Directory of

SCHOOL-BASED HEALTH CENTERS

and

Other School Health Services

2012 - 2013

www.wvshtac.org



Prepared by the School Health Technical Assistance Center Department of Family & Community Health Marshall University School Of Medicine

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West Virginia School-Based Health Center Initiative

In 1994, the West Virginia Bureau for Public Health and the Claude Worthington Benedum Foundation funded a 3-year pilot project to develop school-based health centers in West Virginia. The goal of the initiative was to ensure primary and preventive care for youth by eliminating access barriers that children and adolescents face. The initiative is also linked with the West Education's Virginia Department of Healthy Schools Program that includes school health services, and, specifically, the development of school-based health centers, as one of its eight core areas.

After eighteen years as a statewide initiative, it is widely accepted that school-based health centers provide easily accessible and cost-effective care and are strongly supported by students, parents, and school staff. As of the spring of 2013, there are 87 school-based health centers serving 106 schools in 32 counties, making health services available to a school-aged population of over 54,000 children.

School-based health centers (SBHCs) are health clinics that bring preventive and immediate care, as well as counseling, health education, and sometimes dental care, to children and adolescents where they are much of the day – at school.

Initial State and Benedum funding allowed for the development of health centers at selected sites and a school health technical assistance center at Marshall University, which assists new and existing centers on various operational issues and program development. As the number of school-based health centers increases, the state-funded model has been adopted by other organizations, particularly local hospitals.

School health services take many forms in West Virginia. While this directory is not a complete listing of all of the school-based health services in WV, we hope it will be a useful resource for communities and providers. The SBHCs are ordered by county, and information includes the sponsoring agency, contact information, schools and grades served, total student enrollment as of January 2013, and hours of operation.

For the first time, the information about each of the SBHCs was submitted electronically into an online database. Staff from the SBHC Sponsoring Agency was asked to select a username and password, allowing them secure access to update their information as it changes. The information is then converted to pdf format for easy printing.

Also included are a description of the Marshall University School Health Technical Assistance Center, a list of useful websites and contact persons.

This directory is available on line at: www.wvshtac.org

The place to go for resources, assistance, and training related to school-based health centers, school-based behavioral and oral health programs in West Virginia.

Our Role

- Assist communities in planning and starting school-based health centers.
- Facilitate networking among school-based medical, behavioral health & oral health providers and others interested in children's health.
- Assist school health providers to improve quality of care and management of school-based programs.
- Provide technical support for school-based medical, behavioral health and oral health providers and support staff.
- Develop data and evaluation systems for schoolbased initiatives, such as behavioral health and oral health.
- Make data regarding school-based special initiatives available to interested groups, such as statewide & national organizations involved with school health, collaborative partners in health promotion and policy makers.

Resources

- Directories of the school-based health centers and behavioral health programs in West Virginia
- Interdisciplinary professional development workshops and teleconferences
- Resources on the web: www.wvshtac.org
- Toolkits on topics of interest:
 - o Planning and marketing the SBHC
 - o Promoting prevention and early intervention
 - o Increasing CHIP and Medicaid enrollment
 - o Quality improvement information on the Web:
 - Immunization Toolkit
 - Increasing Comprehensive Physical Exams and Risk Assessment Toolkit
 - Obesity Notebook
 - Oral Health & Asthma Toolkits
 - Practice Management Improvement
 - o Procedures and policies
 - School-based mental health services



The WV School Health Technical Assistance Center is funded by:
Claude Worthington Benedum Foundation
West Virginia Bureau for Public Health
West Virginia Bureau for Behavioral Health and Health Facilities

For Information About:

Contact:

Evaluation design and analysis, clinical audits, community organization and planning Richard Crespo, PhD, Professor

Robert C. Byrd, Center for Rural Health 1600 Medical Center Drive, Suite 1400 Huntington, WV 25701

Phone: 304-691-1193

Email: crespo@marshall.edu

Mental health integration, expanded school mental health, funding, and planning Linda Anderson, MPH

Phone: 304-544-3917 Email: landerson@marshall.edu

Technical assistance, data management and evaluation for special initiatives, satisfaction surveys

Stephanie Montgomery Phone: 304-634-1008

Email: smontgom@marshall.edu

Health center management, clinical services, standards, quality improvement, continuing education workshops

Mary Grandon, PA-C Phone: 304-206-7362

Email: mgrandon@frontier.com

Technical assistance and program evaluation for behavioral health programs funded by the WVBHHF

Stephanie Hayes, MA Phone: 304-634-7769

Email: stephanie.hayes@marshall.edu

Community Oral Health Coordinator, oral Health Program Development, technical assistance, evaluation, consultation and training, including community organization, staff development and planning Bobbi Jo Muto, RDH, BS, MPH

Phone: 304-542-9592

Email: bjmuto.steele@marshall.edu

Regional Oral Health Coordinators funded by WVDHHR Oral Health Program to provide regional level oral health education across the lifespan, support oral health programs with an emphasis on prevention

Ashley Logan, RDH Phone: 304-663-3690

Email: logana@marshall.edu

Gina Sharps, MPH, RDH, BS

Phone: 304-276-0572

Email: sharpsq@marshall.edu

Other Resources

WV Bureau for Behavioral Health and Health Facilities

Adolescent and Children's Behavioral Health Division 350 Capitol Street, Room 350 Charleston, WV 25301-3716

JACKIE PAYNE, DIRECTOR

Phone: 304-558-0627 Fax: 304-558-1008

Email: <u>Jackie.f.payne@wv.gov</u>

WV BUREAU FOR PUBLIC HEALTH

Office of Community Health Systems Division of Primary Care 350 Capitol Street, Room 515 Charleston, WV 25301-3716

DAVID HADEN, DIRECTOR

Phone: 304-558-4007 Fax: 304-558-1437

Email: david.s.haden@wv.gov

NELL HELENE PHILLIPS, RN

ASSOC. DIRECTOR

Phone: 304-558-4007 Fax: 304-558-1437

Email: nell.h.phillips@wv.gov

JOAN D. SKAGGS, RN, MSN

COORDINATOR FOR CLINICAL SERVICES

Phone: 304-558-4007 Fax: 304-558-1437

Email: joan.d.skaggs@wv.gov

WV SCHOOL-BASED HEALTH ASSEMBLY

P.O. Box 11436 Charleston, WV 25339

KELLI CASEMAN, EXECUTIVE DIRECTOR

Phone: 304-444-5917 Email: wvsbha@gmail.com

American School Health Association

http://www.ashaweb.org

C DC Adolescent and School Health

http://www.cdc.gov/healthyyouth/about/index.htm

The Center for Health and Health Care in Schools

http://www.healthinschools.org

Center for School Mental Health Assistance

http://csmh.umaryland.edu

WV DEPARTMENT OF EDUCATION

Office of Healthy Schools Building 6, Room 309 1900 Kanawha Blvd. Charleston, WV 25305-0330

REBECCA KING, RN, MSN, MED SCHOOL HEALTH SERVICES COORDINATOR Phone: 558-8830 Fax: 558-3787 Email: rjking@access.k12.wv.us

PAULA FIELDS, RN, MSN COMMUNITY SCHOOLS COORDINATOR Phone: 558-8830 Fax: 558-3787 Email: prfields@access.k12.wv.us

WV PRIMARY CARE ASSOCIATION

1219 Virginia Street, East Charleston, WV 25301

Louise Reese, Executive Director Phone: 304-346-0032, ext. 101

Cell: 304-627-5458 Fax: 304-346-0033

Email: louise.reese@wvpca.org
Website: http://www.wvpca.org

WV DEPARTMENT OF HEALTH AND HUMAN SERVICES – SCHOOL HEALTH

Coordinated School Health Program Director 350 Capitol Street, Room 522 Charleston, WV 25301-3716

TERESA MACE

Phone: 304-356-4225

Email: Teresa.l.mace@wv.gov

National Assembly on School-Based Health Care

http://www.nasbhc.org

Sisters of St. Joseph Health & Wellness Foundation http://www.ssjhealthandwellnessfoundation.org

WV Expanded School Mental Health Initiative http://www.schoolmentalhealthwv.o

(Last Updated: 2/5/20	013 2:38:18 PM)					
County in which SBI	HC is located:	Barbour				
Name of School-Base	ed Health Center	don Wellness Center				
School in which t	he SBHC is located	Philip Barbour HS				
School Population	n	806				
Address for this Scho	ool-Based Health Cente	r				
Physical Address	99 Horseshoe Dr					
Mailing Address	99 Horseshoe Dr	SBHC Contact Person				
City	Philippi	First Name Lisa				
State	WV	Last Name Hart				
Zip	26416	Phone 304 457 4000				
Phone	304 457 4000	Extension				
Extension		Fax 304 457 5532				
Fax	304 457 5532	Email bwcnurse@yahoo.com				
Website		Email Swortdisc & yarroo.com				
Email	bwcnurse@yahoo.co	m				
SBHC Sponsoring A	gency					
Name		Belington CMC				
Mailing Address		210 Sturmer St				
City		Belington				
State		WV				
Zip		26250				
Executive Director		Eric Ruf				
Phone		304 823 2800				
Fax		304 823 1981				
Email		eruf@bcmsa.org				
SBHC Medical Direct	tor	Ariel Valentine, MD				
This SBHC is located ✓ in a school building ─ on school property,		Other(please specify)				
		Other schools served 1: Population:				
		Other schools served 2: Population:				
Other schools served by this SBHC		Other schools served 3: Population:				
		Other schools served 4: Population:				
Grades served by thi	is SBHC	PK 1 2 3 4 Other(please specify) 10 11 12				

		care at your SHBC ools not located on campus				
✓ Studen		oois not located on campus		sources for yo		
	of students		Funding S	Source 1 WV F	3PH	
Others	in the communit	y	Funding S	Source 2		
Opening	date (month an	d year) for your SBHC	Funding S	Source 3		
Opening	Month Sept		Funding S	Source 4		
Opening	Year 1994					
Clinic sche	dule and staff name	es for MEDICAL services	Day and tin	ne that you prov	ide MENTAL HEALTH	services
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentia	als
Monday:	7:30a -12:00p	Crystal Gregory , PAC	Monday:			
Tuesday:	7:30a -12:00p	Karen Spotloe, PAC	Tuesday:			
Wednesday:	7:30a -12:00p	Mark Harris, PAC	Wednesday:			
Thursday:	7:30a -12:00p	Crystal Gegory, PAC	Thursday:			
Friday:	7:30a -12:00p	Karen Spotloe, PAC	Friday:			
Staff/agenc	y who provide OR.	AL HEALTH services				
Day of Week	Hours of Operation	Staff Name with Credentials	Types of ora	al health services	s provided at your site.	
Monday:			Oral health			
Tuesday:			Screenings	3		
Wednesday:				(Cleanings,Fluorid e (Fillings, Extraction		
Thursday:						
Friday:						
Staff/agenc	y who provide NU	RSING services.	Staff/agenc	y who provide C	LERICAL/CARE COOR	DINATION
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentia	als
Monday:	7:30a - 3:00p	Lisa Hart, RN	Monday:	7:30a - 3:00p	Lisa Hart, RN	
Tuesday:	7:30a - 3:00p	Lisa Hart, RN	Tuesday:	7:30a - 3:00p	Lisa Hart, RN	
Wednesday:	7:30a - 3:00p	Lisa Hart, RN	Wednesday:	7:30a - 3:00p	Lisa Hart, RN	
Thursday:	7:30a - 3:00p	Lisa Hart, RN	Thursday:	7:30a - 3:00p	Lisa Hart, RN	
Friday:	7:30a - 3:00p	Lisa Hart, RN	Friday:	7:30a - 3:00p	Lisa Hart, RN	
Odla an IIE		CDIIC	Staff/agency	y who provide O	THER HEALTH services	S.
		provided at your SBHC.	Day of Week	Hours of Operation	Staff Name with Credentia	als
Other health			Monday:			
Other health Other health			Tuesday:			
	formation provi	ded	Wednesday:			
Juici III	ioimanon provi	ucu A	Thursday:			
		₹	Friday:			
			гпаау:			

(Last Updated: 2/5/2013 2:40:28 PM) County in which SBHC is located: Boone Name of School-Based Health Center Sherman Wellness Center School in which the SBHC is located Sherman ES **School Population** 524 Address for this School-Based Health Center Physical Address Coal River Road Mailing Address PO Box 257 **SBHC Contact Person** Comfort City First Name | Teresa WV State Last Name Harrington 25049 Zip Phone 304 837 3100 Phone 304 837 3100 Extension Extension Fax 304 837 3770 304 837 3770 Fax Email terri_hygeia@frontier.com Website Email **SBHC Sponsoring Agency** Hygeia Facilities FDN Name PO Box 217 Mailing Address Whitesville City WV State 25209 Zip **Executive Director** Magaret Martin Phone 304 854 1323 304 854 1031 Fax margmartin@frontier.cor Email SBHC Medical Director Dr.Alla Moussattat This SBHC is located Other(please specify) ☑ in a school building on school property, but not in a school building Other schools served 1: Population: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: ▼PK **v** 3 V $\mathbf{v}2$ **v** 4 Other(please specify) Grades served by this SBHC **v** 5 $\square 7$ **8**

11

12

10

w Nahaa		ols not located on campus	Funding	sources for your	SBHC				
School Family Family School School Family School Sc	Staff of students		Funding	Funding Source 1 WV BPH					
	in the community	I	Funding	Source 2					
	•	l year) for your SBHC	Funding	Source 3					
	Month March		Funding	Source 4					
Opening	Year 1999								
linic sche	edule and staff name	es for MEDICAL services	Day and ti	me that you provide	MENTAL HEALTH services				
Day of Veek	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials				
Monday:			Monday:						
uesday:	12:15p - 4:00p	Christi Perry FNP	Tuesday:						
Vednesday:	12:15p - 4:00p	Christi Perry FNP	Wednesday:						
hursday:	8:00a - 11:30p		Thursday:						
riday:			Friday:						
taff/agen	ry who provide OR	AL HEALTH services							
ay of	-								
Veek	Hours of Operation	Staff Name with Credentials	Types of or	al health services p	rovided at your site.				
Ionday:			Oral healt	h education					
uesday:			Screening Preventive	s e (Cleanings,Fluoride,S	ealants)				
Vednesday:				ve (Fillings, Extractions)					
hursday:									
riday:									
taff/ageno	cy who provide NUF	RSING services.	Staff/ageno	cy who provide CLE	ERICAL/CARE COORDINATION				
	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials				
	•		Week						
Veek	•		Monday:	12:15p - 4:00p	Teresa Harrington, MA				
Veek Ionday:		Teresa Harrington MA		12:15p - 4:00p 12:15p - 4:00p	Teresa Harrington, MA				
Veek Ionday: uesday:	12:00p - 4:00p		Monday: Tuesday:		Teresa Harrington, MA Teresa Harrington MA				
Veek Ionday: uesday: Vednesday:	12:00p - 4:00p 12:00p - 4:00p	Teresa Harrington MA	Monday: Tuesday:	12:15p - 4:00p 12:15p - 4:00p					
Veek Ionday: Tuesday: Vednesday: Thursday:	12:00p - 4:00p 12:00p - 4:00p	Teresa Harrington MA Teresa Harrington MA	Monday: Tuesday: Wednesday:	12:15p - 4:00p 12:15p - 4:00p	Teresa Harrington MA				
Oay of Veek Monday: Yuesday: Vednesday: Thursday: Triday:	12:00p - 4:00p 12:00p - 4:00p	Teresa Harrington MA Teresa Harrington MA	Monday: Tuesday: Wednesday: Thursday: Friday:	12:15p - 4:00p 12:15p - 4:00p 8:00a - 11:30p	Teresa Harrington MA Teresa Harrington MA				
Veek Ionday: Tuesday: Vednesday: Thursday: riday:	12:00p - 4:00p 12:00p - 4:00p 8:00a - 11:30a	Teresa Harrington MA Teresa Harrington MA	Monday: Tuesday: Wednesday: Thursday: Friday: Staff/ageno	12:15p - 4:00p 12:15p - 4:00p 8:00a - 11:30p	Teresa Harrington MA				
/eek Ionday: uesday: /ednesday: hursday: riday:	12:00p - 4:00p 12:00p - 4:00p 8:00a - 11:30a	Teresa Harrington MA Teresa Harrington MA Teresa Harrington MA	Monday: Tuesday: Wednesday: Thursday: Friday:	12:15p - 4:00p 12:15p - 4:00p 8:00a - 11:30p	Teresa Harrington MA Teresa Harrington MA				
Veek Ionday: uesday: Vednesday: hursday: riday: Other HE	12:00p - 4:00p 12:00p - 4:00p 8:00a - 11:30a ALTH SERVICES 1	Teresa Harrington MA Teresa Harrington MA Teresa Harrington MA	Monday: Tuesday: Wednesday: Thursday: Friday: Staff/agend	12:15p - 4:00p 12:15p - 4:00p 8:00a - 11:30p	Teresa Harrington MA Teresa Harrington MA HER HEALTH services.				
Veek flonday: fuesday: Vednesday: hursday: riday: Other HE. Other health	12:00p - 4:00p 12:00p - 4:00p 8:00a - 11:30a ALTH SERVICES 1 services 1 services 2	Teresa Harrington MA Teresa Harrington MA Teresa Harrington MA	Monday: Tuesday: Wednesday: Thursday: Friday: Staff/agend Day of Week	12:15p - 4:00p 12:15p - 4:00p 8:00a - 11:30p	Teresa Harrington MA Teresa Harrington MA HER HEALTH services.				
Veek Jonday: Luesday: Vednesday: Lursday: Lursd	12:00p - 4:00p 12:00p - 4:00p 8:00a - 11:30a ALTH SERVICES 1 services 1 services 2	Teresa Harrington MA Teresa Harrington MA Teresa Harrington MA Provided at your SBHC.	Monday: Tuesday: Wednesday: Thursday: Friday: Staff/agend Day of Week Monday:	12:15p - 4:00p 12:15p - 4:00p 8:00a - 11:30p Ey who provide OTH Hours of Operation	Teresa Harrington MA Teresa Harrington MA HER HEALTH services.				
Veek Monday: Yesday: Vednesday: Thursday: Triday: Other HE Other health Other health	12:00p - 4:00p 12:00p - 4:00p 8:00a - 11:30a ALTH SERVICES 1 services 1 services 2 services 3	Teresa Harrington MA Teresa Harrington MA Teresa Harrington MA Provided at your SBHC.	Monday: Tuesday: Wednesday: Thursday: Friday: Staff/agend Day of Week Monday: Tuesday:	12:15p - 4:00p 12:15p - 4:00p 8:00a - 11:30p Ey who provide OTH Hours of Operation	Teresa Harrington MA Teresa Harrington MA HER HEALTH services.				

(Last Updated: 2/5/20	013 2:42:02 PM)							
County in which SBHC is located:			pone					
			Sherman Wellness Center					
			herman Jr/HS					
Address for this Sch	nool-Based Health Cente	er						
Physical Address	10008 Coal River Ro	Seth W						
Mailing Address	PO Box 257		CDIIC Com	40 04 T				
City	Comfort		SBHC Con First Name			<u> </u>		7
State	WV							
Zip	25049		Last Name Phone		_		2	
Phone	304 837 3399			304	837	3100	J	
Extension			Extension	204	007	2770		
Fax	304 837 3770		Fax	304				
Website			Email	sner	manw	/eiines	ss@aol.co	orn
Email	shermanwellness@a	ol.com						
SBHC Sponsoring A	Agency		=				7	
Name			Hygeia Fa		SFDN	Inc		
Mailing Address			PO Box 21		_			
City			Whitesville					
State			WV					
Zip			25209			_		
Executive Director			Margaret N		_			
Phone			304 854	1323	3			
Fax			304 854	1021				
Email			margmartii	n@frc	ntier.	cor		
SBHC Medical Direct	ctor		Dr.Alaa Mo	oussa	ttat			
This SBHC is locate	nd.							
✓ in a school buildin			Other(pleas	e spec	eify)			
	, but not in a school build	ding						
			Othon ======1	om.c.1 1			Donulati	
			Other schools s	erved 1:			Population:	1
			Other schools s	erved 2:			Population:	
Other schools serve	d by this SBHC							
Other schools served by this SDITC			Other schools served 3:				Population:	
			Other schools served 4: Population:					
			DIV		- 2	_2	_ 4	
Grades served by th	nic SRHC		PK 1			■ 3 ■ 8	■ 4 ▼ 9	Other(please specify)
Studen served by th	■ 10 ■ 1		12	0				

		are at your SHBC ols not located on campus	Funding	sources for you	r CDUC	
School S		•	_	Source 1 WV BF		
	of students		_	Source 2	11	
	in the community		C			
-		d year) for your SBHC	Funding			
	Month March		Funding	Source 4		
Opening	Year 1999					
Clinic sche	dule and staff name	es for MEDICAL services	Day and ti	me that you provid	e MENTAL HEALT	H services
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Crede	ntials
Monday:			Monday:			
Tuesday:	8:00a -11:30a	Christi Perry FNP	Tuesday:			
Wednesday:	8:00a -11:30a	Christi Perry FNP	Wednesday:			
Thursday:	12:15p - 4:00p	Christi Perry FNP	Thursday:			
Friday:			Friday:			
Staff/agen	cy who provide OR	AL HEALTH services				
Day of Week	Hours of Operation	Staff Name with Credentials	Types of or	eal haalth carvigas r	provided at your site.	
Monday:				-	rovided at your site.	
Tuesday:			Oral healt Screening			
Wednesday:				e (Cleanings,Fluoride, ve (Fillings, Extraction		
Thursday:			Restorati	e (i mings, Extraction	3)	
Friday:						
Staff/ageno	cy who provide NUI	RSING services.	Staff/ageno	cy who provide CL	ERICAL/CARE CO	ORDINATION
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Crede	ntials
Monday:		Teresa Harrington MA	Monday:	8:00a - 11:30a	Teresa Harringt	ton MA
Tuesday:	8:00a -11:30a	Teresa Harrington MA	Tuesday:	8:00a - 11:30a	Teresa Harringt	ton MA
Wednesday:	8:00a -11:30a	Teresa Harrington MA	Wednesday:	8:00a - 11:30a	Teresa Harringt	ton MA
Thursday:	12:15p - 4:00p		Thursday:	8:00a - 11:30a	Teresa Harringt	ton MA
Friday:			Friday:	12:15p - 4:00p	Teresa Harringt	ton MA
			Staff/ageno	cy who provide OT	HER HEALTH servi	ces.
		provided at your SBHC.	Day of Week	Hours of Operation	Staff Name with Crede	ntials
Other health			Monday:			
Other health Other health			Tuesday:			
	formation provi	ded	Wednesday:			
, AII	Providence	· · ·	Thursday:			
		v	Friday:			
			1 Touy.			

