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A Guide for Planning & Reporting Community Benefit

2022 Edition

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CHA's mission is to advance the Catholic health ministry of the United States in its commitment to caring for people and communities. Comprising over 600 hospitals and 1,400 long-term care and other healthcare facilities across all 50 states, the Catholic health ministry is the largest group of nonprofit health care providers in the nation. Notably, one in seven patients in the U.S. receives care at a Catholic hospital every day.

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Appendix A: Reference for Chapter 1

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COMMUNITY BENEFIT INVENTORY TEMPLATE

The instructions and template below can be downloaded at <https://www.chausa.org/guideresources>.

Instructions: Use this form to document programs or services that your department provides for the benefit of the community. Here are some criteria you can use to determine if the program or service is a community benefit:

- The program or activity addresses a community need. The IRS states that community need can be demonstrated through the following:
 - A CHNA developed or accessed by the organization.
 - Documentation that demonstrated community need or a request from a public agency or community group that was the basis for initiating or continuing the activity or program.
 - The involvement of unrelated, collaborative tax-exempt or government organizations as partners in the activity or program.
- The program or activity addresses a community benefit objective:
 - Improve access to health services.
 - Enhance public health.
 - Advance increased general knowledge.
 - Relieve or reduce the burden on government to improve health.
- The program was started or is provided primarily to benefit the community as opposed to benefiting the organization (such as marketing or case-finding).

Find specific examples in the Community Benefit Categories and Definitions section of the appendix.

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Name and brief description of the program:
Community health need being addressed and how the need was demonstrated:
Sponsoring department:
Target population:
Program site (community, hospital, campus):
Number of persons served or other unit of service:
Cost (if known):
Funding/revenue (if known):
Contact person name, phone number and email address:
Community partners:
Comments: