Worksheet 6 — Occurrence Form

This form can be used to document and report statistical and financial information for each community health service. Download this form from the CHA website at www.chausa.org/communitybenefit/occurrence.

Date: _____/_____/____ Title of activity: ____________________________________________

Brief description: ________________________________________________________________

Sponsoring department #: ___________ Sub department #: ___________

Hours: Staff ___________, Volunteer ___________

Outputs: Persons served ___________

Form completed by: Name ___________________________ Phone ________________________

Expenses
Salaries (use A, dollars or B, hours):
   A. Dollars ........................................ $ ______________
   B. Paid staff hours _______________________

Purchased services .................................................. $ ______________

Supplies ......................................................... $ ______________

Other direct expenses .................................................. $ ______________

Indirect expenses .................................................. $ ______________

Funding and offsetting revenue

Foundation/fundraising .................. $ ______________

Grants/support .................. $ ______________

Source of grant: ____________________________

Fees ......................................................... $ ______________

Other (voluntary contributions, etc.) .................. $ ______________

Notes/comments (if any):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
**Worksheet 7 — Net Costs of Health Professions Education**

Use this worksheet to calculate the net costs of health professions education.

**Reporting period:**

**Costs**

<table>
<thead>
<tr>
<th>Cost Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interns and residents</td>
<td>$</td>
</tr>
<tr>
<td>Other health professionals</td>
<td>$</td>
</tr>
<tr>
<td>Community programs</td>
<td>$</td>
</tr>
</tbody>
</table>

**Indirect medical education costs 1**

$  

**Total education costs**

$  

**Funding sources**

**Direct medical education**

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Medicare reimbursement</td>
<td>$</td>
</tr>
<tr>
<td>Off-site rotation sites and other</td>
<td>$</td>
</tr>
<tr>
<td>Fees charged for community programs</td>
<td>$</td>
</tr>
<tr>
<td>Other explicit support of education programs 1</td>
<td>$</td>
</tr>
</tbody>
</table>

**Indirect medical education reimbursement 1**

$  

**Total education revenue/reimbursement**

$  

**Net community benefits**

$  

1 *The Medicare program provides indirect medical education reimbursement that offsets costs associated with graduate medical education programs. CHA recommends including this reimbursement and an equal, offsetting expense.*

1 *In some states, Medicaid reimbursement includes explicit direct (and/or indirect) funding for education costs. If so, you can include that revenue here, but be sure to exclude this revenue from the Medicaid and other public program shortfall calculations (Worksheet 4).*