(Last Updated: 2/6/2	2013 11:06:44 AM)							
County in which SBHC is located: Braxto			on					
Name of School-Based Health Center Brax			ton County Middle SBHC					
School in which the SBHC is located School Population Bray 487			n County M	S				
Address for this Sc	chool-Based Health Cent	er						
Physical Address	100 Carter Braxton	Dr						
Mailing Address	100 Carter Braxton	Dr	CDIIC Com	4a a4 T				
City	Sutton		SBHC Con First Name			1		
State	WV		Last Name					
Zip	26601		Phone			7802)	
Phone			Extension	304	330	7 002	-	
Extension			Fax					
Fax			Email	natri	ciaco	llett@:	yahoo.cor	n
Website	communitycarewv.o	rg	Linan	putii	oldoo	none,	ya1100.001	
Email								
SBHC Sponsoring	Agency							
Name	Ç Ç		Communit	y Car	e of V	VV Inc		
Mailing Address			P.O. Box 2	17				
City			Rock Cave)				
State			WV					
Zip			26234					
Executive Director			Rick Simo	1				
Phone			304 924	6262	2			
Fax								
Email								
SBHC Medical Dire	ector		Sarah Cho	uinar	d M.E).		
This SBHC is local ✓ in a school buildi on school propert		ding	Other(pleas	e spec	cify)			
			Other schools s	erved 1	:		Population:	7
			Other schools s	erved 2	:		Population:	_
Other schools served by this SBHC			Other schools served 3:				Population:	
			outer sensors s	ci ved 5	•		г оринитон.	
			Other schools s	erved 4	:		Population:	
a	II. CDVC		■PK ■1				4	Other(please specify)
Grades served by this SBHC			✓5✓6✓6✓10✓1		7 12	▼ 8	9	* * */

				your SHBC							
✓ Students from area schools not located on campus✓ School Staff					npus	Funding sources for your SBHC					
Family		dents				Funding Source 1					
■ Others in the community Opening date (month and year) for your SBHC						Funding Source 2					
						Funding	Source 3				
Opening Month					Funding	Source 4					
Opening	Year	2013									
Clinic sche	edule an	d staff nam	es for M	EDICAL service	es	Day and ti	me that you provide	e MENTAL HEALTH services			
Day of Week	Hours of	f Operation	Staff Na	me with Credentia	s	Day of Week	Hours of Operation	Staff Name with Credentials			
Monday:			TBA			Monday:					
Tuesday:	TBA					Tuesday:					
Wednesday:						Wednesday:					
Thursday:						Thursday:					
Friday:						Friday:					
Staff/ageno	cy who j	provide OR	AL HEA	LTH services							
Day of Week	Hours of	f Operation	Staff Na	me with Credentia	.s	Types of or	eal haalth carriags n	provided at your cite			
Monday:							-	provided at your site.			
Tuesday:						Oral healtScreening					
Wednesday:							e (Cleanings,Fluoride,S ve (Fillings, Extractions				
Thursday:						restorant	ve (1 mmgs, zmaenom	,,			
Friday:											
Staff/ageno	cy who j	provide NU	RSING s	services.		Staff/ageno	cy who provide CLl	ERICAL/CARE COORDINATION			
Day of Week	Hours of	f Operation	Staff Na	me with Credentia	s	Day of Week	Hours of Operation	Staff Name with Credentials			
Monday:	TBA		TBA			Monday:	TBA	TBA			
Tuesday:						Tuesday:					
Wednesday:						Wednesday:					
Thursday:						Thursday:					
Friday:						Friday:					
Other HE	ALTH 9	SERVICES	nrovideo	d at your SBHC		Staff/ageno	cy who provide OT	HER HEALTH services.			
			provided	at your BBITC	•	Day of Week	Hours of Operation	Staff Name with Credentials			
Other health Other health						Monday:					
Other health						Tuesday:					
		tion provi	ded			Wednesday:					
		4			^	Thursday:					
					Ψ.	Friday:					
						•					

(Last Updated: 2/6/2	2013 11:07:50 AM)							
County in which SE	Braxto	ton						
Name of School-Based Health Center Braxto			on County High SBHC					
School in which	the SBHC is located	Braxto	on County HS					
School Population	on	608						
Address for this Scl	hool-Based Health Cent	er						
Physical Address	200 Jerry Burton Dr	ive						
Mailing Address	200 Jerry Burton Dr	ive	SBHC Con	toot Dongo				
City	Sutton		First Name)II			
State	WV		Last Name					
Zip	26601		Phone	304 550	0 7802)		
Phone			Extension	004 000	0 1002	-		
Extension			Fax					
Fax			Email	natriciac	ollett@	yahoo.cor	n	
Website	communitycarewv.o	rg	Linan	patriciaci	Oncire	ya1100.001	11	
Email								
SBHC Sponsoring	Agency							
Name			Communit	y Care of	WV Inc			
Mailing Address			P.O. Box 2	17				
City			Rock Cave)				
State			WV					
Zip			26234					
Executive Director			Rick Simo	า				
Phone								
Fax								
Email								
SBHC Medical Dire	ctor		Sarah Cho	uinard, M	1.D.			
This SBHC is locat ✓ in a school buildir ─ on school property		ding	Other(pleas	e specify)				
			Other schools s	erved 1:		Population:		
			Other schools s	erved 2:		Population:	_	
Other schools serve	Other schools served by this SBHC		Other schools served 3:			Population:		
			Other schools s	erved 4:		Population:]	
Grades served by tl	nis SBHC		PK 1		3	□ 4 ☑ 9	Other(please specify)	

■10 **■**11 **■**12

Studen	ts from area sch	care at your SHBC	Funding	Funding sources for your SBHC					
✓ School Staff✓ Family of students			Funding	Funding Source 1					
-	in the communi	ity	Funding	Funding Source 2					
Opening	date (month a	nd year) for your SBHC	Funding	Source 3					
Opening	Month		Funding	Source 4					
Opening	Year								
Clinic sche	dule and staff nan	nes for MEDICAL services	Day and ti	me that you provid	le MENTAL HEALTH services				
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials				
Monday:		ТВА	Monday:						
Tuesday:	TBA		Tuesday:						
Wednesday:			Wednesday						
Thursday:			Thursday:						
Friday:			Friday:						
Staff/agenc	y who provide Ol	RAL HEALTH services							
Day of Week	Hours of Operation	Staff Name with Credentials	T						
Monday:				_	provided at your site.				
Tuesday:			Oral heal Screening						
Wednesday:				e (Cleanings,Fluoride, ve (Fillings, Extraction					
Thursday:			Restorati	ve (1 mmgs, Extraction	3)				
Friday:									
Staff/agenc	y who provide NU	JRSING services.	Staff/agen	cy who provide CL	ERICAL/CARE COORDINATION				
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials				
Monday:	TBA	ТВА	Monday:	TBA	TBA				
Tuesday:			Tuesday:						
Wednesday:			Wednesday	:					
Thursday:			Thursday:						
Friday:			Friday:						
Other HE	ATTH SEDVICES	S provided at your SBHC.	Staff/agen	cy who provide OT	THER HEALTH services.				
Other health		o provided at your object.	Day of Week	Hours of Operation	Staff Name with Credentials				
Other health			Monday:						
Other health			Tuesday:						
Other in	formation prov	rided	Wednesday						
		Α.	Thursday:						
		Ψ.	Friday:						

(Last Updated: 2/4/2	2013 5:23:36 PM)							
County in which S	BHC is located:	Cabel	I					
Name of School-Ba	sed Health Center	VHS (Cabell Midla	nd				
School in which	the SBHC is located	Cabel	I Midland HS	3				
School Populati	on	1,883						
Address for this Sc	chool-Based Health Cente	er						
Physical Address	2300 US Rt. 60, Eas	t						
Mailing Address	2300 US Rt. 60, Eas	it	SBHC Con	toot D)ongon			
City	Ona		First Name					
State	WV		Last Name		IIIC			
Zip	25545		Phone	304	525	3334	1	
Phone	304 743 7495		Extension	5117		3332		
Extension						2220	<u>, </u>	
Fax	304 743 6600		Fax	304			alth.org	
Website	valleyhealth.org		Email	mnai	ı @ va	illeyne	aiin.org	
Email								
SBHC Sponsoring	Agency							
Name	Agency		Valley Hea	lth				
Mailing Address			3377 US F		60			
City			Huntington					
State			WV					
Zip			25705					
Executive Director			Steve Sha	ttls				
Phone				3334				
Fax			304 525	3338				
Email			shattls@va			orc		
SBHC Medical Dire	ector		Herb Myer			- 0		
			, , ,					
This SBHC is locat			Other(pleas	e spec	ify)			
✓ in a school buildi✓ on school propert	ng y, but not in a school build	ding						
	5 ,	0						
			Other schools s	erved 1:			Population:	
			Other schools s	erved 2:			Population:	
Other schools serve	ed by this SRHC							
Other schools serve	ed by this SDITC		Other schools s	erved 3:			Population:	
			Other schools s	erved 4:			Population:	
			=DV -1	_		-2	= 4	
Grades served by this SBHC			PK 1				□ 4 ☑ 9	Other(please specify)
	<u></u>		■ 10 ■ 1		12	~		

Others v	vho can receive c	are at your SHBC			
		ols not located on campus	Funding	sources for you	r SBHC
	Staff of students		Funding	Source 1 WV BF	PH
•	in the community	ý	Funding	Source 2 WV BE	ВН
	•	d year) for your SBHC	Funding	Source 3 MU De	ept of Peds
Opening	Month April		Funding	Source 4 Cabell	Co Schools
Opening	Year 1994				
Clinic sche	dule and staff name	es for MEDICAL services	Day and ti	me that you provid	e MENTAL HEALTH services
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 3:30 p	Terry Roberts, FNP	Monday:	7:30 a - 3:30 p	Prestera
Tuesday:	7:30 a - 3:30 p	Terry Roberts, FNP	Tuesday:	7:30 a - 3:30 p	Prestera
Wednesday:	7:30 a - 3:30 p	P Kelly MD; T Roberts FNP	Wednesday:	7:30 a - 3:30 p	Prestera
Thursday:	7:30 a - 3:30 p	Terry Roberts FNP	Thursday:	7:30 a - 3:30 p	Prestera
Friday:	7:30 a - 3:30 p	Terry Roberts FNP	Friday:	7:30 a - 3:30 p	Prestera
Wednesday: Thursday: Friday:				e (Cleanings,Fluoride,\$ve (Fillings, Extractions	
Staff/ageno	cy who provide NUF	RSING services.	Staff/agen	cy who provide CL	ERICAL/CARE COORDINATION
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 3:30 p	Michelle Linvillle, RN	Monday:	7:30 a - 3:30 p	Vicki Lee, MA
Tuesday:	7:30 a - 3:30 p	Michelle Linville, RN	Tuesday:	7:30 a - 3:30 p	Vicki, Lee, MA
Wednesday:	7:30 a - 3:30 p	Michelle Linville, RN	Wednesday:	7:30 a - 3:30 p	Vicki Lee, MA
Thursday:	7:30 a - 3:30 p	Michelle Linville, RN	Thursday:	7:30 a - 3:30 p	Vicki Lee, MA
Friday:	7:30 a - 3:30 p	Michelle Linville, RN	Friday:	7:30 a - 3:30 p	Vicki Lee, MA
Other HE	ALTH SERVICES 1	provided at your SBHC.	Day of	cy who provide OT	HER HEALTH services. Staff Name with Credentials
Other health			Week Monday:	Varies	Jenna Rose RD
Other health			Tuesday:		<u></u>
Other health Other in	formation provide	ded	Wednesday:		
July III	202111000011 Provide	^	Thursday:		
			•		

Friday:

(Last Opdated: 2/4/2	2013 3:28:30 PM)								
County in which S	County in which SBHC is located:								
Name of School-Ba	sed Health Center	VHS H	untington H	ligh					
School in which	the SBHC is located	Hunting	gton HS						
School Populati	on	1,589							
Address for this Sc	hool-Based Health Cent	er							
Physical Address	#1 Highlander Way								
Mailing Address	#1 Highlander Way		CDIIC C	44 D					
City	Huntington		SBHC Con First Name			l .			
State	WV		Last Name		iiie				
Zip	25701		Phone Phone	304	525	3334	_		
Phone	304 528 6445		Extension			3334			
Extension				5117		2220			
Fax	304 528 5220		Fax	304	525				
Website	valleyhealth.org		Email	mhall@valleyhealth.org					
Email									
SBHC Sponsoring	Agency								
Name	<i>•</i>		Valley Hea	lth					
Mailing Address			3377 US R	t 60					
City			Huntington	l					
State			WV						
Zip			25705						
Executive Director			Steven Sh	attls					
Phone			304 525 3334						
Fax			304 525 3338						
Email			shattls@valleyhealth.org						
SBHC Medical Dire	ector		Herb Myer	s					
This SBHC is locat ✓ in a school buildi on school propert		ding	Other(pleas	e spec	rify)				
			Other schools s	erved 1:]	Population:		
			Other schools s	erved 2:		1	Population:	_	
Other schools served by this SBHC			Other schools served 3: Popu						
			Other schools s	erved 4:		1	Population:]	
Grades served by t	his SBHC		PK 1 5 6 0 1 0 1 1 0 1 1 0 1 1 0 1 1 0 1 1 0 1 1 0 1				□4 ▼9	Other(please specify)	

		are at your SHBC ols not located on campus	Funding	sources for you	· SRHC	
School S			_	Source 1 WV BP		
-	of students in the community	ī	_	Source 2 Valley		
	•	l year) for your SBHC	G	Source 3 MU De	_	
-	Month Septemb	•	_	Source 4 Cabell		
Opening				Source . Colocii		
opening	7001					
Clinic sche	dule and staff name	s for MEDICAL services	Day and ti	me that you provide	MENTAL HEALTI	H services
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Creder	ntials
Monday:	10:30 a-3:30 p	Traci Phillips, FNP	Monday:	10:30 a-3:30 p	Prestera	
Tuesday:	10:30 a-3:30 p	Traci Phillips, FNP	Tuesday:	10:30 a-3:30 p	Prestera	
Wednesday:	10:30 a-3:30 p	Traci Phillips, FNP	Wednesday:	10:30 a-3:30 p	Prestera	
Thursday:	10:30 a-3:30 p	Traci Phillips, FNP	Thursday:	10:30 a-3:30 p	Prestera	
Friday:			Friday:	10:30 a-3:30 p	Prestera	
Staff/ageno	cy who provide ORA	AL HEALTH services				
Day of Week	Hours of Operation	Staff Name with Credentials	Types of or	al health services n	rovided at your site.	
Monday:	Varies	J Daniel DDS; D Hamm, RDH	✓ Oral healt	-	10 / 14 C	
Tuesday:			Screening		ealants)	
Wednesday:				ve (Fillings, Extractions		
Thursday:						
Friday:						
Staff/ageno	cy who provide NUF	RSING services.	Staff/ageno	cy who provide CLI	ERICAL/CARE COC	ORDINATION
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Creder	ntials
Monday:	10:30 a-3:30 p	Amy Butcher LPN	Monday:	7:30 a-3:30 p	Quintessa Roge	ers
Tuesday:	10:30 a-3:30 p	Amy Butcher LPN	Tuesday:	7:30 a-3:30 p	Quintessa Roge	ers
Wednesday:	10:30 a-3:30 p	Amy Butcher LPN	Wednesday:	7:30 a-3:30 p	Quintessa Roge	ers
Thursday:	10:30 a-3:30 p	Amy Butcher LPN	Thursday:	7:30 a-3:30 p	Quintessa Roge	ers
Friday:	10:30 a-3:30 p	Amy Butcher LPN	Friday:	7:30 a-3:30 p	Quintessa Roge	ers
Other HE	ALTH SERVICES 1	provided at your SBHC.	Staff/ageno	cy who provide OTI	HER HEALTH servi	ces.
Othor boolth	complete 1		Day of Week	Hours of Operation	Staff Name with Creden	ntials
Other health Other health			Monday:	Varies	Jenna Rose, RI)
Other health			Tuesday:			
	formation provid	led	Wednesday:			
	-		Thursday:			
		7	Friday:			

(Last Updated: 2/4/2013 5:34:08 PM) County in which SBHC is located: Cabell Name of School-Based Health Center VHS Southside ES School in which the SBHC is located Southside ES **School Population** 916 Address for this School-Based Health Center 930 Second Street Physical Address Mailing Address 930 Second St. **SBHC Contact Person** City Huntington First Name Melanie WV State Last Name Hall Zip 25701 Phone 304 525 3334 Phone 304 525 2070 Extension 5117 Extension Fax 304 525 3338 304 525 2071 Fax Email mhall@valleyhealth.org Website valleyhealth.org Email **SBHC Sponsoring Agency** Valley Health Name 3377 US Rt. 60 Mailing Address Huntington City WV State 25705 Zip Steve Shattls **Executive Director** 304 525 3334 Phone 304 525 3338 Fax shattls@valleyhealth.org Email SBHC Medical Director Herb Myers, MD This SBHC is located Other(please specify) on school property, but not in a school building Other schools served 1: Population: 516 **Huntington MS** Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: ▼PK **v** 2 V **3 v** 4 Other(please specify) Grades served by this SBHC **v** 5 **v** 7 **8 9 10 1**1 **12**

		are at your SHBC ols not located on campus	F 1'	e	CRIIC	
School Sc				g sources for your		
▼ Family	of students		_	Source 1 WV BP		
Others	in the community	I	_	Source 2 Cabell		
Opening	date (month and	l year) for your SBHC	Funding	Source 3 Valley I	Health	
Opening	Month November	er	Funding	Source 4		
Opening	Year 2010					
Clinic sche	dule and staff name	s for MEDICAL services	Day and t	ime that you provide	e MENTAL HEALTH	services
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentia	als
Monday:	7:30 a - 10:30 a	Traci Phillips, FNP	Monday:	Upon Referral	Prestera	
Tuesday:	7:30 a - 10:30 a	MIsty Strow, MD	Tuesday:			
Wednesday:	7:30 a - 10:30 a	Traci Phillips, FNP	Wednesday	r:		
Thursday:	7:30 a - 10:30 a	Traci Phillips, FNP	Thursday:			
Friday:	7:30 a - 10:30 a	Traci Phillips, FNP	Friday:			
Staff/ageno	cy who provide ORA	AL HEALTH services				
Day of Week	Hours of Operation	Staff Name with Credentials	T			
Monday:	Varies	Andrea Kelly DDS	Types of o	ral health services p	rovided at your site.	
Tuesday:		Donya Hamm, RDH	Oral healScreenin	lth education		
Wednesday:			Preventive	ve (Cleanings,Fluoride,S		
Thursday:			Restorati	ve (Fillings, Extractions)	
Friday:						
Staff/ageno	cy who provide NUR	RSING services.	Staff/agen	ncy who provide CLF	ERICAL/CARE COOR	RDINATION
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentia	als
Monday:	7:30 a - 3:30 p	Sandra Hickman, RN	Monday:	7:30 a - 3:30 p	Karrie Lykins	
Tuesday:	7:30 a - 3:30 p	Sandra Hickman, RN	Tuesday:	7:30 a - 3:30 p	Karrie Lykins	
Wednesday:	7:30 a - 3:30 p	Sandra Hickman, RN	Wednesday	7:30 a - 3:30 p	Karrie Lykins	
Thursday:	7:30 a - 3:30 p	Sandra Hickman, RN	Thursday:	7:30 a - 3:30 p	Karrie Lykins	
Friday:	7:30 a - 3:30 p	Sandra Hickman, RN	Friday:	7:30 a - 3:30 p	Karrie Lykins	
Other HE	ALTH SERVICES I	provided at your SBHC.	Staff/agen	ncy who provide OTI	HER HEALTH service	s.
Other health	services 1		Day of Week	Hours of Operation	Staff Name with Credentia	als
Other health			Monday:	As needed	Jenna Rose, RD	
Other health			Tuesday:			
	formation provid	led	Wednesday	7:		
	_	^	Thursday:			
		Ψ.	Friday:			
			-			

