



Share Your Community Benefit Story with CHA

Telling our Community Benefit stories to our communities and other key constituencies highlights the ways we are fulfilling our obligation to be transparency and accountability in fulfilling the mission of Catholic health care.

Complete the form below, save it and submit it to Nancy Lim, Director, Community Health Improvement at nlim@chausa.org using **“My Community Benefit Story”** in the subject line.

Thank you for sharing your community benefit programs and activities with us.

Contact Information	
Name:	Title:
System:	Facility:
Email:	Phone:
Community Benefit Program Name:	
Hospital Information (Name, City, State):	
CHNA Identified Priority Need <i>(What identified need is the program addressing?):</i>	
Program Goal <i>(What is the goal/outcome you are intending to achieve?):</i>	
Program Strategy <i>(What are you doing to achieve your goal?):</i>	
Program Resources, Funding & Partnerships <i>(What were the primary resources, funding and partnerships for success?)</i>	
<ul style="list-style-type: none">• Hospital Resources & Funding: • Other/Partner Resources & Funding Sources: • Key Partnerships:	
Summary of accomplishments and their importance <i>(What happened as a result of this program and why is that important to your community?):</i>	