Directory of West Virginia School-Based Health Center Services and Other Useful Resources

2019 - 2020

www.wvshtac.org



Prepared by the School Health Technical Assistance Center Department of Family & Community Health Marshall University School Of Medicine

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Mabscott Elementary School
Marsh Fork Elementary School
Shady Spring High School
Woodrow Wilson High School
Randolph County
Elkins High School
Elkins Middle School
Elkins Mountain School
Jennings Randolph Elementary School
Midland Elementary School
North Elementary School
Third Ward Elementary School
Tygarts Valley Middle/High School
Ritchie County
Ritchie County Middle/High School
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Buckhannon-Upshur High School
Buckhannon-Upshur Middle School
French Creek Elementary School
Wayne County
Spring Valley High SBHC
Wayne Middle/High SBHC
Webster County
Glade Elementary/Middle SBHC
Webster County High SBHC
Wirt County
Wirt County Schools School
Wood County
Jefferson Elementary School
Parkersburg South High School

West Virginia School-Based Health Initiative

Since 1994, West Virginia's School-Based Health Centers (SBHCs) have been providing easily accessible and cost effective care to children where they spend most of their day – in school. The School-Based Health Initiative was established in recognition of the need to improve primary and preventive health care of children living in West Virginia. State, federal and private foundation funds have been used to develop and implement projects that are strongly supported by students, parents and school staff.

As of the fall of 2019, school-based health services are available to a school-age population of over 97,000 children in over 200 schools, within 40 West Virginia counties.

School-based health centers provide a range of services *tailored to communities based on needs and local resources*.

Examples of Primary Health Care Services

- Physicals
- Treatment of minor illness
- Immunizations
- Comprehensive health assessments for school, sports, and employment
- Referrals to other specialty providers
- Treatment of acute injuries
- Lab tests and screening
- Nutrition counseling
- Health education

Examples of Behavioral Health Services

- Assessments such as depression screening
- Individual and group counseling
- Substance use screening, brief interventions and referral to treatments

Examples of Oral Health Services

- Screening and assessment
- Preventive services such as cleanings, fluoride treatment and sealants
- Treatment of caries

This directory presents a listing of the varying school-based health services in West Virginia. Information is updated annually when possible, by making personal contact with the sponsoring agency. SBHCs are ordered by county, and information includes the sponsoring agency, contact information, schools and grades served, services provided and hours of operation.

The directory is produced by the Marshall University School-Health Technical Assistance Center (MUTAC). As an additional reference, the directory also includes a description of MUTAC, a list of useful websites and contact persons, all of whom support school-based health services.

This directory is available online at: www.wvshtac.org



WV School Health Technical Assistance Center Marshall University

For resources, assistance, and training related to health and social support of school-based health centers and health services, school-based behavioral and oral health programs in West Virginia.

Our Role

- Assist schools and communities in planning and starting school-based health centers, mental health and oral health services.
- Facilitate networking among community sponsored school-based medical, behavioral health & oral health providers and others interested in children's health.
- Assist school health providers to improve quality of care and management of school-based programs.
- Provide technical support for schoolbased and community telehealth implementation to improve access to care in areas with few providers.
- Provide technical support for schoolbased medical, behavioral health and oral health providers and support staff.
- Develop data and evaluation systems for school-based initiatives.
- Provide data regarding school-based special initiatives to interested groups such as state-wide & national organizations involved with schoolhealth, collaborative partners in health promotion, and policy makers.

Resources

Resources available on the School Health Technical Assistance Center website: www.wvshtac.org

- Planning and marketing community school health services
- Promoting prevention and early intervention
- Community oral health services
- School-based mental health services
- Interdisciplinary professional development workshops and webinars
- Directory of the community sponsored school-based health centers & services in schools throughout West Virginia.
- School-based and community Telehealth Implementation Guide
- Quality improvement
- Immunizations
- Obesity & asthma initiatives
- Practice management improvement
- Procedures and policies

WV School Health Technical Assistance Center

wvshtac.org thinkoralhealth.org wvesmh.org

For Information About:

Contact:

Professor and Project Director

School health, program evaluation, design and analysis, clinical audits, and community organization support

Richard Crespo, PhD

Email: crespo@marshall.edu

Assistant Professor and Project Co-Director

Program evaluation, design and analysis, community partnerships and engagement

Deb Koester DNP, MSN, RN

Phone: (765) 412-9511 Email: koesterd@marshall.edu

School Mental Health Coordinator

Project AWARE and Expanded School Mental Health technical assistance

Tiffany Pittman, MA, LPC, AADC

Phone: 304.617.6395

Email: pittman6@marshall.edu

Expanded School Mental Health Advisor

ESMH program development School psychologist and students in the mental health fields

Conrae Lucas-Adkins, Psy.D.

Email: <u>lucas26@marshall.edu</u>

Community & Oral Health Coordinator

Oral health program development, management, support, evaluation, technical assistance, professional development, outreach & education

Bobbi Jo Muto, MPH, RDH, CTTS

Phone: 304.542.9592

Email: bjmuto.steele@marshal.edu

Oral Health Coordinators

Technical assistance for dental schoolbased services, free clinics, community level oral health initiatives and professional development

Wendy Mosteller, RDH, CTTS

Phone: 304.541.2119

Email: wendy.mosteller@marshall.edu

Gina Sharps, MPH, RDH, CTTS

Phone: 304.276.0572

Email: sharpsg@marshall.edu

Data Manager

Data management and evaluation for special initiatives, satisfaction surveys and school-based health directory

Stephanie Montgomery

Phone: 304.634.1008

Email: smontgom@marshall.edu

Grants Program Manager

Mary Glenn Rice

Phone: 304-691-1848

Email: rice139@marshall.edu

MU Technical Assistance Team Support

Amy Leedy

Phone: 304.691.1192 Email: <u>leedya@marshall.edu</u>

IT Specialist /Web Developer

Kevin Simpson

Phone: 304.691.1185

Email: simpson13@marshall.edu

Other West Virginia Resources

WV BUREAU FOR BEHAVIORAL HEALTH

350 Capitol Street, Room 350 Charleston, WV 25301-3702

OFFICE OF CHILDREN YOUTH & FAMILIES

Tahnee Bryant, Program Manager

PHONE: 304-356-4820 Fax: 304-558-1008

Email: <u>Tahnee.I.Bryant@wv.gov</u>

WV DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Office of Community Health Systems & Health Promotion, Division of Primary Care

350 Capitol Street, Room 515 Charleston, WV 25301-3716

Davis Haden, DIRECTOR Phone: 304-558-4007 Fax: 304-558-1437

Email: david.s.haden@wv.gov

Nell Phillips, RN

Phone: 304-558-4007 Fax: 304-558-1437

Email: nell.h.phillips@wv.gov

WV DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Office of Maternal, Child & Family & Oral Health Program 350 Capitol St., Room 427 Charleston, WV 25301-3716

Jason Roush, DDS State Dental Director Phone: 304-356-4353

Email: jason.m.roush@wv.gov

Ravi Parker, BSDH Prevention Coordinator Phone: 304-356-4464

Email: ravi.D.Parker@wv.gov

WV DEPARTMENT OF EDUCATION OFFICE OF SPECIAL EDUCATION & STUDENT SUPPORT

Building 6, Room 264 1900 Kanawha Blvd. East Charleston, WV 25305-0330

TBA

SCHOOL HEALTH SERVICES

Phone: 304-558-2696 Fax: 304-558-3741

RECLAIMWV

Phone: 304-558-2696 Fax: 304-558-3741

https://wvde.us/reclaimwv/

OFFICE OF LEADERSHIP & SYSTEMS SUPPORT

Building 6, Room 700 1900 Kanawha Blvd. East Charleston, WV 25305-0330

COMMUNITIES IN SCHOOLS

Cynthia Sorsaia & Denise Workman

Coordinators Phone: 558-3199 Fax: 558-0459

Emails: csorsaia@k12.wv.us & denise.workman@k12.wv.us &

WV PRIMARY CARE ASSOCIATION

1700 MacCorkle Ave SE Charleston, WV 25314

Sherri Ferrell, CEO

Phone: 304-346-0032, ext. 101

Fax: 304-346-0033

Email: sherri.ferrell@wvpca.org

John Kennedy, MA

School-Based/Behavioral Health

Coordinator

Office: 304-346-0032 ext. 108

Cell: 304-320-5780 Fax: 304-346-0033

john.kennedy@wvpca.orq

West Virginia & National Resources

For School-Based Health Services

MU School Health Technical Assistance Center http://wvshtac.org

WV Department of Education Office of Special Education http://wvde.state.wv.us/osp/

National Coalition for Community Schools http://www.communityschools.org/

WV Primary Care Association http://www.wvpca.org

WV Expanded School Mental Health Initiative

http://www.wvesmh.org

MU School and Community Oral Health http://thinkoralhealth.org

School-Based Health Alliance http://www.sbh4all.org

CDC Adolescent and School Health
http://www.cdc.gov/healthyvouth/about/index.htm

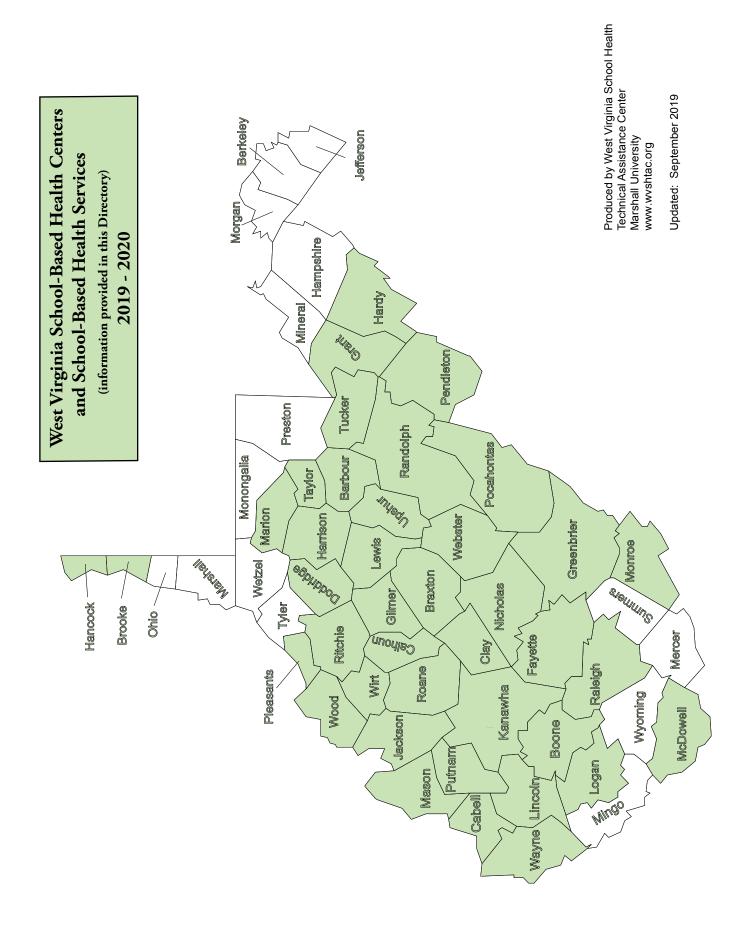
The Center for Health and Health Care in Schools http://www.healthinschools.org

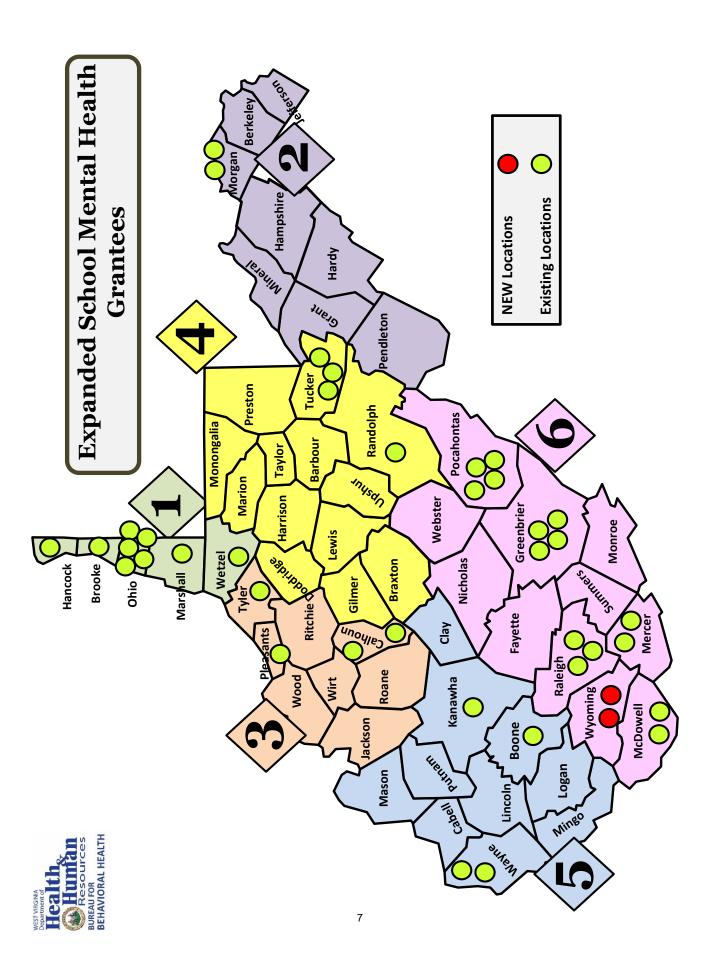
Center for School Mental Health Assistance http://csmh.umaryland.edu

The Claude Worthington Benedum Foundation http://www.benedum.org

Sisters of St. Joseph Health & Wellness Foundation http://www.ssjhealthandwellnessfoundation.org







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(Last Updated: 8/30/20	019)							
County in which SBH	HC is located:	Barbo	ur					
Name of School-Base	d Health Center	Brand	on Well	ness C	enter	•		
School in which th	ne SBHC is located	Philip	Barbou	r HS				
School Population	1	631						
Address for this Scho	ool-Based Health Center	•						
Physical Address	99 Horseshoe Dr							
Mailing Address	99 Horseshoe Dr			CDIIC		4 D		
City	Philippi			-		tact Per Marlana		
State	WV				Ļ	Pennin		
Zip	26416			Phone		304 4		
Phone	304 457 4000			Extens	F	JUT T	77 4000	
Extension				Fax	L	304 4	57 5532	
Fax	304 457 5532			Email	Ļ		cmsa.org	
Website				Linan	L	cruiwb	citisa.org	
Email	eruf@bcmsa.org							
SBHC Sponsoring Ag	gency							
Name	•			Beling	gton N	/ledical	Clinic	
Mailing Address				70 Stu	ırmer	St		
City				Beling	gton			
State				WV				
Zip				26250)			
Executive Director				Eric R	luf			
Phone				304	823	2800		
Fax				304	823	1981		
Email				eruf@	bcms	sa.org		
SBHC Medical Director	or			John I	Hend	erson, l	MD	
This SBHC is located ☑ in a school building			Other()	please s	pecify	y)		
	but not in a school buildi	ng						
			Other sch	nools serve	ed 1:		Population:	٦
			Other sch	nools serve	ed 2:		Population:	
	I all appro			10010 001 1			- I opalation	
Other schools served by this SBHC			Other sch	nools serve	ed 3:		Population:	7
			Other a-1	nools serve	ad 1:		Population	
			Outer ser	iodis selvi	cu 4:		Population:	
						_ ^		_
Grades served by this	s SBHC		□PK □5	□1 □6	□2 □7	□3 □8	□4 ☑9	Other(please specify)

□10 □11 □12

Others who can receive care at your SHBC

- ☑ Students from area schools not located on campus
- □ School Staff
- ☐ Family of students
- ☑ Others in the community

Opening date (month and year) for your SBHC

		•	_
Opening Month	Sept		
Opening Year	1994		

Clinic schedule and staff names for MEDICAL services

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a -12:00 p	Joyce Wilson, CNP
Tuesday:	7:30 a -12:00 p	Joyce Wilson, CNP
Wednesday	7:30 a -12:00 p	Joyce Wilson, CNP
Thursday:	7:30 a -12:00 p	Joyce Wilson, CNP
Friday:	7:30 a -12:00 p	Joyce Wilson, CNP

Staff/agency who provide ORAL HEALTH services

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday	:	
Thursday:		
Friday:		

Staff/agency who provide NURSING services.

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 3:00 p	Marlana Pennington, LPN
Tuesday:	7:30 a - 3:00 p	Marlana Pennington, LPN
Wednesday	7:30 a - 3:00 p	Marlana Pennington, LPN
Thursday:	7:30 a - 3:00 p	Marlana Pennington, LPN
Friday:	7:30 a - 3:00 p	Marlana Pennington, LPN

Other HEALTH SERVICES provided at your SBHC.

Other health services 1	
Other health services 2	
Other health services 3	

Other information provided	

Funding sources for your SBHC

Funding Source 1	WV BPH
Funding Source 2	
Funding Source 3	
Funding Source 4	

Day and time that you provide MENTAL HEALTH services

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00 a - 3:30 p	Jamie Wilson, LPC
Tuesday:	8:00 a - 3:30 p	Jamie Wilson, LPC
Wednesday:	8:00 a - 3:30 p	Jamie Wilson, LPC
Thursday:	8:00 a - 3:30 p	Jamie Wilson, LPC
Friday:	8:00 a - 3:30 p	Jamie Wilson, LPC

Types of oral health services provided at your site.

☐ Oral health education
☐ Screenings
☐ Preventive (Cleanings,Fluoride,Sealants)
☐ Restorative (Fillings, Extractions)

Staff/agency who provide CLERICAL/CARE COORDINAT

Hours of Operation	Staff Name with Credentials
7:30 a - 3:00 p	Sheila Tallman
7:30 a - 3:00 p	Sheila Tallman
7:30 a - 3:00 p	Sheila Tallman
7:30 a - 3:00 p	Sheila Tallman
7:30 a - 3:00 p	Sheila Tallman
	7:30 a - 3:00 p 7:30 a - 3:00 p 7:30 a - 3:00 p 7:30 a - 3:00 p

Staff/agency who provide OTHER HEALTH services.

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 3:30 p	N Fridley Case Manager
Tuesday:	7:30 a - 3:30 p	N Fridley Case Manager
Wednesday:	7:30 a - 3:30 p	N Fridley Case Manager
Thursday:	7:30 a - 3:30 p	N Fridley Case Manager
Friday:	7:30 a - 3:30 p	N Fridley Case Manager

(Last Updated: 8/27/2019) County in which SBHC is located: Boone Name of School-Based Health Center Sherman Elementary Wellness Center School in which the SBHC is located Sherman ES **School Population** 304 Address for this School-Based Health Center Physical Address 7487 Coal River Rd. Comfort Mailing Address 37456 Coal River Road **SBHC Contact Person** City Whitesville First Name Jamie State WV Last Name Barker Zip 25209 304 837 3100 Phone Phone 304 837 3100 Extension Extension 304 837 3770 Fax 304 837 3770 Fax Email terri@myhygeia.org Website shermanwellctr@myhygeia.org Email **SBHC Sponsoring Agency** Name Hygeia Facilities Foundation, Inc. 37456 Coal River Road Mailing Address Whitesville City WV State 25209 Zip **Executive Director** Margaret L. Martin Phone 304 854 1323 Fax 304 854 1021 Email margmartin@frontier.com SBHC Medical Director Dr. Ira Morris This SBHC is located Other(please specify) ☑ in a school building □on school property, but not in a school building Population: Other schools served 1: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\square PK$ $\square 1$ $\square 2$ $\square 3$ **□**4 Other(please specify) Grades served by this SBHC $\Box 7$ $\square 5$ □6 $\square 8$ □9

□10

		s not located on campus	Funding sources for your SBHC				
⊠ Schoo			Funding Source 1 WV BPH				
	y of students		Funding Source 2				
	s in the community	year) for your SBHC	Funding Source 3				
	Month March	year) for your SBITC	Funding				
			Tunung	Source 1			
Opening	Year 1998						
Clinic sch	nedule and staff name	s for MEDICAL services	Day and t	time that you provide	MENTAL HEALTH services		
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:	12:00 p - 4:00 p	Marylea Seacrist, FNP	Monday:				
Tuesday:	12:00 p - 4:00 p	Marylea Seacrist, FNP	Tuesday:				
Wednesday	12:00 p - 4:00 p	Marylea Seacrist, FNP	Wednesday				
Thursday:	12:00 p - 4:00 p	Marylea Seacrist, FNP	Thursday:				
Friday:	8:00 a - 11:30 an	Marylea Seacrist, FNP	Friday:				
Staff/age	ncy who provide ORA	AL HEALTH services					
Day of Week	Hours of Operation	Staff Name with Credentials	Types of o	oral health services pi	ovided at your site.		
Monday:			_	alth education	·		
Tuesday:			☐ Screenii	ngs			
Wednesday	:			ive (Cleanings,Fluoride,Se tive (Fillings, Extractions)	alants)		
Thursday:				ive (1 mmgs, 2mueuens)			
Friday:							
Staff/ager	ncy who provide NUF	RSING services.	Staff/ager	ncy who provide CLE	RICAL/CARE COORDINAT		
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:	12 pm - 4 pm	Jamie Barker, MA	Monday:	12:00 p - 4:00 p	Jamie Barker, MA		
Tuesday:	12:00 p - 4:00 p	Jamie Barker, MA	Tuesday:	12:00 p - 4:00 p	Jamie Barker, MA		
Wednesday	12:00 p - 4:00 p	Jamie Barker, MA	Wednesday	12:00 p - 4:00 p	Jamie Barker, MA		
Thursday:	12:00 p - 4:00 p	Jamie Barker, MA	Thursday:	12:00 p - 4:00 p	Jamie Barker, MA		
Friday:	8:00 a - 11:30 a	Jamie Barker, MA	Friday:	8:00 a - 11:30 a	Jamie Barker, MA		
Other HI	EALTH SERVICES p	rovided at your SBHC.	Staff/agei	ncy who provide OTH	ER HEALTH services.		
Other healt	h services 1		Day of Week	Hours of Operation	Staff Name with Credentials		
Other healt	h services 2		Monday:				
Other healt	h services 3		Tuesday:				
Other in	nformation provide	d	Wednesday				
			Thursday:				
			Friday:				

Others who can receive care at your SHBC

(Last Updated: 8/27/20	019)						
County in which SBI	Boone						
Name of School-Base	ed Health Center	Sherman Jr.	Sherman Jr/Sr Wellness Center				
School in which th	ne SBHC is located	Sherman Jr.	'Sr HS				
School Population	School Population						
Address for this Scho	ool-Based Health Center						
Physical Address	10008 Coal River Rd.	Seth					
Mailing Address	37456 Coal River Rd.		CDIIC	C	44 D		
City	Whitesville		First N		tact Per	son	
State	WV			ŀ	Barker		
Zip	25209		Phone	Ļ	304 8	37 3399	
Phone	304 837 3399		Extens	ŀ	30+ 0	37 3333	
Extension			Fax	Ļ	304 8	54 1021	
Fax	304 837 3770		_Email	ŀ		nyhygeia.or	n
Website				Ĺ	tomæn	nynygola.or	9
Email	shermanwellctr@myhy	/geia.org					
SBHC Sponsoring Ag	gency						
Name	-		Hygei	a Fac	cilities F	oundation,	Inc.
Mailing Address			37456	37456 Coal River Road			
City			White	Whitesville			
State			WV	WV			
Zip			25209	25209			
Executive Director			Marga	Margaret L. Martin			
Phone			304	304 854 1323			
Fax			304	854	1021		
Email						ier.com	
SBHC Medical Direct	or		Dr. Ira Morris				
This SBHC is located	I	Othe	r(please s	necif	(v)		
☑ in a school building			r(picase s	peen.	<i>y)</i>		
□on school property,	but not in a school building	ng					
		Other	schools serve	ed 1:		Population:	7
		Other	schools serve	ed 2:		Population:	
Other seheels served							
Other schools served by this SBHC			schools serve	ed 3:		Population:	7
		Other	schools serve	ed 4:		Population:	
						1	
Grades served by this	s SBHC	□ PK □ 5	. □1 □6	□2 ☑7	□3 □8	□4 □ 9	Other(please specify)
Craco served by the		□ 10		□ / □ 12		/	

