

Yellow highlight below = subtle wording change or slightly different from July 2012 Progress Report

Step 4: Report Data

Step 1: Name and Address	Step 2: Contact Information	Step 3: Satellite Information	Step 4: Report Data
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Site ID: ++your # will appear here
 Program Name: ++your Site name will be here
 Report Name: January 2013 Progress Report
 Report Due Date: **3/1/2013**
 Report Status: Required

Please answer the following questions about your Reach Out and Read program for the previous 6 month period (July 1, 2012 - December 31, 2012). Be sure your data is accurate and includes information for any satellite locations, if any.

Save your changes and keep working: [SAVE](#)

* = required

Annual Book Commitment (ABC)

1)* Please indicate how many well-child visits (for children 6 months through 5 years) were completed and how many books were distributed from July 1 - December 31, 2012 for your Site and Satellite(s).

++ your clinic name will appear here

<u>Well Child Visits</u>	<u>Total Books Distrib</u>
<input type="text"/>	<input type="text"/>

There will be a separate line for any Satellite Sites affiliated with your Program.

Total:	0	0
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Books Distributed to Children in this 6 Month Period	Annual Book Commitment	Estimated Average Book Cost	Estimated Annual Book Budget
X 2 = 0		x \$2.75 =	

1a) If the number of well-child visits does not reflect typical visiting patterns at your clinic, or if your clinic has not been fully implementing Reach Out and Read for 6 months, please indicate the number of children you expect to see during a typical 6 month period.

b) If the number of books distributed does not reflect typical book distribution patterns at your Reach Out and Read program, indicate the most appropriate explanation for this discrepancy:

If "Other" please explain :

c) Please tell us the total number of new books your program, and satellite(s) if applicable, currently has on hand:

Training

2)* Provide the name and email address of the **MD, DO, NP, or PA** responsible for ensuring that new Reach Out and Read medical providers at your Program are trained in the Reach Out and Read model:

Name:

Email:

Save your changes and keep working: [SAVE](#)

Medical Providers

3)* How many primary care providers at your program are now participating in Reach Out and Read?

(You currently have **++auto fill** provider(s) listed in myROR.org. Please go into your Contacts section to delete and/or add providers.)

Population Served The following questions are intended to help us collect accurate data about your Reach Out and Read patient population. Please provide the best data you have, and where possible, provide information or estimates pertaining to children age birth through 5 years.

4)* Indicate the breakdown of insurance coverage of your Reach Out and Read patient population

% Self Pay/Uninsured

% Private Insurance

% Medicaid/HMO Medicaid

% S-CHIP (or other state children's health insurance program)

% Tricare

% Other - Please Specify:

% Other - Please Specify:

Total must be 100%

Save your changes and keep working: [SAVE](#)

5) ***(Please only answer this question if your health center has a reliable estimate of income data.)***

Estimated Annual Income of your patient population as % of the Federal Poverty Level

% 100% or below

% 101-150%

% 151-200%

% 200+%

0% Total

6) **Estimated Ethnic/Racial Background of your Reach Out and Read patient population**

%	Ethnicity	Comment/Other
<input type="checkbox"/> %		<input type="text"/>
<input type="checkbox"/> %		<input type="text"/>
<input type="checkbox"/> %		<input type="text"/>
<input type="checkbox"/> %		<input type="text"/>
<input type="checkbox"/> %		<input type="text"/>
<input type="checkbox"/> %		<input type="text"/>

Languages

7)* **Please select the primary languages spoken by the families of your child patient population and enter the *estimated* percentage(s)..**

%	Language	Comment/Other
<input type="checkbox"/> %		<input type="text"/>
<input type="checkbox"/> %		<input type="text"/>
<input type="checkbox"/> %		<input type="text"/>
<input type="checkbox"/> %		<input type="text"/>

%

%

Fundraising

- 8) Fundraising From July 1, 2012 through December 31, 2012, your Coalition (if applicable) has reported the following contribution to your Reach Out and Read program:

\$ Dollars and/or In-kind donations awarded by your Coalition

Provide total contributions to your organization's Reach Out and Read Program (other than book funds/books from the Reach Out and Read National Center or your Reach Out and Read Coalition)

\$ Funds for Reach Out and Read Book Purchases

\$ Funds for Non-Book Reach Out and Read Expenses

\$ In-Kind Donations*

\$ Total

Used Books Received

* This may include new books, or other materials given to your Program. Please estimate the dollar value. Do not include free books from Scholastic, Classroom Cares donations, or value of Scholastic certificates.

- 9) Name the three top sources (other than the Reach Out and Read National Center or your Reach Out and Read Coalition) of funding of your site's fundraising efforts during the previous six months:

1.

2.

3.

Local Military Families

- 10) Does your practice treat children with parents who are active duty members of the Armed Services, Military Reserve and/or the National Guard?

Yes No

Literacy Referrals

- 11) How many parent referrals to adult/family literacy programs were made in the last six months?

Volunteers

- 12)* During the previous six months, how many volunteers have you had at your Reach Out and Read program?

- 13) During the previous six months, estimate the average number of Reach Out and Read volunteer hours per week:

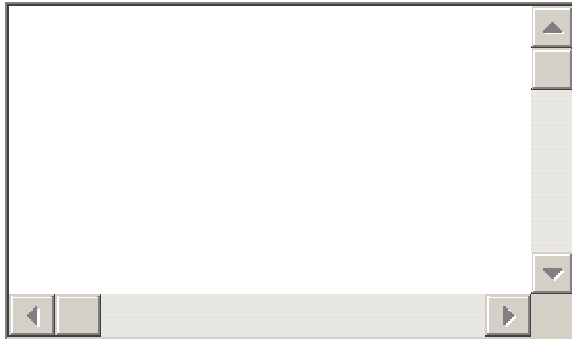
Comments

- 14) We welcome feedback or additional information about your Reach Out and Read program, **especially any anecdotes that demonstrate how Reach Out and Read has impacted a patient and family.**

Help us respond to you better by categorizing your comments.

Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Annual Book Budget | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Provider Training | <input type="checkbox"/> Funding / Compliance |
| <input type="checkbox"/> Legislative / Events | <input type="checkbox"/> Program Administration |



Federal Tax ID Number

- 15)* In order to file our annual 990 form, we must have the 9 digit federal tax ID (or employer ID) number of either your clinic or your clinic's fiscal sponsor:

Is this your organization's Tax ID or the Tax ID of a fiscal sponsor?

- Organization Fiscal Sponsor

Is your clinic or your clinic's fiscal sponsor organization recognized as tax exempt under section 501(c)(3) of the Internal Revenue Code?

- Yes No

- 16)* **Reach Out and Read Sustainability Support**

Sometimes, Reach Out and Read ships books to program sites.

When resources are available to provide books, which language option below works best for your program?:

- All English books
- All Spanish books
- Mix of English and Spanish books (We are unable to predict the exact percentage of each language. If you select this option, you may receive books in either or both languages.)

I do not need any books delivered to my program later this Spring. (By selecting this option, you are foregoing sustainability support for this funding round. You may be eligible to receive sustainability support again in the Fall of 2013, after submitting the July 2013 progress report.)

17)* Shipping Address

Please review the shipping address (where you can receive UPS or truck shipments) that we have on file for you. Please update this information if it is incorrect. If blank, please provide a valid shipping address where you can receive UPS or truck shipments. P.O. Boxes **cannot** be used for a shipping address.

Each field can have a maximum of 30 characters including spaces and punctuation marks.

Examples of abbreviation:

Health Center: HlthCtr

Adolescent and Children: Adlcent/Chldrn

Family Health Clinic: Fmly HlthClnc

Street, Drive, Boulevard, Avenue: St, Dr, Blvd, Ave

Name of Contact

Site Name

Address line 1

Address line 2 (Please include suite, floor, room # or any other information to ensure delivery)

City

State

Zip

I hereby certify that I have the authority to complete this report and that all the information submitted in this progress report is based upon the most accurate data available at this time.

Name: *

Please type your name here exactly as you would sign an official document

You can send items (newsletters, photos, articles, etc.) to:

Programs Department
c/o National Programs Coordinator
Reach Out and Read National Center
56 Roland Street 100D, Boston, MA 02129
info@reachoutandread.org

Contract Renewal*

Please be sure that the clinic administrator has given appropriate authorization to the person signing this section of the report. This contract is required for book awards.

**Agreement between Reach Out and Read Inc.
and
++ *your clinic name will appear here* (Program Site)
for the period of July 1st, 2012 to June 30th, 2013**

WHEREAS, Reach Out and Read is a national non-profit organization that promotes early literacy by giving new books to children and advice to parents about the importance of reading aloud in pediatric exam rooms across the nation, seeking to make literacy promotion a standard part of pediatric care:

WHEREAS, the program Site desires to adhere to the Reach Out and Read model and participate in the Reach Out and Read program;

NOW, THEREFORE, in consideration of the mutual covenants and conditions herein contained, and for other good and valuable consideration, the receipt of and sufficiency of which is hereby acknowledged, the parties hereto agree as follows:

It is agreed that accurate, timely, and semi-annual progress reporting from the approved program Site is a requirement for operating a Reach Out and Read program and continuing to have permission to use the "Reach Out and Read" trademarked names.

Sustainability book support may be provided to the program Site in the form of pre-selected book packs and delivered directly to your site during the year or by cash deposits into prepaid accounts. All books awarded by Reach Out and Read are to be distributed by a primary care provider (doctor, nurse practitioner) to children 6 months through 5 years of age in the exam room during health supervision visits.

The recipient organization may agree to develop and solicit public and/or private funding sources to adequately sustain the cost of new, developmentally appropriate books for the Reach Out and Read program.

Fundraising and advocacy activities will be in furtherance of Reach Out and Read's charitable purposes and shall comply with any and all state or local laws or fundraising rules.

The Reach Out and Read Site shall not use award funds to purchase any materials, equipment, supplies or books which include any reference to Religious worship, instruction, or proselytization.

If the Reach Out and Read program ends or forfeits the use of the "Reach Out and Read" name because of failure to adhere to the Reach Out and Read model of early literacy intervention, any unexpended funds provided by the National Center to the Reach Out and Read program shall be returned to the Reach Out and Read National Center to be redistributed at the Reach Out and Read National Center's discretion for book purchases at other Reach Out and Read program sites.

The recipient organization agrees to notify the Reach Out and Read National Center promptly of changes in program administration, new contact information, or in advance of the termination of the Reach Out and Read program.

"I hereby certify that by giving my signature below I have the authority to complete this contract agreement between Reach Out and Read Inc. and this Reach Out and Read Clinical Site and will comply with all of the terms of this agreement."

Tax ID Number (EIN or SSN): auto fill

Signature for the Reach Out
and Read Clinical Site *

Date

auto fill _____

* = required

Save your changes and keep working: [SAVE](#)

Save your changes and close this report without submitting: [SAVE & CLOSE](#)

When you have completed this page, please click [SUBMIT](#) to send your data to the National Center.

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[SUBMIT](#)