

**PROOF OF ACCESS TO ANCILLARY, INPATIENT, AND SPECIALTY REFERRAL LETTER TEMPLATE  
(For Non-Behavioral Health Sites\*)**

ORGANIZATION LETTERHEAD

DATE:

FROM:

RE: Confirmation of System of Care and Referrals to Ancillary, Inpatient, and Specialty Care

TO: National Health Service Corps

This letter is to certify that [SITE NAME] located at [SITE ADDRESS] functions as part of a comprehensive system of care that ensures care coordination and continuity of care, including consultations and referrals to ancillary, inpatient, and specialty services which correspond to the Health Professional Shortage Area (HPSA). This site does not limit services based on a particular illness/diagnosis, organ system, or a categorical population (for example, developmentally disabled individuals, patients with HIV, or those with cancer).

The following services are not onsite but are provided by referral to the following locations:

<b>Offered offsite through referral</b> (Mark with "x")	<b>List Service corresponding to HPSA Type</b> (may expand list if needed)	<b>Name/Address of referral site</b>
	Ancillary (e.g., lab, radiology, X-ray):	
	Inpatient Care	
	Specialty Service:	
	Specialty Service:	
	Specialty Service:	

[INK OR E-SIGNATURE OF CEO AND/OR CLINICAL DIRECTOR]  
[PRINTED SIGNATOR NAME]/[POSITION/TITLE]  
[ORGANIZATION]

\*Behavioral Health sites fill out the Behavioral Health Checklist