☐ Students from area schools not located on campus				Funding sources for your SBHC			
☑ School			Funding Source 1 WV BPH				
	of students		Funding Source 2				
	in the community	CDUC	Funding	_			
	`	year) for your SBHC	Funding	_			
	Month September		Tunung	Source 4			
Opening	Year 1996						
Clinic sch	edule and staff name	s for MEDICAL services	Day and	time that you provide	MENTAL HEALTH services		
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:	8:00 a - 11:30 a	Marylea Seacrist, FNP	Monday:				
Tuesday:	8:00 a - 11:30 a	Marylea Seacrist, FNP	Tuesday:				
Wednesday:	8:00 a - 11:30 a	Marylea Seacrist, FNP	Wednesday	:			
Thursday:	8:00 a - 11:30 a	Marylea Seacrist, FNP	Thursday:				
Friday:	12:00 p - 4:00 p	Marylea Seacrist, FNP	Friday:				
_	acy who provide ORA	AL HEALTH services					
Day of Week	Hours of Operation	Staff Name with Credentials	Types of	oral health services p	rovided at your site.		
Monday:			☐ Oral hea	alth education			
Tuesday:			☐ Screenings				
Wednesday:				ive (Cleanings,Fluoride,Se tive (Fillings, Extractions)			
Thursday:			in restora	ive (1 mings, Extractions)			
Friday:							
Staff/agen	ncy who provide NUF	RSING services.	Staff/ager	ncy who provide CLE	CRICAL/CARE COORDINAT		
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:	8:00 a - 11:30 a	Jamie Barker, MA	Monday:	8:00 a - 11:30 a	Jamie Barker, MA		
Tuesday:	8:00 a - 11:30 a	Jamie Barker, MA	Tuesday:	8:00 a - 11:30 a	Jamie Barker, MA		
Wednesday:	8:00 a - 11:30 a	Jamie Barker, MA	Wednesday	8:00 a - 11:30 a	Jamie Barker, MA		
Thursday:	8:00 a - 11:30 a	Jamie Barker, MA	Thursday:	8:00 a - 11:30 a	Jamie Barker, MA		
Friday:	12:00 p - 4:00 p	Jamie Barker, MA	Friday:	12:00 p - 4:00 p	Jamie Barker, MA		
Other HE	ALTH SERVICES p	rovided at your SBHC.	Staff/age	ncy who provide OTH	IER HEALTH services.		
Other health	services 1		Day of Week	Hours of Operation	Staff Name with Credentials		
Other health	services 2		Monday:				
Other health	services 3		Tuesday:				
Other in	formation provide	ed	Wednesday	:			
			Thursday:				
			Friday:				

Others who can receive care at your SHBC

(Last Updated: 9/16/2019) County in which SBHC is located: Braxton Name of School-Based Health Center Braxton County High SBHC School in which the SBHC is located **Braxton County HS School Population** 549 Address for this School-Based Health Center Physical Address 200 Jerry Burton Drive Mailing Address 200 Jerry Burton Drive **SBHC Contact Person** City Sutton First Name | Patricia State WV Last Name Collett Zip 26601 304 473 5600 Phone Phone 304 | 765 | 9314 Extension Extension Fax Fax Email trish.collett@ccwv.org Website ccwv.org Email **SBHC Sponsoring Agency** Name Community Care of WV Inc. Mailing Address P.O. Box 217 Rock Cave City WV State 26234 Zip **Executive Director** Rick Simon Phone 304 924 6262 Fax Email Sarah Chouinard, M.D. SBHC Medical Director This SBHC is located Other(please specify) ☑ in a school building □on school property, but not in a school building Population: Other schools served 1: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\Box PK$ $\Box 1$ $\Box 2$ $\Box 3$ $\Box 4$ Other(please specify) Grades served by this SBHC $\Box 7$ 9 $\Box 5$ □6 $\square 8$

 $\square 10$

Others v	who can receive ca	re at your SHBC						
		s not located on campus	Funding	Funding sources for your SBHC				
Schoo Schoo			_	Funding Source 1				
•	y of students		_	Funding Source 2				
	s in the community) d GDIIG	Funding	_				
-	· -	year) for your SBHC	•					
	Month January		Funding	Funding Source 4				
Opening	Year 2013							
Clinic sch	nedule and staff name	es for MEDICAL services	Day and	time that you provid	e MENTAL HEALTH services			
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials			
Monday:			Monday:					
Tuesday:	7:30 a - 3:30 p	Angela Carter, FNP	Tuesday:	8:00 a - 3:00 p	Jennifer Lauler, LGSW			
Wednesday	:		Wednesday	8:00 a - 4:30 p	K Junkins, Psychiatrist			
Thursday:	7:30 a - 3:30 p	Angela Carter, FNP	Thursday:					
Friday:	7:30 a - 12:00 p	Angela Carter, FNP	Friday:	8:00 a - 3:00 p	Jennifer Lauler, LGSW			
Staff/ager	ncy who provide ORA	AL HEALTH services	_					
Day of Week	Hours of Operation	Staff Name with Credentials	_ Types of c	oral health services p	provided at your site.			
Monday:				.141	·			
Tuesday:			☐ Screenii					
Wednesday	:			ive (Cleanings,Fluoride,S				
Thursday:			Restora	tive (Fillings, Extractions)			
Friday:								
Staff/ager	ncy who provide NUF	RSING services.	Staff/ager	ncy who provide CL	ERICAL/CARE COORDINAT			
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials			
Monday:			Monday:					
Tuesday:	7:30 a - 3:30 p	Courtney Rose, LPN	Tuesday:					
Wednesday	:		Wednesday	:				
Thursday:	7:30 a - 3:30 p	Courtney Rose, LPN	Thursday:					
Friday:	7:30 a -12:00 p	Courtney Rose, LPN	Friday:					
			Staff/ager	ncv who provide OT	HER HEALTH services.			
Other HE	EALTH SERVICES p	provided at your SBHC.	J	J I				
Other health	h services 1		Day of Week	Hours of Operation	Staff Name with Credentials			
Other health	h services 2		Monday:					
Other health	h services 3		Tuesday:					
Other in	nformation provide	ed	Wednesday	:				
			Thursday:					
			Friday:					

(Last Updated: 9/16/20	019)							
County in which SBHC is located: Brax			xton					
Name of School-Base	ed Health Center	Braxton County Middle SBHC						
School in which th	ne SBHC is located	Braxto	n Coun	ty MS				
School Population								
Address for this Scho	ool-Based Health Center	r						
Physical Address 100 Carter Braxton Dr								
Mailing Address	100 Carter Braxton Di	r		CDIIC	Com	tact Pers		
City	Sutton					Patricia	OII	
State	WV				L L	Collett		
Zip	26601			Phone		304 47	3 5600	
Phone	304 765 9312			Extens	F	304 47	3 3000	
Extension				Fax	ion			
Fax	304 765 0354			Email		trich col	lett@ccwv.	ora
Website	ccwv.org			Lillali	L	111511.001	ieii@ccwv.i	org
Email								
SBHC Sponsoring Ag	gency							
Name	. ·			Comn	nunity	/ Care o	f WV Inc.	
Mailing Address				P.O. Box 217				
City				Rock	Cave			
State			WV					
Zip			26234					
Executive Director			Rick Simon					
Phone				304	924	6262		
Fax								
Email								
SBHC Medical Direct	or			Sarah	Cho	uinard N	I.D.	
This SBHC is located	I		0.1 (`		
☑ in a school building			Other()	olease s	pecify	y)		
\square on school property,	but not in a school build	ing						
			Other sch	ools serv	ed 1:		Population:	1
Other schools served by this SRHC				Other schools served 2:			Population:	
				10013 301 1	cu 2.		Горинатоп.	
				ools serv	ed 3:		Population:]
			Other sch	ools serv	ed 4·		Population:	
			Carer ser	.0010 301 V			горинион.	
			□PK	□1	□2	□3	□4	
Grades served by this	s SBHC		□5	□ f	□2 □ 7		□ 9	Other(please specify)
•			□10	□11	□12			

Others v	who ca	n receive ca	re at	your SHBC						
☐ Students from area schools not located on campus			Funding sources for your SBHC							
☑ Schoo					Funding					
□ Family					•	Funding Source 2				
		community		£	•	Funding Source 3				
-	-	`	year)	for your SBHC	Funding					
Opening Month January					runding	Source 4				
Opening	Year	2013								
Clinic sch	nedule a	nd staff name	s for l	MEDICAL services	Day and	time that you provid	e MENTAL HEALTH services			
Day of Week	Hours of	f Operation	Staff	Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials			
Monday:					Monday:					
Tuesday:					Tuesday:					
Wednesday	7:30 a	a - 3:30 p	Ang	gela Carter, FNP	Wednesday	8:00 a - 3:00 p	K Junkins Psychiatrist			
Thursday:		•		·	Thursday:		,			
Friday:	12:30	p - 3:30 p	And	gela Carter, FNP	Friday:					
•	12100	p][,						
Staff/ager	ncy who	provide ORA	L HE	EALTH services						
Day of Week	Hours of	f Operation	Staff	Name with Credentials	Types of	oral health services p	provided at your site.			
Monday:					☐ Oral be	alth education				
Tuesday:					☐ Screenii	ngs				
Wednesday	:					ive (Cleanings,Fluoride,S tive (Fillings, Extractions				
Thursday:					Lesioia	tive (1 mmgs, Extractions)			
Friday:										
Staff/ager	ncy who	provide NUF	SINC	services.	Staff/age	ncy who provide CL	ERICAL/CARE COORDINAT			
Day of Week	Hours of	f Operation	Staff	Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials			
Monday:					Monday:					
Tuesday:					Tuesday:					
Wednesday	7:30 a	a - 3:30 p	Coı	urtney Rose, LPN	Wednesday	:				
Thursday:		•			Thursday:					
Friday:	12:30	р -3:30 р	Соι	urtney Rose, LPN	Friday:					
Other HE	EALTH	SERVICES p	rovid	ed at your SBHC.	Staff/age	ncy who provide OT	HER HEALTH services.			
Other health		_			Day of Week	Hours of Operation	Staff Name with Credentials			
Other health					Monday:					
Other health	h services	3			Tuesday:					
Other in	ıforma	tion provide	d		Wednesday	:				
					Thursday:					

(Last Updated: 9/16/2019) County in which SBHC is located: Braxton Name of School-Based Health Center Burnsville Elementary SBHC School in which the SBHC is located Burnsville ES **School Population** 141 Address for this School-Based Health Center Physical Address 228 Kanawha Avenue Mailing Address 228 Kanawha Avenue **SBHC Contact Person** City Burnsville First Name | Patricia WV State Last Name | Collett Zip 26335 304 473 5600 Phone Phone 304 | 713 | 3106 Extension Extension Fax Fax Email trish.collett@ccwv.org Website ccwv.org Email **SBHC Sponsoring Agency** Name Community Care of WV Mailing Address P.O. Box 217 Rock Cave City WV State 26234 Zip **Executive Director** Rick Simon Phone 304 924 6262 Fax Email Sarah Chouinard, M.D. SBHC Medical Director This SBHC is located Other(please specify) ☑ in a school building □on school property, but not in a school building Population: Other schools served 1: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\square PK$ $\square 1$ **□** 2 $\square 3$ **□4** Other(please specify) Grades served by this SBHC $\Box 7$ □9 $\square 5$ **□** 6 $\square 8$

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Others v	vho can receive ca	re at your SHBC					
☐ Students from area schools not located on campus			Funding sources for your SBHC				
☑ Schoo			Funding Source 1				
	y of students		Funding Source 2				
	in the community	year) for your SBHC	Funding Source 3				
	Month January	year) for your SBHC	Funding Source 4				
			1 unumg bource 4				
Opening	Year 2018						
Clinic sch	edule and staff name	es for MEDICAL services	Day and time that you pr	ovide MENTAL HEALTH services			
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week Hours of Operation	Staff Name with Credentials			
Monday:			Monday:				
Tuesday:			Tuesday:				
Wednesday:	7:30 a - 3:30 p	Stephanie Jackson, FNP	Wednesday: 8:00 a - 4:30	p K. Junkins Psychiatrist			
Thursday:			Thursday:				
Friday:			Friday:				
Day of	ncy who provide OR. Hours of Operation	AL HEALTH services Staff Name with Credentials	Types of oral health servi	ces provided at your site			
Monday:			• •	ces provided at your site.			
Tuesday:			☐ Oral health education☐ Screenings				
Wednesday:			☐ Preventive (Cleanings,Fluor☐ Restorative (Fillings, Extrac				
Thursday:							
Friday:							
Staff/agen	ncy who provide NU	RSING services.	Staff/agency who provide	CLERICAL/CARE COORDINAT			
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week Hours of Operation	Staff Name with Credentials			
Monday:			Monday:				
Tuesday:			Tuesday:				
Wednesday:	7:30 a - 3:30 p	Leanna Butler, MA-C	Wednesday:				
Thursday:			Thursday:				
Friday:			Friday:				
Other HE	CALTH SERVICES 1	provided at your SBHC.	Staff/agency who provide	OTHER HEALTH services.			
Other health	n services 1		Day of Week Hours of Operation	Staff Name with Credentials			
Other health	n services 2		Monday:				
Other health	n services 3		Tuesday:				
Other in	formation provid	ed	Wednesday:				
			Thursday:				

(Last Updated: 9/16/2019) County in which SBHC is located: Braxton Name of School-Based Health Center Davis Elementary SBHC School in which the SBHC is located Davis ES **School Population** 192 Address for this School-Based Health Center Physical Address 113 5th St. Mailing Address 113 5th St. **SBHC Contact Person** City Gassaway First Name | Patricia State WV Last Name | Collett Zip 26624 304 473 5600 Phone Phone 304 364 5867 Extension Extension Fax Fax 304 765 0354 Email trish.collett@ccwv.org Website ccwv.org Email **SBHC Sponsoring Agency** Name Community Care of WV, Inc. PO Box 217 Mailing Address Rock Cave City WV State 26234 Zip **Executive Director** Rick Simon Phone 304 924 6262 Fax Email Sarah Chouinard, MD SBHC Medical Director This SBHC is located Other(please specify) ☑ in a school building □on school property, but not in a school building Population: Other schools served 1: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\square PK$ $\square 1$ **□** 2 $\square 3$ **□4** Other(please specify) Grades served by this SBHC $\Box 7$ □9 $\square 5$ $\Box 6$ $\square 8$

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Others v	who can receive ca	re at your SHBC			
☐ Students from area schools not located on campus			Funding sources for your SBHC		
☑ School Staff			Funding Source 1		
-	y of students s in the community		Funding Source 2		
	•	year) for your SBHC	Funding Source 3		
-	Month April	year) for your SDITE	Funding Source 4		
Opening			I wilding source !		
Opening	2014				
Clinic sch	nedule and staff name	es for MEDICAL services	Day and time that you pro	vide MENTAL HEALTH services	
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week Hours of Operation Staff Name with Credentials		
Monday:			Monday:		
Tuesday:			Tuesday:		
Wednesday	:		Wednesday: 8:00 a - 4:30	K Junkins, Psychiatrist	
Thursday:	7:30 a - 3:30 p	Stephanie Jackson, FNP-BC	Thursday:		
Friday:			Friday:		
Staff/ager Day of Week	Hours of Operation	AL HEALTH services Staff Name with Credentials	Types of oral health service	es provided at your site.	
Monday:			☐ Oral health education		
Tuesday:			☐ Screenings		
Wednesday	:		☐ Preventive (Cleanings,Fluoric ☐ Restorative (Fillings, Extract)	de,Sealants)	
Thursday:			(8)	,	
Friday:					
Staff/agei	ncy who provide NUI	RSING services.	Staff/agency who provide (CLERICAL/CARE COORDINAT	
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week Hours of Operation	Staff Name with Credentials	
Monday:			Monday:		
Tuesday:			Tuesday:		
Wednesday	:		Wednesday:		
Thursday:	7:30 a - 3:30 p	Leanna Butler, MA	Thursday:		
Friday:			Friday:		
Other HE	EALTH SERVICES I	provided at your SBHC.	Staff/agency who provide	OTHER HEALTH services.	
Other healtl	h services 1		Day of Week Hours of Operation	Staff Name with Credentials	
Other health			Monday:		
Other health services 3			Tuesday:		
Other information provided			Wednesday:		
	•		Thursday:		

(Last Updated: 9/16/2019) County in which SBHC is located: Braxton Name of School-Based Health Center Flatwoods Elementary SBHC School in which the SBHC is located Flatwoods ES **School Population** 203 Address for this School-Based Health Center Physical Address 142 Flatwoods Corner Road Mailing Address 142 Flatwoods Corner Road **SBHC Contact Person** City Flatwoods First Name | Patricia WV State Last Name Collett Zip 26621 304 473 5600 Phone Phone 304 402 2023 Extension Extension Fax Fax Email trish.collett@ccwv.org Website ccwv.org Email **SBHC Sponsoring Agency** Name Community Care of WV Mailing Address P.O. Box 217 Rock Cave City WV State 26234 Zip **Executive Director** Rick Simon Phone 304 924 6262 Fax Email Sarah Chouinard M.D. SBHC Medical Director This SBHC is located Other(please specify) ☑ in a school building □on school property, but not in a school building Population: Other schools served 1: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\square PK$ $\square 1$ **□** 2 $\square 3$ **□4** Other(please specify) Grades served by this SBHC $\Box 7$ □9 $\square 5$ $\Box 6$ $\square 8$

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	who can receive ca	nre at your SHBC	Funding sources for ye	our CDHC		
✓ School Staff			Funding Sources for your SBHC Funding Source 1			
☐ Family of students						
	s in the community		Funding Source 2 Funding Source 3 Funding Source 4			
		year) for your SBHC				
	Month January 2	018				
Opening	Year					
Clinic sch	nedule and staff nam	es for MEDICAL services	Day and time that you pro	ovide MENTAL HEALTH services		
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week Hours of Operation	Staff Name with Credentials		
Monday:	7:30 a - 3:30 p	Stephanie Jackson, FNP	Monday:			
Tuesday:			Tuesday:			
Wednesday	:		Wednesday: 8:00 a - 4:30	p K Junkins, Psychiatrist		
Thursday:			Thursday:			
Friday:			Friday:			
Staff/ager Day of Week	ncy who provide OR. Hours of Operation	AL HEALTH services Staff Name with Credentials	Town for the March			
Monday:			Types of oral health servi	ces provided at your site.		
Tuesday:			☐ Oral health education☐ Screenings			
Wednesday			☐ Preventive (Cleanings,Fluor	ride,Sealants)		
Thursday:			☐ Restorative (Fillings, Extrac	etions)		
Friday:						
riiday.						
Staff/agei	ncy who provide NU	RSING services.	Staff/agency who provide	CLERICAL/CARE COORDINAT		
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week Hours of Operation	Staff Name with Credentials		
Monday:	7:30 a - 3:30 p	Leanna Butler, MA-C	Monday:			
Tuesday:			Tuesday:			
Wednesday	:		Wednesday:			
Thursday:			Thursday:			
Friday:			Friday:			
Other HE	EALTH SERVICES 1	provided at your SBHC.		OTHER HEALTH services.		
Other healtl	h services 1		Day of Week Hours of Operation	Staff Name with Credentials		
	h services 2		Monday:			
	h services 3		Tuesday:			
	ıformation provid	ed	Wednesday:			
	-		Thursday:			

County in which SBHC is located: Braxton Name of School-Based Health Center Frametown Elementary SBHC School in which the SBHC is located Frametown ES **School Population** 132 Address for this School-Based Health Center HC 61 Box 14 Physical Address Mailing Address HC 61 Box 14 **SBHC Contact Person** City Frametown First Name | Patricia WV State Last Name | Collett Zip 26623 304 473 5600 Phone Phone 304 364 5873 Extension Extension Fax Fax 304 765 0354 Email trish.collett@ccwv.org Website ccwv.org Email **SBHC Sponsoring Agency** Name Community Care of WV, Inc. PO Box 217 Mailing Address Rock Cave City WV State 26234 Zip **Executive Director** Rick Simon Phone 304 924 6262 Fax Email Sarah Chouinard, MD SBHC Medical Director This SBHC is located Other(please specify) ☑ in a school building □on school property, but not in a school building Population: Other schools served 1: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\square PK$ $\square 1$ **□** 2 $\square 3$ **□4** Other(please specify) Grades served by this SBHC $\Box 7$ □9 $\square 5$ $\Box 6$ $\square 8$

(Last Updated: 9/16/2019)

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Others v	who ca	ın receive ca	re at	your SHBC					
☐ Students from area schools not located on campus			Funding	Funding sources for your SBHC					
☑ School Staff			_	Funding Source 1					
☐ Family of students ☐ Others in the community Opening date (month and year) for your SBHC			Funding Source 2 Funding Source 3						
							Opening		`
Opening		2014			S				
o p • ming		2011							
Clinic sch	edule a	and staff nam	es for l	MEDICAL services	Day and	time that you provid	e MENTAL HEALTH services		
Day of Week	Hours o	f Operation	Staff	Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:	7:30	a - 3:30 p	Ang	jela Carter, FNP-BC	Monday:				
Tuesday:					Tuesday:				
Wednesday	:				Wednesday	8:00 a - 4:30 p	K. Junkins, Psychiatrist		
Thursday:					Thursday:				
Friday:					Friday:				
Day of Week Monday: Tuesday: Wednesday Thursday: Friday:		f Operation	Staff	Name with Credentials	☐ Oral hea ☐ Screenii ☐ Prevent	Types of oral health services provided at your site. ☐ Oral health education ☐ Screenings ☐ Preventive (Cleanings,Fluoride,Sealants) ☐ Restorative (Fillings, Extractions)			
Staff/agei	ncy who	o provide NU	RSING	services.	Staff/age	ncy who provide CL	ERICAL/CARE COORDINAT		
Day of Week	Hours o	f Operation	Staff	Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:	7:30	a - 3:30 p	Соι	ırtney Rose, LPN	Monday:				
Tuesday:					Tuesday:				
Wednesday	:				Wednesday	:			
Thursday:					Thursday:				
Friday:					Friday:				
Other HE	EALTH	SERVICES	provid	ed at your SBHC.	Staff/age		HER HEALTH services. Staff Name with Credentials		
Other healtl	h service	s 1			Week	Hours of Operation	Stati Ivanie with Credentials		
Other healtl	h service	s 2			Monday:				
Other healtl					Tuesday:				
Other information provided			Wednesday Thursday:	:					
1						T. Control of the Con	THE STATE OF THE S		

(Last Updated: 9/16/2019) County in which SBHC is located: Braxton Name of School-Based Health Center Little Birch Elementary SBHC School in which the SBHC is located Little Birch ES **School Population** 131 **Address for this School-Based Health Center** Physical Address 55 Little Birch Road Mailing Address 55 Little Birch Road **SBHC Contact Person** City Sutton First Name | Patricia WV State Last Name Collett Zip 26601 304 473 5600 Phone Phone 304 | 765 | 2881 Extension Extension Fax Fax Email Trish.Collett@ccwv.org Website ccwv.org Email **SBHC Sponsoring Agency** Name Community Care of WV Mailing Address P.O. Box 217 Rock Cave City WV State 26234 Zip **Executive Director** Rick Simon Phone 304 924 6262 Fax Email Sarah Chouinard, M.D. SBHC Medical Director This SBHC is located Other(please specify) ☑ in a school building □on school property, but not in a school building Population: Other schools served 1: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\square PK$ $\square 1$ **□** 2 $\square 3$ **□4** Other(please specify) Grades served by this SBHC $\Box 7$ □9 $\square 5$ □6 $\square 8$

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	who can receive ca	•	T. 11	CDVC		
 ☑ Students from area schools not located on campus ☑ School Staff 			Funding sources for your SBHC			
□ Family of students			Funding Source 1			
□ Others in the community			Funding Source 2			
Opening	g date (month and	year) for your SBHC	Funding Source 3 Funding Source 4			
Opening	Month January 2	018				
Opening	Year					
Clinic sch	nedule and staff name	es for MEDICAL services	Day and time that you prov	ride MENTAL HEALTH services		
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week Hours of Operation	Staff Name with Credentials		
Monday:			Monday:			
Tuesday:	7:30 a - 3:30 p	Stephanie Jackson, FNP	Tuesday:			
Wednesday	:		Wednesday: 8:00 a - 4:30 p	K. Junkins, Psychiatrist		
Thursday:			Thursday:			
Friday:			Friday:			
Staff/ager	ncy who provide OR	AL HEALTH services				
Week	Hours of Operation	Staff Name with Credentials	Types of oral health service	s provided at your site.		
Monday:			☐ Oral health education			
Tuesday:			☐ Screenings			
Wednesday	:		☐ Preventive (Cleanings,Fluorid☐ Restorative (Fillings, Extraction			
Thursday:			= Restorative (Finnigs, Extractive	5110)		
Friday:						
Staff/ager	ncy who provide NUI	RSING services.	Staff/agency who provide C	CLERICAL/CARE COORDINAT		
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week Hours of Operation	Staff Name with Credentials		
Monday:			Monday:			
Tuesday:	7:30 a - 3:30 p	Leanna Butler, MA-C	Tuesday:			
Wednesday	:		Wednesday:			
Thursday:			Thursday:			
Friday:			Friday:			
Other HE	EALTH SERVICES I	provided at your SBHC.	Staff/agency who provide C	OTHER HEALTH services.		
Other health	h services 1		Day of Week Hours of Operation	Staff Name with Credentials		
Other health			Monday:			
	h services 3		Tuesday:			
	nformation provide	ed	Wednesday:			
			Thursday:			

