

**COMMUNITY BENEFIT INVENTORY FOR SOCIAL ACCOUNTABILITY  
(CBISA Online LTC™)  
Activity Form**

Title of Activity: \_\_\_\_\_

**Category of Activity** (Choose the ONE BEST FIT / PRIMARY FOCUS):

**A. COMMUNITY HEALTH SERVICES**

- A1. Community Health Education
- A2. Community Based Health Services
- A3. Health Care Support Services

**B. HEALTH PROFESSIONS EDUCATION**

- B1. Student Internships in Clinical Settings
- B2. Scholarships/Funding for Professions Education

**C. SUBSIDIZED HEALTH SERVICES**

- C1. Special Services
- C2. In-Home Services
- C3. Other Subsidized Services

**D. RESEARCH/ INNOVATION**

- D1. Clinical Research
- D2. Community Health Research

**E. DONATIONS**

- E1. Cash Donations
- E2. Grants
- E3. In-Kind Donations
- E4. Cost of Fundraising for Community Programs

**F. COMMUNITY-BUILDING ACTIVITIES**

- F1. Physical Improvements/Housing
- F2. Economic Development
- F3. Community Support
- F4. Environmental Improvement
- F5. Leadership Development/Training for Community Members
- F6. Coalition Building
- F7. Advocacy
- F8. Workforce Development

**G. COMMUNITY BENEFIT OPERATIONS**

- G1. Dedicated Staff
- G2. Community Health Needs Assessment
- G3. Other Resources

Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IRS Reportable      Indirect Factor:  None  Manual  In Unit  In Community  Special

Targeted For:  Living in Poverty  Broader Community

Dept. Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Name: \_\_\_\_\_

OBJECTIVES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Community need being addressed: \_\_\_\_\_  
\_\_\_\_\_

How was need determined (assessed) \_\_\_\_\_  
\_\_\_\_\_

Problem is related to  (a) Access  (b) Community Health Improvement

(Check all that apply):

- 1. Improve quality of life of older persons
- 2. Improve health status of older persons
- 3. Improve accessibility to needed services
- 4. Contain healthcare costs
- 5. Reach out to minorities, disabled, other underserved

- Is this activity duplicated in the community?
- Does this activity address an unmet community need?
- Is this a collaborative effort? If so, who are your partners and what are their respective roles?

\_\_\_\_\_  
\_\_\_\_\_

**Setting/Format**

Setting / Location:

- Community
- Home
- In Facility
- Inpatient
- Outpatient
- Workplace
- Other \_\_\_\_\_
- Other \_\_\_\_\_

Format:

- Clinic
- Events/Meetings
- Health Fairs/Screenings
- Newsletter
- Seminars
- Speaker's Bureau
- TV/Radio
- Other \_\_\_\_\_
- Other \_\_\_\_\_

**TARGET POPULATIONS:**

Gender: Male Female Both

Program Primarily in: Facility Community

**Special Needs Population: (Check all that apply):**

- |  |                          |  |                          |
|--|--------------------------|--|--------------------------|
| 1. Residents and their families                          | <input type="checkbox"/> | 6. Minority elderly – black, Hispanic, Asian | <input type="checkbox"/> |
| 2. Waiting list  | <input type="checkbox"/> | 7. Frail elderly                             | <input type="checkbox"/> |
| 3. Caregivers supporting elderly in the community        | <input type="checkbox"/> | 8. Poor elderly                              | <input type="checkbox"/> |
| 4. All elderly in the community                          | <input type="checkbox"/> | 9. Homeless elderly                          | <input type="checkbox"/> |
| 5. Elderly living alone or with few social opportunities | <input type="checkbox"/> | 10. Disabled elderly                         | <input type="checkbox"/> |

Other: \_\_\_\_\_

**Healthy Communities (additional data entry form)**