(Last Updated: 2/5/2	2013 2:44:14 PM)							
County in which SI	BHC is located:	Calhoun						
Name of School-Ba	sed Health Center	Calhoun Co	unty N	1/H S	внс			
School in which	the SBHC is located	Calhoun Co	unty N	1S/H	3			
School Population	on	649						
Address for this Sc	hool-Based Health Cente	r						
Physical Address	50 Underwood Circle							
Mailing Address	50 Underwood Circle	СВП	C Con	toot I	Dongon			
City	Mt. Zion		C Con Name			I.		
State	WV		Name					
Zip	26151	Phon			354	685°	1	
Phone	304 354 6851	Exter		304	334	003		
Extension		Fax	151011	304	354	9126	2	
Fax	304 354 9126	Fax Emai	1				ncc.com	
Website	mhhcc.com	Emai	1	SSIA	i Ci i Ci	w 1111111	icc.com	
Email								
SBHC Sponsoring	Aganey							
Name	Agency	Minn	ie Haı	miltor	Hea	lth Sv	ç	
Mailing Address			Hospit			,		
City			tsville					
State		WV						
Zip		2614	7					
Executive Director			e Whit	ted		\neg		
Phone			354		1			
Fax		304						
Email			ted@r			1		
SBHC Medical Dire	ctor		lasub					
This SBHC is locat ☑ in a school building		Othe	r(pleas	e spec	cify)			
	ng y, but not in a school build	ing						
1 1	-							
		Other s	chools s	erved 1	:		Population:	
		Other s	chools s	erved 2	:		Population:	_
Other schools serve	Other schools served by this SBHC						D 1.1	
		Other s	chools s	erved 3	:		Population:	
		Other s	chools s	erved 4	:		Population:	_
		■PK	<u> </u>		2	3	4	
Grades served by the	his SBHC	■ F N	. <u> </u>		7	■ 8	■ 4	Other(please specify)
v	■ 10			12				

		are at your SHBC				
✓ Studen ✓ School		ols not located on campus	Funding	sources for you	r SBHC	
	of students		Funding	Source 1 WV BF	PH	
•	in the community	7	Funding	Source 2 HRSA	Grant Funding	
Opening	date (month and	l year) for your SBHC	Funding	Source 3 Reven	ue billing ins	
Opening	Month March		Funding	Source 4		
Opening	Year 1998					
Clinic sche	dule and staff name	s for MEDICAL services	Day and ti	me that you provid	e MENTAL HEALT	H services
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Crede	entials
Monday:	8:00a - 4:00 p	Melanie Wilson PAC	Monday:	8:00a - 4:00p	Shalee Notting	nam Counselor
Tuesday:	8:00a - 11:30a	Melanie Wilson PAC	Tuesday:			
Wednesday:	12:00p - 4 :00p	Melanie Wilson PAC	Wednesday:	8:00a - 4:00p	Shalee Notting	ham Counselor
Thursday:			Thursday:			
Friday:	8:00a - 4:00p	Melanie Wilson PAC	Friday:	8:00a - 4:00p	Shalee Notting	ham Counselor
Staff/agenc	y who provide ORA	AL HEALTH services				
Day of Week	Hours of Operation	Staff Name with Credentials	Types of or	val haalth gawriaag n	movided at venu eite	
Monday:			_	-	orovided at your site.	
Tuesday:			Oral heal Screening			
Wednesday:	8:00a - 3:00p	Susanna Walker DDS, Amber	Preventiv	e (Cleanings,Fluoride,S ve (Fillings, Extraction		
Thursday:						
Friday:						
Staff/agenc	y who provide NUR	RSING services.	Staff/agen	cy who provide CL	ERICAL/CARE CO	ORDINATION
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Crede	entials
Monday:	8:00a - 4:00p	Paula King MA	Monday:	8:00a - 4:00p	Stacie Starcher	CCoord
Tuesday:	8:00a - 1:30a	Paula King MA	Tuesday:	8:00a - 4:00p	Stacie Starcher	CCoord
Wednesday:	12:00p - 4:00p	Paula King MA	Wednesday	8:00a - 4:00p	Stacie Starcher	CCoord
Thursday:			Thursday:	8:00a - 4:00p	Stacie Starcher	CCoord
Friday:	8:00a - 4:00p	Paula King MA	Friday:	8:00a - 4:00p	Stacie Starcher	· CCoord
Othon HE	A I TH SEDVICES .	provided at your SBHC.	Staff/agen	cy who provide OT	HER HEALTH serv	ices.
Other health		provided at your SDITC.	Day of Week	Hours of Operation	Staff Name with Crede	entials
Other health			Monday:			
Other health			Tuesday:			
	formation provid	led	Wednesday:		CJones MD; JC	Sarrett LPN
	y F y	*	Thursday:			
		v	Friday:			
			2 Haay .			

(Last Updated: 2/4/20)13 5:48:58 PM)				
County in which SB	HC is located:	Calhoun			
Name of School-Base	ed Health Center	Pleasant Hill Elem	SBHC		
School in which t	he SBHC is located	Pleasant Hill ES			
School Population	n	240			
Address for this Sch	ool-Based Health Cente	er			
Physical Address	3254 N. Calhoun HW	/Υ			
Mailing Address	3254 N. Calhoun HW	/Y SPHC Con	tact Person		
City	Grantsville	First Name			
State	WV	Last Name			
Zip	26147	Phone	304 354 685	1	
Phone	304 354 9320	Extension	304 334 003	1	
Extension		Fax	304 354 912	6	
Fax	304 354 9126	Email	sstarcher@mh		
Website	mhhcc.com	Elliali	sstarcher@iiii	ncc.com	
Email					
SBHC Sponsoring A	genev				
Name	igency	Minnie Ha	milton Health Sy	/ \$	
Mailing Address		186 Hospi			
City		Grantsville			
State		WV			
Zip		26147			
Executive Director		Steve Whi	ted		
Phone		304 354	9244		
Fax		304 354	9323		
Email		swhited@r	mhhcc.com		
SBHC Medical Direc	tor	S. Balasub	ramony MD		
mi covo					
This SBHC is locate ☑ in a school building		Other(pleas	e specify)		
	, but not in a school build	ling			
		Othershelm	11	Don locker	
		Other schools s	erved 1:	Population:	
		Other schools s	erved 2:	Population:	
Other schools served	l by this SBHC	Otherseles	12.	Damulatian	
		Other schools s	erved 3:	Population:	
		Other schools s	erved 4:	Population:	_
		▽ PK ▽ 1	2 3	V 4	04 (4
Grades served by the	is SBHC	5		9	Other(please specify)
		10 1	1 🔳 12		

Others v	vho can receive c	are at your SHBC					
		ols not located on campus	Funding	sources for you	r SBHC		
School School School			Funding	Source 1 WV BF	PH		
	of students in the community	7	Funding	Source 2 HRSA	Grant Funding		
	•	l year) for your SBHC	Funding	Source 3 Reven	ue billing ins		
Opening	Month March		Funding	Source 4			
Opening	Year 1996						
Clinia aaba	dule and stoff name	a for MEDICAL garriage	Don and 4	4h.a4	o MENTEAT THEAT THE governor	. ~	
	edule and staff frame	s for MEDICAL services	·	me mat you provid	e MENTAL HEALTH service	S	
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:			Monday:				
Tuesday:			Tuesday:	8:00a - 4:00p	S.Nottingham Counslo	r	
Wednesday:	8:00a - 11:30a	Melanie Wilson, PA-C	Wednesday				
Thursday:	8:00a - 11:30a	Melanie Wilson, PA-C	Thursday:	8:00a - 4:00p	S.Nottingham Counslo	r	
Friday:			Friday:				
Eta ff /agan	ov vsho provide ODA	I HEAITH convices					
_	cy who provide OKA	AL HEALTH services					
Day of Week	Hours of Operation	Staff Name with Credentials	TT 6				
Monday:	One day/month	Susanna Walker DDS	Types of or	al health services p	rovided at your site.		
Tuesday:		Amber Knapp, RDH	✓ Oral heal✓ Screening	 ✓ Oral health education ✓ Screenings 			
Wednesday:			✓ Preventiv	Preventive (Cleanings, Fluoride, Sealants)			
Thursday:			Restorati	ve (Fillings, Extractions	8)		
Friday:							
•							
Staff/ageno	cy who provide NUR	SING services.	Staff/agen	cy who provide CL	ERICAL/CARE COORDINA	TION	
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:			Monday:	8:00a - 4:00p	Stacie Starcher Coord		
Tuesday:			Tuesday:	8:00a - 4:00p	Stacie Starcher Coord		
Wednesday:	8:00a - 11:30a	Paula King, MA	Wednesday	8:00a - 4:00p	Stacie Starcher Coord		
Thursday:	8:00a - 11:30a	Paula King, MA	Thursday:	8:00a - 4:00p	Stacie Starcher Coord		
Friday:			Friday:	8:00a - 4:00p	Stacie Starcher Coord		
			Staff/agen	cy who provide OT	HER HEALTH services.		
Other HE	ALTH SERVICES I	provided at your SBHC.	_	ey who provide or	HER HEALETH SCI VICES.		
Other health	services 1		Day of Week	Hours of Operation	Staff Name with Credentials		
Other health			Monday:				
Other health			Tuesday:				
	formation provid	led	Wednesday				
	_		Thursday:				
			Friday:				

(Last Updated: 2/3/2013 6:48:07 PM) County in which SBHC is located: Calhoun Name of School-Based Health Center Arnoldsburg ES SBHC School in which the SBHC is located Arnoldsburg ES **School Population** 215 Address for this School-Based Health Center 90 Spring Run Rd Physical Address Mailing Address 90 Spring Run Rd **SBHC Contact Person** City Arnoldsburg First Name Stacie WV State Last Name Starcher Zip 25234 Phone 304 354 6851 Phone 304 655 7209 Extension Extension Fax 304 354 9126 304 354 9126 Fax Email sstarcher@mhhcc.com Website www.mhhcc.com Email **SBHC Sponsoring Agency** Minnie Hamilton Health Sys Name 186 Hospital Dr Mailing Address Grantsville City WV State 26147 Zip Steve Whited **Executive Director** 304 354 9244 Phone 304 354 9323 Fax swhited@mhhc.com Email SBHC Medical Director S. Balasubramony MD This SBHC is located Other(please specify) ■in a school building ■ on school property, but not in a school building Other schools served 1: Population: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: ▼PK V $\mathbf{v}2$ **3 v** 4 Other(please specify) Grades served by this SBHC **5 7 8 10 11 12**

		are at your SHBC ols not located on camp	2110		GD-14G	
School Sc		on the second on tump	runum	g sources for your		
■Family	of students			g Source 1 WV BP		
Others	in the community	7		g Source 2 HRSA		
Opening	date (month and	year) for your SBHC	Funding	g Source 3 Revenu	ue billing ins	
Opening	Month March		Funding	g Source 4		
Opening	Year 1996					
Clinic sche	dule and staff name	s for MEDICAL services	Day and	time that you provide	e MENTAL HEALTH	services
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credenti	als
Monday:			Monday:			
Tuesday:	12:00 p-4:00 p	Melanie Wilson PAC	Tuesday:			
Wednesday:	12:00 p-4:00 p	Melanie Wilson PAC	Wednesda	y:		
Thursday:			Thursday:			
Friday:			Friday:			
Staff/ageno	cy who provide ORA	L HEALTH services				
Day of Week	Hours of Operation	Staff Name with Credentials	Types of a	oral health services p	rovided at your site.	
Monday:				-	iovided at your site.	
Tuesday:			Screening	alth education ngs		
Wednesday:				ive (Cleanings,Fluoride,S tive (Fillings, Extractions		
Thursday:			Restola	uve (1 mmgs, Extractions	,	
Friday:						
Staff/ageno	cy who provide NUR	SING services.	Staff/age	ncy who provide CLI	ERICAL/CARE COOI	RDINATION
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credenti	als
Monday:			Monday:	8:00 a - 4:00 p	Stacie Starcher C	Coord
Tuesday:	12:00 p - 4:00 p	Paula King, MA	Tuesday:	8:00 a - 4:00 p	Stacie Starcher C	Coord
Wednesday:	12:00 p - 4:00 p	Paula King, MA	Wednesda	y: 8:00 a - 4:00 p	Stacie Starcher C	Coord
Thursday:			Thursday:	8:00 a - 4:00 p	Stacie Starcher C	Coord
Friday:			Friday:	8:00 a - 4:00 p	Stacie Starcher C	Coord
	A LEU GEDVICEG	il I de Capita	Staff/age	ncy who provide OTI	HER HEALTH service	s.
		provided at your SBHC.	Day of Week	Hours of Operation	Staff Name with Credenti	als
Other health			Monday:			
Other health			Tuesday:			
Other health			•			
	formation provid		Wednesda	y:		
pental	. clinic helc	l week per year.	Thursday:			
			Friday:			

(Last Updated: 2/3/20	013 6:52:45 PM)							
County in which SB	HC is located:	Calho	un					
Name of School-Bas	ed Health Center	Calho	un Gilmer C	areer	Ctr			
School in which t	the SBHC is located	Calho	un Gilmer C	areer	Ctr			
School Populatio	n	649						
Address for this Sch	ool-Based Health Center	r						
Physical Address	5260 E Little Kanawh	a HWY						
Mailing Address	5260 E Little Kanawh	a HWY	SBHC Con	to at T	D omaom			
City	Grantsville		First Name			L		
State	WV		Last Name					
Zip	26147		Phone	304		9244		
Phone	304 354 6151		Extension	304	334	3244		
Extension				304	354	9323		
Fax	304 354 9126		Fax Email			nhhcc.c	om	
Website	www.mhhcc.com		Elliali	115111	ıııı	IIIIICC.C	OIII	
Email								
CDIIC Communication A								
SBHC Sponsoring A Name	agency		Minnie Hai	milton	Hoal	th Sv		
Mailing Address			186 Hospt		i i i c ai	штоу		
City			Grantsville					
State			WV					
			26147					
Zip Executive Director			Steve Whi	tod		_		
Phone			304 354					
Fax			304 354					
Email			swhited@r					
SBHC Medical Direc	tor		S. Balasub					
SBHC Medical Direc	tor		S. Dalasuk	namo	illy ivii	J		
This SBHC is locate			Other(pleas	e spec	ifv)			
✓ in a school building	_	i	The state of the s					
on school property	, but not in a school build	ing						
			Other schools s	erved 1:		Po	pulation:	7
			Other schools s	erved 2:		Po	pulation:	
Other schools serves	J by this CDHC						•	
Other schools served	i by this SBHC		Other schools s	erved 3:	:	Po	pulation:	
			Other schools s	erved 4:		Po	pulation:	
						_		
Grades served by th	ic SRHC		PK 1			3 8 2	4 0	Other(please specify)
Grades served by th	is obiic		■ 10 ■ 1		12	U V		

		are at your SHBC ols not located on campus	Funding sources for your SBI	IC
School			Funding Source 1 WV BPH	
•	of students in the community	,	Funding Source 2 HRSA grant	funding
	•		Funding Source 3 Revenue bil	
	Month March	l year) for your SBHC	Funding Source 4	iiig iiis
			Funding Source 4	
Opening	Year 1996			
Clinic sche	dule and staff name	s for MEDICAL services	Day and time that you provide MEN	TAL HEALTH services
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week Hours of Operation Staff	Name with Credentials
Monday:			Monday:	
Гuesday:			Tuesday:	
Wednesday:	8:30 a-12:00 p	Cathy Jones, MD	Wednesday:	
Γhursday:			Thursday:	
Friday:			Friday:	
Staff/ageno	cy who provide ORA	AL HEALTH services		
Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:			Types of oral health services provide	d at your site.
Γuesday:			Oral health education	
Wednesday:			ScreeningsPreventive (Cleanings, Fluoride, Sealants)
Thursday:			Restorative (Fillings, Extractions)	
Friday:				
rnaay:				
Staff/ageno	cy who provide NUF	SING services.	Staff/agency who provide CLERICA	AL/CARE COORDINATION
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week Hours of Operation Staff	Name with Credentials
Monday:			Monday:	
Γuesday:			Tuesday:	
Wednesday:	8:30 a-12:00 p	Jeanie Garrett, LPN	Wednesday:	
Γhursday:			Thursday:	
Friday:			Friday:	
			Staff/agency who provide OTHER I	HEALTH services.
Other HE	ALTH SERVICES 1	provided at your SBHC.	Day of House of Operation Stoff	
Other health	services 1		Week Hours of Operation Staff	Name with Credentials
Other health			Monday:	
Other health	services 3		Tuesday:	
Other in	formation provid	led	Wednesday:	
		^	Thursday:	
		Ψ.	Friday:	

(Last Updated: 2/6/2	2013 11:11:06 AM)								
County in which SBHC is located:		Clay							
Name of School-Based Health Center School in which the SBHC is located School Population		Clay County High SBHC							
		Clay (Clay County HS						
		623							
Address for this Sc	hool-Based Health Cent	ter							
Physical Address	1 Panther Drive								
Mailing Address	P.O. Box 729		CDIV.C.C						
City	Clay		SBHC Contact Person						
State	WV		First Name Patricia Last Name Collett						
Zip	25043			304 550 7802			<u> </u>		
Phone			Phone Extension	304	550	7002	<u>-</u>		
Extension			Fax				_		
Fax				natri	oiacal	llott@s	rahaa car	n	
Website	communitycarewv.c	org	Email patriciacolle			iiett (w.	yanoo.coi	11	
Email									
SBHC Sponsoring	Agoney								
Name	Agency		Community	v Car	e of V	VV Inc			
Mailing Address			P.O. Box 217						
City			Rock Cave						
State			WV						
Zip			26234						
Executive Director			Rick Simon						
Phone			304 924	6262	2				
Fax									
Email									
SBHC Medical Dire	ector		Sarah Cho	uinar	d M.D).			
This SBHC is locat ✓ in a school buildi on school propert		lding	Other(pleas	e spec	eify)				
			Other schools s	erved 1:			Population:	7	
			Other schools s	erved 2:			Population:	_	
Other schools serve	ed by this SBHC			1.0			D 1.0		
	·		Other schools s	erved 3:			Population:		
			Other schools s	erved 4:			Population:		
Grades served by t	his SBHC		PK 1 5 6 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				□ 4 ▽ 9	Other(please specify)	

		care at your SHBC	- "		anu a				
✓ Students from area schools not located on campus✓ School Staff			_	Funding sources for your SBHC					
Family of students			•	Funding Source 1 WV BPH					
Others in the community			_	Funding Source 2					
Opening date (month and year) for your SBHC			_	Funding Source 3					
Opening Month October			Funding Source 4						
Opening	Year 1994								
Clinic sch	edule and staff nan	nes for MEDICAL services	Day and time t	hat you provide	e MENTAL HEALTH services				
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week Hou	rs of Operation	Staff Name with Credentials				
Monday:	TBA	TBA	Monday:						
Tuesday:			Tuesday:						
Wednesday	:		Wednesday:						
Thursday:			Thursday:						
Friday:			Friday:						
Staff/agen	cy who provide OF	AL HEALTH services							
Day of Week	Hours of Operation	Staff Name with Credentials	Types of aval b	aalth gawiiaag n	movided at very site				
Monday:			**	-	rovided at your site.				
Tuesday:			Oral health edu Screenings	ucation					
Wednesday	:			eanings,Fluoride,S illings, Extractions					
Thursday:			restormine (1)	go, 2ucuon	,,				
Friday:									
Staff/agen	cy who provide NU	RSING services.	Staff/agency w	ho provide CLI	ERICAL/CARE COORDINATION				
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week Hou	ars of Operation	Staff Name with Credentials				
Monday:	TBA	TBA	Monday: TB	BA					
Tuesday:			Tuesday:						
Wednesday	:		Wednesday:						
Thursday:			Thursday:						
Friday:			Friday: TB	3A					
O4l HE	A L'EU CEDAUCEC	Constitution of the Consti	Staff/agency w	ho provide OT	HER HEALTH services.				
		provided at your SBHC.	Day of Week	rs of Operation	Staff Name with Credentials				
Other health			Monday:						
Other health			Tuesday:						
Other health	n services 3 nformation prov	hahi	Wednesday:						
Juler II	normanon prov	iucu	Thursday:						
		Ψ.							
			Friday:						