Last Updated: 9/16/2019) County in which SBHC is located: Braxton Name of School-Based Health Center Sutton Elementary SBHC School in which the SBHC is located Sutton ES **School Population** 202 Address for this School-Based Health Center Physical Address 288 North Hill Road Mailing Address 288 North Hill Road **SBHC Contact Person** City Sutton First Name | Patricia WV State Last Name | Collett Zip 26601 304 473 5600 Phone Phone 304 402 2105 Extension Extension Fax Fax Email trish.collett@ccwv.org Website ccwv.org Email **SBHC Sponsoring Agency** Name Community Care of WV Mailing Address P.O. Box 217 Rock Cave City WV State 26234 Zip **Executive Director** Rick Simon Phone 304 924 6262 Fax Email Sarah Chouinard, M.D. SBHC Medical Director This SBHC is located Other(please specify) ☑ in a school building □on school property, but not in a school building Population: Other schools served 1: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\square PK$ $\square 1$ **□** 2 $\square 3$ **□4** Other(please specify) Grades served by this SBHC $\Box 7$ □9 $\square 5$ $\Box 6$ $\square 8$

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Others v	who ca	ın receive ca	re at	your SHBC					
☑ Students from area schools not located on campus			Funding	Funding sources for your SBHC					
☑ School Staff			_	Funding Source 1					
□ Family of students			_	Funding Source 2					
		community		. f CDIIC	_	Funding Source 3			
-	_	`	year)	for your SBHC	Funding				
	Opening Month January			runding	Source 4				
Opening	Year	2018							
Clinic sch	nedule a	and staff name	es for l	MEDICAL services	Day and t	time that you provid	e MENTAL HEALTH services		
Day of Week	Hours o	of Operation	Staff	Name with Credentials	Day of Week				
Monday:					Monday:				
Tuesday:					Tuesday:				
Wednesday	:				Wednesday				
Thursday:					Thursday:	8:00 a - 3:00 p	Jennifer Lauler, LGSW		
Friday:	7:30	a - 3:30 p	Ste	phanie Jackson, FNP	Friday:				
Day of Week Monday: Tuesday: Wednesday Thursday: Friday:	lay:			☐ Oral hea ☐ Screenii ☐ Preventi	Types of oral health services provided at your site. Oral health education Screenings Preventive (Cleanings, Fluoride, Sealants) Restorative (Fillings, Extractions)				
Staff/agei	ncy who	o provide NUI	RSINC	G services.	Staff/ager	ncy who provide CL	ERICAL/CARE COORDINAT		
Day of Week	Hours o	of Operation	Staff	Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:					Monday:				
Tuesday:					Tuesday:				
Wednesday	:				Wednesday	:			
Thursday:					Thursday:				
Friday:	7:30	a - 3:30 p	Lea	anna Butler, MA-C	Friday:				
Other HE	EALTH	SERVICES I	rovid	ed at your SBHC.	Staff/ager	ncy who provide OT	HER HEALTH services.		
Other healtl	h service	s 1			Day of Week	Hours of Operation	Staff Name with Credentials		
Other healtl					Monday:				
Other healtl	h service	s 3			Tuesday:				
Other in	ıforma	ation provide	ed		Wednesday	:			
					Thursday:				

(Last Updated: 8/29/20)19)						
County in which SBHC is located: Brooke							
Name of School-Base	d Health Center	Brooke C	Complex SBHC				
School in which th	ne SBHC is located	Brooke County HS					
School Population	ı	1,014	-				
Address for this Scho	ool-Based Health Center						
Physical Address	29 Bruin Drive						
Mailing Address	29 Bruin Drive		antia a				
City	Wellsburg		SBHC Con		n		
State	WV		First Name Last Name				
Zip	26070				75		
Phone	304 527 7461		Phone Extension	304 527	7401		
Extension							
Fax			Fax				
Website	changeinc.org/sbhc		Email	raveaux@	changeir	ic.org	
Email	jraveaux@changeinc.c	org					
SBHC Sponsoring Ag	encv						
Name	•		CHANGE	Inc.			
Mailing Address			3158 Wes	t St.			
City			Weirton			1	
State			WV				
Zip			26062				
Executive Director			Judy Rave	aux			
Phone			304 797	7733			
Fax			304 797	7740			
Email			jraveaux@changeinc.org				
SBHC Medical Direct	or		Kelli Fourr	nier, MD			
This SBHC is located	I	0	ther(please specif	3.)			
☑in a school building			mer(please specif	· y)			
□on school property,	but not in a school building	ng					
			her schools served 1:		Population:	7	
		rooke County M		912			
		ther schools served 2: II Brooke Cnty s		Population:			
Other schools served by this SBHC			ther schools served 3:		Population:		
			ther schools served 4:	I	Population:		
			PK ⊠1 ⊠2	⊠ 3 ⊠	4	Other(please specify)	
Grades served by this	s SBHC	$ \overline{\vee} $	15	⊠8		Saler(picase specify)	

□ 10 □ 11 □ 12

Others	who can receive ca	re at your SHRC							
		ls not located on car	npus	Funding	sources for your	SRHC			
Schoo Schoo			•	_	Funding sources for your SBHC Funding Source 1				
	y of students			Funding Source 2					
	s in the community) C CDI	T.C.	_	Source 3				
- '	`	year) for your SBI	iC	_	Source 4				
	Month June			Tunding	Source 4				
Opening	Year 2018								
Clinic sch	nedule and staff nam	es for MEDICAL serv	ices	Day and	time that you provid	e MENTAL HEALTH services			
Day of Week	Hours of Operation	Staff Name with Creden	tials	Day of Week	Hours of Operation	Staff Name with Credentials			
Monday:	7:00 a - 3:00 p	Tina Tiberio, NP		Monday:	7:00 a - 3:00 p	Katherine Lloyd, LICSW			
Tuesday:	7:00 a - 3:00 p	Tina Tiberio, NP		Tuesday:	7:00 a - 3:00 p	Katherine Lloyd, LICSW			
Wednesday	7:00 a - 3:00 p	Tina Tiberio, NP		Wednesday	7:00 a - 3:00 p	Katherine Lloyd, LICSW			
Thursday:	7:00 a - 3:00 p	Tina Tiberio, NP		Thursday:	7:00 a - 3:00 p	Katherine Lloyd, LICSW			
Friday:	7:00 a - 3:00 p	Tina Tiberio, NP		Friday:	7:00 a - 3:00 p	Katherine Lloyd, LICSW			
Day of Week Monday: Tuesday: Wednesday Thursday:	Hours of Operation Varies	Staff Name with Creden Erin Miller, DDS	ials	☑ Oral hea☑ Screenia☑ Prevent	alth education				
Friday:	nav who provide NIII	DSING somioss		Staff/aga	nav who provide CL	EDICAL/CADE COODDINAT			
_	ncy who provide NU	KSING SERVICES.		_	ncy who provide CL	ERICAL/CARE COORDINAT			
Day of Week	Hours of Operation	Staff Name with Creden	tials	Day of Week	Hours of Operation	Staff Name with Credentials			
Monday:	7:00 a - 3:00 p	C Barker/B Willia	ams, LPNs	Monday:	7:00 a - 3:00 p	C Barker/B Williams, LPN			
Tuesday:	7:00 a - 3:00 p	C Barker/B Willia	ams, LPNs	Tuesday:	7:00 a - 3:00 p	C Barker/B Williams, LPN			
Wednesday	7:00 a - 3:00 p	C Barker/B Willia	ams, LPNs	Wednesday	7:00 a - 3:00 p	C Barker/B Williams, LPN			
Thursday:	7:00 a - 3:00 p	C Barker/B Willia	ams, LPNs	Thursday:	7:00 a - 3:00 p	C Barker/B Williams, LPN			
Friday:	7:00 a - 3:00 p	C Barker/B Willia	ams, LPNs	Friday:	7:00 a - 3:00 p	C Barker/B Williams, LPN			
Other HI	EALTH SERVICES 1	provided at your SBH	C.	Day of	ncy who provide OT	HER HEALTH services. Staff Name with Credentials			
	h services 1			Week	Tions of operation	San Name with Cicucintais			
	h services 2		_	Monday:					
Other healt	h services 3			Tuesday:					

Wednesday: Thursday: Friday:

Other information provided

(Last Updated: 8/22/2019) County in which SBHC is located: Cabell Name of School-Based Health Center VHS Cabell Midland School in which the SBHC is located Cabell Midland HS **School Population** 1,838 **Address for this School-Based Health Center** Physical Address 2300 US Rt. 60, East Mailing Address 2300 US Rt. 60, East **SBHC Contact Person** City Ona First Name Courtney State WV Last Name | Meese Zip 25545 304 781 5112 Phone Phone 304 743 7495 Extension Extension Fax 304 | 525 | 3338 Fax 304 743 6600 Email cmeese@valleyhealth.org Website valleyhealth.org Email **SBHC Sponsoring Agency** Name Valley Health 3377 US Route 60 Mailing Address Huntington City WV State 25705 Zip Steve Shattls **Executive Director** Phone 304 | 525 | 3334 Fax 304 | 525 | 3338 Email shattls@valleyhealth.org Matthew Weimer, MD SBHC Medical Director This SBHC is located Other(please specify) ☑ in a school building □on school property, but not in a school building Population: Other schools served 1: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\Box PK$ $\Box 1$ $\square 2$ $\Box 3$ $\Box 4$ Other(please specify) Grades served by this SBHC $\Box 7$ 9 $\Box 5$ □6 $\square 8$

□10

Studen	its from	area school	s not	located on campus	Funding	sources for your S	BHC
☑ School Staff			Funding Source 1				
☐ Family					Funding		
		community		• «	Funding		
			year)	for your SBHC	_		
Opening		_			Funding	Source 4	
Opening	Year	1994					
Clinic sch	edule a	nd staff name	s for N	MEDICAL services	Day and t	time that you provide	MENTAL HEALTH services
Day of Week	Hours of	Operation	Staff 1	Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials
Monday:					Monday:	Varies	Prestera
Tuesday:	7:30 a	a - 3:30 p	G. N	MooreNP/P. Kelly MD	Tuesday:		
Wednesday:					Wednesday	:	
Thursday:	7:30 a	a - 3:30 p	Gail	Moore, NP	Thursday:		
Friday:	7:30 a	a - 3:30 p	Gail	Moore, NP	Friday:		
Staff/agen	icy who	provide ORA	L HE	ALTH services			
Day of Week	Hours of	Operation	Staff 1	Name with Credentials	Types of o	oral health services p	rovided at your site.
Monday:					☐ Oral bea	alth education	
Tuesday:					☐ Screenii	ngs	
Wednesday:						ive (Cleanings,Fluoride,Se tive (Fillings, Extractions)	ealants)
Thursday:					□ Restora	rive (1 mings, Extractions)	
Friday:							
Staff/agen	icy who	provide NUR	SING	services.	Staff/ager	ncy who provide CLE	CRICAL/CARE COORDINAT
Day of Week	Hours of	Operation	Staff 1	Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials
Monday:					Monday:		
Tuesday:	7:30 a	a - 3:30 p	Can	dace Nance, RN	Tuesday:	7:30 a - 3:30 p	Melissa Jordon
Wednesday:					Wednesday	:	
Thursday:	7:30 a	a - 3:30 p	Can	dace Nance, RN	Thursday:	7:30 a - 3:30 p	Melissa Jordon
Friday:	7:30 a	a - 3:30 p	Can	dace Nance, RN	Friday:	7:30 a - 3:30 p	Melissa Jordon
Other HE	ALTH	SERVICES p	rovide	ed at your SBHC.	Staff/ager	ncy who provide OTF	HER HEALTH services.
Other health	services	1 Nutrition	Cour	seling	Day of Week	Hours of Operation	Staff Name with Credentials
Other health	services	2			Monday:	Varies	Jenna Rose, Dietician
Other health	services	3			Tuesday:		
Other in	format	tion provide	d		Wednesday	:	
					Thursday:		
					Friday:		
							1

Others who can receive care at your SHBC

(Last Updated: 8/22/20)19)						
County in which SBI	Cabell						
Name of School-Base	d Health Center	VHS Huntington High					
School in which th	ne SBHC is located	Huntington HS					
School Population	1	1,668					
Address for this Scho Physical Address Mailing Address City State Zip Phone	#1 Highlander Way #1 Highlander Way Huntington WV 25701 304 528 6445	•	SBHC (First Na Last Nar Phone Extension	me Cou me Mee 304	urtne) ese	/	
Extension Fax	304 528 5220		Fax Email	304			alth org
Website	valleyhealth.org		Eman	CITIE	-ese (@valleyhea	aiui.Oig
Email							
SBHC Sponsoring Ag	gency						
Name			Valley I				
Mailing Address			3377 U)		
City			Hunting	iton			
State			WV				
Zip			25705	01			
Executive Director			Steven				
Phone				25 333			
Fax				25 333			
Email			shattls(
SBHC Medical Direct	or		Matthe	w vveim	ier, IV	טוי	
This SBHC is located ☑ in a school building ☐ on school property,			please sp	ecify)			
		Other sch	ools served	1:		Population:	
		Other sch	ools served	2:		Population:]
Other schools served	by this SBHC	Other sch	nools served	3:		Population:	
		Other sch	ools served	4:		Population:	
Grades served by thi	s SBHC	□PK □5 ☑10	□6		_	□4 ☑9	Other(please specify)

		s not located on campus	Funding	sources for your S	ВВНС		
☑ School Staff			_	Funding Source 1			
•	y of students		Funding				
	s in the community	year) for your SBHC	Č	Source 3			
_	Month September		_	Source 4			
			1 unumg	Source 1			
Opening	Year 1997						
Clinic sch	edule and staff name	s for MEDICAL services	Day and	time that you provide	e MENTAL HEALTH services		
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:	7:30 a - 3:30 p	Chelsey Crutchfield, NP	Monday:	Varies	Prestera		
Tuesday:			Tuesday:				
Wednesday	7:30 a - 3:30 p	C Crutchfield, NP/P Kelly MD	Wednesday	:			
Thursday:			Thursday:				
Friday:	7:30 a - 3:30 p	Chelsey Crutchfield, NP	Friday:				
Staff/ager	ncy who provide ORA	L HEALTH services					
Day of Week	Hours of Operation	Staff Name with Credentials	Types of	oral health services p	rovided at your site.		
Monday:			☐ Oral ha	alth education			
Tuesday:			☐ Screenii	ngs			
Wednesday			☐ Prevent☐ Restora	ive (Cleanings,Fluoride,Setive (Fillings, Extractions)	ealants)		
Thursday:				ave (1 mmgs, 2mmenens)	,		
Friday:							
Staff/ager	ncy who provide NUR	SING services.	Staff/age	ncy who provide CLI	ERICAL/CARE COORDINAT		
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:	7:30 a - 3:30 p	Michelle Linville, RN,BSN	Monday:	7:30 a - 3:30 p	Melissa Jordon		
Tuesday:			Tuesday:				
Wednesday:	7:30 a - 3:30 p	Michelle Linville, RN, BSN	Wednesday	7:30 a - 3:30 p	Melissa Jordon		
Thursday:			Thursday:				
Friday:	7:30 a - 3:30 p	Michelle Linville, RN,BSN	Friday:	7:30 a - 3:30 p	TBA		
Other HE	CALTH SERVICES p	rovided at your SBHC.	Staff/age	ncy who provide OTI	HER HEALTH services.		
Other health	services 1 Nutrition	Counseling	Day of Week	Hours of Operation	Staff Name with Credentials		
Other health			Monday:	Varies	Jenna Rose, Dietician		
Other health			Tuesday:				
	formation provide	<u> </u>	Wednesday	:			
			Thursday:				
			Friday:				
			,				

Others who can receive care at your SHBC

(Last Updated: 8/22/2019) County in which SBHC is located: Cabell Name of School-Based Health Center VHS Southside ES School in which the SBHC is located Southside ES **School Population** 497 Address for this School-Based Health Center Physical Address 930 Second St. Mailing Address 930 Second St. **SBHC Contact Person** City Huntington First Name Courtney State WV Last Name | Meese Zip 25701 304 781 5112 Phone Phone 304 | 525 | 2070 Extension Extension Fax 304 | 525 | 3338 304 | 525 | 2071 Fax Email cmeese@valleyhealth.org Website valleyhealth.org Email **SBHC Sponsoring Agency** Name Valley Health 3377 US Rt. 60 Mailing Address Huntington City WV State 25705 Zip Steve Shattls **Executive Director** Phone 304 | 525 | 3334 Fax 304 | 525 | 3338 Email shattls@valleyhealth.org Matthew Weimer, MD SBHC Medical Director This SBHC is located Other(please specify) ☑ in a school building □on school property, but not in a school building Other schools served 1: Population: Huntington MS 636 Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\square PK$ $\square 1$ $\square 2$ $\square 3$ **□**4 Other(please specify) Grades served by this SBHC $\square 7$ □9 $\square 5$ **□** 6 $\square 8$

□10

Others v	who can receive car	re at your SHBC						
Studer	nts from area school	s not located on campus	Funding	sources for your	SBHC			
Schoo Schoo			Funding					
•	y of students		_					
	s in the community		_	Funding Source 2 Funding Source 3				
		year) for your SBHC	_					
Opening	Month November		Funding	Source 4				
Opening	Year 2010							
Clinic sch	nedule and staff name	s for MEDICAL services	Day and	time that you provid	de MENTAL HEALTH services			
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials			
Monday:			Monday:	Varies	Prestera			
Tuesday:	7:30 a - 11:30 a	Tonya Lewis, FNP	Tuesday:					
Wednesday	:		Wednesday	r:				
Thursday:	7:30 a - 11:30 a	Tonya Lewis, FNP	Thursday:					
Friday:			Friday:					
Staff/ager	ncy who provide ORA	L HEALTH services						
Day of Week	Hours of Operation	Staff Name with Credentials	Types of	oral health services	provided at your site.			
Monday:			☐ Oral be	alth education				
Tuesday:			☐ Screeni	ngs				
Wednesday	:			tive (Cleanings,Fluoride, tive (Fillings, Extraction				
Thursday:				arve (1 mmgs, Extraction	3)			
Friday:								
Staff/ager	ncy who provide NUR	SING services.	Staff/age	ncy who provide CI	LERICAL/CARE COORDINAT			
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials			
Monday:			Monday:					
Tuesday:	7:30 a - 11:30 a	Joni Ely, RN	Tuesday:					
Wednesday	:		Wednesday	r:				
Thursday:	7:30 a - 11:30 a	Joni Ely, RN	Thursday:					
Friday:			Friday:					
Other HE	EALTH SERVICES p	rovided at your SBHC.	Staff/age	ncy who provide OT	THER HEALTH services.			
Other health	h services 1 Nutrition	Counseling	Day of Week	Hours of Operation	Staff Name with Credentials			
Other health			Monday:	Varies	Jenna Rose, Dietician			
Other health	h services 3		Tuesday:					
Other in	ıformation provide	d	Wednesday	7:				
			Thursday					

(Last Updated: 9/16/2019) County in which SBHC is located: Calhoun Name of School-Based Health Center Arnoldsburg Elementary SBHC School in which the SBHC is located Arnoldsburg ES **School Population** 221 Address for this School-Based Health Center Physical Address 90 Spring Run Rd Mailing Address 90 Spring Run Rd **SBHC Contact Person** City Arnoldsburg First Name Brandi State WV Last Name | Grogg Zip 25234 304 354 9732 Phone Phone 304 | 655 | 7209 Extension 5152 Extension Fax 304 354 9126 Fax 304 354 9126 Email brandi.grogg@mhhs.healthcare Website mhhs.healthcare Email **SBHC Sponsoring Agency** Name Minnie Hamilton Health System Mailing Address 186 Hospital Dr Grantsville City WV State 26147 Zip **Executive Director** Steve Whited Phone 304 354 9244 Fax 304 354 5963 Email steve.whited@mhhc.com SBHC Medical Director Srikanth Garlapati, MD This SBHC is located Other(please specify) ☑ in a school building □on school property, but not in a school building Other schools served 1: Population: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\square PK$ $\square 1$ $\square 2$ $\square 3$ **□**4 Other(please specify) Grades served by this SBHC $\Box 5$ □6 $\Box 7$ $\square 8$ $\Box 9$

□10

Others v	vho can receive car	re at your SHBC					
Studer	nts from area school	s not located on campus	Funding sources for your SBHC				
Schoo Schoo			Funding Source 1 WV BPH				
•	y of students		Funding Source 2 HRSA Grant Funding				
	in the community						
Opening	g date (month and y	year) for your SBHC	Funding Source 3 Billing Revenue				
Opening	Month March		Funding Source 4				
Opening	Year 1996						
Clinic sch	edule and staff name	s for MEDICAL services	Day and time that you provide MENTAL HEALTH servi	ces			
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week Hours of Operation Staff Name with Credentials				
Monday:			Monday:				
Tuesday:	12:00 p - 4:00 p	Melanie Wilson, PAC	Tuesday:				
Wednesday			Wednesday:				
Thursday:	8:00 a - 11:30 a	Melanie Wilson, PAC	Thursday:				
Friday:			Friday:				
Staff/ager	ncy who provide ORA	L HEALTH services					
Day of Week	Hours of Operation	Staff Name with Credentials					
Monday:	Fall/Spring	Ariel Mooney, DDS	☐ Oral health education				
Tuesday:		Tiffany Mace, RDH	✓ Screenings				
Wednesday			Preventive (Cleanings,Fluoride,Sealants)				
Thursday:			Restorative (Fillings, Extractions)				
Friday:							
,		JL					
Staff/ager	ncy who provide NUR	SING services.	Staff/agency who provide CLERICAL/CARE COORDIN	ΑT			
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week Hours of Operation Staff Name with Credentials				
Monday:			Monday:				
Tuesday:	12:00 p - 4:00 p	Brandi Grogg, LPN	Tuesday: 12:00 p - 4:00 p Brandi Grogg, LPN				
Wednesday:	:		Wednesday:				
Thursday:	8:00 a - 11:30 a	Brandi Grogg, LPN	Thursday: 8:00 a - 11:30 p Brandi Grogg, LPN				
Friday:			Friday:				
O4b HE	ALTH CEDVICEC	CDUC	Staff/agency who provide OTHER HEALTH services.				
Other HE	ALIH SEKVICES P	rovided at your SBHC.	Day of H CO C C C C C C C C C C C C C C C C C				
Other health	n services 1		Week Hours of Operation Staff Name with Credentials				
Other health	n services 2		Monday:				
Other health	n services 3		Tuesday:				
Other in	formation provide	d	Wednesday:				
Dental	Clinic 4 wks/y	/ear	Thursday:				
			Friday:				

County in which SBHC is located: Calhoun Name of School-Based Health Center Calhoun County MS/HS SBHC School in which the SBHC is located Calhoun County MS/HS **School Population** 553 Address for this School-Based Health Center Physical Address 50 Underwood Circle Mailing Address 50 Underwood Circle **SBHC Contact Person** City Mt. Zion First Name Brandi State WV Last Name | Grogg Zip 26151 304 354 9732 Phone Phone 304 354 9732 Extension 5152 Extension Fax 304 354 9126 Fax 304 354 9126 Email brandi.grogg@mhhs.healthcare Website mhhs.healthcare Email **SBHC Sponsoring Agency** Name Minnie Hamilton Health System Mailing Address 186 Hospital Dr Grantsville City WV State 26147 Zip **Executive Director** Steve Whited Phone 304 354 9244 Fax 304 354 5963 Email steve.whited@mhhcc.com SBHC Medical Director Srikanth Garlapati, MD This SBHC is located Other(please specify) ☑ in a school building □on school property, but not in a school building Population: Other schools served 1: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\Box PK$ $\Box 1$ $\square 2$ $\Box 3$ $\Box 4$ Other(please specify) Grades served by this SBHC $\square 5$ **□** 6 **□** 7 $\square 8$ **□10 □11 □12**

(Last Updated: 9/16/2019)

