



STATE OF MISSOURI
 DEPARTMENT OF HEALTH AND SENIOR SERVICES - WIC AND NUTRITION SERVICES
CIVIL RIGHTS IMPACT ANALYSIS

CLOSING A CLINIC

LOCAL AGENCY/CLINIC NAME	AGENCY/SITE NUMBER
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1. EFFECTIVE DATE

2. ADDRESS OF CLINIC

3. PHONE NUMBER OF CLINIC

4. CURRENT OPERATING HOURS/DAYS OF THE WEEK

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

5. JUSTIFICATION FOR CLOSING CLINIC (INCLUDE CURRENT CASELOAD PER MONTH AT CLINIC)

6. HOW WILL PARTICIPANTS BE NOTIFIED? (SELECT ALL THAT APPLY)

Email
 Handout
 In-Person
 Mail
 Telephone
 Text

7. EQUIPMENT RETURNED? (SUBMIT EQUIPMENT RETURN FORM WITH THIS FORM.)

Yes
 No

Electronic Signature

SUBMITTED BY	DATE
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STATE AGENCY USE ONLY

8. DISTANCE BETWEEN CURRENT CLINIC AND NEXT CLOSEST CLINIC (INCLUDE MAP VIEW)

9. NUMBER OF POTENTIAL ELIGIBLE INDIVIDUALS IN THE AREA

10. PARTICIPATION BY CATEGORY

WOMEN	
INFANTS	
CHILDREN	

11. PARTICIPATION BY RACE/ETHNICITY (INCLUDE REPORT)

WHITE	
AMERICAN INDIAN/ALASKAN NATIVE	
HISPANIC/LATINO	
ASIAN	
BLACK/AFRICAN AMERICAN	
NATIVE HAWAIIAN PACIFIC ISLANDER	
OTHER	

12. RECOMMENDATION

TECHNICAL ASSISTANT NAME

DATE

REVIEWER NAME

DATE

Approved

Not Approved