New York State Department of Health
Office of Health Systems Management

Certificate of Need Application

Schedule 3

For Establishment/Construction Requiring Full Review*

Community Need

Public Need Summary:

Briefly summarize on this schedule, why the project is needed. Feel free to use additional paper, as necessary, especially for the narratives in question 4.

1. Identify the relevant service area e.g., Minor Civil Division(s), Census Tract(s), street boundaries, Zip Code(s), Health Professional Shortage Area (HPSA) etc.

2. Give a qualitative description of the characteristics of the population to be served e.g., median income, ethnicity, payer mix etc.

3. Indicate the current and projected demand for the service you propose to provide.

4. (a) Describe how this project is responsive to and reflective of the needs of the residents in the community you propose to serve.

 * Do not use master copy. Photocopy master and then complete copy if this schedule is required

Public Need Summary*

Schedule 3

4. (b) Describe how this project is consistent with your facility's Community Service Implementation Plan (voluntary not-for-profit hospitals) or strategic plan (other providers).

5. Describe where and how the population to be served currently receives the service(s) proposed.

6. Describe the consequences to the population to be served if this project is not implemented.

7.

A. Total Population Distribution
(See factor #3 of instructions)

Age	Current Year ( )			5 Year Projection ( )		
	Male	Female	Total	Male	Female	Total
0-4 Years			0			0
5-9 Years			0			0
10-14 Years			0			0
15-44 Years			0			0
45-64 Years			0			0
65+ Years			0			0
TOTAL	0	0	0	0	0	0

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  Photocopy master and then
  complete copy if this schedule
  is required.

B. Ambulatory Care Service Registrants
(See factor #10 of instructions)

Ambulatory Care Service Registrants	Registrant Rate Per 1,000 Population	No. of Registrants Projected
First Year		
Second Year		
Third Year		

DOH 144 (1/99)