	☐ Students from area schools not located on campus			Funding sources for your SBHC			
☑ School Staff			_	Funding Source 1 WV BPH			
	y of students s in the community		Funding	Source 2 HRSA G	rant Funding		
		year) for your SBHC	Funding	Source 3 Billing Re	evenue		
	Month March	year) for your SBITE	Funding				
Opening			S				
Clinic sch	nedule and staff nam	es for MEDICAL services	Day and t	time that you provide	e MENTAL HEALTH services		
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:	8:00 a - 4:00 p	Melanie Wilson, PAC	Monday:	Referred			
Tuesday:	8:00 a - 11:30 a	Melanie Wilson, PAC	Tuesday:				
Wednesday	12:00 p - 4:00 p	Melanie Wilson, PAC	Wednesday	:			
Thursday:			Thursday:				
Friday:	8:00 a - 4:00 p	Melanie Wilson, PAC	Friday:				
Staff/agei	ncy who provide OR	AL HEALTH services					
Day of Week	Hours of Operation	Staff Name with Credentials	Types of o	oral health services p	provided at your site.		
Monday:	Varies		☑ Oral hea	alth education			
Tuesday:				ngs	•		
Wednesday	:	Ariel Mooney, DDS		ive (Cleanings,Fluoride,S tive (Fillings, Extractions			
Thursday:		Tiffany Mace, RDH					
Friday:							
Staff/ager	ncy who provide NU	RSING services.	Staff/ager	ncy who provide CLI	ERICAL/CARE COORDINAT		
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:	8:00 a - 4:00 p	Brandi Grogg, LPN	Monday:	8:00 a - 4:00 p	Brandi Grogg, LPN		
Tuesday:	8:00 a - 11:30 p	Brandi Grogg, LPN	Tuesday:	8:00 a - 4:00 p	Brandi Grogg, LPN		
Wednesday	12:00 p - 4:00 p	Brandi Grogg, LPN	Wednesday	8:00 a - 4:00 p	Brandi Grogg, LPN		
Thursday:			Thursday:	8:00 a - 4:00 p	Brandi Grogg, LPN		
Friday:	8:00 a - 4:00 p	Brandi Grogg, LPN	Friday:	8:00 a - 4:00 p	Brandi Grogg, LPN		
Other HI	EALTH SERVICES	provided at your SBHC.	Staff/ager	ncy who provide OT	HER HEALTH services.		
Other healt	h services 1		Day of Week	Hours of Operation	Staff Name with Credentials		
Other health	h services 2		Monday:				
Other health	h services 3		Tuesday:				
Other in	ıformation provid	ed	Wednesday	:			
			Thursday:				
			Friday:				

Others who can receive care at your SHBC

(Last Updated: 9/16/2019) County in which SBHC is located: Calhoun Name of School-Based Health Center Pleasant Hill Elementary SBHC School in which the SBHC is located Pleasant Hill ES **School Population** 188 Address for this School-Based Health Center Physical Address 3254 N. Calhoun HWY Mailing Address 3254 N. Calhoun HWY **SBHC Contact Person** City Grantsville First Name Brandi State WV Last Name | Grogg Zip 26147 304 354 9732 Phone Phone 304 354 9320 Extension 5152 Extension Fax 304 354 9126 Fax 304 354 9126 Email brandi.grogg@mhhs.healthcare Website mhhs.healthcare Email **SBHC Sponsoring Agency** Name Minnie Hamilton Health System Mailing Address 186 Hospital Drive Grantsville City WV State 26147 Zip **Executive Director** Steve Whited Phone 304 354 9244 Fax 304 354 5963 Email steve.whited@mhhcc.com SBHC Medical Director Srikanth Garlapati, MD This SBHC is located Other(please specify) ☑ in a school building □on school property, but not in a school building Other schools served 1: Population: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\square PK$ $\square 1$ $\square 2$ $\square 3$ **□**4 Other(please specify) Grades served by this SBHC $\Box 5$ □6 $\Box 7$ $\square 8$ $\Box 9$

□10

Others v	who can receive car	re at your SHBC					
☑ Students from area schools not located on campus			Funding sources for your SBHC				
☑ School Staff			Funding Source 1 WV BPH				
□Famil	y of students						
□ Others	s in the community		Funding Source 2 HRSA Grant Funding				
Opening	g date (month and	year) for your SBHC	_	Source 3 Billing Re	evenue		
Opening	Month March		Funding S	Source 4			
Opening	Year 1996						
Clinic sch	nedule and staff name	s for MEDICAL services	Day and ti	ime that you provide	MENTAL HEALTH services		
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:			Monday:				
Tuesday:			Tuesday:				
Wednesday	8:00 a - 11:30 a	Melanie Wilson, PA-C	Wednesday:				
Thursday:	12:00 p - 4:00 p	Melanie Wilson, PA-C	Thursday:				
Friday:			Friday:				
Staff/ager	ncy who provide ORA	AL HEALTH services					
Day of Week	Hours of Operation	Staff Name with Credentials	Types of o	ral health services p	rovided at your site.		
Monday:	Fall/Spring	Ariel Mooney, DDS	□ 0-111	th education			
Tuesday:		Tiffany Mace, RDH	✓ Oral near				
Wednesday	:			ve (Cleanings,Fluoride,Se			
Thursday:			☐ Restorati	ve (Fillings, Extractions)			
Friday:							
Staff/ager	ncy who provide NUF	RSING services.	Staff/agen	cy who provide CLF	CRICAL/CARE COORDINAT		
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:			Monday:				
Tuesday:			Tuesday:				
Wednesday	8:00 a - 11:30 a	Brandi Grogg, LPN	Wednesday:	8:00 a - 11:30 a	Brandi Grogg, LPN		
Thursday:	12:00 p - 4:00 p	Brandi Grogg, LPN	Thursday:	12:00 p - 4:00 p	Brandi Grogg, LPN		
Friday:			Friday:				
Other HE	FAITH SERVICES n	rovided at your SBHC.	Staff/agen	cy who provide OTI	HER HEALTH services.		
	_	Tovided at your Shire.	Day of Week	Hours of Operation	Staff Name with Credentials		
Other healtl			Monday:	_			
	h services 2		Tuesday:				
	h services 3	.1	, [
	iformation provide		Wednesday:	_			
pental	Clinic 4 weeks	s/year	Thursday:				
			Friday:				

(Last Updated: 9/16/2019) County in which SBHC is located: Clay Name of School-Based Health Center Big Otter Elementary SBHC School in which the SBHC is located Big Otter ES **School Population** 254 Address for this School-Based Health Center Physical Address 59 Ossia Road Mailing Address 59 Ossia Road **SBHC Contact Person** City Duck First Name Patricia WV State Last Name Collett Zip 25063 304 473 5600 Phone Phone 304 286 2838 Extension Extension Fax 304 286 2838 Fax Email trish.collett@ccwv.org Website ccwv.org Email **SBHC Sponsoring Agency** Name Community Care of WV Inc. Mailing Address P.O. Box 217 Rock Cave City WV State 26234 Zip **Executive Director** Rick Simon Phone 304 924 6262 Fax Email Sarah Chouinard MD SBHC Medical Director This SBHC is located Other(please specify) ☑ in a school building □on school property, but not in a school building Population: Other schools served 1: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\square PK$ $\square 1$ **□** 2 $\square 3$ **□**4 Other(please specify) Grades served by this SBHC $\Box 7$ $\square 5$ $\Box 6$ $\square 8$ $\Box 9$ Special Education

□10

Others	who can receive ca	are at your SHBC					
		ols not located on campus	Funding sources for your SBHC				
☑ Schoo			Funding Source 1				
	y of students		Funding Source 2				
	s in the community		Funding Source 3				
-	`	year) for your SBHC	Funding Source 4				
	Month August		runding Source 4				
Opening	Year 2009						
Clinic sch	nedule and staff nam	es for MEDICAL services	Day and time that you provide MENTAL HEALTH sea	rvices			
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week Hours of Operation Staff Name with Credentials				
Monday:			Monday:				
Tuesday:	7:30 a - 3:30 p	Erin King, FNP	Tuesday:				
Wednesday	:		Wednesday:				
Thursday:			Thursday:				
Friday:			Friday:				
_	ncy who provide OR	AL HEALTH services					
Day of Week	Hours of Operation	Staff Name with Credentials	Types of oral health services provided at your site.				
Monday:							
Tuesday:			☐ Oral health education ☐ Screenings				
Wednesday	:		☐ Preventive (Cleanings,Fluoride,Sealants) ☐ Restorative (Fillings, Extractions)				
Thursday:			Restorative (Finnings, Extractions)				
Friday:							
Staff/age	ncy who provide NU	RSING services.	Staff/agency who provide CLERICAL/CARE COORD	OINAT:			
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week Hours of Operation Staff Name with Credentials				
Monday:			Monday:				
Tuesday:	7:30 a - 3:30 p	Felicia Dawson, LPN	Tuesday: 7:30 a - 3:30 p Rose Nottingham				
Wednesday	:		Wednesday:				
Thursday:			Thursday:				
Friday:			Friday:				
Other HI	EALTH SERVICES 1	provided at your SBHC.	Staff/agency who provide OTHER HEALTH services.				
Other healt	h services 1		Day of Week Hours of Operation Staff Name with Credentials				
	h services 2		Monday:				
Other healt	h services 3		Tuesday:				
	ıformation provid	ed	Wednesday:				
	•		Thursday:				

(Last Updated: 9/16/2019) County in which SBHC is located: Clay Name of School-Based Health Center Clay County Elementary SBHC School in which the SBHC is located Clay County ES **School Population** 466 Address for this School-Based Health Center Physical Address 219 Church Street Mailing Address 219 Church Street **SBHC Contact Person** City Clay First Name | Patricia State WV Last Name Collett Zip 25043 304 473 5600 Phone Phone 304 | 587 | 6045 Extension Extension Fax 304 587 Fax 6045 Email trish.collett@ccwv.org Website ccwv.org Email **SBHC Sponsoring Agency** Name Community Care of WV Inc. Mailing Address P.O. Box 217 Rock Cave City WV State 26234 Zip **Executive Director** Rick Simon Phone 304 924 6262 Fax Email Sarah Chouinard M.D. SBHC Medical Director This SBHC is located Other(please specify) ☑ in a school building □on school property, but not in a school building Population: Other schools served 1: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\square PK$ $\square 1$ $\square 2$ $\square 3$ **□4** Other(please specify) Grades served by this SBHC $\Box 7$ □9 $\square 5$ $\Box 6$ $\square 8$

□10

Others v	who can receive ca	re at your SHBC					
Studer	nts from area school	s not located on campus	Funding	sources for your	SRHC		
Schoo Schoo	l Staff		Funding		SDITE		
□Family	y of students		_				
□Others	s in the community		Funding				
Opening	g date (month and	year) for your SBHC	Funding Source 3				
Opening	Month Septembe	r	Funding	Source 4			
Opening	Year 1998						
1 0							
Clinic sch	edule and staff name	es for MEDICAL services	Day and t	time that you provid	e MENTAL HEALTH services		
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:	7:30 a - 3:30 p	Erin King, FNP	Monday:				
Tuesday:			Tuesday:				
Wednesday	7:30 a - 3:30 p	Erin King, FNP	Wednesday	:			
Thursday:			Thursday:				
Friday:	7:30 a - 3:30 p	Erin King, FNP	Friday:				
Staff/ager	ncy who provide ORA	AL HEALTH services					
Day of Week	Hours of Operation	Staff Name with Credentials	Types of o	oral health services p	provided at your site.		
Monday:			□ Oral has	alth education			
Tuesday:			☐ Screenii				
Wednesday	:			ive (Cleanings,Fluoride,S tive (Fillings, Extractions			
Thursday:			_ 110510141	ave (1 mmgs, 2 maenon	,		
Friday:							
Staff/ager	ncy who provide NUF	RSING services.	Staff/ager	ncy who provide CL	ERICAL/CARE COORDINAT		
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:	7:30 a - 3:30 p	Felicia Dawson, LPN	Monday:	7:30 a - 3:30 p	Rose Nottingham		
Tuesday:			Tuesday:				
Wednesday:	7:30 a - 3:30 p	Felicia Dawson, LPN	Wednesday	7:30 a - 3:30 p	Rose Nottingham		
Thursday:			Thursday:				
Friday:	7:30 a - 3:30 p	Felicia Dawson, LPN	Friday:	7:30 a - 3:30 p	Rose Nottingham		
Other HF	EALTH SERVICES n	provided at your SBHC.	Staff/ager	ncy who provide OT	HER HEALTH services.		
Other health	_		Day of Week	Hours of Operation	Staff Name with Credentials		
Other health	n services 2		Monday:				
Other health	n services 3		Tuesday:				
Other in	formation provide	ed .	Wednesday	:			
			Thursday:				
			Friday:				

(Last Updated: 9/16/20	019)						
County in which SBHC is located:			Clay				
Name of School-Base	d Health Center	Clay C	ounty H	ligh SBH0)		
School in which th	ne SBHC is located	Clay County HS					
School Population	1	528					
Address for this Scho	ool-Based Health Center						
Physical Address	1 Panther Drive						
Mailing Address	P.O. Box 729			SBHC Co	ntoot Do	rcon	
City	Clay			First Name			
State	WV			Last Name			
Zip	25043			Phone	304		
Phone	304 587 2867			Extension	00+	70 0000	
Extension				Fax			
Fax	304 587 2464			Email	trish co	ollett@ccwv.	ora
Website	ccwv.org			Linuii	11011.0	011011(00000000	0.9
Email							
SBHC Sponsoring Ag	gency						
Name	•			Commun	ity Care	of WV Inc.	
Mailing Address				P.O. Box	217		
City				Rock Cav	/e		
State				WV			
Zip				26234			
Executive Director				Rick Sim	on		
Phone				304 924	6262		
Fax							
Email							
SBHC Medical Direct	or			Sarah Ch	ouinard	M.D.	
This SBHC is located ☑ in a school building ☐ on school property,		ng	Other(p	olease spec	ify)		
			Other sch	ools served 1:		Population:	7
			Other sch	ools served 2:		Population:]
Other schools served	by this SBHC		Other sch	ools served 3:		Population:]
			Other sch	ools served 4:		Population:]
Grades served by this	s SBHC		□PK □5			□4 ☑9	Other(please specify)

 $\square 10 \quad \square 11 \quad \square 12$

Others v	who ca	n receive ca	re at	your SHBC					
☐ Students from area schools not located on campus			Funding	Funding sources for your SBHC					
Schoo Schoo					_	Funding Source 1			
□ Family					Funding Source 2				
		community		. f CDIIC	Funding				
-		`	year)	for your SBHC	Funding				
		October			runding	Source 4			
Opening	Year	1994							
Clinic sch	edule a	and staff name	es for l	MEDICAL services	Day and	time that you provid	e MENTAL HEALTH services		
Day of Week	Hours o	f Operation	Staff	Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:					Monday:				
Tuesday:					Tuesday:				
Wednesday	7:30	a - 3:30 p	Am	y Osborne, FNP	Wednesday	:			
Thursday:				-	Thursday:				
Friday:	7:30	a - 3:30 p	Am	y Osborne, FNP	Friday:				
Staff/ager		•		EALTH services					
Week	Hours o	f Operation	Staff	Name with Credentials	Types of o	oral health services p	provided at your site.		
Monday:					☐ Oral hea	alth education			
Tuesday:					☐ Screenii	ngs			
Wednesday	:					ive (Cleanings,Fluoride,S tive (Fillings, Extractions			
Thursday:						ave (1 mmgs, Extractions	')		
Friday:									
Staff/ager	ncy who	provide NUI	RSINC	G services.	Staff/agei	ncy who provide CL	ERICAL/CARE COORDINAT		
Day of Week	Hours o	f Operation	Staff	Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:					Monday:				
Tuesday:					Tuesday:				
Wednesday	7:30	a - 3:30 p	Ter	ri Smith, LPN	Wednesday	7:30 a - 3:30 p	Kara Adkins		
Thursday:					Thursday:				
Friday:	7:30	a - 3:30 p	Ter	ri Smith, LPN	Friday:	7:30 a - 3:30 p	Kara Adkins		
Other HE	EALTH	SERVICES I	rovid	ed at your SBHC.	Staff/ager	ncy who provide OT	HER HEALTH services.		
Other health	h service:	s 1			Day of Week	Hours of Operation	Staff Name with Credentials		
Other health					Monday:				
Other health					Tuesday:				
		tion provide	ed		Wednesday	:			
					Thursday:				

(Last Updated: 9/16/2019) County in which SBHC is located: Clay Name of School-Based Health Center Clay County Middle SBHC School in which the SBHC is located Clay County MS **School Population** 392 Address for this School-Based Health Center Physical Address 419 Church Street Mailing Address P.O. Box 489 **SBHC Contact Person** City Clay First Name | Patricia State WV Last Name | Collett Zip 25043 304 473 5600 Phone Phone 304 | 587 | 4375 Extension Extension Fax 304 587 2464 Fax Email trish.collett@ccwv.org Website ccwv.org Email **SBHC Sponsoring Agency** Name Community Care of WV Inc. P.O. 217 Mailing Address Rock Cave City WV State 26234 Zip **Executive Director** Rick Simon Phone 304 924 6262 Fax Email Sarah Chouinard M.D. SBHC Medical Director This SBHC is located Other(please specify) ☑ in a school building □on school property, but not in a school building Population: Other schools served 1: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\Box PK$ $\Box 1$ $\Box 2$ $\Box 3$ $\Box 4$ Other(please specify) Grades served by this SBHC $\square 7$ □9 $\Box 5$ **□** 6 $\square 8$

□10

Others v	who car	n receive ca	re at	your SHBC					
☐ Students from area schools not located on campus			Funding	Funding sources for your SBHC					
Schoo Schoo					_	Funding Source 1			
□ Family					Funding Source 2				
		community	,	c courc	Funding				
-			year)	for your SBHC	Funding				
		October			runding	Source 4			
Opening	Year	1993							
Clinic sch	nedule a	nd staff nam	es for l	MEDICAL services	Day and	time that you provid	e MENTAL HEALTH services		
Day of Week	Hours of	Operation	Staff	Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:					Monday:				
Tuesday:	7:30 a	a - 3:30 p	Am	y Osborne, FNP	Tuesday:				
Wednesday	:				Wednesday	:			
Thursday:	7:30 a	a - 3:30 p	Erir	n King, FNP	Thursday:				
Friday:					Friday:				
Staff/ager	ncy who	provide OR	AL HE	EALTH services					
_		provide ore		222222					
Day of Week	Hours of	Operation	Staff	Name with Credentials	Types of	oral health services i	provided at your site.		
Monday:						•	770, raca at your site.		
Tuesday:						☐ Oral health education ☐ Screenings			
Wednesday	:					ive (Cleanings,Fluoride,S			
Thursday:						tive (Fillings, Extractions)		
Friday:									
Staff/ager	ncy who	provide NU	RSINC	G services.	 Staff/agei	ncy who provide CL	ERICAL/CARE COORDINAT		
Day of Week	Hours of	Operation	Staff	Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:					Monday:				
Tuesday:	7:30 a	a - 3:30 p	Ter	ri Smith, LPN	Tuesday:	7:30 a - 3:30 p	Kara Adkins		
Wednesday					Wednesday				
Thursday:		a - 3:30 p	Feli	icia Dawson, LPN	Thursday:	7:30 a - 3:30 p	Rose Nottingham		
Friday:		. с.сср			Friday:	7.00 G 0.00 p			
,									
Other HE	EALTH	SERVICES 1	provid	ed at your SBHC.	_	ncy who provide OT	HER HEALTH services.		
Other health	h services	1			Day of Week	Hours of Operation	Staff Name with Credentials		
Other health					Monday:				
Other health					Tuesday:				
Other in	ıforma	tion provid	ed		Wednesday	:			
					Thursday:				

(Last Updated: 9/16/2019) County in which SBHC is located: Clay Name of School-Based Health Center H.E. White ES Wellness Center School in which the SBHC is located H.E. White ES **School Population** 117 Address for this School-Based Health Center Physical Address 501 Bomont Road Mailing Address 501 Bomont Road **SBHC Contact Person** City **Bomont** First Name | Patricia WV State Last Name | Collett Zip 25030 304 473 5600 Phone Phone 304 | 548 | 4006 Extension Extension Fax 304 548 2464 Fax Email trish.collett@ccwv.org Website ccwv.org Email **SBHC Sponsoring Agency** Name Community Care of WV, Inc. Mailing Address P.O. Box 217 Rock Cave City WV State 26234 Zip **Executive Director** Rick Simon Phone 304 924 6262 Fax Email Sarah Chouinard, MD SBHC Medical Director This SBHC is located Other(please specify) ☑ in a school building □on school property, but not in a school building Population: Other schools served 1: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\square PK$ $\square 1$ **□** 2 $\square 3$ **□4** Other(please specify) Grades served by this SBHC $\Box 7$ □9 $\square 5$ $\Box 6$ $\square 8$

□10

Others	who can receive ca	re at your SHBC				
		s not located on campus	Funding sources for your SBHC			
☐ School Staff ☐ Family of students ☐ Others in the community			Funding Source 1 Funding Source 2			
- '	Month December		Funding Source 4			
Opening			runaing source			
Opening	; rear 2015					
Clinic sch	nedule and staff name	es for MEDICAL services	Day and time that you provide ME	ENTAL HEALTH services		
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week Hours of Operation Sta	ff Name with Credentials		
Monday:	7:30 a - 12:00 p	Amy Osborne, FNP	Monday:			
Tuesday:			Tuesday:			
Wednesday	:		Wednesday:			
Thursday:			Thursday:			
Friday:			Friday:			
_	ncy who provide ORA	AL HEALTH services				
Day of Week	Hours of Operation	Staff Name with Credentials	Types of oral health services provi	ded at vour site.		
Monday:			_	,,		
Tuesday:			☐ Oral health education ☐ Screenings			
Wednesday	:		☐ Preventive (Cleanings,Fluoride,Sealant☐ Restorative (Fillings, Extractions)	ts)		
Thursday:			☐ Restorative (Finnigs, Extractions)			
Friday:						
Staff/age	ncy who provide NUF	RSING services.	Staff/agency who provide CLERIC	CAL/CARE COORDINAT		
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week Hours of Operation Sta	ff Name with Credentials		
Monday:	7:30 a - 12:00 p	Terri Smith, LPN	Monday: 7:30 a - 12:00 p	ara Adkins		
Tuesday:			Tuesday:			
Wednesday	7:		Wednesday:			
Thursday:			Thursday:			
Friday:			Friday:			
Other HI	EALTH SERVICES p	provided at your SBHC.	Staff/agency who provide OTHER	HEALTH services.		
Other healt	h services 1		Day of Week Hours of Operation Sta	ff Name with Credentials		
	h services 2		Monday:			
Other healt	h services 3		Tuesday:			
Other in	ıformation provide	ed	Wednesday:			
	_		Thursday:			

(Last Updated: 9/16/2019) County in which SBHC is located: Clay Name of School-Based Health Center Lizemore ES Wellness Center School in which the SBHC is located Lizemore ES **School Population** 143 Address for this School-Based Health Center Physical Address 100 Lizemore Lions Road Mailing Address 100 Lizemore Lions Road **SBHC Contact Person** City Lizemore First Name | Patricia WV State Last Name Collett Zip 25125 855 678 2298 Phone Phone 304 | 587 | 2026 Extension Extension Fax Fax 304 | 587 | 2464 Email trish.collett@ccwv.org Website ccwv.org Email **SBHC Sponsoring Agency** Name Community Care of WV, Inc. Mailing Address P.O. Box 217 Rock Cave City WV State 26234 Zip **Executive Director** Rick Simon Phone 304 924 6262 Fax Email Sarah Chouinard, MD SBHC Medical Director This SBHC is located Other(please specify) ☑ in a school building □on school property, but not in a school building Population: Other schools served 1: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\square PK$ $\square 1$ $\square 2$ $\square 3$ **□4** Other(please specify) Grades served by this SBHC $\Box 7$ □9 $\square 5$ □6 $\square 8$

□10

	who can receive ca	re at your SHBC Is not located on campus	F. 1.	CDUC		
☑ School Staff			Funding Sources for your SBHC			
□Family	y of students		Funding Source 1 Funding Source 2			
	s in the community					
	·	year) for your SBHC	Funding Source 3			
Opening Month December 2015		Funding Source 4				
Opening	Year					
Clinic sch	nedule and staff name	es for MEDICAL services	Day and time that you pro	ovide MENTAL HEALTH services		
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week Hours of Operation	Staff Name with Credentials		
Monday:			Monday:			
Tuesday:			Tuesday:			
Wednesday	:		Wednesday:			
Thursday:	7.30 a - 3:30 p	Amy Osborne, FNP	Thursday:			
Friday:			Friday:			
Day of	ncy who provide ORA Hours of Operation	AL HEALTH services Staff Name with Credentials	T. 6 11 141			
Week Monday:	•		Types of oral health service	ces provided at your site.		
Tuesday:			☐ Oral health education			
Wednesday:			☐ Screenings ☐ Preventive (Cleanings,Fluoride,Sealants)			
Thursday:			☐ Restorative (Fillings, Extrac	tions)		
Friday:						
Filday.						
Staff/ager	ncy who provide NUI	RSING services.	Staff/agency who provide	CLERICAL/CARE COORDINAT		
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week Hours of Operation	Staff Name with Credentials		
Monday:			Monday:			
Tuesday:			Tuesday:			
Wednesday	:		Wednesday:			
Thursday:	7:30 a - 3:30 p	Terri Smith, LPN	Thursday: 7:30 a - 3:30	p Kara Adkins		
Friday:			Friday:			
Other HE	EALTH SERVICES p	provided at your SBHC.		OTHER HEALTH services.		
Other health	n services 1		Day of Week Hours of Operation	Staff Name with Credentials		
Other health			Monday:			
Other health			Tuesday:			
Other in	formation provide	ed	Wednesday:			
			Thursday:			

(Last Updated: 9/17/2019)								
County in which SBHC is located:			dridge					
Name of School-Base	ed Health Center	Doddri	Doddridge County E/M SBHC					
School in which th	he SBHC is located	Doddri	oddridge County ES/MS					
School Population	1	761						
Address for this Scho	ool-Based Health Cente	r						
Physical Address	151 Doddridge Schoo	l Rd.						
Mailing Address	190 Maine St.			~~~~	~ .			
City	West Union			First N	_	act Per	son	
State	WV			Last N	F			
Zip	26456			Phone	_		73 0060	
Phone	304 873 0060			Extens	F	304 0	73 0000	
Extension				Fax	Ļ	304 87	73 0061	
Fax	304 873 0061			Email	F		gritchieregi	onal org
Website	ritchieregional.org			Lillali	Ŀ	SWIIILE	<u>willcilleregi</u>	orial.org
Email	swhite@ritchieregiona	al.org						
SBHC Sponsoring Ag	gencv							
Name	•			Ritchi	e Reg	gional F	lealth Cntr	
Mailing Address			135 S Penn Ave.					
City			Harrisville					
State			WV					
Zip				26362)			
Executive Director				Mary	Beth	McDou	gal (Interim))
Phone				304	643	4005		
Fax				304	643	4007		
Email				mmcd	louga	l@ritch	ieregional.c	org
SBHC Medical Direct	or			Sandr	a Sw	isher, A	PRN	
This SBHC is located	i		o. 1 /					
□in a school building			Other(1	olease s	pecify	y)		
☐ on school property,	but not in a school build	ing						
			Other sch	ools serve	ed 1:		Population:	
Other schools served by this SBHC			Other sch	ools serve	ed 2:		Population:	7
			Other sch	nools serve	ed 3:		Population:	
			Other sch	ools serve	ed 4:		Population:	7
			$\square PK$	□ 1	☑2	⊠ 3	⊿ 4	Other(please specify)
Grades served by thi	s SBHC			⊠6 □11		☑8	□9	

Others who can receive can ☑ Students from area school	•	Funding sources for your SBHC			
☑ School Staff	Funding S	Source 1 WV BPH	I		
☑ Family of students☑ Others in the community		Funding S	Source 2 Sisters o	of St. Joseph	
Opening date (month and	year) for your SBHC	Funding S	Source 3	-	
Opening Month August	year) for your spire	Funding S	Source 4		
Opening Year 2014					
Clinic schedule and staff name	es for MEDICAL services	Day and t	ime that you provid	e MENTAL HEALTH services	
Day of Week Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials	
Monday: 7:30 a - 4:30 p	Karrissa Knight, FNP	Monday:			
Tuesday: 7:30 a - 12:00 p	Karrissa Knight, FNP	Tuesday:			
Wednesday: 7:30 a - 4:30 p	Karrissa Knight, FNP	Wednesday:			
Thursday: 7:30 a - 12:00 p	Karrissa Knight, FNP	Thursday:			
Friday:		Friday:			
Day of Week Hours of Operation Monday: Tuesday: Wednesday: 8:00 a - 6:00 p	Staff Name with Credentials	✓ Oral hea✓ Screenin	alth education	provided at your site.	
Thursday: 8:00 a - 6:00 p	SWalker DDS/ADilley/JTravis SWalker DDS/ADilley/JTravis		ve (Cleanings,Fluoride,S ive (Fillings, Extractions		
Thursday: 8:00 a - 6:00 p Friday: Staff/agency who provide NUF	SWalker DDS/ADilley/JTravis	☑ Restorat	ive (Fillings, Extractions		
Friday:	SWalker DDS/ADilley/JTravis	☑ Restorat	ive (Fillings, Extractions))	
Staff/agency who provide NUF Day of Hours of Operation	SWalker DDS/ADilley/JTravis RSING services.	☑ Restorat Staff/agen Day of	ive (Fillings, Extractions	erical/care coordinat	
Staff/agency who provide NUF Day of Week Hours of Operation	SWalker DDS/ADilley/JTravis RSING services. Staff Name with Credentials	☑ Restorat Staff/agen Day of Week	ncy who provide CL	ERICAL/CARE COORDINAT Staff Name with Credentials	
Staff/agency who provide NUF Day of Week Hours of Operation Monday: 7:30 a - 4:30 p	SWalker DDS/ADilley/JTravis RSING services. Staff Name with Credentials Danielle Lipscomb, LPN	Staff/agen Day of Week Monday: Tuesday:	ncy who provide CL Hours of Operation 7:30 a - 4:30 p	ERICAL/CARE COORDINAT Staff Name with Credentials Sandy White	
Staff/agency who provide NUF Day of Week Hours of Operation Monday: 7:30 a - 4:30 p Tuesday: 7:30 a - 12:00 p	SWalker DDS/ADilley/JTravis RSING services. Staff Name with Credentials Danielle Lipscomb, LPN Danielle Lipscomb, LPN	Staff/agen Day of Week Monday: Tuesday: Wednesday:	ncy who provide CL Hours of Operation 7:30 a - 4:30 p	ERICAL/CARE COORDINAT Staff Name with Credentials Sandy White Sandy White	
Staff/agency who provide NUF Day of Week Hours of Operation Monday: 7:30 a - 4:30 p Tuesday: 7:30 a - 12:00 p Wednesday: 7:30 a - 4:30 p	SWalker DDS/ADilley/JTravis RSING services. Staff Name with Credentials Danielle Lipscomb, LPN Danielle Lipscomb, LPN Danielle Lipscomb, LPN	Staff/agen Day of Week Monday: Tuesday: Wednesday:	ney who provide CL Hours of Operation 7:30 a - 4:30 p 7:30 a - 4:30 p 7:30 a - 4:30 p	ERICAL/CARE COORDINAT Staff Name with Credentials Sandy White Sandy White Sandy White	
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Staff/agency who provide NUF Day of Week Monday: 7:30 a - 4:30 p Tuesday: 7:30 a - 12:00 p Wednesday: 7:30 a - 4:30 p Thursday: 7:30 a - 12:00 p Friday: 7:30 a - 12:00 p	SWalker DDS/ADilley/JTravis RSING services. Staff Name with Credentials Danielle Lipscomb, LPN Danielle Lipscomb, LPN Danielle Lipscomb, LPN Danielle Lipscomb, LPN	Staff/agen Day of Week Monday: Tuesday: Wednesday: Thursday: Friday: Staff/agen Day of	ncy who provide CL Hours of Operation 7:30 a - 4:30 p 7:30 a - 4:30 p 7:30 a - 4:30 p 7:30 a - 4:30 p	ERICAL/CARE COORDINAT Staff Name with Credentials Sandy White Sandy White Sandy White Sandy White HER HEALTH services.	

Wednesday: Thursday: Friday:

Other information provided

Name of School-Based Health Center School in which the SBHC is located School Population Address for this School-Based Health Center Physical Address 79 Bulldog Dr. City West Union State WV Last Name Zip Phone 304 873 2521 Extension 1911 Fax 304 873 1873 Extension SBHC Sonosoring Agency Name Mailing Address Wilte@ritcheregional.org Email Swhite@ritcheregional.org SBHC Sponsoring Agency Name Mailing Address City State WV Last Name Ritchie Regional Health Center 135 S. Penn Ave. Harrisville State WV Zip 26362 Exceutive Director Phone Fax 304 843 4005 304 843 4007 Sandra Swisher, APRN Other schools served 1: Population: Other schools served 2: Population: Other schools served 4: Po	(Last Updated: 9/17/2019)								
School in which the SBHC is located School Population Address for this School-Based Health Center Physical Address 79 Bulldog Dr. City West Union State WV Last Name Sandy Last Name White Phone 304 873 2521 Extension 1911 Fax 304 873 373 2521 Extension 713 Fax SBHC Sponsoring Agency State WV Zip Zip	County in which SBHC is located: Doddridge			dge					
Address for this School-Based Health Center Physical Address 79 Bulldog Dr. City West Union State WV Last Name White Zip 26456 Phone 304 873 2521 Extension 1911 Fax 304 873 3060 Extension Website iritchieregional.org Email swhite@ritcheregional.org Email swhite@ritcheregional.org Email swhite@ritcheregional.org SBHC Sponsoring Agency Name Mailing Address City Usate WV Last Name White Extension 1911 Fax 304 873 0060 Extension 713 Email Swhite@ritchieregional.org SBHC Sponsoring Agency Name Ritchie Regional Health Center 135 S. Penn Ave. City Harrisville State WV Last Mare White Extension 1911 Fax 304 873 0060 Extension 713 Email Swhite@ritchieregional.org SBHC Sponsoring Agency Name Ritchie Regional Health Center 135 S. Penn Ave. City Last Name White Extension 1911 Fax 304 873 0060 Extension 713 Email Swhite@ritchieregional.org SBHC Sponsoring Agency Name Ritchie Regional Health Center 135 S. Penn Ave. City Last Name White Extension 1911 Fax 304 873 0060 Extension 713 Email Swhite@ritchieregional.org SBHC Sponsoring Agency Name Ritchie Regional Health Center 135 S. Penn Ave. City Last Name White Extension 1911 Fax 304 873 0060 Extension 713 Email Swhite@ritchieregional.org SBHC Sponsoring Agency Name Ritchie Regional Health Center 135 S. Penn Ave. City Last Name White Extension 1911 Fax 304 873 0060 Extension 713 006	Name of School-Base	ed Health Center	Doddrio	Iridge County High SBHC					
Address for this School-Based Health Center Physical Address Mailing Address 79 Bulldog Dr. City West Union State WV Last Name Sandy Last Name White Phone 304 873 2521 Extension 1911 Fax 304 873 1873 Extension 1911 Fax 304 873 1873 Email swhite@ritchieregional.org Email swhite@ritchieregional.org Email swhite@ritchieregional.org SBHC Sponsoring Agency Name Mailing Address City State Zip Executive Director Phone Fax Email Swhite@ritchieregional.org Extension 1911 Fax 304 873 0060 Extension 713 Fax 304 873 0061 Email swhite@ritchieregional.org SBHC Sponsoring Agency Name Mailing Address City State Zip Executive Director Phone Fax Email Swhite@ritchieregional.org Mary Beth McDougal (Interim) 304 843 4005 304 843 4005 304 843 4007 This SBHC is located In a school building In a school property, but not in a school building Other schools served 1: Other schools served 1: Population: Other schools served 4: Population:	School in which the	he SBHC is located	Doddrio	dge Co	unty H	S			
Physical Address Mailing Address Mailing Address Phone Mest Union State WV Last Name Phone 304 873 2521 Extension 1911 Fax 304 873 1873 Website ritchieregional.org Email Swhite@ritcheregional.org Email Swhite@ritcheregional.org SBHC Contact Person First Name Phone Add 873 0060 Extension First Name Phone Backgrift Phone Fix X 304 873 0061 Extension Fix X 304 873 0060 Extension Fix X 304 873 0061 Fix X 404 873 0061	School Population	1	293						
Mailing Address City West Union State WV Last Name Zip 26456 Phone 304 873 2521 Extension 1911 Fax 304 873 1873 Website ritchieregional.org Email Swhite@ritcheregional.org SBHC Sponsoring Agency Name Mailing Address City Name Miling Address City State WV Last Name Email Swhite@ritchieregional.org SBHC Sponsoring Agency Name Ritchie Regional Health Center 135 S. Penn Ave. Harrisville WV Zip Executive Director Phone Fax Say	Address for this Scho	ool-Based Health Center							
State	Physical Address								
City West Union First Name Sandy Last Name Phone 304 873 2521 Extension 1911 Fax 304 873 1873 Website ritchieregional.org Email swhite@ritcheregional.org Email swhite@ritcheregional.org Email swhite@ritcheregional.org Email swhite@ritcheregional.org Email swhite@ritcheregional.org SBHC Sponsoring Agency Name Ritchie Regional Health Center 135 S. Penn Ave. City Harrisville State WW 26362 Executive Director Mary Beth McDougal (Interim) 304 643 4005 304 643 4005 304 643 4005 304 643 4005 304 643 4005 304 643 4005 304 643 4005 304 643 4005 304 643 4005 304 643 4005 304 643 4005 305 Sandra Swisher, APRN Other schools served by this SBHC Other schools served 1: Population: Other schools served 2: Population: Other schools served 4: Population:	Mailing Address	79 Bulldog Dr.			CDIIC	C	4 D		
State WV 26456 Phone 304 873 2521 Extension 1911 Fax 304 873 1873 Extension 1911 Fax 304 873 1873 Email swhite@ritchieregional.org SBHC Sponsoring Agency Name Mailing Address City Harrisville WV 26362 Exceutive Director Phone 304 843 4005 SBHC Medical Director SahC Medical Director SahC Medical Director Shall Director	City	West Union							
Zip 26456 Phone 304 873 2521 Extension 713 Extension 713 Fax 304 873 3060 Fax Swhite@ritchieregional.org Email Swhite@ritchieregional.org SBHC Sponsoring Agency Name Ritchie Regional Health Center 135 S. Penn Ave. City Harrisville WW Zip 26362 Exceutive Director Mary Beth McDougal (Interim) Phone 304 643 4005 304 643 4007 Mary Beth McDougal (Interim) SBHC Medical Director Sandra Swisher, APRN Other schools served 1: Population: Other schools served 4:	State	WV				F			
Phone 304 873 2521 Extension 1911 Fax 304 873 1873 Website ritchieregional.org SBHC Sponsoring Agency Name Mailing Address City State Zip Executive Director Phone 304 643 4005 Fax 304 873 0061 Smill swhite@ritchieregional.org Mary Beth McDougal (Interim) Phone 304 643 4007 SBHC Medical Director This SBHC is located In a school building Other schools served by this SBHC Other schools served by this SBHC Extension 713 Fax 304 873 0061 Fmail Swhite@ritchieregional.org Ritchie Regional Health Center 135 S. Penn Ave. Harrisville WV 26362 Mary Beth McDougal (Interim) Mary Beth McDougal (Interim) More schools all diag 4007 More schools served 1: Population: Other schools served 2: Population: Other schools served 3: Population: Other schools served 4: Population:	Zip	26456				L		273 0060	
Extension 1911	Phone	304 873 2521				F		373 0000	
Fax 304 873 1873	Extension	1911				Ļ		272 0061	
Email swhite@ritcheregional.org SBHC Sponsoring Agency Name Mailing Address City State Zip Lexecutive Director Phone Fax Email SBHC Medical Director This SBHC is located ☐ in a school building ☐ on school property, but not in a school building Other schools served by this SBHC Other schools served by this SBHC Ritchie Regional Health Center 135 S. Penn Ave. Harrisville WV 26362 Mary Beth McDougal (Interim) 304 643 4005 304 643 4005 Sandra Swisher, APRN Other(please specify) Other schools served 1: Other schools served 1: Other schools served 2: Population: Other schools served 3: Other schools served 4: Population: Other schools served 4: Other(please specify)	Fax	304 873 1873				F			anal ara
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Name Mailing Address City State Zip Executive Director Phone Fax Email SBHC Medical Director This SBHC is located ☑ in a school building ☐ on school property, but not in a school building Other schools served by this SBHC Other schools served by this SBHC Ritchie Regional Health Center 135 S. Penn Ave. Harrisville WV 26362 Mary Beth McDougal (Interim) 304 643 4005 304 643 4007 mmcdougal@ritchieregional.org Sandra Swisher, APRN Other(please specify) Other schools served 1: Population: Other schools served 2: Population: Other schools served 3: Population: Other schools served 4: Population:	Email	swhite@ritcheregional	.org						
Name Mailing Address City State Zip Executive Director Phone Fax Email SBHC Medical Director This SBHC is located ☑ in a school building ☐ on school property, but not in a school building Other schools served by this SBHC Other schools served by this SBHC Ritchie Regional Health Center 135 S. Penn Ave. Harrisville WV 26362 Mary Beth McDougal (Interim) 304 643 4005 304 643 4007 mmcdougal@ritchieregional.org Sandra Swisher, APRN Other(please specify) Other schools served 1: Population: Other schools served 2: Population: Other schools served 3: Population: Other schools served 4: Population:	SBHC Sponsoring A	gency							
City State Zip Executive Director Phone Fax Sand 643 4005 Sandra Swisher, APRN This SBHC is located in a school building on school property, but not in a school building Other schools served 1: Other schools served 1: Other schools served 2: Other schools served 2: Other schools served 3: Other schools served 4: Other schools served 4: Other schools served 4: Other schools served 4: Other schools served 3: Other schools served 4: Other schools served 4: Other schools served 3: Other schools served 3: Other schools served 4: Other schools served 3: Other schools served 4: Other schools served 3: Other schools served 4: Other schools served 3: Other schools served 4: Other schools served 4: Other schools served 3: Other schools served 4: Other schools served 4: Other schools served 3: Other schools served 4: Other schools served 4: Other schools served 4: Other schools served 3: Other schools served 4: Other schools served 4: Other schools served 3: Other schools served 3: Other schools served 4: Other schools served 3: Other schools served 4: Other schools s	Name	9 ,			Ritchie	Reg	gional	Health Center	er
State Zip Executive Director Phone Fax 304 643 4005 Fax 304 643 4007 Email SBHC Medical Director This SBHC is located in a school building on school property, but not in a school building Other schools served 1: Other schools served 2: Population: Other schools served 3: Other schools served 4: Population: Other schools served 4: Other population: Other schools served 4: Other population: Other schools served 3: Other schools served 4: Other schools served 3: Other schools served 4: Other schools served 3: Other schools served 4: Other schools served 3: Other schools served 3: Other schools served 3: Other schools served 4: Other schools served 3: Other schools served 4: Other schools served 3: Other schools served 4: Other schools served 3: Other schools served 3: Other schools served 4: Other schools served 3: Other schools served 3: Other schools served 4: Other schools served 3: Other schools served 4: Other schools served 3: Other schools served 3: Other schools served 4: Other	Mailing Address				135 S. Penn Ave.				
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Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: Other schools served 4: Population: Other schools served 4: Other(please specify)				Other sch	ools serve	d 1:		Population:	7
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Other schools served 4: Other schools served 4: Population: Other(please specify)									
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\Box PK \Box 1 \Box 2 \Box 3 \Box 4 Other(please specify)				Other sch	ools serve	d 4:		Population:	
Ulheriplease specify)					30170				
Ulner(please specify)				$\sqcap PK$	□1	□2	□3	$\sqcap 4$	
Grades served by this SBHC $\Box 5 \Box 6 \Box 7 \Box 8 \Box 9$	Grades served by thi	s SBHC							Other(please specify)
□ 10 □ 11 □ 12 □ 12 □ 12 □ 12 □ 13 □ 14 □ 15 □ 15 □ 15 □ 15 □ 15 □ 15 □ 15	v				□11	☑ 12			

Others v	who can receive ca	re at your SHBC						
☑ Students from area schools not located on campus			Funding	Funding sources for your SBHC				
☑ School Staff				Funding Source 1 Sisters of St. Joseph				
☐ Family of students ☐ Others in the community Opening date (month and year) for your SBHC			Funding Source 2					
			_	Funding Source 3				
-	Month October	year) for your SBHC	-	Source 4				
			1 unumg	Source 4				
Opening	Year 2017							
Clinic sch	nedule and staff name	es for MEDICAL services	Day and	time that you provi	de MENTAL HEALTH services			
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials			
Monday:			Monday:					
Tuesday:	12:00 p - 4:00 p	Karrissa Knight, APRN	Tuesday:					
Wednesday	:		Wednesday	7:				
Thursday:			Thursday:					
Friday:			Friday:					
Staff/ager	ncy who provide ORA	AL HEALTH services						
Day of Week	Hours of Operation	Staff Name with Credentials	Types of	oral health services	provided at your site.			
Monday:			☐ Oral ba	alth education				
Tuesday:			☐ Screeni	ngs				
Wednesday	:			ive (Cleanings,Fluoride, tive (Fillings, Extraction				
Thursday:				are (1 mmgs, 2 muutus.	5)			
Friday:								
Staff/ager	ncy who provide NUF	RSING services.	Staff/age	ncy who provide CI	LERICAL/CARE COORDINAT			
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials			
Monday:			Monday:					
Tuesday:	12:00 p - 4:00 p	Danielle Lipscomb, LPN	Tuesday:					
Wednesday	:		Wednesday	7:				
Thursday:			Thursday:					
Friday:			Friday:					
Other HE	EALTH SERVICES p	provided at your SBHC.	Staff/age	ncy who provide OT	THER HEALTH services.			
Other healtl	h services 1		Day of Week	Hours of Operation	Staff Name with Credentials			
	h services 2		Monday:					
Other health	-		Tuesday:					
	iformation provide	ed	Wednesday	r:				
	•		Thursday:					

County in which SBHC is located: Fayette Name of School-Based Health Center Wildcat Wellness Center School in which the SBHC is located Meadow Bridge ES/ Meadow Bridge HS **School Population** 486 Address for this School-Based Health Center Physical Address 874 Meadow Bridge Rd Mailing Address 874 Meadow Bridge Rd **SBHC Contact Person** City Meadow Bridge First Name Laura State WV Last Name | Eagle Zip 25962 304 438 6188 Phone Phone 304 | 484 | 7571 Extension 1026 Extension 304 | 438 | 5762 Fax Fax 304 484 7120 Email leagle@rmchealth.org Website rmchealth.org leagle@rmchealth.org Email **SBHC Sponsoring Agency** Name Rainelle Medical Center 176 Medical Center Dr Mailing Address Rainelle City WV State 25962 Zip **Executive Director** Kristi Atha-Rader Phone 304 438 6188 Fax 304 | 438 | 6819 Email karader@rmchealth.org Christopher Martin, DO SBHC Medical Director This SBHC is located Other(please specify) □ in a school building ☑ on school property, but not in a school building Other schools served 1: Population: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\square PK$ $\square 1$ $\square 2$ $\square 3$ **□**4 Other(please specify) Grades served by this SBHC $\square 5$ **□** 6 **□** 7 $\square 8$ **□10 □11 □12**

(Last Updated: 9/30/2019)

		s not located on campus	Funding	sources for your S	ВНС		
☑ Schoo	of Staff y of students		Funding	Source 1 WV BPH			
	s in the community		Funding	Source 2 Billing Re	venue		
Opening date (month and year) for your SBHC			Funding Source 3 Sisters of St. Joseph				
-	Month October		Funding	Source 4			
Opening							
Clinic scl	hedule and staff name	s for MEDICAL services	Day and t	time that you provide	MENTAL HEALTH services		
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:			Monday:	7:30 a - 4:00 p	K White MSW, LCSW, RPT		
Tuesday:	7:30 a - 12:00 p	Brittany Parker, FNP	Tuesday:	7:30 a - 4:00 p	K White MSW, LCSW, RPT		
Wednesday	<u> </u>		_	7:30 a - 4:00 p	K White MSW, LCSW, RPT		
Thursday:	7:30 a - 12:00 p	Brittany Parker, FNP	Thursday:	7:30 a - 4:00 p	K White MSW, LCSW, RPT		
Friday:			Friday:				
Staff/age	ncy who provide ORA	L HEALTH services					
Day of Week	Hours of Operation	Staff Name with Credentials	Types of a	oral health services pi	rovidad at vour site		
Monday:				-	ovided at your site.		
Tuesday:			☐ Oral hea	alth education			
Wednesday	7:		☐ Preventi	ive (Cleanings,Fluoride,Sective (Fillings, Extractions)	alants)		
Thursday:			Restorat	ive (Fillings, Extractions)			
Friday:							
Staff/age	ncy who provide NUR	SING services.	Staff/ager	ncy who provide CLE	RICAL/CARE COORDINAT		
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:			Monday:				
Tuesday:	7:30 a - 12:00 p	Megan Lester, LPN	Tuesday:	7:30 a - 12:00 p	TBA		
Wednesday			Wednesday				
Thursday:	7:30 a - 12:00 p	Megan Lester, LPN	Thursday:	7:30 a - 12:00 p	TBA		
Friday:			Friday:				
Other HI	EALTH SERVICES n	rovided at your SBHC.	Staff/ager	ncy who provide OTH	ER HEALTH services.		
	th services 1		Day of Week	Hours of Operation	Staff Name with Credentials		
	th services 2		Monday:				
Other healt	th services 3		Tuesday:				
	nformation provide	d	Wednesday	:			
	n Education as n		Thursday:				
			Friday:				