(Last Updated: 2/6/2	2013 12:02:16 PM)							
County in which SBHC is located:		Clay						
Name of School-Based Health Center		Clay County Middle SBHC						
School in which the SBHC is located School Population		Clay County MS						
		424						
Address for this Sci	hool-Based Health Cent	er						
Physical Address	419 Church Street							
Mailing Address	P.O. Box 489	CDVC C D						
City	Clay	SBHC Contact Person						
State	WV	First Name Patricia Callett						
Zip	25043	Last Name Collett Phone 304 550 7802						
Phone		Phone 304 550 7802 Extension						
Extension		Fax						
Fax		Email patriciacollett@yahoo.com						
Website	communitycarewv.c	g patriciaconett@yarioo.com						
Email								
SBHC Sponsoring	A gency							
Name	rigency	Community Care of WV Inc						
Mailing Address		P.O. 217						
City		Rock Cave						
State		WV						
Zip		26234						
Executive Director		Rick Simon						
Phone		304 924 6262						
Fax								
Email								
SBHC Medical Dire	ctor	Sarah Chouinard M.D.						
This SBHC is locat ☑in a school buildin ☐on school propert		Other(please specify)						
		Other schools served 1: Population:						
		Other schools served 2: Population:						
Other schools serve	ed by this SBHC	Other schools served 3: Population:						
	•	Other schools served 3: Population:						
		Other schools served 4: Population:						
Grades served by the	his SBHC	PK 1 2 3 4 5 6 7 8 9 10 11 12						

		care at your SHBC			gpyrg				
✓ Students from area schools not located on campus✓ School Staff			_	Funding sources for your SBHC					
Family of students			_	Funding Source 1 WV BPH					
Others	s in the communi	ty	Funding Source 2						
Opening date (month and year) for your SBHC			Funding Source 3						
Opening Month October			Funding Source 4						
Opening	Year 1993								
Clinic sch	edule and staff nam	nes for MEDICAL services	Day and time	e that you provid	e MENTAL HEALTH services				
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week H	ours of Operation	Staff Name with Credentials				
Monday:	TBA	ТВА	Monday:						
Tuesday:			Tuesday:						
Wednesday	:		Wednesday:						
Thursday:			Thursday:						
Friday:			Friday:						
Staff/agen	cy who provide OR	AL HEALTH services							
Day of Week	Hours of Operation	Staff Name with Credentials	Types of aval	hoolth samioos n	provided at your site.				
Monday:				-	rovided at your site.				
Tuesday:			Oral health Screenings	education					
Wednesday	:			Cleanings, Fluoride, S (Fillings, Extractions					
Thursday:			restoraire	(Timingo, Zinaenoni	-,				
Friday:									
Staff/agen	cy who provide NU	RSING services.	Staff/agency	who provide CL	ERICAL/CARE COORDINATION				
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week H	ours of Operation	Staff Name with Credentials				
Monday:	TBA	ТВА	Monday:	ГВА					
Tuesday:			Tuesday:						
Wednesday	:		Wednesday:						
Thursday:			Thursday:						
Friday:			Friday:	ГВА					
		A. A	Staff/agency	who provide OT	HER HEALTH services.				
Other HE	CALTH SERVICES	provided at your SBHC.	Day of Week	ours of Operation	Staff Name with Credentials				
Other health			Monday:						
Other health			Tuesday:						
Other health		idad	Wednesday:						
Omer II	nformation prov	lucu							
			Thursday:						
			Friday:						

(Last Updated: 2/6/2	2013 12:04:58 PM)						
County in which SI	BHC is located:	Clay					
Name of School-Ba	sed Health Center	Clay County Elementary SBHC					
School in which	the SBHC is located	Clay County ES					
School Population	on	518					
Address for this Sc	hool-Based Health Cent	er					
Physical Address	219 Church Street						
Mailing Address	219 Church Street	SPING G . 4 . 4 P					
City	Clay	SBHC Contact Person First Name Patricia					
State	WV	Last Name Collett					
Zip	25043	Phone 304 550 7802					
Phone		Extension 7802					
Extension		Fax					
Fax		Email patriciacollett@yahoo.com					
Website	communitycarewv.o	g patriciacollett@yarioo.com					
Email							
SBHC Sponsoring	Agency						
Name	g;	Community Care of West V					
Mailing Address		P.O. Box 217					
City		Rock Cave					
State		WV					
Zip		26234					
Executive Director		Rick Simon					
Phone							
Fax							
Email							
SBHC Medical Dire	ector	Sarah Chouinard M.D.					
This SBHC is locat ☑ in a school buildin ☐ on school propert		Other(please specify)					
		Other schools served 1: Population:					
		Other schools served 2: Population:					
Other schools serve	ed by this SBHC	Other schools served 3: Population:					
		Other schools served 4: Population:					
Grades served by the	his SBHC	 ✓PK ✓1 ✓2 ✓3 ✓4 ✓5 ✓6 7 8 9 Other(please specify) 					
·		10 11 12					

		ools not located on campus	Funding	Funding sources for your SBHC						
	of students		Funding	Source 1 WV B	PH					
•	in the communit	ty	Funding	Funding Source 2						
Opening	date (month an	nd year) for your SBHC	Funding	Funding Source 3						
Opening	Month Septeml	ber	Funding	Source 4						
Opening	Year 1998									
Clinic sche	dule and staff nam	nes for MEDICAL services	Day and ti	me that you provid	le MENTAL HEALTH services					
Day of	Hours of Operation	Staff Name with Credentials	Day of	Hours of Operation	Staff Name with Credentials					
week			Week Monday:	riours or operation	Stair Ivanic with Credentials					
Monday:	TBA	TBA	Monday:							
Γuesday:			Tuesday:							
Wednesday: Thursday:			Wednesday	•						
Friday:			Thursday: Friday:							
Stoff/ocom	ov seho massido OD	AL HEALTH comices								
_	cy who provide OK	AL HEALTH services								
Day of Week	Hours of Operation	Staff Name with Credentials	Types of or	ral health services j	provided at your site.					
Monday:			Oral heal	th education	•					
Tuesday:			Screening		Coalanta					
Wednesday:				ve (Fillings, Extraction						
Thursday:										
Friday:										
Staff/ageno	cy who provide NU	RSING services.	Staff/agen	cy who provide CL	ERICAL/CARE COORDINATION					
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials					
Monday:	TBA	ТВА	Monday:	ТВА						
Tuesday:			Tuesday:							
Wednesday:			Wednesday	:						
Thursday:			Thursday:							
Friday:			Friday:	TBA						
			Staff/agen	cy who provide OT	THER HEALTH services.					
Other HE	ALTH SERVICES	provided at your SBHC.	Day of	Hours of Operation	Staff Name with Credentials					
Other health	services 1		Week	Trouis or Operation	Star France with Credentials					
	services 2		Monday:							
Other health			Tuesday:							
Other health										
Other health	services 3 formation provi	ided	Wednesday Thursday:							
Other health Other health Other in		ided		:						

(Last Updated: 2/6/20)13 12:06:26 PM)								
County in which SB	HC is located:	Clay							
Name of School-Base	ed Health Center	Big Ot	Otter Elementary SBHC						
School in which t	he SBHC is located	Big Ot	Otter ES						
School Population	n	251							
Address for this Sch	ool-Based Health Cente	er							
Physical Address	59 Ossia Road								
Mailing Address	59 Ossia Road Duck WV		SBHC Contact Person						
City			First Name			L		1	
State			Last Name						
Zip	25063		Phone			7802			
Phone			Extension	304	330	7002			
Extension			Fax						
Fax			Email	natri	riacol	llett@v	ahoo.com	n	
Website	communitycarewv.or	g	Linan	patri	olacol	notte)	u1100.0011		
Email									
SBHC Sponsoring A	gency								
Name	•		Community	/ Car	e of V	VV Inc			
Mailing Address			P.O. Box 2	17					
City			Rock Cave						
State			WV						
Zip			26234						
Executive Director			Rick Simon						
Phone									
Fax									
Email									
SBHC Medical Direc	tor		Sarah Cho	uinar	d MD				
This SBHC is locate ✓ in a school building on school property.		ling	Other(pleas	e spec	eify)				
			Other schools s	erved 1:		I	Population:	_	
			Other schools s	erved 2:		1	Population:		
Other schools served	l by this SBHC		Other schools s	erved 3:		I	Population:		
			0411	1.4			1. d'		
			Other schools s	erved 4:			Population:		
Grades served by thi	is SBHC		✓PK✓1✓5✓6		7		v 4	Other(please specify) Special Education	
			10 1	1	12			Special Education	

C-11		ools not located on campus	Funding s	Funding sources for your SBHC						
School Family	of students		Funding S	Funding Source 1 WV BPH						
	in the communi	ty	Funding S	Funding Source 2						
		nd year) for your SBHC	Funding S	Funding Source 3						
Opening	Month August		Funding S	Funding Source 4						
Opening	Year 2009									
~1· · 1	1 1 4 66	6 MEDICAL	B 14	a						
	edule and staff nam	nes for MEDICAL services		e that you provid	le MENTAL HEALTH services					
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Iours of Operation	Staff Name with Credentials					
Monday:	TBA	ТВА	Monday:							
Tuesday:			Tuesday:							
Wednesday:			Wednesday:							
Thursday:			Thursday:							
Friday:			Friday:							
Staff/ageno	cy who provide OR	RAL HEALTH services								
Day of Week	Hours of Operation	Staff Name with Credentials								
Monday:			Types of oral	l health services p	provided at your site.					
viiday.										
Tuesday:			Oral health	education						
•			Screenings Preventive	(Cleanings,Fluoride,						
Гuesday:			Screenings Preventive							
Tuesday: Wednesday: Thursday:			Screenings Preventive	(Cleanings,Fluoride,						
Tuesday: Wednesday: Thursday:			Screenings Preventive	(Cleanings,Fluoride,						
Tuesday: Wednesday: Thursday: Friday:	cy who provide NU	URSING services.	Screenings Preventive Restorative	(Cleanings,Fluoride, (Fillings, Extraction						
Tuesday: Wednesday: Thursday: Friday: Staff/agene		TRSING services. Staff Name with Credentials	Screenings Preventive Restorative Staff/agency	(Cleanings,Fluoride, (Fillings, Extraction	is)					
Tuesday: Wednesday: Thursday: Friday: Staff/agene Day of Week	cy who provide NU		Screenings Preventive Restorative Staff/agency Day of Week H	(Cleanings,Fluoride, (Fillings, Extraction	ERICAL/CARE COORDINATION					
Tuesday: Wednesday: Thursday: Friday: Staff/ageno Day of Week Monday:	cy who provide NU	Staff Name with Credentials	Screenings Preventive Restorative Staff/agency Day of Week H	(Cleanings,Fluoride, (Fillings, Extraction www.provide CL Hours of Operation	ERICAL/CARE COORDINATION					
Tuesday: Wednesday: Thursday: Friday: Staff/agene Day of Week Monday: Tuesday:	TBA	Staff Name with Credentials	Screenings Preventive Restorative Staff/agency Day of Week Monday:	(Cleanings,Fluoride, (Fillings, Extraction www.provide CL Hours of Operation	ERICAL/CARE COORDINATION					
Tuesday: Wednesday: Thursday: Friday:	TBA	Staff Name with Credentials	Screenings Preventive Restorative Staff/agency Day of Week Monday: Tuesday:	(Cleanings,Fluoride, (Fillings, Extraction www.provide CL Hours of Operation	ERICAL/CARE COORDINATION					
Tuesday: Wednesday: Thursday: Friday: Staff/ageno Day of Week Monday: Tuesday: Wednesday:	TBA	Staff Name with Credentials	Screenings Preventive Restorative Staff/agency Day of Week Monday: Tuesday: Wednesday: Thursday:	(Cleanings,Fluoride, (Fillings, Extraction www.provide CL Hours of Operation	ERICAL/CARE COORDINATION					
Tuesday: Wednesday: Thursday: Friday: Staff/agend Day of Week Monday: Tuesday: Wednesday: Thursday:	TBA	Staff Name with Credentials	Screenings Preventive Restorative Staff/agency Day of Week Monday: Tuesday: Wednesday: Thursday: Friday:	(Cleanings, Fluoride, (Fillings, Extraction who provide CL Hours of Operation TBA	ERICAL/CARE COORDINATION Staff Name with Credentials					
Tuesday: Wednesday: Friday: Friday: Staff/agend Day of Week Monday: Tuesday: Wednesday: What is a second of the se	Hours of Operation	Staff Name with Credentials	Screenings Preventive Restorative Staff/agency Day of Week Monday: Tuesday: Wednesday: Thursday: Friday:	(Cleanings, Fluoride, (Fillings, Extraction who provide CL Hours of Operation TBA	ERICAL/CARE COORDINATION					
Tuesday: Wednesday: Friday: Friday: Staff/agend Day of Week Monday: Tuesday: Wednesday: Thursday: Friday: Friday:	Hours of Operation TBA ALTH SERVICES	Staff Name with Credentials TBA	Staff/agency Day of Week Monday: Tuesday: Wednesday: Thursday: Friday: Staff/agency	(Cleanings, Fluoride, (Fillings, Extraction who provide CL Hours of Operation TBA	ERICAL/CARE COORDINATION Staff Name with Credentials					
Tuesday: Wednesday: Thursday: Friday: Staff/agend Day of Week Monday: Tuesday: Wednesday: Friday: Friday: Other HE	Hours of Operation TBA ALTH SERVICES	Staff Name with Credentials TBA	Staff/agency Day of Week Monday: Tuesday: Wednesday: Thursday: Friday: Staff/agency Day of	(Cleanings, Fluoride, (Fillings, Extraction who provide CL dours of Operation TBA	ERICAL/CARE COORDINATION Staff Name with Credentials CHER HEALTH services.					
Tuesday: Wednesday: Friday: Friday: Staff/agend Day of Week Monday: Tuesday: Wednesday: Friday: Friday: Other HE Other health	Hours of Operation TBA ALTH SERVICES services 1	Staff Name with Credentials TBA	Staff/agency Day of Week Monday: Tuesday: Wednesday: Friday: Staff/agency Day of Week Monday: Thursday: Friday: Friday:	(Cleanings, Fluoride, (Fillings, Extraction who provide CL dours of Operation TBA	ERICAL/CARE COORDINATION Staff Name with Credentials CHER HEALTH services.					
Tuesday: Wednesday: Friday: Friday: Staff/ageno Day of Week Monday: Tuesday: Wednesday: Friday: Other HE Other health Other health	Hours of Operation TBA ALTH SERVICES services 1 services 2 services 3	Staff Name with Credentials TBA Sprovided at your SBHC.	Staff/agency Day of Week Monday: Thursday: Friday: Staff/agency Day of Wednesday: Thursday: Friday: Staff/agency Day of Week Monday:	(Cleanings, Fluoride, (Fillings, Extraction who provide CL dours of Operation TBA	ERICAL/CARE COORDINATION Staff Name with Credentials CHER HEALTH services.					
Tuesday: Wednesday: Friday: Friday: Staff/ageno Day of Week Monday: Tuesday: Wednesday: Friday: Other HE Other health Other health	Hours of Operation TBA ALTH SERVICES services 1	Staff Name with Credentials TBA Sprovided at your SBHC.	Staff/agency Day of Week Monday: Tuesday: Wednesday: Friday: Staff/agency Day of Week Monday: Thursday: Friday: Thursday:	(Cleanings, Fluoride, (Fillings, Extraction who provide CL dours of Operation TBA	ERICAL/CARE COORDINATION Staff Name with Credentials CHER HEALTH services.					

(Last Updated: 2/5/2013 2:54:21 PM) County in which SBHC is located: Fayette Name of School-Based Health Center Wildcat Wellnes Center School in which the SBHC is located Meadow Bridge ES/HS **School Population** 419 Address for this School-Based Health Center 874 Meadow Bridge Rd Physical Address Mailing Address 874 Meadow Bridge Rd **SBHC Contact Person** City Meadow Bridge First Name Judy WV State Last Name Koehler Zip 25976 Phone 304 438 6188 Phone 304 484 7571 Extension 1020 Extension Fax 304 438 5762 304 484 7120 Fax jkoehler@rmchealth.org Email Website rmchealth.org sstickler@rmchealth.org Email **SBHC Sponsoring Agency** Rainelle Medical Ctr Name 645 Kanawha Avenue Mailing Address Rainelle City WV State 25962 Zip Kristi Atha-Rader **Executive Director** 304 438 6188 Phone 304 438 6819 Fax karader@rmchealth.org Email SBHC Medical Director Patricia Lally DO - Interim This SBHC is located Other(please specify) ■in a school building ■ on school property, but not in a school building Other schools served 1: Population: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: ▼PK V $\mathbf{v}2$ **3 v** 4 Other(please specify) Grades served by this SBHC **v** 5 **v** 7 **8**

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		are at your SHBC ols not located on campus	T. 1	e	CDIIC				
School Sc		on not rotated on tumpus		sources for your					
▼ Family	of students		_	Funding Source 1 WV BPH					
Others	in the community	1	_	Source 2 Billing r					
Opening	date (month and	l year) for your SBHC	Funding	Source 3 WV BB	Н				
Opening	Month October		Funding	Source 4					
Opening	Year 1997								
Clinic sche	dule and staff name	s for MEDICAL services	Day and ti	me that you provide	MENTAL HEALTH servi	ices			
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials				
Monday:			Monday:	8:00 a - 4:00 p	H.Sharp-Spinks LCS	W ADC			
Гuesday:			Tuesday:	8:00 a - 4:00 p	H.Sharp-Spinks LCS	W ADC			
Wednesday:	7:30 a - 3:30 p	Jerra Shuff FNP-BC	Wednesday:	8:00 a - 4:00 p	H.Sharp-Spinks LCS	W ADC			
Γhursday:			Thursday:	8:00 a - 4:00 p	H.Sharp-Spinks LCS	W ADC			
Friday:	7:30 a - 3:30 p	Jerra Shuff FNP-BC	Friday:						
Staff/ageno	cy who provide ORA	AL HEALTH services							
Day of Week	Hours of Operation	Staff Name with Credentials	T	-1 h - 14h					
Monday:			Types of or	al nealth services pi	rovided at your site.				
Гuesday:			Oral healt						
Wednesday:			Preventiv	e (Cleanings,Fluoride,S ve (Fillings, Extractions					
Thursday:			Restorativ	e (Fillings, Extractions))				
Friday:									
Staff/ageno	cy who provide NUF	SING services.	Staff/ageno	cy who provide CLF	ERICAL/CARE COORDIN	ATION			
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials				
Monday:			Monday:						
Гuesday:			Tuesday:						
Wednesday:	7:30 a - 3:30 p	C. Puffenbarger LPN	Wednesday:	7:30 a - 3:30 p	Sue Stickler, CMA				
Гhursday:			Thursday:						
Friday:	7:30 a - 3:30 p	C. Puffenbarger LPN	Friday:	7:30 a - 3:30 p	Sue Stickler, CMA				
Othon HE	ATTH SEDVICES .	anavided at your SPUC	Staff/ageno	cy who provide OTI	HER HEALTH services.				
		provided at your SBHC.	Day of Week	Hours of Operation	Staff Name with Credentials				
Other health			Monday:						
Other health			Tuesday:						
Other health		lod	Wednesday:						
Omer in	formation provid	icu -	Thursday:						
		+	·						
			Friday:						

