



Connections for Health

Integrated Health Services

*Download this form
before completing and
submitting*

Partner Training Scholarship Request

Connections for Health (C4H) (formerly Region Six IDN) is committed to transforming the delivery of integrated care (clinical and non-clinical) to Medicaid members throughout our region. Our investments aim to build capacity to improve and sustain population health and wellness.

This Scholarship Request Form is intended to balance a low-burden process with assisting our Operations Team to demonstrate that funding authorization decisions meet basic standards of fairness and equity whilst meeting **these shared objectives**:

- Building Agency & Network Capacity to Deliver High Quality Integrated Care
- Transform Systems to Sustain Integrated Care Practices
- Enhance Readiness for Alternative Payment Models

Organization/Agency Name:

Contact Person. Title, Email and Phone:

I am requesting funding for:

- REGISTRATION/COURSE FEE: \$ _____
- Travel mileage and parking by private vehicle \$ _____
- Travel airfare and ground transportation \$ _____
- Lodging, add cost per night and # nights \$ _____
- Food stipend at \$35.00/day (include # days and cost) \$ _____
- Written materials required for course participation, **add description and cost**

Total amount requested \$ _____

Title and Brief Description of Training

How will the knowledge, skills and/or competencies acquired in this training be translated into practice in your organization?

How will the training contribute to the C4H objectives stated above?

Is this training a requirement for licensing/certification, and how will this training expand scope of practice?

Or attach this form in an email to:
cct@cfhnh.org