therapy
- 127 - Availability of Other Health Professionals/Services
- 128 - Availability of Prescription Medications

200 - Maternal & Child Health; General

- 201 - Perinatal Care Access
- 202 - Infant Mortality
- 203 - Teen Pregnancy
- 204 - Access/Availability of Family Planning Services
- 206 - Infant & Child Nutrition
- 220 - School Health Services

300 - Chronic Disease – Prevention and Care; General

- 301 - Breast Cancer
- 302 - Cervical Cancer
- 303 - Colorectal Cancer
- 304 - Lung Cancer
- 305 - Prostate Cancer
- 319 - Other Cancer
- 320 - Hypertension/HBP
- 321 - Coronary Heart Disease
- 322 - Cerebrovascular Disease/Stroke
- 330 - Diabetes
- 340 - Asthma
- 341 - Chronic Obstructive Pulmonary Disease
- 350 - Access/Availability of Chronic Disease Screening Services

360 - Infectious Disease – Prevention and Care; General

- 361 - Immunization Rates
- 362 - STDs/HIV
- 363 - Influenza/Pneumonia
- 364 - Food borne disease
- 365 - Vector borne disease

370 - Mental Health/Psychiatric Disorders – Prevention and Care; General

- 371 - Suicide Prevention
- 372 - Child and adolescent mental health
- 372 - Alzheimer's/Dementia
- 373 - Depression
- 374 - Serious Mental Illness

400 - Substance Use; Lifestyle Issues

- 401 - Youth Alcohol Use
- 402 - Adult Alcohol Use
- 403 - Youth Drug Use
- 404 - Adult Drug Use
- 405 - Youth Tobacco Use
- 406 - Adult Tobacco Use
- 407 - Access/Availability of Alcohol/Drug Treatment

- 420 - Obesity
- 421 - Physical Activity
- 422 - Nutrition Education
- 430 - Family/Parent Support Services

500 – Socioeconomic Issues; General

- 501 - Aging Population
- 502 - Immigrants/Refugees
- 503 - Poverty
- 504 - Unemployment
- 505 - Homelessness
- 506 - Economic Development
- 507 - Educational Attainment
- 508 - High School Completion
- 509 - Housing Adequacy

520 - Community Safety & Injury; General

- 521 - Availability of Emergency Medical Services
- 522 - Local Emergency Readiness & Response
- 523 - Motor Vehicle-related Injury/Mortality
- 524 - Driving Under Influence
- 525 - Vandalism/Crime
- 526 - Domestic Abuse
- 527 - Child Abuse/Neglect
- 528 - Lead Poisoning
- 529 - Work-related injury
- 530 - Fall Injuries
- 531 - Brain Injury
- 532 - Other Unintentional Injury

533 - Air Quality
534 - Water Quality

600 - Community Supports; General

601 - Transportation Services
602 - Information & Referral Services
603 - Senior Services
604 - Prescription Assistance
605 - Medical Interpretation
606 - Services for Physical & Developmental Disabilities
607 - Housing Assistance
608 - Fuel Assistance
609 - Food Assistance
610 - Child Care Assistance
611 - Respite Care

999 – Other Community Need