(Last Updated: 2/4/	2013 2:43:57 PM)							
County in which S	BHC is located:	Fayet	ayette					
Name of School-Ba	nsed Health Center	Collin	s Middle SBI	НС				
School in which	the SBHC is located	Collin	Collins MS					
School Populati	ion	845						
Address for this So	chool-Based Health Cente	er						
Physical Address	601 Jones Avenue							
Mailing Address	601 Jones Avenue		CDIIC C	44 T				
City	Oak Hill		SBHC Con First Name	1				
State	WV							
Zip	25901		Last Name Phone)	
Phone	304 469 4875		Extension	304	465	1378)	
Extension				204	469	2981		
Fax	304 469 8036		Fax Email				rhawv.org	
Website	nrhawv.org		Elliali	Cell.	variuy	Ke @ i	iiiawv.oig	
Email	kara.gillespie@nrhav	vv.org						
SBHC Sponsoring	Agency							
Name			New River	Heal	th Ass	sn		
Mailing Address			P.O. Box 3	37				
City			Scarbro					
State			WV					
Zip			25917					
Executive Director			John Schu	ltz				
Phone			304 465	2258	3			
Fax			304 465	5486	6			
Email			johnr.schu	tz@r	rhaw	V.O		
SBHC Medical Dire	ector		Jennifer Bo	oyd, F	PA-C			
This SBHC is loca	ted		O4h(1		:c.\			
☑ in a school buildi	•		Other(pleas	e spec	шу)			
■on school proper	ty, but not in a school build	ling						
			Other schools s	erved 1	:		Population:]
			Other schools s	erved 2	:		Population:	1
Other schools serv	ed by this SBHC		Other schools s	erved 3	:		Population:	
			Other schools s	erved 4	:		Population:]
Grades served by t	chis SBHC		PK 1				4	Other(please specify)
			10 1		12			

		ols not located on campus	Funding	sources for your	r SBHC
School			Funding	Source 1 WV BP	H
-	of students in the community	,	Funding	Source 2 Federa	I BPHC
	•	l year) for your SBHC	Funding	Source 3	
Opening	Month August		Funding	Source 4	
Opening	Year 1996				
Clinic sche	dule and staff name	s for MEDICAL services	Day and ti	me that you provide	e MENTAL HEALTH services
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00 a - 3:30 p	Kara Gillespie, PA-C	Monday:	8:00 a - 3:00 p	James Powell, LICSW
Tuesday:	8:00 a - 3:30 p	Kara Gillespie, PA-C	Tuesday:		
Wednesday:	8:00 a - 3:30 p	Kara Gillespie, PA-C	Wednesday:		
Thursday:	8:00 a - 3:30 p	Kara Gillespie, PA-C	Thursday:	8:00 a - 3:00 p	James Powell, LICSW
Friday:	8:00 a - 3:30 p	Kara Gillespie, PA-C	Friday:		
Monday: Tuesday: Wednesday: Thursday:	Varies	Terra Basham, RDH			
Friday:					
•	cy who provide NUF	SING services.	Staff/ageno	cy who provide CLE	ERICAL/CARE COORDINATION
•	ey who provide NUF	SSING services. Staff Name with Credentials	Staff/agend Day of Week	ey who provide CLE	ERICAL/CARE COORDINATION Staff Name with Credentials
Staff/ageno	Hours of Operation		Day of	Hours of Operation	
Staff/agend Day of Week	Hours of Operation	Staff Name with Credentials Frances Surbaugh LPN	Day of Week	Hours of Operation 7:30 a - 3:30 p	Staff Name with Credentials
Staff/agend Day of Week Monday: Tuesday:	Hours of Operation 7:30 a - 3:30 p	Staff Name with Credentials Frances Surbaugh LPN	Day of Week Monday: Tuesday:	Hours of Operation 7:30 a - 3:30 p	Staff Name with Credentials Jessica Davis, CMA Jessica Davis, CMA
Staff/agend Day of Week Monday: Tuesday:	Hours of Operation 7:30 a - 3:30 p 7:30 a - 3:30 p	Frances Surbaugh LPN Frances Surbaugh LPN Frances Surbaugh LPN	Day of Week Monday: Tuesday:	Hours of Operation 7:30 a - 3:30 p 7:30 a - 3:30 p 7:30 a - 3:30 p	Staff Name with Credentials Jessica Davis, CMA Jessica Davis, CMA
Staff/agend Day of Week Monday: Tuesday: Wednesday:	Hours of Operation 7:30 a - 3:30 p	Frances Surbaugh LPN Frances Surbaugh LPN Frances Surbaugh LPN	Day of Week Monday: Tuesday: Wednesday:	Hours of Operation 7:30 a - 3:30 p	Jessica Davis, CMA Jessica Davis, CMA Jessica Davis, CMA Jessica Davis, CMA
Staff/agend Day of Week Monday: Tuesday: Wednesday: Thursday: Friday:	Hours of Operation 7:30 a - 3:30 p	Frances Surbaugh LPN	Day of Week Monday: Tuesday: Wednesday: Thursday: Friday: Staff/agence	Hours of Operation 7:30 a - 3:30 p	Jessica Davis, CMA
Day of Week Monday: Tuesday: Wednesday: Thursday: Friday:	Hours of Operation 7:30 a - 3:30 p ALTH SERVICES p services 1 Health E	Frances Surbaugh LPN	Day of Week Monday: Tuesday: Wednesday: Thursday: Friday: Staff/agend	Hours of Operation 7:30 a - 3:30 p	Jessica Davis, CMA HER HEALTH services.
Staff/agend Day of Week Monday: Tuesday: Wednesday: Thursday: Friday: Other HE	Hours of Operation 7:30 a - 3:30 p ALTH SERVICES p services 1 services 2	Frances Surbaugh LPN	Day of Week Monday: Tuesday: Wednesday: Thursday: Friday: Staff/ageno Day of Week	Hours of Operation 7:30 a - 3:30 p Ey who provide OTH	Jessica Davis, CMA Staff Name with Credentials

Friday:

(Last Updated: 2/5/2013 2:54:45 PM) County in which SBHC is located: Fayette Name of School-Based Health Center Mt. Hope Elementary SBHC School in which the SBHC is located Mt. Hope ES **School Population** 246 Address for this School-Based Health Center 204 S. Mountain Avenue Physical Address Mailing Address 204 S. Mountain Ave **SBHC Contact Person** City Mt. Hope First Name Celi WV State Last Name Van Dyke Zip 25880 304 465 1378 Phone Phone 304 877 9133 Extension Extension Fax 304 469 2981 304 877 2165 Fax celi.vandyke@nrhawv.org **Email** Website nrhawv.org alayna.almond@nrhawv.org Email **SBHC Sponsoring Agency** New River Health Assn Name P.O. Box 337 Mailing Address Scarbro City WV State 25917 Zip **Executive Director** John Schultz 304 465 2258 Phone Fax johnr.schultz@nrhawv.o Email SBHC Medical Director Jennifer Boyd, PA-C This SBHC is located Other(please specify) ■in a school building Across street from school on school property, but not in a school building Other schools served 1: Population: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: ▼PK V $\mathbf{v}2$ **3 v** 4 Other(please specify) Grades served by this SBHC **v** 5 **6 7 8 9**

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 $\square 10$

Others v	vho can receive c	are at your SHBC						
		ols not located on campus	Funding	Funding sources for your SBHC				
School ■ Family			Funding	Source 1 WV BF	PH			
•	of students in the community	I	Funding	Source 2 Sisters	of St. Joseph			
	•	l year) for your SBHC	Funding	Source 3 United	Way of S WV			
	Month October		Funding	Source 4				
	Year 2002							
C linic sche	dule and staff name	s for MEDICAL services	Day and ti	me that you provide	e MENTAL HEALTH	I services		
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Creden	tials		
Monday:	Closed		Monday:					
Tuesday:	8:00 a - 4:00 p	Alayna Almond, PA-C	Tuesday:					
Wednesday:	8:00 a - 4:00 p		Wednesday:					
Thursday:	8:00 a - 4:00 p		Thursday:					
Friday:	8:00 a - 4:00 p	Katherine Coffey, FNP	Friday:					
Staff/ageno	ev who provide ORA	AL HEALTH services						
Day of	Hours of Operation	Staff Name with Credentials						
Week Monday:	Varies	Terra Basham, RDH	Types of or	al health services p	rovided at your site.			
•	varies	Tella Dasilalli, NDFI	Oral healt	h education				
Tuesday:			✓ Screening ✓ Preventive	s e (Cleanings,Fluoride,S	Sealants)			
Wednesday:				e (Fillings, Extractions				
Thursday:								
Friday:								
Staff/ageno	y who provide NUF	RSING services.	Staff/ageno	y who provide CLI	ERICAL/CARE COO	RDINATION		
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Creden	tials		
Monday:	Closed		Monday:	Closed				
Tuesday:	8:00 a - 4:00 p	Angel Robinson, LPN	Tuesday:	8:00 a - 4:00 p	Sheryl Sewell			
Wednesday:	8:00 a - 4:00 p	Angel Robinson, LPN	Wednesday:	8:00 a - 4:00 p	Sheryl Sewell			
Thursday:	8:00 a - 4:00 p	Amber Daniel, LPN	Thursday:	8:00 a - 4:00 p	Sheryl Sewell			
Friday:	8:00 a - 4:00 p	Amber Daniel, LPN	Friday:	8:00 a - 4:00 p	Sheryl Sewell			
			Staff/ageno	y who provide OT	HER HEALTH servic	es.		
		provided at your SBHC.	Day of	Hours of Operation	Staff Name with Creden	tials		
	services 1 Health E	ducation	Week Monday:	Varies	R.McCauley Hea	alth Ed		
Other health			Tuesday:	. 4.100	ooddioy i lot			
Other health		lod	Wednesday:					
Omer in	formation provid	ieu	Thursday:					
			+					
			Friday:					

(Last Updated: 2/5/2013 2:55:03 PM) County in which SBHC is located: Fayette Name of School-Based Health Center New River Elementary SBHC School in which the SBHC is located New River ES **School Population** 732 Address for this School-Based Health Center 262 Oyler Avenue Physical Address Mailing Address 262 Oyler Avenue **SBHC Contact Person** City Oak Hill First Name Celi WV State Last Name Van Dyke Zip 25901 304 465 1378 Phone Phone 304 465 2171 Extension Extension Fax 304 469 2981 304 465 2173 Fax celi.vandyke@nrhawv.org Email Website nrhawv.org sherry.stewart@nrhawv.org Email **SBHC Sponsoring Agency** New River Health Associati Name P.O. Box 337 Mailing Address Scarbro City WV State 25917 Zip **Executive Director** John Schultz 304 465 2258 Phone Fax johnr.schultz@nrhawv.o Email SBHC Medical Director Jennifer Boyd, PA-C This SBHC is located Other(please specify) ☑ in a school building on school property, but not in a school building Other schools served 1: Population: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: ▼PK V $\mathbf{v}2$ **3 v** 4 Other(please specify) Grades served by this SBHC **6 7 8** $\square 10$ **1**1 **12**

		ools not located on campus	Funding	sources for you	ır SBHC
✓ School ✓ Family	Staff of students		Funding	Source 1 WV B	PH
•	in the communit	y	Funding	Source 2	
		d year) for your SBHC	Funding	Source 3	
Opening	Month August		Funding	Source 4	
Opening	Year 2009				
Clinic sche	edule and staff nam	es for MEDICAL services	Day and ti	me that you provi	de MENTAL HEALTH services
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00a - 4:00p	Sherry Stewart, ACNP-BC	Monday:		
Гuesday:	8:00a - 4:00p	Sherry Stewart, ACNP-BC	Tuesday:		
Wednesday:	8:00a - 4:00p	Sherry Stewart, ACNP-BC	Wednesday		
Γhursday:	8:00a - 4:00p	Sherry Stewart, ACNP-BC	Thursday:		
Friday:	8:00a - 4:00p	Sherry Stewart, ACNP-BC	Friday:		
Wednesday: Fhursday: Friday:				e (Cleanings,Fluoride ve (Fillings, Extraction	
Staff/agen	cy who provide NU	RSING services.	Staff/agen	cy who provide CI	ERICAL/CARE COORDINATION
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00a - 4:00p	Diana Eades, LPN	Monday:	8:00a - 4:00p	Lisa Tyree
Γuesday:	8:00a - 4:00p	Diana Eades, LPN	Tuesday:	8:00a - 4:00p	Lisa Tyree
Wednesday:	8:00a - 4:00p	Diana Eades, LPN	Wednesday	8:00a - 4:00p	Lisa Tyree
Γhursday:	8:00a - 4:00p	Diana Eades, LPN	Thursday:	8:00a - 4:00p	Lisa Tyree
Friday:	8:00a - 4:00p	Diana Eades, LPN	Friday:	8:00a - 4:00p	Lisa Tyree
				cv who provide O'	CHIED HEAT THE countries
	1114	provided at your SBHC.	Day of	Hours of Operation	THER HEALTH services. Staff Name with Credentials
Other health	Health	provided at your SBHC. Education		Hours of Operation	Staff Name with Credentials
Other health Other health	services 1 Health services 2		Day of Week Monday:		
Other health Other health Other health	services 1 Health services 2 services 3	Education	Day of Week Monday: Tuesday:	Hours of Operation Varies	Staff Name with Credentials
Other health Other health Other health	services 1 Health services 2	Education	Day of Week Monday:	Hours of Operation Varies	Staff Name with Credentials

Friday:

(Last Opdated: 2/4/2	2013 2:42:42 PMI)							
County in which S	BHC is located:	Fayet	ette					
Name of School-Ba	sed Health Center	Oak H	lill High SBH	С				
School in which	the SBHC is located	Oak H	Hill HS					
School Populati	on	907						
Address for this Sc	chool-Based Health Cente	er						
Physical Address	350 W. Oyler Ave.							
Mailing Address	350 W. Oyler Ave.		CDIIC C.	44 T				
City	Oak Hill		SBHC Con First Name		erson	<u> </u>		1
State	WV				Dyko			
Zip	25901		Last Name Phone			1378		
Phone	304 469 6331		Extension	304	465	1370)	
Extension			Fax	204	469	2981	_	
Fax	304 469 6332		Fax Email				rhawv.org	
Website	nrhawv.org		Elliali	Cell.	variuy	Ke wii	mawv.org	
Email	melody.hale@nrhaw	v.org						
SBHC Sponsoring	Agency							
Name			New River	Heal	th Ass	sn		
Mailing Address			P.O. Box 3	37				
City			Scarbro					
State			WV					
Zip			25917					
Executive Director			John Schu	ltz				
Phone			304 465	2258	3			
Fax			304 465	5486	3			
Email			johnr.schu	tz@r	rhaw	V.O		
SBHC Medical Dire	ector		Jennifer Bo	oyd, F	PA-C			
This SBHC is locat ✓ in a school buildi ─ on school propert		ling	Other(pleas	e spec	cify)			
			Other schools s	erved 1:	:	:	Population:	1
			Other schools s	erved 2	:		Population:	1
Other schools served by this SBHC			Other schools served 3:				Population:]
			Other schools s	erved 4	<u> </u>		Population:	
Grades served by t	his SBHC		PK 1 5 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				□4 ▼9	Other(please specify)

		ols not located on campus	Funding	sources for you	r SBHC
Schoo	Staff of students		Funding	Source 1 WV BP	H
	in the community	,	Funding	Source 2	
	_	d year) for your SBHC	Funding	Source 3	
	Month February	•	_	Source 4	
	Year 2002				
Clinic sche	edule and staff name	es for MEDICAL services	Day and ti	me that you provide	e MENTAL HEALTH services
Day of			Day of	,	
Week	Hours of Operation	Staff Name with Credentials	Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 3:30 p	Melody Hale APRN-BC	Monday:	8:30 a - 3:30 p	Mary Powell LICSW
Tuesday:	7:30 a - 3:30 p	Melody Hale APRN-BC	Tuesday:		
Wednesday:	7:30 a - 3:30 p	Melody Hale APRN-BC	Wednesday:	8:30 a - 3:30 p	Mary Powell LICSW
Thursday:	7:30 a - 3:30 p	Melody Hale APRN-BC	Thursday:		
Friday:	7:30 a - 3:30 p	Melody Hale APRN-BC	Friday:	8:30 a - 3:30 p	Mary Powell LICSW
Staff/agen	cy who provide OR	AL HEALTH services			
Day of	Hours of Operation	Staff Name with Credentials			
Week	Varies	Terra Basham, RDH	Types of or	al health services p	rovided at your site.
Monday:	varies	Terra Dasriairi, KDIT	Oral healt		
Tuesday:			ScreeningPreventive	s e (Cleanings,Fluoride,S	ealants)
Wednesday:				ve (Fillings, Extractions	
Thursday:					
Friday:					
Staff/agen	cy who provide NUI	RSING services.	Staff/ageno	cy who provide CLI	ERICAL/CARE COORDINATION
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 3:30 p	Jeanne Black RN, BSN	Monday:	7:30 a - 3:30 p	Lisa Sullivan
Tuesday:	7:30 a - 3:30 p	Jeanne Black RN, BSN	Tuesday:	7:30 a - 3:30 p	Lisa Sullivan
Wednesday:	7:30 a - 3:30 p	Jeanne Black RN BSN	Wednesday:	7:30 a - 3:30 p	Lisa Sullivan
Thursday:	7:30 a - 3:30 p	Jeanne Black RN, BSN	Thursday:	7:30 a - 3:30 p	Lisa Sullivan
Friday:	7:30 a - 3:30 p	Jeanne Black RN, BSN	Friday:	7:30 a - 3:30 p	Lisa Sullivan
			Staff/agen	cy who provide OTI	HER HEALTH services.
Other HE	ALTH SERVICES	provided at your SBHC.	Day of		
Other health	services 1 Health	Education	Week	Hours of Operation	Staff Name with Credentials
	services 2		Monday:	Varies	R McCauley - Health Ed
Other health			Tuesday:		
	services 3		ruesday.		
Other health	services 3 formation providence of the services is a service of the services	led	Wednesday:		
Other health Other health Other in		led	•		

(Last Updated: 2/5/2	2013 2:55:18 PM)								
County in which S	BHC is located:	Gilme	Gilmer						
Name of School-Ba	sed Health Center	Gilme	r County Hig	h SB	HC				
School in which	the SBHC is located	Gilme	r County HS						
School Populati	on	426							
Address for this So	chool-Based Health Cent	er							
Physical Address	300 Pine St Glenville	e							
Mailing Address	300 Plne St. Glenvill	le		_					
City	Glenville		SBHC Con			1			
State	WV		First Name						
Zip	26351			War		0500			
Phone	304 462 8500		Phone	304	462	8500			
Extension			Extension	204	400	5005	_		
Fax	304 462 5335		Fax	304					
Website	mhhcc.com		Email vgerwig@m		mmc	S.COM			
Email	vgerwig@mhhcc.com	m							
SBHC Sponsoring	Agency								
Name	rigoney		Minnie Har	miltor	Heal	th Sys			
Mailing Address			186 Hospit			,			
City			Grantsville						
State			WV						
Zip			26147						
Executive Director			Steve Whit	ted		\exists			
Phone			304 354 9224						
Fax			304 354 9323						
Email			swhited@mhhcc.com						
SBHC Medical Dire	ector		S.Balasub	ramoi	ту МС)			
This SBHC is loca in a school buildi			Other(pleas	e spec	cify)				
	ty, but not in a school buil-	ding							
			Other schools s	erved 1:	:		Population:		
			Other schools s	erved 2:			Population:		
Other schools served by this SBHC			Other schools served 3:]	Population:		
			Other schools s	erved 4]	Population:		
Grades served by t	his SBHC		PK 11 5 66 10 10 10 10 10 10 10 10 10 10 10 10 10	V			□4 ▼9	Other(please specify)	