Others who can receive care at your SHBC

☐ Students from area schools not located on campus

(Last Updated: 9/30/2019) County in which SBHC is located: Fayette Name of School-Based Health Center Midlant Trail Health Center School in which the SBHC is located Midland Trail MS/HS **School Population** 586 Address for this School-Based Health Center Physical Address 26709 Midland Trail Mailing Address **SBHC Contact Person** City Hico First Name Laura WV State Last Name | Eagle Zip 25854 304 438 6188 Phone Phone 304 969 8080 Extension 1026 Extension Fax 304 438 4037 Fax 304 | 438 | 4037 Email leagle@rmchealth.org Website rmchealth.org jshuff@rmchealth.org Email **SBHC Sponsoring Agency** Name Rainelle Medical Center 176 Medical Center Drive Mailing Address Rainelle City WV State 25962 Zip **Executive Director** Kristi Atha-Rader, CEO Phone 304 | 438 | 6188 Fax 304 | 438 | 6189 Email karader@rmchealth.org Christopher Martin, DO SBHC Medical Director This SBHC is located Other(please specify) □ in a school building ☑ on school property, but not in a school building Population: Other schools served 1: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\Box PK$ $\Box 1$ $\Box 2$ $\Box 3$ $\Box 4$ Other(please specify) Grades served by this SBHC 9 $\Box 5$ **□** 6 **□** 7 $\square 8$

□10

Others	who can receive ca	re at your SHBC			
☑ Students from area schools not located on campus			Funding sources for your SBHC		
Schoo Schoo	ol Staff		Funding Source 1 Billing Revenue		
☐ Family of students			Funding Source 2		
	s in the community		_		
Opening	g date (month and	year) for your SBHC	_	Source 3	
Opening	Month May		Funding	Source 4	
Opening	Year 2019				
Clinic sch	nedule and staff nam	es for MEDICAL services	Day and	time that you provid	e MENTAL HEALTH services
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 4:00 p	Jerra Shuff, FNP	Monday:	7:30 a - 3:30 p	S O'Field, LGSW, AADC
Tuesday:	7:30 a - 4:00 p	Jerra Shuff, FNP	Tuesday:	7:30 a - 3:30 p	S O'Field, LGSW, AADC
Wednesday	7:30 a - 6:00 p	Jerra Shuff, FNP	Wednesday	7:30 a - 5:30 p	S O'Field/D Stout, LGSW
Thursday:	7:30 a - 4:00 p	Jerra Shuff, FNP	Thursday:	7:30 a - 5:30 p	S O'Field/D Stout, LGSW
Friday:	7:30 a - 1:00 p	Jerra Shuff, FNP	Friday:	7:30 a - 3:30 p	S O'Field, LGSW, AADC
Staff/age	ncy who provide OR	AL HEALTH services			
Day of Week	Hours of Operation	Staff Name with Credentials	Types of	oral health services j	provided at your site.
Monday:			□ Oral be	alth education	
Tuesday:			☐ Screeni	ngs	
Wednesday	:			ive (Cleanings,Fluoride,S tive (Fillings, Extractions	
Thursday:			□ Kestora	tive (1 mings, Extractions)
Friday:					
Staff/age	ncy who provide NU	RSING services.	Staff/age	ncy who provide CL	ERICAL/CARE COORDINAT
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 4:00 p	Natasha Nesselrotte, LPN	Monday:	7:30 a - 4:00 p	Abby Harless
Tuesday:	7:30 a - 4:00 p	Natasha Nesselrotte, LPN	Tuesday:	7:30 a - 4:00 p	Abby Harless
Wednesday	7:30 a - 6:00 p	Natasha Nesselrotte, LPN	Wednesday	7:30 a - 6:00 p	Abby Harless
Thursday:	7:30 a - 4:00 p	Natasha Nesselrotte, LPN	Thursday:	7:30 a - 4:00 p	Abby Harless
Friday:	7:30 a - 1:00 p	Natasha Nesselrotte, LPN	Friday:	7:30 a - 1:00 p	Abby Harless
Other HI	EALTH SERVICES	provided at your SBHC.	Staff/age	ncy who provide OT	HER HEALTH services.
Other III	EXETT SERVICES	provided at your Shire.	Day of	Hours of Operation	Staff Name with Credentials
Other healt	h services 1		Week	Hours of Operation	Staff Name with Credentials
Other healt	h services 2		Monday:		
	h services 3		Tuesday:		
Other in	nformation provid	ed	Wednesday	7:	
			Thursday:		
			Friday:		

(Last Updated: 8/27/2019) County in which SBHC is located: Fayette Name of School-Based Health Center New River Intermediate SBHC School in which the SBHC is located New River Intermediate **School Population** 652 Address for this School-Based Health Center Physical Address 262 Oyler Avenue Mailing Address 262 Oyler Avenue **SBHC Contact Person** City Oak Hill First Name | Cindy State WV Last Name | Whitlock Zip 25901 Phone 304 465 1378 Phone 304 | 465 | 2171 Extension Extension 304 465 0003 Fax 304 | 465 | 2173 Fax Email cindy.whitlock@nrhawv.org Website nrhawv.org tessa.ricottilli@nrhawv.org Email **SBHC Sponsoring Agency** Name New River Health Association P.O. Box 337 Mailing Address Scarbro City WV State 25917 Zip **Executive Director** John Schultz Phone 304 465 2258 Fax 304 465 5486 Email johnr.schultz@nrhawv.org SBHC Medical Director Angela Barker, PA-C This SBHC is located Other(please specify) ☑ in a school building □on school property, but not in a school building Population: Other schools served 1: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\Box PK$ $\Box 1$ $\Box 2$ $\square 3$ **□**4 Other(please specify) Grades served by this SBHC $\square 5$ □6 $\Box 7$ $\square 8$ □9

□10

Others who can receive care at your SHBC

- ☑ Students from area schools not located on campus
- □ School Staff
- ☐ Family of students
- ☑ Others in the community

Opening date (month and year) for your SBHC

Opening Month	August
Opening Year	2009

Clinic schedule and staff names for MEDICAL services

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00 a - 4:00 p	Tessa Ricottilli, PA-C
Tuesday:	8:00 a - 4:00 p	Tessa Ricottilli, PA-C
Wednesday	8:00 a - 4:00 p	Tessa Ricottilli, PA-C
Thursday:	8:00 a - 4:00 p	Tessa Ricottilli, PA-C
Friday:	8:00 a - 4:00 p	Tessa Ricottilli, PA-C

Staff/agency who provide ORAL HEALTH services

Day of Week	Hours of Operation Staff Name with Credentials	
Monday:	Varies	Terra Basham, RDH
Tuesday:		
Wednesday	:	
Thursday:		
Friday:		

Staff/agency who provide NURSING services.

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00 a - 4:00 p	Ruth Schoolcraft, LPN
Tuesday:	8:00 a - 4:00 p	Ruth Schoolcraft, LPN
Wednesday	8:00 a - 4:00 p	Ruth Schoolcraft, LPN
Thursday:	8:00 a - 4:00 p	Ruth Schoolcraft, LPN
Friday:	8:00 a - 4:00 p	Ruth Schoolcraft, LPN

Other HEALTH SERVICES provided at your SBHC.

Other health services 1	Health Education
Other health services 2	
Other health services 3	

Other information provided		

Funding sources for your SBHC

Funding Source 1	HRSA
Funding Source 2	SSJ Health & Wellness
Funding Source 3	United Way of SWV
Funding Source 4	Gtr Kanawha Valley

Day and time that you provide MENTAL HEALTH services

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00 a - 4:00 p	Tracie Hamb, LICSW
Tuesday:	8:00 a - 4:00 p	Savanna Babcock, LGSW
Wednesday:	8:00 a - 4:00 p	Savanna Babcock, LGSW
Thursday:	8:00 a - 4:00 p	Savanna Babcock, LGSW
Friday:	8:00 a - 4:00 p	A Boblits, MSW, LICSW

Types of oral health services provided at your site.

☐ Oral health education	
✓ Screenings	
☑ Preventive (Cleanings,Fluoride,Sealants)	s)
☐ Pectorative (Fillings Extractions)	

Staff/agency who provide CLERICAL/CARE COORDINAT

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00 a - 4:00 p	Jennifer Pierson
Tuesday:	8:00 a - 4:00 p	Jennifer Pierson
Wednesday:	8:00 a - 4:00 p	Jennifer Pierson
Thursday:	8:00 a - 4:00 p	Jennifer Pierson
Friday:	8:00 a - 4:00 p	Jennifer Pierson

Staff/agency who provide OTHER HEALTH services.

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	Varies	TBA, Health Educator
Tuesday:		
Wednesday	:	
Thursday:		
Friday:		

(Last Updated: 8/27/2019) County in which SBHC is located: Fayette Name of School-Based Health Center Oak Hill High SBHC School in which the SBHC is located Oak Hill HS **School Population** 1,100 Address for this School-Based Health Center Physical Address 350 W. Oyler Ave. Mailing Address 350 W. Oyler Ave. **SBHC Contact Person** City Oak Hill First Name | Cindy State WV Last Name | Whitlock Zip 25901 Phone 304 465 1378 Phone 304 | 469 | 6331 Extension Extension Fax 304 465 0003 304 | 469 | 6332 Fax Email cindy.whitlock@nrhawv.org Website nrhawv.org melody.ruskin@nrhawv.org Email **SBHC Sponsoring Agency** Name New River Health Assn P.O. Box 337 Mailing Address Scarbro City WV State 25917 Zip **Executive Director** John Schultz Phone 304 465 2258 Fax 304 465 5486 Email johnr.schultz@nrhawv.org Angela Barker, PA-C SBHC Medical Director This SBHC is located Other(please specify) □ in a school building ☑ on school property, but not in a school building Population: Other schools served 1: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\Box PK$ $\Box 1$ $\square 2$ $\Box 3$ $\Box 4$ Other(please specify) Grades served by this SBHC $\Box 7$ 9 $\Box 5$ □6 $\square 8$

□10

- ☑ Students from area schools not located on campus
- □ School Staff
- ☐ Family of students
- ☑ Others in the community

Opening date (month and year) for your SBHC

Opening Month	February
Opening Year	2002

Clinic schedule and staff names for MEDICAL services

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:15 a - 3:15 p	Melody Ruskin, APRN-BC
Tuesday:	7:15 a - 3:15 p	Melody Ruskin, APRN-BC
Wednesday	7:15 a - 3:15 p	Melody Ruskin, APRN-BC
Thursday:	7:15 a - 3:15 p	Melody Ruskin, APRN-BC
Friday:	7:15 a - 3:15 p	Melody Ruskin, APRN-BC

Staff/agency who provide ORAL HEALTH services

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	Varies	Terra Basham, RDH
Tuesday:		
Wednesday	:	
Thursday:		
Friday:		

Staff/agency who provide NURSING services.

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:15 a - 3:15 p	Tina Maynor, LPN
Tuesday:	7:15 a - 3:15 p	Tina Maynor, LPN
Wednesday:	7:15 a - 3:15 p	Tina Maynor, LPN
Thursday:	7:15 a - 3:15 p	Tina Maynor, LPN
Friday:	7:15 a - 3:15 p	Tina Maynor, LPN

Other HEALTH SERVICES provided at your SBHC.

Other health services 1	Health Education
Other health services 2	
Other health services 3	
Other informatio	n nuovidad

Other information provided

Funding sources for your SBHC

Funding Source 1	HRSA
Funding Source 2	SSJ Health & Wellness
Funding Source 3	United Way of SWV
Funding Source 4	Gtr. Kanawha Valley

Day and time that you provide MENTAL HEALTH services

Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:	7:15 a - 3:15 p	Kerri White, LICSW		
Tuesday:	7:15 a - 3:15 p	Kerri White, LICSW		
Wednesday:	7:15 a - 3:15 p	Kerri White, LICSW		
Thursday:	7:15 a - 3:15 p	Kerri White, LICSW		
Friday:	7:15 a - 3:15 p	Kerri White, LICSW		

Types of oral health services provided at your site.

☑ Oral health education
☑ Screenings
☑ Preventive (Cleanings,Fluoride,Sealants
☐ Restorative (Fillings, Extractions)

Staff/agency who provide CLERICAL/CARE COORDINAT

Hours of Operation	Staff Name with Credentials			
7:00 a - 3:30 p	C. Stover/B. Sizemore			
7:00 a - 3:30 p	C. Stover/B. Sizemore			
7:00 a - 3:30 p	C. Stover/B. Sizemore			
7:00 a - 3:30 p	C. Stover/B. Sizemore			
7:00 a - 3:30 p	C. Stover/B. Sizemore			
	7:00 a - 3:30 p 7:00 a - 3:30 p 7:00 a - 3:30 p 7:00 a - 3:30 p			

Staff/agency who provide OTHER HEALTH services.

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	Varies	Katie Johnson
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

(Last Updated: 8/27/2019) County in which SBHC is located: Fayette Name of School-Based Health Center Valley SBHC (on school property) School in which the SBHC is located Valley PreK - 8 / Valley HS **School Population** 726 Address for this School-Based Health Center Physical Address 59 Greyhound Lane Mailing Address PO Box 491 **SBHC Contact Person** City Smithers First Name | Cindy State WV Last Name | Whitlock Zip 25186 Phone 304 465 1378 Phone 304 981 4983 Extension Extension 304 465 0003 Fax 304 981 4949 Fax Email cindy.whitlock@nrhawv.org Website nrhawv.org heather.boyce@nrhawv.org Email **SBHC Sponsoring Agency** Name New River Health Association PO Box 337 Mailing Address Scarbro City WV State 25917 Zip **Executive Director** John Schultz Phone 304 465 2258 Fax 304 465 5486 Email johnr.schultz@nrhawv.org Angela Barker, PA-C SBHC Medical Director This SBHC is located Other(please specify) □ in a school building ☑ on school property, but not in a school building Population: Other schools served 1: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\square PK$ $\square 1$ $\square 2$ $\square 3$ **□**4 Other(please specify) Grades served by this SBHC $\square 5$ **☑**6 **□** 7 $\square 8$ $\Box 9$ □10 □11 □12

Stude₁		re at your SHBC Is not located on can	npus	Funding	sources for	r vour S	внс	
☑ Schoo				Funding Source 1 HRSA				
	y of students			Funding Source 2 SSJ Health & Wellness				
	s in the community	year) for your SBH	IC	Funding Source 3 United Way of SWV				
- '	Month August	year) for your SBI		_			wha Valley	
Opening				1 unung	Boarco I G	a. rana	wild valley	
Opening	2013							
Clinic sch	nedule and staff name	es for MEDICAL serv	ices	Day and	time that you	ı provide	MENTAL HEAD	LTH services
Day of Week	Hours of Operation	Staff Name with Credent	ials	Day of Week	Hours of Opera	ation	Staff Name with Cı	edentials
Monday:	8:00 a - 4:00 p	Heather Boyce, I	PA-C	Monday:	8:00 a - 4	:00 p	Terri Belcher	, LGSW
Tuesday:				Tuesday:				
Wednesday	8:00 a - 4:00 p	Heather Boyce, I	PA-C	Wednesday	8:00 a - 4	:00 p	Terri Belcher	, LGSW
Thursday:				Thursday:				
Friday:	8:00 a - 4:00 p	Heather Boyce, I	PA-C	Friday:	8:00 a - 4	:00 p	Terri Belche	r, LGSW
Staff/age	ncy who provide OR	AL HEALTH services						
_	ney who provide ore	IL IILIILI SCI VICCS						
Day of Week	Hours of Operation	Staff Name with Credent	ials	Types of	oral health so	ervices pr	ovided at your s	ite.
Monday:	Varies	Terra Basham, F	RDH			•	·	
Tuesday:	Tuesday:			✓ Oral health education✓ Screenings				
Wednesday:				 ✓ Preventive (Cleanings, Fluoride, Sealants) ☐ Restorative (Fillings, Extractions) 				
Thursday:					irve (i iiiiigs, iii			
Friday:								
Staff/agei	ncy who provide NUI	RSING services.		Staff/agei	ncy who prov	vide CLE	RICAL/CARE (COORDINAT
Day of Week	Hours of Operation	Staff Name with Credent	ials	Day of Week	Hours of Opera	ation	Staff Name with Cr	redentials
Monday:	8:00 a - 4:00 p	TBA		Monday:	8:00 a - 4	:00 p	Patsy Legg	
Tuesday:	8:00 a - 4:00 p	TBA		Tuesday:	8:00 a - 4	:00 p	Patsy Legg	
Wednesday	8:00 a - 4:00 p	TBA		Wednesday	8:00 a - 4	:00 p	Patsy Legg	
Thursday:	8:00 a - 4:00 p	TBA		Thursday:	8:00 a - 4	:00 p	Patsy Legg	
Friday:	8:00 a - 4:00 p	TBA		Friday:	8:00 a - 4	:00 p	Patsy Legg	
Other HI	_	provided at your SBH	С.	Day of	ncy who prov		ER HEALTH se	
	h services 1 Health E	ducation		Week				
	h services 2			Monday:	Varies		Katie Johnso)[]
Other health	h services 3			Tuesday:]	

Wednesday: Thursday: Friday:

Other information provided

(Last Updated: 9/17/2019) County in which SBHC is located: Gilmer Name of School-Based Health Center Gilmer County Elementary SBHC School in which the SBHC is located Gilmer County ES **School Population** 456 Address for this School-Based Health Center Physical Address 99 Fairground Rd Mailing Address 99 Fairground Rd **SBHC Contact Person** City Glenville First Name | Amanda State WV Last Name | Sprouse Zip 26351 Phone 304 462 7338 Phone 304 | 462 | 7338 Extension Extension Fax Fax 304 | 462 | 3417 amanda.sprouse@mhhs.healthcare Email Website www.mhhc.com amanda.sprouse@mhhs.healthcare Email **SBHC Sponsoring Agency** Minnie Hamilton Health Systems Name Mailing Address 186 Hospital Dr Grantsville City WV State 26147 Zip **Executive Director** Stephen Whited Phone 304 354 9224 Fax 304 354 9323 Email stephen.whited@mhhs.healthcare SBHC Medical Director Srikanth Garlapati, MD This SBHC is located Other(please specify) ☑ in a school building □on school property, but not in a school building Other schools served 1: Population: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\square PK$ $\square 1$ $\square 2$ $\square 3$ **□**4 Other(please specify) Grades served by this SBHC **□** 5 **□** 6 $\Box 7$ $\square 8$ □9

□10

Others v	vho can receive ca	re at your SHBC					
		ls not located on campus	Funding sources for your SBH	Funding sources for your SBHC			
☑ School				Funding Source 1 WV BPH			
	y of students		Funding Source 2 WV BBH				
	in the community) e CDIIC	Funding Source 3				
	´ `	year) for your SBHC					
	Month Septembe	r	Funding Source 4				
Opening	Year 2016						
Clinic sch	edule and staff name	es for MEDICAL services	Day and time that you provide ME	NTAL HEALTH services			
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week Hours of Operation State	ff Name with Credentials			
Monday:			Monday:				
Tuesday:	8:00 a - 4:00 p	Lisa M Cottrill, FNPBC	Tuesday:				
Wednesday:			Wednesday:				
Thursday:			Thursday:				
Friday:	8:00 a - 4:00 p	Lisa M Cottrill, FNPBC	Friday:				
Staff/agen	·	AL HEALTH services					
Day of Week	Hours of Operation	Staff Name with Credentials	Types of oral health services provi	ded at your site.			
Monday:			Out health advertion	·			
Tuesday:			☐ Oral health education ☐ Screenings				
Wednesday:			☐ Preventive (Cleanings,Fluoride,Sealant	s)			
Thursday:			☐ Restorative (Fillings, Extractions)				
Friday:							
,-							
Staff/agen	ncy who provide NUI	RSING services.	Staff/agency who provide CLERIC	CAL/CARE COORDINAT			
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week Hours of Operation State	ff Name with Credentials			
Monday:			Monday:				
Tuesday:	8:00 a - 4:00 p	Amanda Sprouse, LPN	Tuesday: 8:00 a - 4:00 p Ar	manda Sprouse, LPN			
Wednesday:			Wednesday:				
Thursday:			Thursday:				
Friday:	8:00 a - 4:00 p	Amanda Sprouse, LPN	Friday: 8:00 a - 4:00 p	manda Sprouse, LPN			
Other HE	CALTH SERVICES I	provided at your SBHC.	Staff/agency who provide OTHER	HEALTH services.			
Other health	n services 1		Day of Week Hours of Operation Stat	ff Name with Credentials			
Other health	n services 2		Monday:				
Other health	n services 3		Tuesday:				
Other in	formation provide	ed	Wednesday:				
			Thursday:				
			Friday:				

(Last Updated: 9/17/20)19)						
County in which SBI	HC is located:	Gilmer					
Name of School-Base	d Health Center	Gilmer Count	y High	SBH	2		
School in which th	ne SBHC is located	Gilmer County HS					
School Population	1	355					
Address for this Scho	ool-Based Health Center						
Physical Address	300 Pine St Glenville						
Mailing Address	300 Pine St. Glenville		CDII	7 04	act Pers		
City	Glenville				Amanda		
State	WV			F	Sprouse		
Zip	26351		Phone	-	304 46		
Phone	304 462 3415		Exten	F	304 40	02 0410	
Extension			Fax	Ļ	304 46	8500	
Fax	304 462 3417		- Fax - Email	F			mhhs.healthcare
Website	www.mhhc.com			. [amanuc	a.sprouse@	minis.nealthcare
Email	amanda.sprouse@mh	hs.healthcare					
SBHC Sponsoring Ag	gency						
Name			Minn	ie Han	nilton H	ealth Syste	ms
Mailing Address			186 H	Hospita	al Dr		
City			Gran	tsville			
State			WV				
Zip			2614	7			
Executive Director			Stepl	nen W	hited		
Phone			304	354	9224		
Fax			304	354	9323		
Email			steph	en.wh	ited@n	nhhs.health	care
SBHC Medical Direct	or		Srika	nth Ga	arlapati,	, MD	
This SBHC is located ☑ in a school building ☐ on school property,			please	specify	r)		
		Other sc	hools ser	ved 1:		Population:	
		Other sc	hools ser	ved 2:		Population:	
Other schools served	by this SBHC	Other sc	hools ser	ved 3:		Population:	
		Other sc	hools ser	ved 4:		Population:]
Grades served by thi	s SBHC	□PK □5	□1 □6	□2 ☑7	□3 □8	□4 ☑9	Other(please specify)

□ 10 □ 11 □ 12

Others v	vho can receive ca	re at your SHBC				
☑ Students from area schools not located on campus			Funding sources for your SBHC			
Schoo Schoo	l Staff		Funding Source 1 WV BPH			
	y of students		_	Source 2 WV BBH		
	in the community		_			
Opening	g date (month and	year) for your SBHC	_	Source 3		
Opening	Month November		Funding	Source 4		
Opening	Year 2000					
Clinic sch	edule and staff name	es for MEDICAL services	Day and	time that you provide	MENTAL HEALTH services	
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials	
Monday:	8:00 a - 2:15 p	Lisa M Cottrill, FNPBC	Monday:			
Tuesday:			Tuesday:	12:00 p - 4:00 p	James Davison, PsyD	
Wednesday	8:00 a - 2:15 p	Lisa M Cottrill, FNPBC	Wednesday	7:		
Thursday:	8:00 a - 2:15 p	Lisa M Cottrill, FNPBC	Thursday:			
Friday:			Friday:			
Staff/ager	ncy who provide ORA	AL HEALTH services				
Day of Week	Hours of Operation	Staff Name with Credentials	Types of	oral health services p	rovided at your site.	
Monday:			☐ Oral he	alth education		
Tuesday:			☐ Screeni		•	
Wednesday				ive (Cleanings,Fluoride,Se tive (Fillings, Extractions)	alants)	
Thursday:				(8, ,		
Friday:						
Staff/ager	ncy who provide NUI	RSING services.	Staff/age	ncy who provide CLE	RICAL/CARE COORDINAT	
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials	
Monday:	8:00 a - 2:15 p	Amanda Sprouse, LPN	Monday:	8:00 a - 2:15 p	Amanda Sprouse, LPN	
Tuesday:			Tuesday:			
Wednesday	8:00 a - 2:15 p	Amanda Sprouse, LPN	Wednesday	8:00 a - 2:15 p	Amanda Sprouse, LPN	
Thursday:	8:00 a - 2:15 p	Amanda Sprouse, LPN	Thursday:			
Friday:			Friday:	8:00 a - 2:15 p	Amanda Sprouse, LPN	
Other HE	CALTH SERVICES [provided at your SBHC.	Staff/age	ncy who provide OTH	IER HEALTH services.	
Other health	n services 1		Day of Week	Hours of Operation	Staff Name with Credentials	
Other health	n services 2		Monday:			
Other health	n services 3		Tuesday:			
Other in	formation provide	ed	Wednesday	7:		
			Thursday:			
			Friday:			

