

West Virginia Chapter of the American Academy of Pediatrics Child Health Quality Initiative Mini-grant Application

I. Contact Information

1. Practice name and county _____
2. Contact person and title _____
3. Address _____

4. Phone _____
5. Fax _____
6. E-mail _____

II. TEAM

1. Physician Champion _____
2. Members _____
3. Partners _____

III. Issue

1. Name of project _____
2. Circle health issue to be addressed in project:
a) Obesity b) Prevention c) Screens d) Asthma e) Mental Health
f) Immunization g) Medical Home h) Children with Special Needs
i) Child Abuse/DV j) Other _____
3. Population served by project _____