		care at your SHBC ols not located on campus	Funding sources for your SBHC				
School	Staff	-	Funding Source 1 WV BPH				
-	of students in the communit	V.	Funding Source 2 WV BBH				
		d year) for your SBHC	Funding Source 3				
	Opening Month November		Funding Source 4				
Opening							
1 0							
Clinic sche	dule and staff nam	es for MEDICAL services	Day and time that you provide MENTAL HEALTH services				
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week Hours of Operation Staff Name with Credentials				
Monday:	8:30a – 2:30p	Heather O'Dell, FNP	Monday:				
Tuesday:			Tuesday:				
Wednesday:	8:30a – 2:30p	Heather O'Dell, FNP	Wednesday:				
Thursday:	8:30a - 2:30p	Heather O'Dell, FNP	Thursday:				
Friday:			Friday:				
74 - 66/		AL HICAL WIL					
stan/agenc	cy wno provide OK.	AL HEALTH services					
Day of Week	Hours of Operation	Staff Name with Credentials	Types of and health sources provided at your site				
Monday:			Types of oral health services provided at your site.				
Tuesday:			☐ Oral health education ☐ Screenings				
Wednesday:			Preventive (Cleanings, Fluoride, Sealants)Restorative (Fillings, Extractions)				
			,				
Thursday:							
•							
Friday:	ov who provide NU	PSINC corvices	Stoff/agancy who provide CLEDICAL/CAPE COOPDINATION				
Friday: Staff/agenc	ey who provide NUI	RSING services.	Staff/agency who provide CLERICAL/CARE COORDINATION				
Friday: Staff/agenc Day of	ey who provide NU	RSING services. Staff Name with Credentials	Staff/agency who provide CLERICAL/CARE COORDINATION Day of Week Hours of Operation Staff Name with Credentials				
Friday: Staff/agence Day of Week			Day of Hours of Operation Staff Name with Credentials				
Friday: Staff/agence Day of Week Monday:	Hours of Operation	Staff Name with Credentials	Day of Week Hours of Operation Staff Name with Credentials				
Friday: Staff/agence Day of Week Monday: Tuesday:	Hours of Operation	Staff Name with Credentials	Day of Week Hours of Operation Staff Name with Credentials Monday: 8:30a – 2:30p Ryka Ward, LPN				
Friday: Staff/agence Day of Week Monday: Tuesday: Wednesday:	Hours of Operation 8:30a - 2:30p	Staff Name with Credentials Ryka Ward, LPN	Day of Week Hours of Operation Staff Name with Credentials Monday: 8:30a - 2:30p Ryka Ward, LPN Tuesday:				
Friday: Staff/agence Day of Week Monday: Tuesday: Wednesday: Thursday:	Hours of Operation 8:30a - 2:30p 8:30a - 2:30p	Ryka Ward, LPN Ryka Ward, LPN	Day of Week Hours of Operation Staff Name with Credentials Monday: 8:30a – 2:30p Ryka Ward, LPN Tuesday: Wednesday: 8:30a – 2:30p Ryka Ward, LPN				
Friday: Staff/agence Day of Week Monday: Tuesday: Wednesday: Thursday:	Hours of Operation 8:30a - 2:30p 8:30a - 2:30p	Ryka Ward, LPN Ryka Ward, LPN	Day of Week Monday: 8:30a – 2:30p Ryka Ward, LPN Tuesday: 8:30a – 2:30p Ryka Ward, LPN Thursday: 8:30a – 2:30p Ryka Ward, LPN Thursday: 8:30a - 2:30p Ryka Ward, LPN Friday: Ryka Ward, LPN				
Friday: Staff/agence Day of Week Monday: Tuesday: Wednesday: Thursday: Friday:	Hours of Operation 8:30a - 2:30p 8:30a - 2:30p 8:30a - 2:30p	Ryka Ward, LPN Ryka Ward, LPN	Day of Week Hours of Operation Staff Name with Credentials Monday: 8:30a - 2:30p Ryka Ward, LPN Tuesday: Wednesday: 8:30a - 2:30p Ryka Ward, LPN Thursday: 8:30a - 2:30p Ryka Ward, LPN Friday: Staff/agency who provide OTHER HEALTH services.				
Friday: Staff/agence Day of Week Monday: Tuesday: Wednesday: Thursday: Friday: Other HEA	Hours of Operation 8:30a - 2:30p 8:30a - 2:30p 8:30a - 2:30p	Ryka Ward, LPN Ryka Ward, LPN Ryka Ward, LPN Ryka Ward, LPN	Day of Week Monday: 8:30a – 2:30p Ryka Ward, LPN Tuesday: 8:30a – 2:30p Ryka Ward, LPN Thursday: 8:30a – 2:30p Ryka Ward, LPN Thursday: 8:30a - 2:30p Ryka Ward, LPN Friday: Ryka Ward, LPN				
Staff/agence Day of Week Monday: Tuesday: Wednesday: Thursday: Friday: Other HEA	Hours of Operation 8:30a - 2:30p 8:30a - 2:30p 8:30a - 2:30p ALTH SERVICES services 1	Ryka Ward, LPN Ryka Ward, LPN Ryka Ward, LPN Ryka Ward, LPN	Day of Week Hours of Operation Staff Name with Credentials Monday: 8:30a - 2:30p Ryka Ward, LPN Tuesday: Wednesday: 8:30a - 2:30p Ryka Ward, LPN Thursday: 8:30a - 2:30p Ryka Ward, LPN Friday: Staff/agency who provide OTHER HEALTH services. Day of Hours of Operation Staff Name with Credentials				
Friday: Staff/agence Day of Week Monday: Tuesday: Wednesday: Thursday: Friday: Other HEA	Hours of Operation 8:30a – 2:30p 8:30a – 2:30p 8:30a - 2:30p ALTH SERVICES services 1 services 2	Ryka Ward, LPN Ryka Ward, LPN Ryka Ward, LPN Ryka Ward, LPN	Day of Week Hours of Operation Staff Name with Credentials Monday: 8:30a - 2:30p Ryka Ward, LPN Tuesday: Wednesday: 8:30a - 2:30p Ryka Ward, LPN Thursday: 8:30a - 2:30p Ryka Ward, LPN Friday: Staff/agency who provide OTHER HEALTH services. Day of Week Hours of Operation Staff Name with Credentials				
Day of Week Monday: Tuesday: Wednesday: Thursday: Friday: Other HEA Other health Other health	Hours of Operation 8:30a – 2:30p 8:30a – 2:30p 8:30a - 2:30p ALTH SERVICES services 1 services 2	Ryka Ward, LPN Ryka Ward, LPN Ryka Ward, LPN Ryka Ward, LPN provided at your SBHC.	Day of Week Hours of Operation Staff Name with Credentials Monday: 8:30a - 2:30p Ryka Ward, LPN Tuesday: Wednesday: 8:30a - 2:30p Ryka Ward, LPN Thursday: 8:30a - 2:30p Ryka Ward, LPN Friday: Staff/agency who provide OTHER HEALTH services. Day of Week Hours of Operation Staff Name with Credentials Monday:				
Friday: Staff/agence Day of Week Monday: Tuesday: Wednesday: Friday: Other HEA Other health Other health	Hours of Operation 8:30a - 2:30p 8:30a - 2:30p 8:30a - 2:30p ALTH SERVICES services 1 services 2 services 3	Ryka Ward, LPN Ryka Ward, LPN Ryka Ward, LPN Ryka Ward, LPN provided at your SBHC.	Day of Week Monday: 8:30a - 2:30p Ryka Ward, LPN Tuesday: Wednesday: 8:30a - 2:30p Ryka Ward, LPN Thursday: 8:30a - 2:30p Ryka Ward, LPN Friday: Staff/agency who provide OTHER HEALTH services. Day of Week Monday: Tuesday: Tuesday: Tuesday:				

(Last Updated: 2/3/20	013 8:28:32 PM)						
County in which SB	Grant	Grant					
Name of School-Bas	sed Health Center	Petersburg High	SBHC				
School in which t	the SBHC is located	Petersburg HS	etersburg HS				
School Populatio	745						
Address for this Sch	nool-Based Health Center	r					
Physical Address	207 Jefferson Ave						
Mailing Address		SPIIC Co.	nta at I	Damaam			
City	Petersburg		SBHC Contact Person First Name Teresa				
State	WV	Last Name			`		
Zip	26847	Phone	304				
Phone	304 897 5915	Extension	237	091	3910	,	
Extension		Fax	304	897	6216	2	
Fax	304 897 6216	Email				, wsehealth	
Website		Eman	uiaii	emai	i e i i a	wseneann	
Email	bthompson@hawseh	ealth.c					
SBHC Sponsoring A	Agency	EA Harris		41- 04-	. 1		
Name		EA Hawse		th Ctr	inc.		
Mailing Address		PO Box 9	/				
City		Baker					
State		WV					
Zip		26801					
Executive Director		Gary T. Jo		_	O		
Phone		304 897					
Fax			304 897 6216				
Email		gjohnson			alth		
SBHC Medical Direc	etor	Dr. James	Risin	g			
This SBHC is locate	ed	0.1 (1					
		Other(plea	se spec	eify)			
on school property	y, but not in a school build	ing					
		Other schools	served 1	:		Population:	
		Other schools	served 2	:		Population:	_
Other schools served	d by this SBHC		Other schools served 3:				
Other Schools Server	a by this spire	Other schools				Population:	
		Other schools	Other schools served 4: Population:				
		■PK ■	1	12	3	4	Other(please specify)
Grades served by th	□5 □10 ☑		7 12	▼ 8	▽ 9	Guier(pieuse speeiry)	

■ Students from area schools not located on campus School Staff			Funding	Funding sources for your SBHC			
✓ Family of students			Funding	Funding Source 1 WV SBH Grant			
Others in the community			Funding	Funding Source 2			
Opening date (month and year) for your SBHC			Funding	Funding Source 3			
Opening	Opening Month August		Funding	Source 4			
Opening	Year 2012						
Clinic sche	edule and staff name	es for MEDICAL services	Day and ti	me that you provid	e MENTAL HEALTH services		
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:	12:30p - 2:00 p	MelissaMathias CNP	Monday:				
Tuesday:	12:30p - 2:00 p	Melissa Mathias, CNP	Tuesday:				
Wednesday	12:30p - 2:00 p	Melissa Mathias, CNP	Wednesday				
Thursday:	12:30p - 2:00 p	Melissa Mathias, CNP	Thursday:				
Friday:	12:30p - 2:00 p	Melissa Mathias CNP	Friday:				
Thursday:			Preventiv Restorativ	ve (Fillings, Extraction			
Wednesday: Thursday: Friday: Staff/agene	cy who provide NUR	RSING services.	Restorativ	ve (Fillings, Extraction	s)		
Thursday: Friday: Staff/agene Day of		RSING services. Staff Name with Credentials	Restorativ	ve (Fillings, Extraction	s)		
Thursday: Friday: Staff/agene Day of Week	cy who provide NUR		Restorative Staff/agence Day of	ve (Fillings, Extraction	s) ERICAL/CARE COORDINATIO		
Thursday: Friday:	cy who provide NUF	Staff Name with Credentials	Staff/agend Day of Week	cy who provide CL Hours of Operation	ERICAL/CARE COORDINATIO Staff Name with Credentials		
Thursday: Friday: Staff/agene Day of Week Monday: Tuesday:	cy who provide NUR Hours of Operation 12:30p - 2:00p	Staff Name with Credentials Jennifer Whetzel, MA	Staff/agend Day of Week Monday: Tuesday:	cy who provide CL Hours of Operation 8:00a - 4:30p	ERICAL/CARE COORDINATIO Staff Name with Credentials Teresa Halterman		
Thursday: Friday: Staff/agene Day of Week Monday: Tuesday:	Cy who provide NUR Hours of Operation 12:30p - 2:00p 12:30p - 2:00p	Staff Name with Credentials Jennifer Whetzel, MA Jennifer Whetzel, MA	Staff/agend Day of Week Monday: Tuesday:	ey who provide CL Hours of Operation 8:00a - 4:30p 8:00a - 4:30p	ERICAL/CARE COORDINATIO Staff Name with Credentials Teresa Halterman Teresa Halterman		
Thursday: Friday: Staff/agene Day of Week Monday: Tuesday: Wednesday:	cy who provide NUR Hours of Operation 12:30p - 2:00p 12:30p - 2:00p	Jennifer Whetzel, MA Jennifer Whetzel, MA Jennifer Whetzel, MA	Staff/agene Day of Week Monday: Tuesday: Wednesday:	ey who provide CL Hours of Operation 8:00a - 4:30p 8:00a - 4:30p	ERICAL/CARE COORDINATIO Staff Name with Credentials Teresa Halterman Teresa Halterman Teresa Halterman		
Thursday: Friday: Staff/agene Day of Week Monday: Tuesday: Wednesday: Thursday: Friday:	ty who provide NUR Hours of Operation 12:30p - 2:00p 12:30p - 2:00p 12:30p - 2:00p 12:30p - 2:00p	Jennifer Whetzel, MA	Staff/agene Day of Week Monday: Tuesday: Wednesday: Thursday: Friday:	ey who provide CL Hours of Operation 8:00a - 4:30p	ERICAL/CARE COORDINATIO Staff Name with Credentials Teresa Halterman Teresa Halterman Teresa Halterman Teresa Halterman Teresa Halterman		
Thursday: Friday: Staff/agene Day of Week Monday: Tuesday: Wednesday: Thursday: Friday: Other HE	ty who provide NUR Hours of Operation 12:30p - 2:00p	Jennifer Whetzel, MA	Staff/agene Day of Week Monday: Tuesday: Wednesday: Thursday: Friday:	ey who provide CL Hours of Operation 8:00a - 4:30p	ERICAL/CARE COORDINATIO Staff Name with Credentials Teresa Halterman		
Thursday: Friday: Staff/agene Day of Week Monday: Tuesday: Wednesday: Thursday: Friday: Other HE	Hours of Operation 12:30p - 2:00p ALTH SERVICES I	Jennifer Whetzel, MA	Staff/agene Day of Week Monday: Tuesday: Wednesday: Thursday: Friday: Staff/agene Day of	ey who provide CL Hours of Operation 8:00a - 4:30p 8:00a - 4:30p 8:00a - 4:30p 8:00a - 4:30p 8:00a - 4:30p	ERICAL/CARE COORDINATIO Staff Name with Credentials Teresa Halterman		
Thursday: Friday: Staff/agene Day of Week Monday: Tuesday: Wednesday: Thursday: Friday: Other HE Other health	Hours of Operation 12:30p - 2:00p ALTH SERVICES I	Jennifer Whetzel, MA	Staff/agene Day of Week Monday: Tuesday: Wednesday: Thursday: Friday: Staff/agene Day of Week	ey who provide CL Hours of Operation 8:00a - 4:30p 8:00a - 4:30p 8:00a - 4:30p 8:00a - 4:30p 8:00a - 4:30p	ERICAL/CARE COORDINATIO Staff Name with Credentials Teresa Halterman		
Thursday: Friday: Staff/agene Day of Week Monday: Tuesday: Wednesday: Thursday: Friday: Other HE Other health	Hours of Operation 12:30p - 2:00p ALTH SERVICES I	Jennifer Whetzel, MA provided at your SBHC.	Staff/agene Day of Week Monday: Tuesday: Wednesday: Thursday: Friday: Staff/agene Day of Week Monday:	ey who provide CL Hours of Operation 8:00a - 4:30p	ERICAL/CARE COORDINATIO Staff Name with Credentials Teresa Halterman		
Thursday: Friday: Staff/agene Day of Week Monday: Tuesday: Wednesday: Thursday: Friday: Other HE Other health	Hours of Operation 12:30p - 2:00p ALTH SERVICES Inservices 1 Inservices 2 Inservices 3	Jennifer Whetzel, MA provided at your SBHC.	Staff/agene Day of Week Monday: Tuesday: Wednesday: Friday: Staff/agene Day of Week Monday: Tuesday: Thursday:	ey who provide CL Hours of Operation 8:00a - 4:30p	ERICAL/CARE COORDINATIO Staff Name with Credentials Teresa Halterman		

(Last Updated: 2/5/2013 2:55:38 PM) County in which SBHC is located: Grant Name of School-Based Health Center Petersburg Elementary SBHC School in which the SBHC is located Petersburg ES **School Population** 619 Address for this School-Based Health Center 333 Rig Street Physical Address Mailing Address **SBHC Contact Person** City Petersburg First Name | Teresa WV State Last Name Halterman Zip 26847 Phone 304 897 5915 Phone 304 897 5915 Extension 237 Extension Fax 304 897 6216 304 897 6216 Fax thalterman@hawsehealth.c Email Website bthompson@hawsehealth.c Email **SBHC Sponsoring Agency** EA. Hawse Health Ctr Inc. Name PO Box 97 Mailing Address Baker City WV State 26801 Zip **Executive Director** Gary T. Johnson, CEO 304 897 5915 Phone 304 897 6216 Fax Email gjohnson@hawsehealth SBHC Medical Director Dr. James Rising This SBHC is located Other(please specify) ☑ in a school building on school property, but not in a school building Other schools served 1: Population: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: ▼PK V $\mathbf{v}2$ **3 v** 4 Other(please specify) Grades served by this SBHC **v** 5 **7 8**

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 $\square 10$

■ Students from area schools not located on campus School Staff			Funding	Funding sources for your SBHC			
✓ Family of students			Funding	Funding Source 1 WV SBH Grant			
Others in the community			Funding	Funding Source 3			
Opening date (month and year) for your SBHC Opening Month August		Funding					
		Funding	Source 4				
Opening	Year 2012						
Clinic sch	edule and staff name	es for MEDICAL services	Day and ti	me that you provid	e MENTAL HEALTH services		
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:	8:00a - 12:00p	Melissa Mathias CNP	Monday:				
Tuesday:	8:00a - 12:00p	Melissa Mathias CNP	Tuesday:				
Wednesday	8:00a - 12:00p	Melissa Mathias CNP	Wednesday:				
Thursday:	8:00a - 12:00p	Melissa Mathias CNP	Thursday:				
Friday:	8:00a - 12:00p	Melissa Mathias CNP	Friday:				
Tuesday: Wednesday:				gs e (Cleanings,Fluoride,; ve (Fillings, Extraction			
Wednesday: Thursday: Friday:			Restorativ	ve (Fillings, Extraction	s)		
Thursday: Friday:	cy who provide NUF	RSING services.			s) ERICAL/CARE COORDINATIO		
Thursday: Friday:	cy who provide NUF	RSING services. Staff Name with Credentials					
Thursday: Friday: Staff/agen Day of			Staff/agen d Day of	cy who provide CL	ERICAL/CARE COORDINATIO		
Thursday: Friday: Staff/agene Day of Week	Hours of Operation	Staff Name with Credentials	Staff/agen Day of Week	cy who provide CL Hours of Operation	ERICAL/CARE COORDINATION Staff Name with Credentials		
Thursday: Friday: Staff/agen Day of Week Monday: Tuesday:	Hours of Operation 8:00a - 12:00p	Staff Name with Credentials Jennifer Whetzel, MA	Staff/agend Day of Week Monday: Tuesday:	cy who provide CL Hours of Operation 8:00a - 4:30p	ERICAL/CARE COORDINATION Staff Name with Credentials Teresa Halterman		
Thursday: Friday: Staff/agen Day of Week Monday: Tuesday:	Hours of Operation 8:00a - 12:00p 8:00a - 12:00p	Jennifer Whetzel, MA Jennifer Whetzel, MA	Staff/agend Day of Week Monday: Tuesday:	Hours of Operation 8:00a - 4:30p 8:00a - 4:30p	ERICAL/CARE COORDINATION Staff Name with Credentials Teresa Halterman Teresa Halterman		
Thursday: Friday: Staff/agen Day of Week Monday: Tuesday: Wednesday: Thursday:	Hours of Operation 8:00a - 12:00p 8:00a - 12:00p 8:00a - 12:00p	Jennifer Whetzel, MA Jennifer Whetzel, MA Jennifer Whetzel, MA	Staff/agend Day of Week Monday: Tuesday: Wednesday:	Hours of Operation 8:00a - 4:30p 8:00a - 4:30p 8:00a - 4:30p	ERICAL/CARE COORDINATION Staff Name with Credentials Teresa Halterman Teresa Halterman Teresa Halterman		
Thursday: Friday: Staff/agen Day of Week Monday: Tuesday: Wednesday: Thursday: Friday:	Hours of Operation 8:00a - 12:00p 8:00a - 12:00p 8:00a - 12:00p 8:00a - 12:00p 8:00a - 12:00p	Jennifer Whetzel, MA	Staff/agend Day of Week Monday: Tuesday: Wednesday: Thursday: Friday:	Hours of Operation 8:00a - 4:30p 8:00a - 4:30p 8:00a - 4:30p 8:00a - 4:30p 8:00a - 4:30p	Staff Name with Credentials Teresa Halterman Teresa Halterman Teresa Halterman Teresa Halterman Teresa Halterman Teresa Halterman		
Thursday: Friday: Staff/agen Day of Week Monday: Tuesday: Wednesday: Thursday: Friday: Other HE	Hours of Operation 8:00a - 12:00p	Jennifer Whetzel, MA	Staff/agend Day of Week Monday: Tuesday: Wednesday: Thursday: Friday:	Hours of Operation 8:00a - 4:30p 8:00a - 4:30p 8:00a - 4:30p 8:00a - 4:30p 8:00a - 4:30p	ERICAL/CARE COORDINATION Staff Name with Credentials Teresa Halterman Teresa Halterman Teresa Halterman Teresa Halterman Teresa Halterman Teresa Halterman		
Thursday: Friday: Staff/agen Day of Week Monday: Tuesday: Wednesday: Thursday: Friday: Other HE	Hours of Operation 8:00a - 12:00p ALTH SERVICES	Jennifer Whetzel, MA	Staff/agene Day of Week Monday: Tuesday: Wednesday: Thursday: Friday: Staff/agene Day of	8:00a - 4:30p 8:00a - 4:30p 8:00a - 4:30p 8:00a - 4:30p 8:00a - 4:30p 8:00a - 4:30p 8:00a - 4:30p	Staff Name with Credentials Teresa Halterman Teresa Halterman Teresa Halterman Teresa Halterman Teresa Halterman Teresa Halterman HER HEALTH services.		
Thursday: Friday: Staff/agen Day of Week Monday: Tuesday: Wednesday: Thursday: Friday: Other HE Other health	Hours of Operation 8:00a - 12:00p ALTH SERVICES I	Jennifer Whetzel, MA	Staff/agend Day of Week Monday: Tuesday: Wednesday: Thursday: Friday: Staff/agend Day of Week	8:00a - 4:30p 8:00a - 4:30p 8:00a - 4:30p 8:00a - 4:30p 8:00a - 4:30p 8:00a - 4:30p 8:00a - 4:30p	Staff Name with Credentials Teresa Halterman Teresa Halterman Teresa Halterman Teresa Halterman Teresa Halterman Teresa Halterman HER HEALTH services.		
Thursday: Friday: Staff/agen Day of Week Monday: Tuesday: Wednesday: Thursday: Friday: Other HE Other health	Hours of Operation 8:00a - 12:00p ALTH SERVICES I	Jennifer Whetzel, MA	Staff/agene Day of Week Monday: Tuesday: Wednesday: Thursday: Friday: Staff/agene Day of Week Monday:	Hours of Operation 8:00a - 4:30p Cy who provide OT Hours of Operation	Staff Name with Credentials Teresa Halterman Teresa Halterman Teresa Halterman Teresa Halterman Teresa Halterman Teresa Halterman HER HEALTH services.		
Thursday: Friday: Staff/agen Day of Week Monday: Tuesday: Wednesday: Thursday: Friday: Other HE Other health	Hours of Operation 8:00a - 12:00p ALTH SERVICES In services 1 in services 2 in services 3	Jennifer Whetzel, MA	Staff/agend Day of Week Monday: Tuesday: Wednesday: Thursday: Friday: Staff/agend Day of Week Monday: Tuesday:	Hours of Operation 8:00a - 4:30p Cy who provide OT Hours of Operation	Staff Name with Credentials Teresa Halterman Teresa Halterman Teresa Halterman Teresa Halterman Teresa Halterman Teresa Halterman HER HEALTH services.		