(Last Updated: 10/2/20	019)						
County in which SBI	HC is located:	Grant					
Name of School-Base	ed Health Center	Petersburg E	S Wellne	ss Center			
School in which tl	he SBHC is located	Petersburg E	S				
School Population	1	630					
Address for this Scho	ool-Based Health Center	r					
Physical Address	333 Rig Street						
Mailing Address	333 Rig Street		CDIIC	7 4 4 D			
City	Petersburg			Contact Per me Meliss			
State	WV			ne Mathia			
Zip	26847		Phone		2451		
Phone	304 257 1110		Extensio		2451		
Extension			Fax		530 5160		
Fax	304 530 5160		Email		nias@hawse	health com	
Website				mmau	iias@riawsc	neath.com	
Email	mmathias@hawsehea	alth.com					
SBHC Sponsoring Ag	gency						
Name			E. A. Ha	awse Heal	th Center		
Mailing Address			РО Вох	97			
City			Baker				
State			WV				
Zip			26801				
Executive Director			Melissa	Thompso	n, CEO		
Phone			304 89	5915			
Fax			304 89	6216			
Email			mthompson@hawsehealth.com				
SBHC Medical Direct	or		Dr. Solo	omon Mute	etwa		
This SBHC is located	d	Othor	please spe	oifu)			
☑ in a school building			picase spi	city)			
□on school property,	but not in a school buildi	ng					
		Other sc	hools served	1:	Population:	٦	
			hools served	2:	Population:		
Other schools served by this SBHC							
		Other sc	hools served	3:	Population:	7	
		Other sci	hools served	4:	Population:		
		□ PK	□1	2 2 2 3	 4		
Grades served by thi	s SBHC	⊠1 K ⊠5		$\Box 7 \Box 8$	□9	Other(please specify)	
•		□10		□12			

		s not located on campus	Funding	sources for your S	SBHC	
☑ Schoo	of Staff y of students		Funding Source 1			
	s in the community		Funding	Source 2		
	•	year) for your SBHC	Funding	Source 3		
-	Month July	, , , , , , , , , , , , , , , , , , , ,	Funding	Source 4		
Opening			_			
		s for MEDICAL services	Day and	time that you provide	e MENTAL HEALTH services	
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials	
Monday:	8:00 a - 10:30 a	TBA	Monday:			
Tuesday:	8:00 a - 10:30 a	TBA	Tuesday:			
Wednesday	8:00 a - 10:30 a	TBA	Wednesday	:		
Thursday:	8:00 a - 10:30 a	TBA	Thursday:	8:00 a - 3:30 p	Rebecca King, MSW, LICSW	
Friday:	8:00 a - 10:30 a	TBA	Friday:			
Staff/age	ncy who provide ORA	L HEALTH services				
Day of Week	Hours of Operation	Staff Name with Credentials	Types of	oral health services p	provided at your site.	
Monday:			☐ Oral hea	alth education		
Tuesday:			☐ Screenii	ngs		
Wednesday	:			ive (Cleanings,Fluoride,S tive (Fillings, Extractions)		
Thursday:					,	
Friday:						
Staff/age	ncy who provide NUR	SING services.	Staff/ager	ncy who provide CLI	ERICAL/CARE COORDINAT	
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials	
Monday:	8:00 a - 10:30 a	Crystan Kisamore, LPN	Monday:	7:30 a - 4:00 p	Teresa Halterman	
Tuesday:	8:00 a - 10:30 a	Crystan Kisamore, LPN	Tuesday:	7:30 a - 4:00 p	Teresa Halterman	
Wednesday	8:00 a - 10:30 a	Crystan Kisamore, LPN	Wednesday	7:30 a - 4:00 p	Teresa Halterman	
Thursday:	8:00 a - 10:30 a	Crystan Kisamore, LPN	Thursday:	7:30 a - 4:00 p	Teresa Halterman	
Friday:	8:00 a - 10:30 a	Crystan Kisamore, LPN	Friday:	7:30 a - 4:00 p	Teresa Halterman	
Other HI	EALTH SERVICES p	rovided at your SBHC.	Staff/age	ncy who provide OT	HER HEALTH services.	
Other healt	h services 1		Day of Week	Hours of Operation	Staff Name with Credentials	
Other healt	h services 2		Monday:			
Other healt	h services 3		Tuesday:			
Other in	nformation provide	d	Wednesday	:		
			Thursday:			
			Friday:			

(Last Updated: 10/2/20	019)							
County in which SBI	HC is located:	Grant						
Name of School-Base	ed Health Center	Peters	burg Hi	gh Sch	ool			
School in which th	ne SBHC is located	Peters	burg HS	3				
School Population	1	657						
Address for this Scho	ool-Based Health Center	r						
Physical Address	207 Jefferson Avenue	!						
Mailing Address	207 Jefferson Avenue			CDIIC	~	D		
City	Petersburg			-		tact Pers Teresa	son	
State	WV				F	Halterm		
Zip	26847			Phone			97 5915	
Phone	304 257 1444			Extens	F	237	37 3313	
Extension				Fax	F		97 6216	
Fax	304 530 5160			Email	F			ehealth.com
Website				Lillali	L	uiaiteiii	nanwse	enealth.com
Email								
SBHC Sponsoring Ag	gencv							
Name	<i>-</i>			E. A. I	Haws	e Healt	h Cntr.	
Mailing Address				РО Во	x 97			
City				Baker				•
State				WV			_	
Zip				26801				
Executive Director				Meliss	a Th	ompsor	n, CEO	
Phone				304	897	5915		
Fax				304	897	6216		
Email				mthompson@hawsehealth.com				
SBHC Medical Direct	or			Dr. Sc	lomo	n Mute	twa	
This SBHC is located	I		Othor(r	10000 0	naaif)		
☑ in a school building			Other(p	nease s	pecny	y)		
□on school property,	but not in a school buildi	ng						
			Other sch	ools serve	ed 1:		Population:	7
			Other sch	ools serve	ed 2.		Population:	
			Other sen	0013 301 11	Ju 2.		T opulation.	
Other schools served by this SBHC			Other sch	ools serve	ed 3:		Population:]
			Other sch	ools serve	ed 4:		Population:	
							•	
			□PK	□1	□2	□3	□4	
Grades served by thi	s SBHC		□ 5	□1 □6	⊔∠ ☑7	□3 □8	□ 4 ☑9	Other(please specify)
•			☑10	☑11	☑ 12			

		s not located on campus	Funding	sources for your	SBHC			
☑ Schoo			Funding Source 1					
-	y of students		Funding	Funding Source 2				
Opening date (month and year) for your SBHC Funding Source 2 Funding Source 3								
	Month July	car) for your SBITE	Funding					
Opening			C					
opening	2011							
Clinic sch	edule and staff names	s for MEDICAL services	Day and t	time that you provid	e MENTAL HEALTH services			
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials			
Monday:	10:30 a - 12:00 p	TBA	Monday:	8:00 a - 3:30 p	R King, MSW, LICSW			
Tuesday:	10:30 a - 12:00 p	TBA	Tuesday:					
Wednesday	10:30 a - 12:00 p	TBA	Wednesday	8:00 a - 3:30 p	R King, MSW, LICSW			
Thursday:	10:30 a - 12:00 p	TBA	Thursday:					
Friday:	10:30 a - 12:00 p	TBA	Friday:					
Staff/ager	ncy who provide ORA	L HEALTH services						
Day of Week	Hours of Operation	Staff Name with Credentials	_ Types of o	oral health services p	provided at your site.			
Monday:			☐ Oral has	alth education	·			
Tuesday:			☐ Screenii	ngs				
Wednesday				ive (Cleanings,Fluoride,S tive (Fillings, Extractions				
Thursday:				(g,	,			
Friday:								
Staff/ager	ncy who provide NUR	SING services.	Staff/ager	ncy who provide CL	ERICAL/CARE COORDINAT			
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials			
Monday:		Crystan Kisamore, LPN	Monday:	8:00 a - 4:30 p	Teresa Halterman			
Tuesday:	10:30 a - 12:00 p	Crystan Kisamore, LPN	Tuesday:	8:00 a - 4:30 p	Teresa Halterman			
Wednesday	10:30 a - 12:00 p	Crystan Kisamore, LPN	Wednesday	8:00 a - 4:30 p	Teresa Halterman			
Thursday:		Crystan Kisamore, LPN	Thursday:	8:00 a - 4:30 p	Teresa Halterman			
Friday:	10:30 a - 12:00 p	Crystan Kisamore, LPN	Friday:	8:00 a - 4:30 p	Teresa Halterman			
Other HE	CALTH SERVICES pi	rovided at your SBHC.		ncy who provide OT	HER HEALTH services.			
Other health	n services 1		Day of Week	Hours of Operation	Staff Name with Credentials			
Other health	n services 2		Monday:					
Other health	n services 3		Tuesday:					
Other in	formation provided	<u> </u>	Wednesday	:				
			Thursday:					
			Friday:					

County in which SBHC is located: Greenbrier Name of School-Based Health Center Greenbrier E HS/E Greenbrier MS SBHC School in which the SBHC is located Greenbrier E HS/E Greenbrier MS **School Population** 1,919 Address for this School-Based Health Center Physical Address 595 Spartan Lane Mailing Address 273 Spartan Lane **SBHC Contact Person** City Lewisburg First Name Laura State WV Last Name Eagle Zip 24901 304 438 6188 Phone Phone 304 645 1052 Extension 1026 Extension Fax 304 | 438 | 5762 Fax 304 645 1055 Email leagle@rmchealth.org Website rmchealth.org cholliday@rmchealth.org Email **SBHC Sponsoring Agency** Name Rainelle Medical Center 176 Medical Center Dr Mailing Address Rainelle City WV State 25962 Zip **Executive Director** Kristi Atha-Rader Phone 304 438 6188 Fax 304 | 438 | 6819 Email karader@rmchealth.org Christopher Martin, DO SBHC Medical Director This SBHC is located Other(please specify) □ in a school building ☑ on school property, but not in a school building Population: Other schools served 1: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\square PK$ $\Box 1$ $\square 2$ $\Box 3$ $\Box 4$ Other(please specify) Grades served by this SBHC $\Box 5$ **□** 6 **□** 7 $\square 8$ **□10 □11 □12**

(Last Updated: 9/30/2019)

		ls not located on campus	Funding sources for your SBHC					
	☑ School Staff ☑ Family of students			Funding Source 1 Billing Revenue				
	s in the community		Funding Source 2 WV BBH					
	•	year) for your SBHC	Funding	Source 3				
- '	Month August	<u> </u>	Funding	Source 4				
Opening								
Clinic sch	hedule and staff nam	es for MEDICAL services	Day and	time that you provide	e MENTAL HEALTH services			
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials			
Monday:			Monday:	8:00 a - 4:00 p	R Levan, MSW LICSW			
Tuesday:	7:30 a - 3:00 p	S Thomas-Adkins, PA-C	Tuesday:	8:00 a - 4:00 p	R Levan, MSW LICSW			
Wednesday			Wednesday	8:00 a - 4:00 p	R Levan, MSW LICSW			
Thursday:	7:30 a - 3:00 p	S Thomas-Adkins, PA-C	Thursday:	8:00 a - 4:00 p	R Levan, MSW LICSW			
Friday:	•		Friday:	8:00 a - 4:00 p	R Levan, MSW LICSW			
C4 - CC /		AT HEAT THE						
Sta11/age	ncy who provide OR	AL HEALTH services						
Day of Week	Hours of Operation	Staff Name with Credentials	Types of	oral health services p	provided at your site.			
Monday:			☐ Oral he	alth education				
Tuesday:			☐ Screenii	ngs	•			
Wednesday	7:			ive (Cleanings,Fluoride,S tive (Fillings, Extractions				
Thursday:								
Friday:								
Staff/age	ncy who provide NU	RSING services.	Staff/age	ncy who provide CLI	ERICAL/CARE COORDINAT			
Day of			Day of	-				
Week	Hours of Operation	Staff Name with Credentials	Week	Hours of Operation	Staff Name with Credentials			
Monday:			Monday:					
Tuesday:	7:30 a - 3:00 p	Christine Puffenbarger, LPN	Tuesday:	7:30 a - 3:00 p	Charlotte Holliday			
Wednesday			Wednesday					
Thursday:	7:30 a - 3:00 p	Christine Puffenbarger, LPN	Thursday:	7:30 a - 3:00 p	Charlotte Holliday			
Friday:			Friday:					
			Staff/age	ncy who provide OT	HER HEALTH services.			
Other HI	EALTH SERVICES	provided at your SBHC.	Day of					
Other healt	h services 1		Week	Hours of Operation	Staff Name with Credentials			
Other healt	h services 2		Monday:					
Other healt	h services 3		Tuesday:					
Other in	nformation provid	ed	Wednesday	:				
Health	education as	requested.	Thursday:					
			Friday:					

Others who can receive care at your SHBC

☐ Students from area schools not located on campus

(Last Updated: 9/30/2019) County in which SBHC is located: Greenbrier Name of School-Based Health Center Greenbrier West SBHC School in which the SBHC is located Greenbrier West HS **School Population** 405 Address for this School-Based Health Center Physical Address 278 Cavalier Dr Mailing Address PO Box 325 **SBHC Contact Person** City Charmco First Name Laura State WV Last Name | Eagle Zip 25962 304 438 6188 Phone Phone 304 | 438 | 8321 Extension 1026 Extension Fax 304 | 438 | 5762 304 | 438 | 8322 Fax Email leagle@rmchealth.org Website rmchealth.org cholliday@rmchealth.org Email **SBHC Sponsoring Agency** Name Rainelle Medical Center 176 Medical Center Dr Mailing Address Rainelle City WV State 25962 Zip **Executive Director** Kristi Atha-Rader Phone 304 | 438 | 6188 Fax 304 | 438 | 6819 Email karader@rmchealth.org Christopher Martin, DO SBHC Medical Director This SBHC is located Other(please specify) ☑ in a school building □on school property, but not in a school building Population: Other schools served 1: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\Box PK$ $\Box 1$ $\square 2$ $\Box 3$ $\Box 4$ Other(please specify) Grades served by this SBHC $\Box 5$ □6 $\Box 7$ $\square 8$

□10

Others v	vho can receive car	e at your SHBC					
☑ Students from area schools not located on campus			Funding	Funding sources for your SBHC			
☑ School Staff			_	Funding Source 1 WV BPH			
☐ Family of students			ū	Funding Source 2 Billing Revenue			
	in the community				venue		
Opening	date (month and y	year) for your SBHC	_	Source 3 WV BBH			
Opening	Month October		Funding	Source 4			
Opening	Year 2003						
Clinic sch	edule and staff names	s for MEDICAL services	Day and	time that you provide	MENTAL HEALTH services		
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:	7:30 a - 11:30 a	Brittany Parker, FNP	Monday:	7:30 a - 2:00 p	T Blair MSW, LICSW		
Tuesday:			Tuesday:				
Wednesday:	12:00 p - 3:30 p	Brittany Parker, FNP	Wednesday	7:30 a - 5:00 p	T Blair MSW, LICSW		
Thursday:			Thursday:				
Friday:			Friday:				
Staff/agen	cy who provide ORA	L HEALTH services			JL		
Day of Week	Hours of Operation	Staff Name with Credentials	Types of	oral health services p	rovided at your site.		
Monday:				alth education	•		
Tuesday:			☐ Screenii				
Wednesday:			☐ Preventive (Cleanings,Fluoride,Sealants)				
Thursday:			□ Restora	tive (Fillings, Extractions)			
Friday:							
Ct. eet	1 '1 NIID	CDIC .	S	i de	DICALICADE COORDINAT		
Sta11/agen	icy who provide NUR	SING services.	Sta11/agei	ncy who provide CLE	RICAL/CARE COORDINAT		
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:	7:30 a - 11:30 a	Christine Puffenbarger, LPN	Monday:	7:30 a - 11:30 a	TBA		
Tuesday:			Tuesday:				
Wednesday:	12:00 p - 3:30 p	Christine Puffenbarger, LPN	Wednesday	12:00 p - 3:30 p	Charlotte Holliday		
Thursday:			Thursday:				
Friday:			Friday:				
Other HE	ALTH SERVICES pi	rovided at your SBHC.	Staff/age	ncy who provide OTH	IER HEALTH services.		
Other health	_		Day of Week	Hours of Operation	Staff Name with Credentials		
Other health			Monday:				
Other health			Tuesday:				
	formation provide	d	Wednesday				
	Education as r		Thursday:				
			Friday:				
			riiday.				

(Last Updated: 9/30/2019) County in which SBHC is located: Greenbrier Name of School-Based Health Center Western Greenbrier Middle SBHC School in which the SBHC is located Western Greenbrier MS **School Population** 285 Address for this School-Based Health Center Physical Address 315 Timberwolf Dr Mailing Address 315 Timberwolf Dr. **SBHC Contact Person** City Crawley First Name Laura State WV Last Name | Eagle Zip 25962 304 438 6188 Phone Phone 304 | 392 | 6972 Extension 1026 Extension Fax 304 | 438 | 5762 304 | 438 | 6973 Fax Email leagle@rmchealth.org Website rmchealth.org cholliday@rmchealth.org Email **SBHC Sponsoring Agency** Name Rainelle Medical Center 176 Medical Center Dr Mailing Address Rainelle City WV State 25962 Zip **Executive Director** Kristi Atha-Rader Phone 304 | 438 | 6188 Fax 304 | 438 | 6819 Email karader@rmchealth.org Christopher Martin, DO SBHC Medical Director This SBHC is located Other(please specify) ☑ in a school building □on school property, but not in a school building Other schools served 1: Population: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\Box PK$ $\Box 1$ $\square 2$ $\Box 3$ $\Box 4$ Other(please specify) Grades served by this SBHC □9 $\Box 5$ **□** 6 **□** 7 $\square 8$

□10

☑ School Staff☑ Family of students☐ Others in the community	Funding Sources for your SBHC Funding Source 1 WV BPH				
•					
	Funding Source 2 Billing Revenue				
Opening date (month and year) for your SBHC	Funding Source 3 WV BBH				
	Funding Source 4				
Opening Month March	1 unumg Source 4				
Opening Year 2000					
Clinic schedule and staff names for MEDICAL services	Day and time that you provide MENTAL HEALTH services				
Day of Week Hours of Operation Staff Name with Credentials	Day of Week Hours of Operation Staff Name with Credentials				
Monday: 12:00 p - 3:30 p Brittany Parker, FNP	Monday:				
Tuesday:	Tuesday: 7:30 a - 5:30 p Tiffany Blair, MSW, LICSW				
Wednesday: 7:30 a - 11:30 a Brittany Parker, FNP	Wednesday:				
Thursday:	Thursday: 7:30 a - 5:30 p Tiffany Blair, MSW, LICSW				
Friday:	Friday:				
Staff/agency who provide ORAL HEALTH services					
Day of West Hours of Operation Staff Name with Credentials					
Week Monday:	Types of oral health services provided at your site.				
Tuesday:	☐ Oral health education				
	☐ Screenings ☐ Preventive (Cleanings,Fluoride,Sealants)				
Wednesday:	☐ Restorative (Fillings, Extractions)				
Thursday:					
Friday:					
Staff/agency who provide NURSING services.	Staff/agency who provide CLERICAL/CARE COORDINAT				
Day of Week Hours of Operation Staff Name with Credentials	Day of Week Hours of Operation Staff Name with Credentials				
Monday: 12:00 p - 3:30 p Christine Puffenbarger, LPN	Monday: 12:00 p - 3:30 p TBA				
Tuesday:	Tuesday:				
Wednesday: 7:30 a - 11:30 a Christine Puffenbarger, LPN	Wednesday: 7:30 a - 11:30 a Charlotte Holliday				
Thursday:	Thursday:				
Friday:	Friday:				
Other HEALTH SERVICES provided at your SBHC.	Staff/agency who provide OTHER HEALTH services.				
omo. H.Z. Elli obici celo provincu at your oblic.	Day of Harman Countries Staff Name and Conduction				
Other health services 1	Week Hours of Operation Staff Name with Credentials				
Other health services 2	Monday:				
Other health services 3	Tuesday:				
Other information provided	Wednesday:				
Other information provided					
Health Education as requested.	Thursday:				
	Thursday: Friday:				

(Last Updated: 10/14/2	2019)							
County in which SBI	HC is located:	Hancoo	ncock					
Name of School-Base	ed Health Center	Oak Gle	Oak Glen Complex SBHC					
School in which tl	he SBHC is located	Oak Gle	en HS					
School Population	1	560						
Address for this Scho	ool-Based Health Center							
Physical Address	195 Gold Bear Dr.							
Mailing Address								
City	New Cumberland					tact Per		
State	WV					Michelle		
Zip	26047					McElfre		
Phone				Phone		304 45	59 4010	
Extension				Extens	10n			
Fax				Fax				
Website	www.changeinc.org/sb	hc		Email		jraveau	x@changei	nc.org
Email	jraveaux@changeinc.d							
SBHC Sponsoring Ag	genev							
Name	Series			CHAN	IGE I	Inc.		
Mailing Address				3158				
City				Weirto				J
State				WV				
Zip				26062	2			
Executive Director				Judy I	Rave	aux		
Phone				-	797	7733		
Fax				304	797	7740		
Email				jravea	ux@	change	inc.org	
SBHC Medical Direct	or			Dr. Ke	elli Fo	oumier		
This SBHC is located	1							
☑ in a school building			Other(p	olease s	pecif	y)		
-	but not in a school building	ng						
			Other sch	ools serv	ed 1:		Population:	
				ilen M			506	
			Other sch	ools serv	ed 2:		Population:	7
Other schools served	by this SBHC		Other sch	ools som	ad 2:		Population:	
	•		Other sen	ioois seiv	cu 3.		r opulation.	
			Other sch	ools serv	ed 4:		Population:	_
			□PK	□1	□2	□3	□4	
Grades served by thi	s SBHC		□11X □5	□ f	□ 2	□8	□ 1 □ 9	Other(please specify)
•			□ 10	□ 11				

Others v	who can receive car	re at your SHBC					
☑ Students from area schools not located on campus			Funding sources for your SBHC				
Schoo Schoo	l Staff		Funding Source 1 HRSA				
□ Family	y of students		Funding Source 2 WV Division of Primary				
	s in the community		_		ion of Primary		
Opening	g date (month and	year) for your SBHC	Funding				
Opening	Month June		Funding	Source 4			
Opening	Year 2019						
Clinic sch	edule and staff name	es for MEDICAL services	Day and	time that you provide	MENTAL HEALTH services		
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:	TBA	TBA	Monday:	7:00 a - 3:00 p	Julia Cupini, LGSW		
Tuesday:	TBA	TBA	Tuesday:	7:00 a - 3:00 p	Julia Cupini, LGSW		
Wednesday	TBA	TBA	Wednesday	7:00 a - 3:00 p	Julia Cupini, LGSW		
Thursday:	TBA	TBA	Thursday:	7:00 a - 3:00 p	Julia Cupini, LGSW		
Friday:	TBA	ТВА	Friday:	7:00 a - 3:00 p	Julia Cupini, LGSW		
Staff/ager	ncy who provide ORA	AL HEALTH services					
Day of Week	Hours of Operation	Staff Name with Credentials	Types of o	oral health services p	rovided at your site.		
Monday:			☐ Oral hea	alth education			
Tuesday:			☐ Screenii	ngs			
Wednesday	:		☐ Preventive (Cleanings,Fluoride,Sealants) ☐ Restorative (Fillings, Extractions)				
Thursday:			Li Kesiora	tive (Fillings, Extractions)			
Friday:							
Staff/ager	ncy who provide NUR	RSING services.	Staff/agei	ncv who provide CLE	CRICAL/CARE COORDINAT		
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:			Monday:				
Tuesday:			Tuesday:				
Wednesday	:		Wednesday	:			
Thursday:			Thursday:				
Friday:			Friday:				
Other HE	EALTH SERVICES p	provided at your SBHC.	Staff/agei	ncy who provide OTF	HER HEALTH services.		
Other health	n services 1		Day of Week	Hours of Operation	Staff Name with Credentials		
Other health	n services 2		Monday:				
Other health	n services 3		Tuesday:				
Other in	ıformation provide	ed	Wednesday	:			
			Thursday:				
			Friday:				
					, c		

