SERVICE AREA NEEDS AND STRATEGIES

TABLE 1. SERVICE AREA

Complete the table to describe your service area. If serving multiple counties, please complete a table for each county.

Column A: List geographic areas in the order of priority, starting with the area of greatest need. *If serving a subcounty, list the Medical Service Study Areas (MSSA). Space is limited. Complete up to 6 rows per county. You may combine areas with similar priority, demographics and needs.

Column B: For the specified area, list other case management programs that serve the AFLP target population such as those offered by the county department of public health (e.g., Black Infant Health (BIH), Nurse Family Partnership (NFP)).

Column C: For the specified area, describe the need(s) that your agency proposes to address by providing AFLP PYD. The description should include relevant information on expectant and parenting youth, gaps identified in the proposed service area (areas without services for expectant and parenting youth), need(s) in the community (i.e., lack of contraception services), and expected challenges (i.e., remote area, lack of Wi-Fi/phone service).

Column D: For the specified area, list strategies to address the needs identified in column C.

County: _____

A. Geographic Area (MSSA ID)*	B. Other Case Management Programs Serving the AFLP Target Population	C. Need(s), Gaps and Service Challenges	D. Strategies to Address Need(s)

A. Geographic Area (MSSA ID)*	B. Other Case Management Programs Serving the AFLP Target Population	C. Need(s), Gaps and Service Challenges	D. Strategies to Address Need(s)

A. Geographic Area (MSSA ID)*	B. Other Case Management Programs Serving the AFLP Target Population	C. Need(s), Gaps and Service Challenges	D. Strategies to Address Need(s)