(Last Updated: 2/3/2	2013 8:34:11 PM)							
County in which SBHC is located:			Greenbrier					
Name of School-Ba	sed Health Center	Greer	Greenbrier West SBHC					
School in which	the SBHC is located	Greer	nbrier West H	HS.				
School Population 41								
Address for this Sc	hool-Based Health Cent	er						
Physical Address	Physical Address 1 Cavalier Dr							
Mailing Address	PO Box 325	SBHC Contact Person						
City	Charmco		First Name			L		7
State	WV		Last Name	_				
Zip	25958		Phone		438	6188	2	
Phone	304 438 6191		Extension	1020		0100	,	
Extension	1518		Fax		438	5762)	
Fax	304 438 5762		Email				ealth.org	
Website	rmchealth.org		Elliali	jkoei	iiei w	THICH	sailii.org	
Email	sstickler@rmchealth	.org						
SBHC Sponsoring	Agency							
Name			Rainelle M	edica	l Cen	ter		
Mailing Address			645 Kanav	vha A	ve			
City			Rainelle					
State			WV					
Zip			25962					
Executive Director			Kristi Atha	-Rade	er			
Phone			304 438	6188				
Fax			304 438	6819				
Email			karader@r	mche	alth.c	org		
SBHC Medical Dire	ector		Patricia La	lly, D	O - In	terim		
This SBHC is locat ✓ in a school buildin ─ on school property		ding	Other(pleas	e spec	rify)			
			Other schools s	erved 1:			Population:	
			Other schools s	erved 2:			Population:	
Other schools served by this SBHC			Other schools served 3:				Population:	
			Other schools s	erved 4:			Population:	
Grades served by this SBHC			PK 11 5 6				□ 4 ▽ 9	Other(please specify)

	who can receive onts from area scho	-				a=== a			
✓ School		ois not iocated	on campus	_	sources for your				
-	y of students			_	Source 1 WV BP				
	in the communit	•		_	Funding Source 2 Billing Revenue				
Opening date (month and year) for your SBHC			_	Source 3 Sisters	·				
Opening Month October			Funding	Source 4 WV BB	Н				
Opening	Year 2003								
Clinic sche	edule and staff name	es for MEDICA	L services	Day and ti	me that you provide	MENTAL HEAL	TH services		
Day of Week	Hours of Operation	Staff Name with	Credentials	Day of Week	Hours of Operation	Staff Name with Cred	lentials		
Monday:	7:30a - 3:30p	Vicki Gallah	ner, FNP-BC	Monday:	8:00a - 4:00p	Kay McCoy, L	ICSW		
Tuesday:				Tuesday:	8:00a - 4:00p	Kay McCoy, L	ICSW		
Wednesday:				Wednesday:	8:00a - 4:00p	Kay McCoy, L	ICSW		
Thursday:	7:30a - 11:30a	Vicki Gallah	ner, FNP-BC	Thursday:	8:00a - 4:00p	Kay McCoy, L	ICSW		
Friday:				Friday:	By appointment	Kay McCoy, L	ICSW		
Staff/agen	cy who provide OR	AL HEALTH se	ervices						
Day of Week	Hours of Operation	Staff Name with	Credentials	Types of or	al health services pi	rovidad at vour cite			
Monday:					•	tovided at your site	•		
Tuesday:				Oral healt Screening					
Wednesday:					e (Cleanings,Fluoride,S ve (Fillings, Extractions)				
Thursday:						,			
Friday:									
Staff/agen	cy who provide NU	RSING services.		Staff/ageno	cy who provide CLE	ERICAL/CARE CO	OORDINATION		
Day of Week	Hours of Operation	Staff Name with	Credentials	Day of Week	Hours of Operation	Staff Name with Cree	lentials		
Monday:	7:30a - 3:30p	Christine Po	uffenbarger, LPN	Monday:	7:30a - 3:30p	Sue Stickler, C	CMA		
Tuesday:				Tuesday:					
Wednesday:				Wednesday:					
Thursday:	7:30a - 11:30a	Christine Po	uffenbarger, LPN	Thursday:	7:30a - 11:30a	Sue Stickler, C	CMA		
Friday:				Friday:					
			anua.	Staff/ageno	cy who provide OTI	HER HEALTH ser	vices.		
Otner HE	ALTH SERVICES	provided at you	г ѕвнс.	Day of	Hours of Operation	Staff Name with Cred	lentials		
Other health				Week Monday:					
Other health				Tuesday:					
Other health		dod		Wednesday:					
Juler III	formation provi	ucu		Thursday:					
			*						
				Friday:					

(Last Updated: 2/5/2013 2:56:16 PM) County in which SBHC is located: Greenbrier Name of School-Based Health Center Western Greenbrier Middle SBH School in which the SBHC is located Western Greenbrier MS **School Population** 333 Address for this School-Based Health Center 315 Timberwolf Dr Physical Address Mailing Address 315 Timberwolf Dr **SBHC Contact Person** City Crawley First Name Judy WV State Last Name Koehler Zip 24931 Phone 304 438 6188 Phone 304 392 6446 Extension 1020 Extension 2310 Fax 304 438 5762 304 438 5762 Fax jkoehler@rmchealth.org Email Website rmchealth.org sstickler@rmchealth.org Email **SBHC Sponsoring Agency** Rainelle Medical Center Name 645 Kanawha Ave Mailing Address Rainelle City WV State 25962 Zip Kristi Atha-Rader **Executive Director** Phone 304 438 6188 304 438 6819 Fax karader@rmchealth.org Email SBHC Medical Director Patricia Lally DO - Interim This SBHC is located Other(please specify) ☑ in a school building on school property, but not in a school building Other schools served 1: Population: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\square PK$ $\blacksquare 1$ $\square 2$ **3 4** Other(please specify) Grades served by this SBHC **5 v** 7 **8** $\square 10$ **11 12**

		are at your SHBC ols not located on campus	E 1:		CDIIC			
School Staff			_	Funding sources for your SBHC Funding Source 1 WV BPH				
	of students		_					
	Others in the community			Funding Source 2 Billing Revenue				
	Opening date (month and year) for your SBHC			Funding Source 3 Sister of St. Joseph				
Opening	Month March		Funding	Source 4 WV BB	BH			
Opening	Year 2000							
Clinic sche	dule and staff name	es for MEDICAL services	Day and ti	me that you provide	e MENTAL HEALTH services			
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials			
Monday:			Monday:	8:00a- 4:00p	Linda Neal, LICSW			
Tuesday:	7:30a - 3:30p	Vicki Gallaher FNP-BC	Tuesday:	8:00a- 4:00p	Linda Neal, LICSW			
Wednesday:			Wednesday:	8:00a- 4:00p	Linda Neal, LICSW			
Thursday:	12:00p - 4:00p	Vicki Gallaher FNP-BC	Thursday:	8:00a- 4:00p	Linda Neal, LICSW			
Friday:			Friday:					
Staff/ageno	cy who provide ORA	AL HEALTH services						
Day of Week	Hours of Operation	Staff Name with Credentials	Types of or	al health services p	rovided at your site.			
Monday:			Oral heal	th education				
Tuesday:			Screening	gs				
Wednesday:				e (Cleanings,Fluoride,S ve (Fillings, Extractions				
Thursday:								
Friday:								
Staff/ageno	cy who provide NUF	RSING services.	Staff/ageno	cy who provide CLI	ERICAL/CARE COORDINATION			
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials			
Monday:			Monday:					
Tuesday:	7:30a - 3:30p	C. Puffenbarger, LPN	Tuesday:	7:30a - 3:30p	Sue Stickler, CMA			
Wednesday:			Wednesday:					
Thursday:	12:00p - 4:00p	C.Puffenbarger, LPN	Thursday:	12:00p - 4:00p	Sue Stickler, CMA			
Friday:			Friday:					
Other HE	ALTH SERVICES 1	provided at your SBHC.	Staff/ageno	cy who provide OTI	HER HEALTH services.			
Other health			Day of Week	Hours of Operation	Staff Name with Credentials			
Other health			Monday:					
Other health			Tuesday:					
Other in	formation provid	led	Wednesday:					
	_		Thursday:					
			Friday:					

(Last Updated: 2/5/2013 2:56:49 PM) County in which SBHC is located: Greenbrier Name of School-Based Health Center Eastern Greenbrier Middle SBHC School in which the SBHC is located Eastern Greenbrier MS **School Population** 811 Address for this School-Based Health Center 330 Knight Dr Physical Address Mailing Address 330 Knight Dr **SBHC Contact Person** City Ronceverte First Name Judy WV State Last Name Koehler Zip 24970 Phone 304 438 6188 Phone 304 647 6498 Extension 1020 Extension 320 Fax 304 438 5762 304 438 5762 Fax jkoehler@rmchealth.org Email Website rmchealth.org cholliday@rmchealth.org Email **SBHC Sponsoring Agency** Rainelle Medical Center Name 645 Kanawha Ave Mailing Address Rainelle City WV State 25962 Zip Kristi Atha-Rader **Executive Director** 304 438 6188 Phone 304 438 6819 Fax karader@rmchealth.org Email SBHC Medical Director Patricia Lally DO - Interim This SBHC is located Other(please specify) ☑ in a school building on school property, but not in a school building Other schools served 1: Population: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\square PK$ $\blacksquare 1$ $\square 2$ **3 4** Other(please specify) Grades served by this SBHC **5 v** 7 **8** $\square 10$ **11 12**

		care at your SHBC	Funding	gouroog for vou	, CDUC				
School S		1	_	sources for you Source 1 Billing					
	of students		_						
	in the communit	•	_	Funding Source 2 WV BBH					
-		d year) for your SBHC	Funding						
	Month August		Funding	Source 4					
Opening	Year 2011								
Clinic sche	dule and staff nam	es for MEDICAL services	Day and tin	me that you provid	e MENTAL HEALT	H services			
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Crede	entials			
Monday:	8:00a - 4:00p	Jaclyn Adkins, PA-C	Monday:	8:00a - 4:00p	Ruth Riffe LICS	SW, ADC			
Tuesday:	8:00a - 4:00p	Jaclyn Adkins, PA-C	Tuesday:	8:00a - 4:00p	Ruth Riffe LICS	SW, ADC			
Wednesday:	8:00a - 4:00p	Jaclyn Adkins, PA-C	Wednesday:	8:00a - 4:00p	Ruth Riffe LICS	SW, ADC			
Thursday:	8:00a - 4:00p	Jaclyn Adkins, PA-C	Thursday:	8:00a - 4:00p	Ruth Riffe LICS	SW, ADC			
Friday:	8:00a - 4:00p	Jaclyn Adkins, PA-C	Friday:						
Staff/ageno Day of Week	ey who provide OR Hours of Operation	AL HEALTH services Staff Name with Credentials	Types of or	al health services r	provided at your site.				
Monday:				-	storiaca at your site.				
Tuesday:			Oral healt Screening	S					
Wednesday:				e (Cleanings,Fluoride, re (Fillings, Extraction					
Thursday:									
Friday:									
Staff/ageno	ey who provide NU	RSING services.	Staff/ageno	cy who provide CL	ERICAL/CARE CO	ORDINATION			
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Crede	entials			
Monday:	8:00a - 4:00p	Jeniffer Wickline LPN	Monday:	8:00a - 4:00p	Charlotte Hollic	lay			
Tuesday:	8:00a - 4:00p	Jeniffer Wickline LPN	Tuesday:	8:00a - 4:00p	Charlotte Hollic	lay			
Wednesday:	8:00a - 4:00p	Jeniffer Wickline, LPN	Wednesday:	8:00a - 4:00p	Charlotte Hollic	lay			
Thursday:	8:00a - 4:00p	Jeniffer Wickline, LPN	Thursday:	8:00a - 4:00p	Charlotte Hollic	lay			
Friday:	8:00a - 4:00p	Jeniffer Wickline LPN	Friday:	8:00a - 4:00p	Charlotte Hollic	lay			
Other HE	ALTH SERVICES	provided at your SBHC.	· ·	cy who provide OT	HER HEALTH servi	ices.			
Other health	services 1		Day of Week	Hours of Operation	Staff Name with Crede	entials			
Other health			Monday:						
Other health	services 3		Tuesday:						
Other in	formation provi	ded	Wednesday:						
			Thursday:						
			Friday:						
			 , -						

(Last Opdated: 2/5/20	013 2:38:12 PM)						
County in which SB	Hardy	dy					
Name of School-Bas	ed Health Center	Moorefield Interme	orefield Intermediate. SBHC				
School in which	the SBHC is located	Moorefield Interme	ediate School				
School Populatio	316						
Address for this Sch	nool-Based Health Cente	r					
Physical Address	30 Caledonia Drive						
Mailing Address		SDIIC Com	40 o4 Dougou				
City	Moorefield	First Name	tact Person		7		
State	WV		Halterman]		
Zip	26836	Phone	304 897 59	15			
Phone	304 530 5010	Extension	237	13			
Extension				16			
Fax	304 897 6216	Fax	304 897 62		_		
Website		Email	thalterman@h	awseneaith	.С		
Email							
SBHC Sponsoring A	Agency	ΓΛ Π	Lisalth Otalia				
Name			Health Ctr Inc	;.			
Mailing Address		PO Box 97					
City		Baker					
State		WV					
Zip		26801	050				
Executive Director			hnson, CEO				
Phone		304 897	5915				
Fax		304 897					
Email			hawsehealth				
SBHC Medical Direc	etor	Dr. James	Rising				
This SBHC is locate	ed	Other(pleas	e specify)				
☑in a school buildin	•	•	с вресну)				
on school property	, but not in a school build	ing					
		Other schools s		Population:	7		
		Moorefield Other schools s		329			
		Other schools s	erved 2:	Population:]		
Other schools served	d by this SBHC	Other schools s	erved 3:	Population:	1		
		04. 1.1		Dom 1:4			
		Other schools s	erved 4:	Population:	1		
		■PK ■1		4	Other(please specify)		
Grades served by th	is SBHC	v 5 v 6	▽ 7 ▽ 8	9	¥ 1 1/		

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Funding sources for your SBHC				
Funding Sources 1 WV BPH				
Funding Source 2				
Funding Source 3				
Funding Source 4				
Day and time that you provide MENTAL HEALTH services				
Day of Week Hours of Operation Staff Name with Credentials				
Monday:				
Tuesday:				
Wednesday:				
Thursday:				
Friday:				
Turner of and health couries a movided at your site				
Types of oral health services provided at your site.				
Oral health education Screenings				
Preventive (Cleanings, Fluoride, Sealants)Restorative (Fillings, Extractions)				
Testolida (C. Hilligs, Extractions)				
Staff/agency who provide CLERICAL/CARE COORDINATION				
Day of Week Hours of Operation Staff Name with Credentials				
Monday: 8:00a - 4:30p Teresa Halterman				
Tuesday: 8:00a - 4:30p Teresa Halterman				
Wednesday: 8:00a - 4:30p Teresa Halterman				
Thursday: 8:00a - 4:30p Teresa Halterman				
ologa Hologa Hallottian				
Friday: 8:00a - 4:30p Teresa Halterman				
Friday: 8:00a - 4:30p Teresa Halterman Staff/agency who provide OTHER HEALTH services. Day of House of Operation Staff Name with Credentials				
Friday: 8:00a - 4:30p Teresa Halterman Staff/agency who provide OTHER HEALTH services.				
Friday: 8:00a - 4:30p Teresa Halterman Staff/agency who provide OTHER HEALTH services. Day of Week Hours of Operation Staff Name with Credentials				
Friday: 8:00a - 4:30p Teresa Halterman Staff/agency who provide OTHER HEALTH services. Day of Week Hours of Operation Staff Name with Credentials Monday:				
Friday: 8:00a - 4:30p Teresa Halterman Staff/agency who provide OTHER HEALTH services. Day of Week Hours of Operation Staff Name with Credentials Monday: Tuesday:				

(Last Updated: 2/5/2013 2:57:10 PM) County in which SBHC is located: Hardy Name of School-Based Health Center Moorefield Elementary SBHC School in which the SBHC is located Moorefield ES **School Population** 465 Address for this School-Based Health Center 400 N. Main Street Physical Address Mailing Address **SBHC Contact Person** Moorefield City First Name | Teresa WV State Last Name Halterman Zip 26836 Phone 304 897 5915 Phone 304 897 5915 Extension 237 Extension Fax 304 897 6216 304 897 6216 Fax thalterman@hawsehealth.c Email Website Email **SBHC Sponsoring Agency** E.A. Hawse Health Ctr Inc. Name PO Box 97 Mailing Address Baker City WV State 26801 Zip **Executive Director** Gary T. Johnson, CEO Phone 304 897 5915 304 897 6216 Fax Email gjohnson@hawsehealth SBHC Medical Director Dr. James Rising This SBHC is located Other(please specify) on school property, but not in a school building Other schools served 1: Population: 422 Moorefield HS Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: ▼PK V $\mathbf{v}2$ **3 v** 4 Other(please specify) Grades served by this SBHC **6 7 8**

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V 12

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		are at your SHBC							
■ Studen ✓ School		ols not located on campus	Funding	Funding sources for your SBHC					
	y of students		Funding	Funding Source 1 WV BPH					
•	in the community	7	Funding	Funding Source 2					
Opening date (month and year) for your SBHC			Funding	Funding Source 3					
Opening Month			Funding	Funding Source 4					
Opening	Year								
Clinic sche	edule and staff name	s for MEDICAL services	Day and ti	me that you provid	e MENTAL HEALTH services				
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials				
Monday:	8:00a - 10:30a	A.Kump PA-C	Monday:						
Tuesday:	8:00a - 10:30a	A.Kump PA-C	Tuesday:						
Wednesday:	8:00a - 10:30a	A.Kump PA-C	Wednesday						
Thursday:	8:00a - 10:30a	A.Kump PA-C	Thursday:						
Friday:	8:00a - 10:30a	A.Kump PA-C	Friday:						
Staff/ageno	cy who provide ORA	AL HEALTH services							
Day of Week	Hours of Operation	Staff Name with Credentials	Types of or	val haalth gawriaag v	movided at very site				
Monday:				_	provided at your site.				
Tuesday:				☐ Oral health education ☐ Screenings					
Wednesday:				e (Cleanings,Fluoride, ve (Fillings, Extraction					
Thursday:				3.,	,				
Friday:									
Staff/ageno	cy who provide NUF	SING services.	Staff/agen	cy who provide CL	ERICAL/CARE COORDINATION				
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials				
Monday:	8:00a - 10:30a	Carol Robison, MA	Monday:	8:00a - 4:30p	Teresa Halterman				
Tuesday:	8:00a - 10:30a	Carol Robison, MA	Tuesday:	8:00a - 4:30p	Teresa Halterman				
Wednesday:	8:00a - 10:30a	Carol Robison, MA	Wednesday:	8:00a - 4:30p	Teresa Halterman				
Thursday:	8:00a - 10:30a	Carol Robison, MA	Thursday:	8:00a - 4:30p	Teresa Halterman				
Friday:	8:00a - 10:30a	Carol Robison, MA	Friday:	8:00a - 4:30p	Teresa Halterman				
Other HE	A L'ELL CEDVICES .	provided at your SBHC.	Staff/agen	cy who provide OT	HER HEALTH services.				
		provided at your SBHC.	Day of Week	Hours of Operation	Staff Name with Credentials				
Other health Other health			Monday:						
Other health			Tuesday:						
	formation provi	led	Wednesday:						
			Thursday:						
			Friday:						

(Last Updated: 2/5/2013 2:57:51 PM) County in which SBHC is located: Hardy Name of School-Based Health Center East Hardy Early Middle SBHC School in which the SBHC is located East Hardy Early Middle School **School Population** 543 Address for this School-Based Health Center 288 Cougar Dr Physical Address Mailing Address **SBHC Contact Person** Baker City First Name | Teresa WV State Last Name Halterman Zip 26801 Phone 304 897 5915 Phone 304 897 5915 Extension 237 Extension Fax 304 897 6216 304 897 6216 Fax thalterman@hawsehealth.c Email Website Email **SBHC Sponsoring Agency** EA. Hawse Health Ctr Inc. Name PO Box 97 Mailing Address Baker City WV State 26801 Zip **Executive Director** Gary T. Johnson, CEO Phone 304 897 5915 304 897 6216 Fax Email gjohnson@hawsehealth SBHC Medical Director Dr. James Rising This SBHC is located Other(please specify) on school property, but not in a school building Other schools served 1: Population: East Hardy HS 232 Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: ▼PK V $\mathbf{v}2$ **3 v** 4 Other(please specify) Grades served by this SBHC **v** 5 **v**6 **v** 7 **8 v**9

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V 12

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		are at your SHBC ols not located on campus						
✓ School Staff			_	Funding sources for your SBHC				
	of students		_	Funding Source 1 WV BPH				
Others in the community			Funding	Funding Source 2 Funding Source 3				
Opening	Opening date (month and year) for your SBHC							
Opening	Month		Funding	Source 4				
Opening	Year							
Clinic sche	dule and staff name	es for MEDICAL services	Day and ti	me that you provide	e MENTAL HEALTH services			
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials			
Monday:	8:00a - 12:00p	Not staffed at this time	Monday:	8:00a - 12:00p	Ken Powers, LICSW			
Tuesday:	8:00a - 12:00p	Not staffed at this time	Tuesday:	8:00a - 12:00p	Pat Veitch, LICSW			
Wednesday:	8:00a - 12:00p	Not staffed at this time	Wednesday:	8:00a - 3:30p	Ken Powers, LICSW			
Thursday:	8:00a - 12:00p	Not staffed at this time	Thursday:	8:00a - 3:30p	K.Powers LICSW; P.Veitch LI			
Friday:	8:00a - 12:00p	Not staffed at this time	Friday:					
Staff/ageno	ev who provide ORA	AL HEALTH services						
Day of	Hours of Operation	Staff Name with Credentials						
Week	Tions of Operation	Start Traine with Credentials	Types of or	al health services p	rovided at your site.			
Monday:			Oral heal	th education				
Tuesday:			Screening Preventive	gs e (Cleanings,Fluoride,S	lealants)			
Wednesday:				ve (Fillings, Extractions				
Thursday:								
Friday:								
Staff/ageno	cy who provide NUF	RSING services.	Staff/agen	cy who provide CLI	ERICAL/CARE COORDINATION			
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials			
Monday:			Monday:	8:00a - 4:30p	Teresa Halterman			
Tuesday:			Tuesday:	8:00a - 4:30p	Teresa Halterman			
Wednesday:			Wednesday	8:00a - 4:30p	Teresa Halterman			
Thursday:			Thursday:	8:00a - 4:30p	Teresa Halterman			
Friday:			Friday:	8:00a - 4:30p	Teresa Halterman			
			Staff/agen	cy who provide OTI	HER HEALTH services.			
Other HE	ALTH SERVICES 1	provided at your SBHC.	Day of					
Other health	services 1		Week	Hours of Operation	Staff Name with Credentials			
Other health	services 2		Monday:					
Other health	services 3		Tuesday:					
Other in	formation provi	ded	Wednesday					
		^	Thursday:					
		Ψ.	Friday:					

(Last Updated: 2/6/20	13 12:08:17 PM)						
County in which SBHC is located: Harris		Harriso	rrison				
Name of School-Based Health Center Sout		South F	nth Harrison High SBHC				
School in which the SBHC is located South		South F	th Harrison HS				
School Population 444		444					
Address for this Scho	ool-Based Health Center	•					
Physical Address	Route 1, Box 58						
Mailing Address Route 1, Box 58 City Lost Creek State WV			SBHC Contact Person				
			First Name			7	
			Last Name			1	
Zip	26385		Phone	304 550 7	2802		
Phone			Extension	304 330 7	002		
Extension			Fax				
Fax			Email	patriciacollo	tt@yahoo.con	2	
Website	communitycarewv.org		Elliali	patriciacolle	it @ yarioo.com	1	
Email							
SBHC Sponsoring A	gency			y Care of WV	' Inc		
Mailing Address			P.O. Box 217				
City			Rock Cave				
State			WV				
Zip			26234				
Executive Director			Rick Simor	1			
Phone							
Fax					_		
Email							
SBHC Medical Direct	or		Sarah Cho	uinard, M.D.			
This SBHC is located ✓ in a school building ─ on school property,			Other(pleas	e specify)			
			Other schools s	erved 1:	Population:	7	
			Other schools s	erved 2:	Population:	7	
Other schools served	by this SBHC		Other schools s	erved 3:	Population:]	
			Other schools s	erved 4:	Population:]	
Grades served by thi	s SBHC		□PK □1 □5 □6			Other(please specify)	

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_ a •	Students from area schools not located on campus		Funding sources for your SBHC				
✓ School Staff✓ Family of students		Funding	Source 1				
	s in the communi	ity	Funding Source 2 Funding Source 3				
		nd year) for your SBHC					
	Opening Month January		Funding Source 4				
Opening Year 2013							
Clinic sch	edule and staff nan	nes for MEDICAL services	Day and ti	me that you provid	le MENTAL HEALTH services		
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:	TBA	ТВА	Monday:				
Гuesday:			Tuesday:				
Wednesday			Wednesday:				
Γhursday:			Thursday:				
Friday:			Friday:				
Staff/agen	cy who provide OF	RAL HEALTH services					
Day of	Hours of Operation	Staff Name with Credentials					
Week Monday:	Trouis or operation	Start Politic With Credentials	Types of or	al health services p	provided at your site.		
violiday.			=				
F J			Oral healt				
Гuesday:			Screening	gs	Sealants)		
Wednesday			Screening Preventiv				
Wednesday Fhursday:			Screening Preventiv	gs e (Cleanings,Fluoride,			
Wednesday			Screening Preventiv	gs e (Cleanings,Fluoride,			
Wednesday Γhursday: Friday:	cy who provide NU	JRSING services.	Screening Preventiv Restorativ	e (Cleanings,Fluoride, e (Fillings, Extraction			
Wednesday: Friday: Staff/agen Day of		URSING services. Staff Name with Credentials	Screening Preventiv Restorativ Staff/agene	e (Cleanings,Fluoride, e (Fillings, Extraction	is)		
Wednesday: Friday: Staff/agen Day of Week	cy who provide NU		Screening Preventiv Restorativ	gs e (Cleanings,Fluoride, ve (Fillings, Extraction cy who provide CL	LERICAL/CARE COORDINATION		
Wednesday Thursday: Friday: Staff/agen Day of Week Monday:	cy who provide NU	Staff Name with Credentials	Screening Preventiv Restorativ Staff/agene Day of Week	gs e (Cleanings,Fluoride, ve (Fillings, Extraction cy who provide CL Hours of Operation	LERICAL/CARE COORDINATION		
Wednesday Thursday: Friday: Staff/agen Day of Week Monday: Fuesday:	cy who provide NU Hours of Operation TBA	Staff Name with Credentials	Staff/agene Day of Week Monday: Tuesday:	gs e (Cleanings,Fluoride, ve (Fillings, Extraction cy who provide CL Hours of Operation TBA	LERICAL/CARE COORDINATION		
Wednesday Thursday: Friday: Staff/agen Day of Week Monday: Tuesday: Wednesday	cy who provide NU Hours of Operation TBA	Staff Name with Credentials	Staff/agend Day of Week Monday: Tuesday: Wednesday:	gs e (Cleanings,Fluoride, ve (Fillings, Extraction cy who provide CL Hours of Operation TBA	LERICAL/CARE COORDINATION		
Wednesday Thursday: Friday: Staff/agen Day of Week Monday: Fuesday: Wednesday Thursday:	cy who provide NU Hours of Operation TBA	Staff Name with Credentials	Staff/agend Day of Week Monday: Tuesday: Wednesday: Thursday:	gs e (Cleanings,Fluoride, ve (Fillings, Extraction Cy who provide CL Hours of Operation TBA	LERICAL/CARE COORDINATION		
Wednesday Thursday: Friday: Staff/agen Day of Week Monday: Tuesday: Wednesday	cy who provide NU Hours of Operation TBA	Staff Name with Credentials	Staff/agend Day of Week Monday: Tuesday: Wednesday:	gs e (Cleanings,Fluoride, ve (Fillings, Extraction cy who provide CL Hours of Operation TBA	LERICAL/CARE COORDINATION		
Wednesday Thursday: Friday: Staff/agen Day of Week Monday: Fuesday: Wednesday Thursday: Friday:	cy who provide NU Hours of Operation TBA	Staff Name with Credentials TBA	Screening Preventiv Restorativ Staff/agene Day of Week Monday: Tuesday: Wednesday: Thursday: Friday:	gs e (Cleanings,Fluoride, ve (Fillings, Extraction cy who provide CL Hours of Operation TBA TBA	LERICAL/CARE COORDINATION		
Wednesday Thursday: Friday: Staff/agen Day of Week Monday: Fuesday: Wednesday Thursday: Friday: Other HE	Cy who provide NU Hours of Operation TBA ALTH SERVICES	Staff Name with Credentials	Screening Preventiv Restorativ Staff/agene Day of Week Monday: Tuesday: Wednesday: Thursday: Friday: Staff/agene Day of	gs e (Cleanings,Fluoride, ve (Fillings, Extraction cy who provide CL Hours of Operation TBA TBA	ERICAL/CARE COORDINATION Staff Name with Credentials		
Wednesday Thursday: Friday: Staff/agen Day of Week Monday: Fuesday: Wednesday Thursday: Friday: Other HE	Cy who provide NU Hours of Operation TBA ALTH SERVICES In services 1	Staff Name with Credentials TBA	Screening Preventiv Restorativ Staff/agene Day of Week Monday: Tuesday: Wednesday: Thursday: Friday: Staff/agene	gs e (Cleanings,Fluoride, we (Fillings, Extraction Ey who provide CL Hours of Operation TBA TBA TBA TBA	LERICAL/CARE COORDINATION Staff Name with Credentials CHER HEALTH services.		
Wednesday Friday: Staff/agen Day of Week Monday: Fuesday: Wednesday Fhursday: Friday: Other HE Other health	ALTH SERVICES a services 1 a services 2	Staff Name with Credentials TBA	Staff/agene Day of Week Monday: Tuesday: Wednesday: Friday: Staff/agene Day of Week Monday:	gs e (Cleanings,Fluoride, we (Fillings, Extraction Ey who provide CL Hours of Operation TBA TBA TBA TBA	LERICAL/CARE COORDINATION Staff Name with Credentials CHER HEALTH services.		
Wednesday Friday: Staff/agen Day of Week Monday: Fuesday: Wednesday Fhursday: Friday: Other HE Other health Other health	Hours of Operation TBA ALTH SERVICES a services 1 a services 2 a services 3	Staff Name with Credentials TBA Sprovided at your SBHC.	Staff/agend Day of Week Monday: Tuesday: Friday: Staff/agend Day of Week Monday: Thursday: Friday: Thursday: Thursday: Thursday: Triday: Triday: Tuesday: Thursday: Triday: Triday: Tuesday: Tuesday:	gs e (Cleanings,Fluoride, ve (Fillings, Extraction cy who provide CL Hours of Operation TBA TBA TBA TBA Cy who provide OT Hours of Operation	LERICAL/CARE COORDINATION Staff Name with Credentials CHER HEALTH services.		
Wednesday Friday: Staff/agen Day of Week Monday: Fuesday: Wednesday Fhursday: Other HE Other health Other health	ALTH SERVICES a services 1 a services 2	Staff Name with Credentials TBA Sprovided at your SBHC.	Staff/agene Day of Week Monday: Tuesday: Wednesday: Friday: Staff/agene Day of Week Monday:	gs e (Cleanings,Fluoride, ve (Fillings, Extraction cy who provide CL Hours of Operation TBA TBA TBA TBA Cy who provide OT Hours of Operation	LERICAL/CARE COORDINATION Staff Name with Credentials CHER HEALTH services.		

(Last Updated: 2/6/2013 12:09:35 PM)						
County in which SBHC is located:	Harrison					
Name of School-Based Health Cente	South Harrison Middle SBHC					
School in which the SBHC is loca	South Harrison MS					
School Population	311					
Address for this School-Based Health	Center					
Physical Address Route 1, Box	В					
Mailing Address Route 1, Box	SBHC Contact Person					
City Lost Creek	First Name Patricia					
State	Last Name Collett					
Zip 26385	Phone 304 550 7802					
Phone	Extension					
Extension	Fax					
Fax	Email patriciacollett@yahoo.com					
Website communitycar						
Email						
SBHC Sponsoring Agency						
Name	Community Care of WV Inc					
Mailing Address	P.O. Box 217	P.O. Box 217				
City	Rock Cave	Rock Cave				
State	WV					
Zip	26234	26234				
Executive Director	Rick Simon					
Phone						
Fax						
Email						
SBHC Medical Director	Sarah Chouinard, M.D.					
This SBHC is located ☑ in a school building ☐ on school property, but not in a school	Other(please specify) building					
	Other schools served 1: Population:					
	Other schools served 2: Population:					
Other schools served by this SBHC	Other schools served 3: Population:					
	Other schools served 4: Population:					
Grades served by this SBHC	PK 1 2 3 4 5 6 7 8 9 10 11 12					

Others who can receive care at your SHBC Students from area schools not located on campus			Funding	Funding sources for your SBHC				
Schoo Schoo			Funding Source 1					
	y of students s in the commun	nity	Funding Source 2 Funding Source 3 Funding Source 4					
		and year) for your SBHC						
	Month Januar							
	Year 2013	,						
opening	2010							
Clinic sch	edule and staff na	mes for MEDICAL services	Day and ti	me that you provid	le MENTAL HEALTH services			
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials			
Monday:	TBA	TBA	Monday:	_				
Fuesday:	, .		Tuesday:					
Wednesday			Wednesday					
Thursday:			Thursday:					
Friday:			Friday:					
			1 Tiday .					
Staff/agen	cy who provide O	RAL HEALTH services						
Day of Week	Hours of Operation	Staff Name with Credentials	Types of a	ral health services :	provided at your site.			
Monday:			• •	•	provided at your site.			
Γuesday:			Oral heal Screening	gs				
Wednesday				re (Cleanings,Fluoride, ve (Fillings, Extraction				
Γhursday:								
Friday:								
14 o CC /o o o o o	ou who muonide N	LIDCING countries	Staffia aan	ou who muorido CI	EDICAL/CADE COODDINATION			
	cy wno provide N	URSING services.		cy wno provide CL	ERICAL/CARE COORDINATION			
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials			
Monday:	TBA	TBA	Monday:	TBA				
Гuesday:			Tuesday:					
Wednesday			Wednesday					
Thursday:			Thursday:					
mursuay.			•					
Friday:			Friday:	TBA				
•			Friday:					
Friday:	ALTH SERVICE	S provided at your SBHC.	Friday:		THER HEALTH services.			
Friday: Other HE		S provided at your SBHC.	Friday:		THER HEALTH services. Staff Name with Credentials			
Friday: Other HE Other health	n services 1	S provided at your SBHC.	Friday: Staff/agen Day of	cy who provide OT				
Friday: Other HE Other health	n services 1	S provided at your SBHC.	Friday: Staff/agen Day of Week	cy who provide OT				
Other HE Other healtl Other healtl	a services 1 a services 2 a services 3		Friday: Staff/agen Day of Week Monday:	cy who provide OT Hours of Operation				
Other HE Other healtl Other healtl	n services 1		Friday: Staff/agen Day of Week Monday: Tuesday:	cy who provide OT Hours of Operation				
Other HE Other healtl Other healtl	a services 1 a services 2 a services 3		Staff/agen Day of Week Monday: Tuesday: Wednesday	cy who provide OT Hours of Operation				

(Last Opdated: 2/6/2	2015 12:10:40 PMI)						
Name of School-Based Health Center Lost		Harrison	ost Creek Elem SBHC				
		Lost Creek El					
		Lost Creek ES					
School Population	on	181					
Address for this Sc	hool-Based Health Cent	er					
Physical Address	P.O. Box 128						
Mailing Address	P.O. Box 128						
City Lost Creek			Contact I		1		
State	State		ame Patr				
Zip			ame Colle				
Phone		Phone	304	550	7802		
Extension		Extens	ion	_		_	
Fax		Fax					
Website	communitycarewv.c	Email	patri	ciaco	llett@y	ahoo.co	m
Email	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3					
SBHC Sponsoring	Agency						
Name			unity Car	e of V	Vest V	_	
Mailing Address		P.O. B	Sox 217				
City		Rock (Cave				
State		WV					
Zip		26234					
Executive Director		Rick S	imon				
Phone							
Fax							
Email							
SBHC Medical Dire	ector	Sarah	Chouinar	d, M.	D.		
This SBHC is locat ☑ in a school buildin ☐ on school propert		Ĭ	please spec	cify)			
			nools served 1	:	F	opulation:	
		Other sch	nools served 2	:	F	opulation:	
Other schools serve	ed by this SBHC	Other sch	nools served 3	:	F	opulation:	
		Other sch	nools served 4	:	F	opulation:	
Grades served by the	his SBHC	⊌PK ⊌5		2		7 4	Other(please specify)

10 11 12

		care at your SHBC	Funding		" CDIIC		
	✓ School Staff		_	Funding Sources for your SBHC Funding Source 1			
	Family of students		Funding S				
	■ Others in the community Opening date (month and year) for your SBHC		Funding S				
- '		•	_				
	Month January		Funding S				
Opening	Year 2013						
Clinic sch	edule and staff nan	nes for MEDICAL services	Day and tim	ne that you provid	e MENTAL HEALTH services		
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:	TBA	ТВА	Monday:				
Tuesday:			Tuesday:				
Wednesday	:		Wednesday:				
Thursday:			Thursday:				
Friday:			Friday:				
Staff/agen	cv who provide OF	AL HEALTH services					
Day of Week	Hours of Operation	Staff Name with Credentials					
Monday:			Types of ora	l health services p	provided at your site.		
Tuesday:			Oral healthScreenings				
Wednesday	:		Preventive	(Cleanings,Fluoride,S			
Thursday:			Restorative	(Fillings, Extractions	8)		
Friday:							
Staff/agen	cy who provide NU	IRSING services.	Staff/agency	who provide CL	ERICAL/CARE COORDINATION		
Day of Week	Hours of Operation	Staff Name with Credentials	Day of	Hours of Operation	Staff Name with Credentials		
Monday:	TBA	TBA		TBA			
Tuesday:			Tuesday:				
Wednesday	:		Wednesday:				
Thursday:			Thursday:				
Friday:				TBA			
•							
Other HE	ALTH SERVICES	provided at your SBHC.	Staff/agency	who provide OT	HER HEALTH services.		
		provided at your SBHC.	Doy of	who provide OT	HER HEALTH services. Staff Name with Credentials		
Other HE Other health	n services 1	5 provided at your SBHC.	Day of L	-			
Other health	n services 1	S provided at your SBHC.	Day of Week	-			
Other health Other health	n services 1		Day of Week Monday:	-			
Other health Other health	n services 1 n services 2 n services 3		Day of Week Honday:	-			

(Last Updated: 2/6/2	2013 12:12:10 PM)					
County in which SBHC is located: Harris		Harrison				
Name of School-Based Health Center West		st Milford Elementary SBHC				
School in which	the SBHC is located	West Milford ES				
School Populati	on	447				
Address for this Sc	hool-Based Health Cent	er				
Physical Address	226 School Street					
Mailing Address	226 School Street	SPIIC Contest Pours				
City West Milford State WV		SBHC Contact Person First Name Patricia				
		Last Name Collett				
Zip	26451	Phone 304 550 7802				
Phone		Extension				
Extension		Fax				
Fax		Email patriciacollett@yahoo.com				
Website	communitycarewv.o	g patholassilett@yahlos.ssim				
Email						
SBHC Sponsoring	Agency					
Name		Community Care of West V				
Mailing Address		P.O. Box 217				
City		Rock Cave				
State		WV				
Zip		26234				
Executive Director		Rick Simon				
Phone						
Fax						
Email						
SBHC Medical Dire	ector	Sarah Chouinard, M.D.				
This SBHC is local ✓ in a school buildi ─ on school propert		Other(please specify)				
		Other schools served 1: Population:				
		Other schools served 2: Population:				
Other schools serve	ed by this SBHC	Other schools count 2:				
	•	Other schools served 3: Population:				
		Other schools served 4: Population:				
		✓PK ✓1 ✓2 ✓3 ✓4 Other(please specify)				
Grades served by t	his SBHC	■5 ■6 ■7 ■8 ■9 Sincr(prease specify)				

		care at your SHBC pols not located on campus	Funding	courses for you	or SRUC		
School Staff School Staff		Funding Sources 1					
	Family of students		Funding Source 1				
	s in the communit		Funding Source 2 Funding Source 3 Funding Source 4				
-		nd year) for your SBHC					
	Month January						
Opening	Year 2013						
Clinic sch	edule and staff nam	nes for MEDICAL services	Day and ti	me that you provid	e MENTAL HEALTH services		
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:	TBA	ТВА	Monday:				
Γuesday:			Tuesday:				
Wednesday			Wednesday:				
Γhursday:			Thursday:				
Friday:			Friday:				
Staff/agen	cy who provide OR	AL HEALTH services					
Day of Week	Hours of Operation	Staff Name with Credentials	T	-1 h - 14h			
Monday:				-	provided at your site.		
Γuesday:			Oral healt Screening				
Wednesday				e (Cleanings,Fluoride, ve (Fillings, Extraction			
Γhursday:			Restorati	e (i mings, Extraction	3)		
Friday:							
Staff/agen	cy who provide NU	RSING services.	Staff/ageno	cy who provide CL	ERICAL/CARE COORDINATION		
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:	TBA	ТВА	Monday:	TBA			
Γuesday:			Tuesday:				
Wednesday			Wednesday:				
Γhursday:			Thursday:				
Friday:			Friday:	TBA			
			Staff/ageno	cy who provide OT	HER HEALTH services.		
Other HE	ALTH SERVICES	provided at your SBHC.	Day of	Hann of Orangian	Carff Nouse with Condentials		
Other health	services 1		Week	Hours of Operation	Staff Name with Credentials		
Other health	services 2		Monday:				
	services 3		Tuesday:				
Other in	formation provi	ided	Wednesday:				
			Thursday:				
		*	Friday:				