(Last Updated: 8/29/2019) County in which SBHC is located: Hancock Name of School-Based Health Center Weir Complex SBHC School in which the SBHC is located Weir HS **School Population** 647 Address for this School-Based Health Center Physical Address 100 Red Rider Rd. Mailing Address **SBHC Contact Person** City Weirton First Name | Michelle WV State Last Name | McElfresh Zip 26062 304 459 4010 Phone Phone 304 | 564 | 9022 Extension Extension Fax Fax Email jraveaux@changeinc.org Website changeinc.org/sbhc jraveaux@changeinc.org Email **SBHC Sponsoring Agency** Name CHANGE Inc. 3158 West St. Mailing Address Weirton City WV State 26062 Zip **Executive Director** Judy Raveaux Phone 304 797 7733 Fax 304 797 7740 Email jraveaux@changeinc.org SBHC Medical Director Dr. Kelli Fournier This SBHC is located Other(please specify) ☑ in a school building □on school property, but not in a school building Population: Other schools served 1: Weir MS 652 Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\Box PK$ $\Box 1$ $\Box 2$ $\Box 3$ $\Box 4$ Other(please specify) Grades served by this SBHC $\square 7$ 9 $\square 5$ **□** 6 $\square 8$

□10

□11

☑ 12

☑ Stude:	nts from area school	ls not located on campus	Funding	sources for yo	ur SBHC
☑ Schoo			_	Source 1 HRSA	
	y of students		•		Division of Primary
	s in the community	year) for your CDUC	Funding		
-	g Month June	year) for your SBHC	Funding		
Opening			1 unung	Source 4	
Opening	g rear 2019				
Clinic scl	hedule and staff name	es for MEDICAL services	Day and	time that you pro	ovide MENTAL HEALTH servi
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:00 a - 3:00 p	Marilyn LaRue, NP	Monday:	7:00 a - 3:00	p Brandie Dodd, LPC
Tuesday:	7:00 a - 3:00 p	Marilyn LaRue, NP	Tuesday:	7:00 a - 3:00	p Brandie Dodd, LPC
Wednesday	7:00 a - 3:00 p	Marilyn LaRue, NP	Wednesday	7:00 a - 3:00	p Brandie Dodd, LPC
Thursday:	7:00 a - 3:00 p	Marilyn LaRue, NP	Thursday:	7:00 a - 3:00	p Brandie Dodd, LPC
Friday:	7:00 a - 3:00 p	Marilyn LaRue, NP	Friday:	7:00 a - 3:00	p Brandie Dodd, LPC
Wednesday	7:			ive (Cleanings,Fluor	
Wednesday Thursday: Friday:	7:		☐ Prevent	•	
Thursday: Friday:	ncy who provide NUI	RSING services.	☐ Prevent☐ Restora	ive (Cleanings,Fluor tive (Fillings, Extrac	
Thursday: Friday:		RSING services. Staff Name with Credentials	☐ Prevent☐ Restora	ive (Cleanings,Fluor tive (Fillings, Extrac	clerical/care coordin
Thursday: Friday: Staff/age: Day of	ncy who provide NUI		☐ Prevent ☐ Restoral ☐ Staff/age	ive (Cleanings,Fluor tive (Fillings, Extractive) ncy who provide	CLERICAL/CARE COORDIN Staff Name with Credentials
Thursday: Friday: Staff/age Day of Week	ncy who provide NUI	Staff Name with Credentials	☐ Prevent ☐ Restoral Staff/age Day of Week	ive (Cleanings,Fluoritive (Fillings, Extractive) ncy who provide Hours of Operation	CLERICAL/CARE COORDIN Staff Name with Credentials D C Barker/T Cook, LP
Thursday: Friday: Staff/age Day of Week Monday: Tuesday:	ncy who provide NUI Hours of Operation 7:15 a - 3:15 p	Staff Name with Credentials C Barker/T Cook, LPNs	☐ Prevent.☐ Restoral ☐ Restoral	ive (Cleanings,Fluoritive (Fillings, Extractive (Fillings), Extracti	CLERICAL/CARE COORDIN Staff Name with Credentials D C Barker/T Cook, LP C Barker/T Cook, LP
Thursday: Friday: Staff/age Day of Week Monday: Tuesday:	ncy who provide NUI Hours of Operation 7:15 a - 3:15 p 7:15 a - 3:15 p	Staff Name with Credentials C Barker/T Cook, LPNs C Barker/T Cook, LPNs	☐ Prevent.☐ Restoral ☐ Restoral	ncy who provide Hours of Operation 7:15 a - 3:15	CLERICAL/CARE COORDIN Staff Name with Credentials D C Barker/T Cook, LP D C Barker/T Cook, LP D C Barker/T Cook, LP
Thursday: Friday: Staff/age Day of Week Monday: Tuesday: Wednesday Thursday:	Hours of Operation 7:15 a - 3:15 p 7:15 a - 3:15 p 7:15 a - 3:15 p	C Barker/T Cook, LPNs C Barker/T Cook, LPNs C Barker/T Cook, LPNs C Barker/T Cook, LPNs	Staff/ager Day of Week Monday: Tuesday: Wednesday	ncy who provide Hours of Operation 7:15 a - 3:15 7:15 a - 3:15	CLERICAL/CARE COORDIN Staff Name with Credentials D C Barker/T Cook, LP
Thursday: Friday: Staff/age: Day of Week Monday: Tuesday: Wednesday Thursday: Friday:	ncy who provide NUI Hours of Operation 7:15 a - 3:15 p	C Barker/T Cook, LPNs	☐ Prevent.☐ Restoral ☐ Prevent.☐ Restoral ☐ Restoral ☐ Prevent.☐ Restoral ☐ R	ncy who provide Hours of Operation 7:15 a - 3:15 7:15 a - 3:15 7:15 a - 3:15 7:15 a - 3:15	CLERICAL/CARE COORDIN Staff Name with Credentials D C Barker/T Cook, LP
Thursday: Friday: Staff/age: Day of Week Monday: Tuesday: Wednesday Thursday: Friday: Other HI	ncy who provide NUI Hours of Operation 7:15 a - 3:15 p	Staff Name with Credentials C Barker/T Cook, LPNs	☐ Prevent.☐ Restoral ☐ Prevent.☐ Restoral ☐ Restoral ☐ Prevent.☐ Restoral ☐ R	ncy who provide Hours of Operation 7:15 a - 3:15 7:15 a - 3:15 7:15 a - 3:15 7:15 a - 3:15	CLERICAL/CARE COORDIN Staff Name with Credentials D C Barker/T Cook, LP D C Barker/T Cook, LP
Thursday: Friday: Staff/age: Day of Week Monday: Tuesday: Wednesday Thursday: Friday: Other HI Other healt	Hours of Operation 7:15 a - 3:15 p	Staff Name with Credentials C Barker/T Cook, LPNs	☐ Prevent ☐ Restoral ☐ Prevent ☐ Restoral ☐ Prevent ☐ Restoral ☐ Prevent	ncy who provide Hours of Operation 7:15 a - 3:15	CLERICAL/CARE COORDIN Staff Name with Credentials D C Barker/T Cook, LP D C Barker/T Cook, LP
Thursday: Friday: Staff/age: Day of Week Monday: Tuesday: Wednesday Thursday: Friday: Other HI Other healt	ncy who provide NUI Hours of Operation 7:15 a - 3:15 p	Staff Name with Credentials C Barker/T Cook, LPNs	☐ Prevent. ☐ Restoral ☐ Pay of ☐ Week ☐ Monday: ☐ Tuesday: ☐ Wednesday ☐ Thursday: ☐ Friday: ☐ Staff/aget ☐ Day of ☐ Week	ncy who provide Hours of Operation 7:15 a - 3:15	CLERICAL/CARE COORDIN Staff Name with Credentials D C Barker/T Cook, LP D C Barker/T Cook, LP
Thursday: Friday: Staff/age: Day of Week Monday: Tuesday: Wednesday Thursday: Friday: Other HI Other healt Other healt	Hours of Operation 7:15 a - 3:15 p	Staff Name with Credentials C Barker/T Cook, LPNs	☐ Prevent.☐ Restoral ☐ Day of ☐ Week ☐ Monday: ☐ Tuesday: ☐ Wednesday ☐ Thursday: ☐ Friday: ☐ Staff/agel ☐ Day of ☐ Week ☐ Monday:	ncy who provide Hours of Operation 7:15 a - 3:15 Hours of Operation	CLERICAL/CARE COORDIN Staff Name with Credentials D C Barker/T Cook, LP D C Barker/T Cook, LP

Friday:

County in which SBI	Hancock							
Name of School-Base	d Health Center	Weirton Elementary Health Center						
School in which th	ne SBHC is located	Weirton ES						
School Population	ı	902						
Address for this Scho	ol-Based Health Center							
Physical Address	3428 Pennsylvania Ave	е.						
Mailing Address	3428 Pennsylvania Ave	е.	CDIIC	Com	tact Pe			
City	Weirton				Shani			
State	WV				Earle			
Zip	26062		Phone			797	5299	
Phone	304 797 5299		Extens		504	737	0200	
Extension			Fax	51011	304	 748	4828	
Fax	304 748 4828		Email					ahoo.com
Website	changeinc.org/health/w	veirton-elemer	Lillali		SHAIH	iacai	теушу <i>с</i>	inoo.com
Email	shannaearley@yahoo.	com						
SBHC Sponsoring Ag	gency							
Name			CHAI	NGE	Inc			
Mailing Address			3158	West	St.			
City			Weirt	on				
State			WV					
Zip			26062	2				
Executive Director			Judy	Rave	aux			
Phone			304	797	7733			
Fax			304	797	7740			
Email			jravea	aux@	chang	einc	.org	
SBHC Medical Direct	or		Kelli f	ourn	ier, M	D		
This SBHC is located	I	Other(p	10000	maaif	;.)			
☑in a school building			nease :	specii	у)			
□on school property,	but not in a school building	ng						
		Other sch	ools serv	red 1:		Po	pulation:	
		Other sch	ools serv	red 2:		Po	pulation:	
Other schools served by this SBHC		Other sch	ools serv	red 3:		Po	pulation:	
		Othersel	1	1 1.		D-	1.4!	
		Other sch	oois serv	cu 4:		Po	pulation:	
		⊠ PK	□ 1		☑ 3		1	
Grades served by this	s SBHC	□ 5	□ 6	□7				Other(please specify)
	-	□10	□11					

(Last Updated: 8/28/2019)

		ls not located on campus	Funding	sources for your	SBHC		
⊠ Schoo			_	Funding Source 1 HRSA			
	y of students s in the community		Funding	Source 2 JC Willia	ms Center		
	•	year) for your SBHC	_	Source 3 Sisters o			
-	Month August	year) for your SEITE	Funding		<u> </u>		
Opening			C				
_		6 MEDICAL .	ъ. 1.				
Clinic scl	hedule and staff name	es for MEDICAL services	Day and t	time that you provid	e MENTAL HEALTH services		
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:	7:15 a - 3:15 p	Shanna Earley, PA-C	Monday:	Varies	D Bloomfield MSW, LCSW		
Tuesday:	7:15 a - 3:15 p	Shanna Earley, PA-C	Tuesday:	Varies	D Bloomfield MSW, LCSW		
Wednesday	7:15 a - 3:15 p	Shanna Earley, PA-C	Wednesday	Varies	D Bloomfield MSW, LCSW		
Thursday:	7:15 a - 3:15 p	Shanna Earley, PA-C	Thursday:	Varies	D Bloomfield MSW, LCSW		
Friday:	7:15 a - 3:15 p	Shanna Earley, PA-C	Friday:	Varies	D Bloomfield MSW, LCSW		
Staff/age	ncy who provide OR	AL HEALTH services					
Day of Week	Hours of Operation	Staff Name with Credentials	Types of o	oral health services p	provided at your site.		
Monday:			✓ Oral bea	alth education			
Tuesday:				ngs			
Wednesday	7:			ive (Cleanings,Fluoride,S tive (Fillings, Extractions			
Thursday:				(g,	,		
Friday:	7:15 a - 3:15 p	Erin Miller, DDS					
Staff/age	ncy who provide NUI	RSING services.	Staff/ager	ncy who provide CL	ERICAL/CARE COORDINAT		
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:	7:15 a - 3:15 p	Jessica Vensel, MA	Monday:	7:15 a - 3:15 p	Jessica Vensel, MA		
Tuesday:	7:15 a - 3:15 p	Jessica Vensel, MA	Tuesday:	7:15 a - 3:15 p	Jessica Vensel, MA		
Wednesday	7:15 a - 3:15 p	Jessica Vensel, MA	Wednesday	7:15 a - 3:15 p	Jessica Vensel, MA		
Thursday:	7:15 a - 3:15 p	Jessica Vensel, MA	Thursday:	7:15 a - 3:15 p	Jessica Vensel, MA		
Friday:	7:15 a - 3:15 p	Jessica Vensel, MA	Friday:	7:15 a - 3:15 p	Jessica Vensel, MA		
Other HI	EALTH SERVICES I	provided at your SBHC.	Staff/agei	ncy who provide OT	HER HEALTH services.		
Other healt	h services 1	-	Day of Week	Hours of Operation	Staff Name with Credentials		
Other healt	th services 2		Monday:				
Other healt	th services 3		Tuesday:				
Other in	nformation provide	ed	Wednesday	:			
			Thursday:				
			Friday:				

(Last Updated: 10/2/20)19)							
County in which SBI	HC is located:	Hardy						
Name of School-Base	ed Health Center	East Hardy	ardy Early Middle SBHC					
School in which th	ne SBHC is located	East Hardy	Ea	rly Mi	ddle S	School		
School Population	1	476						
Address for this Scho	ool-Based Health Center							
Physical Address	288 Cougar Drive							
Mailing Address				CDIIC		4 A D		
City	Baker			-		tact Per Teresa		
State	WV				ŀ	_		
Zip	26801			Last N Phone	Ļ	Haltern 304 8	97 5915	
Phone	304 897 5915				Ļ	237	97 3913	
Extension				Extens	Ļ		97 6216	
Fax	304 897 6216			Fax	ļ			ala a alaba a a ma
Website	www.hawsehealth.com	n		Email		tnaiterr	nan@nawse	ehealth.com
Email	thalterman@hawsehe	alth.com						
SBHC Sponsoring Ag	Tanev							
Name	gency			F. A. I	Haws	e Healt	th Center	
Mailing Address			L	PO Bo				
City			L	Baker]	
State			ļ	WV				
Zip			ŀ	26801	<u></u>			
Executive Director			Melissa Thompson, CEO					
Phone			F			5915	.,	
Fax			ŀ			6216		
Email			mthompson@hawsehealth.com					
SBHC Medical Direct	or		-	_		1utetwa		
THE CONTROL I			L				-	
This SBHC is located ☑ in a school building		Oth	er(p	lease s	pecif	y)		
	but not in a school buildi	ng						
1 1 37							B 1.1	
				ools serv		School	Population:	1
				ools serv		3011001	Population:	
Other schools served	by this SRHC							
Other schools served by this SBHC			r scho	ools serv	ed 3:		Population:	7
		Other	r scho	ools serv	ed 4:		Population:	
		□ Di	v	□ 1	□ 2			
Grades served by this	s SRHC			□1 □6		⊠ 3 ⊠ 8	□ 4 □ 9	Other(please specify)
Grades served by this SBHC			0	□ 11	□ / □ 12			

Others v	who can receive car	e at your SHBC						
□ Studer	☐ Students from area schools not located on campus			Funding sources for your SBHC				
Schoo Schoo	l Staff		_	Source 1 WV BPH				
□ Family	y of students		C		Ct. Janaula			
□ Others	s in the community		-	Funding Source 2 Sisters of St. Joseph				
Opening	g date (month and y	year) for your SBHC	_	Funding Source 3				
Opening	Month April		Funding	Source 4				
Opening	Year 1993							
Clinic sch	nedule and staff name	s for MEDICAL services	Day and	time that you provide	MENTAL HEALTH services			
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials			
Monday:	8:00 a - 10:00 a	Leigh Ann Walters, PA-C	Monday:	8:00 a - 3:30 p	S Gosnell, MSW LICSW			
Tuesday:	8:00 a - 10:00 a	Leigh Ann Walters, PA-C	Tuesday:	8:00 a - 3:30 p	K Powers MSW, LICSW			
Wednesday	8:00 a - 10:00 a	Leigh Ann Walters, PA-C	Wednesday	8:00 a - 3:30 p	J Secrist MSW, LGSW			
Thursday:	8:00 a - 10:00 a	Leigh Ann Walters, PA-C	Thursday:	8:00 a - 3:30 p	J Secrist MSW, LGSW			
Friday:	8:00 a - 10:00 a	Leigh Ann Walters, PA-C	Friday:					
Staff/agei	Staff/agency who provide ORAL HEALTH services							
Day of Week	Hours of Operation	Staff Name with Credentials	Types of	oral health services p	rovided at your site.			
Monday:			☐ Oral he	alth education				
Tuesday:	Tuesday:		☐ Screeni	ngs				
Wednesday	:		☐ Preventive (Cleanings,Fluoride,Sealants) ☐ Restorative (Fillings, Extractions)					
Thursday:			restora	tive (1 mings, Extractions)				
Friday:								
Staff/ager	ncy who provide NUR	SING services.	Staff/age	Staff/agency who provide CLERICAL/CARE COORDINAT				
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials			
Monday:	8:00 a - 10:00 a	Wendy Goldizen, LPN	Monday:	8:00 a - 4:30 p	Teresa Halterman			
Tuesday:	8:00 a - 10:00 a	Wendy Goldizen, LPN	Tuesday:	8:00 a - 4:30 p	Teresa Halterman			
Wednesday	8:00 a - 10:00 a	Wendy Goldizen, LPN	Wednesday	8:00 a - 4:30 p	Teresa Halterman			
Thursday:	8:00 a - 10:00 a	Wendy Goldizen, LPN	Thursday:	8:00 a - 4:30 p	Teresa Halterman			
Friday:	8:00 a - 10:00 a	Wendy Goldizen, LPN	Friday:	8:00 a - 4:30 p	Teresa Halterman			
Other HE	EALTH SERVICES p	rovided at your SBHC.	Staff/age	ncy who provide OTI	HER HEALTH services.			
Other healtl	h services 1		Day of Week	Hours of Operation	Staff Name with Credentials			
Other healtl	h services 2		Monday:	8:00 a - 3:30 p	MH provided at EHHS			
Other healtl	h services 3		Tuesday:					
Other in	iformation provide	d	Wednesday	:				
EHHS w	ithin walking o	distance	Thursday:					
			Friday:					

(Last Updated: 10/2/20	019)							
County in which SBH	County in which SBHC is located: Hardy							
Name of School-Base	d Health Center		efield Elementary SBHC					
School in which th	ne SBHC is located	Moorefie	ld ES)				
School Population	l	452						
Address for this Scho	ol-Based Health Cente	r						
	400 N. Main Street	_						
Mailing Address								
City	Moorefield					act Pers	son	
State	WV				F	Teresa		
Zip	26836					Halterm		
Phone	304 897 5915			Phone	F	304 89	5915	
Extension				Extens	F	237	2 0010	
Fax	304 897 6216			Fax	F		6216	1 11
Website	www.hawsehealth.co	m		Email	Ľ	thalterm	nan@hawse	ehealth.com
Email								
opues								
SBHC Sponsoring Ag Name	gency				Цомо	o Hoolt	h Center	
				PO Bo		е пеан	n Center	
Mailing Address				Baker				
City State				WV				
				26801				
Zip Executive Director						omnoor	N CEO	
Phone						ompsor 5915	I, CEO	
Fax						6216		
Email							cohoolth oo	m
SBHC Medical Director	O.#					lutetwa,	sehealth.co	111
SBITC Medical Directi	OI .			301011	IOII IV	iui c iwa,	IVID	
This SBHC is located	l	C	ther(r	olease s	pecify	<i>y</i>)		
☑ in a school building	hut not in a sales of build							
Lon school property,	but not in a school build	ing –						
		_		ools serve		-11	Population:	7
				field H		cnool	440 Population:	
			ther sen	0015 501 11	cu 2.		т ориганоп.	
Other schools served by this SBHC			ther sch	ools serve	ed 3:		Population:	_
			.d 1	1	1.4		D 1	
		0	uner sch	ools serve	ea 4:		Population:	
a	CDIIC		⊒PK	□ 1	□ 2	□3	□4 = 0	Other(please specify)
Grades served by this SBHC			⊒5 ⊒10	□6 ☑11	□7 ☑12	□8	□ 9	

Others	who can receive car	re at vour SHBC					
		s not located on campus	Funding	sources for your S	SBHC		
☑ Schoo			_	Source 1 WV BPH			
	y of students		_	Funding Source 2 Sisters of St. Joseph			
	s in the community	waar) for your SRHC	Funding				
Opening date (month and year) for your SBHC Opening Month October			Funding				
Opening			1 unumg				
Opening	1995						
Clinic scl	hedule and staff name	s for MEDICAL services	Day and	time that you provide	e MENTAL HEALTH services		
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:	8:00 a - 10:30 a	Amy Kump, PA-C	Monday:				
Tuesday:	8:00 a - 10:30 a	Amy Kump, PA-C	Tuesday:	8:00 a - 3:30 p	S Gosnell/N Haggerty LGSW		
Wednesday	8:00 a - 10:30 a	Amy Kump, PA-C	Wednesday	8:00 a - 3:30 p	John Lyon, MSW, LGSW		
Thursday:	8:00 a - 10:30 a	Amy Kump, PA-C	Thursday:	8:00 a - 3:30 p	John Lyon, MSW, LGSW		
Friday:	8:00 a - 10:30 a	Amy Kump, PA-C	Friday:				
_	ncy who provide ORA	L HEALTH services					
Day of Week	Hours of Operation	Staff Name with Credentials	Types of o	oral health services p	rovided at your site.		
Monday:			☐ Oral hea	alth education			
Tuesday:			☐ Screenin		1		
Wednesday	7:			ive (Cleanings,Fluoride,Stive (Fillings, Extractions)			
Thursday:							
Friday:							
Staff/age	ncy who provide NUR	SING services.	Staff/ager	ncy who provide CLl	ERICAL/CARE COORDINAT		
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:	8:00 a - 10:30 a	Sheri Laffarre, LPN	Monday:	8:00 a - 4:30 p	Teresa Halterman		
Tuesday:	8:00 a - 10:30 a	Sheri Laffarre, LPN	Tuesday:	8:00 a - 4:30 p	Teresa Halterman		
Wednesday	8:00 a - 10:30 a	Sheri Laffarre, LPN	Wednesday	8:00 a - 4:30 p	Teresa Halterman		
Thursday:	8:00 a - 10:30 a	Sheri Laffarre, LPN	Thursday:	8:00 a - 4:30 p	Teresa Halterman		
Friday:	8:00 a - 10:30 a	Sheri Laffarre, LPN	Friday:	8:00 a - 4:30 p	Teresa Halterman		
Other HI	EALTH SERVICES p	rovided at your SBHC.		ncy who provide OT	HER HEALTH services.		
Other healt	h services 1		Day of Week	Hours of Operation	Staff Name with Credentials		
	h services 2		Monday:				
	h services 3		Tuesday:	8:00 a - 3:30 p	MH provided at MHS		
Other in	nformation provide	ď	Wednesday	8:00 a - 3:30 p	MH provided at MHS		

Thursday:

Friday:

8:00 a - 12:00 p MH provided at MHS

MHS within walking distance

(Last Updated: 10/2/2019) County in which SBHC is located: Hardy Name of School-Based Health Center Moorefield Intermediate SBHC School in which the SBHC is located Moorefield Intermediate School **School Population** 360 Address for this School-Based Health Center Physical Address 30 Caledonia Drive Mailing Address **SBHC Contact Person** City Moorefield First Name Teresa WV State Last Name Halterman Zip 26836 304 897 5915 Phone Phone 304 | 530 | 5010 Extension 237 Extension 304 897 6216 Fax Fax 304 897 6216 Email thalterman@hawsehealth.com Website www.hawsehealth.com Email **SBHC Sponsoring Agency** Name E. A. Hawse Health Center PO Box 97 Mailing Address City Baker WV State 26801 Zip **Executive Director** Melissa Thompson, CEO Phone 304 897 5915 Fax 304 897 6216 Email mthompson@hawsehealth.com SBHC Medical Director Solomon Mutetwa, MD This SBHC is located Other(please specify) ☑ in a school building □on school property, but not in a school building Population: Other schools served 1: Moorefield Middle School 376 Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\Box PK$ $\Box 1$ $\Box 2$ $\square 3$ **□**4 Other(please specify) Grades served by this SBHC $\square 5$ **□** 6 **□** 7 $\square 8$ □9

□10

Others v	who can receive car	e at your SHBC			
□ Studer	nts from area schools	s not located on campus	Funding	sources for your S	SRHC
Schoo Schoo	1 Staff		_	Source 1 WV BPH	
□ Family	y of students		•		
□ Others	s in the community		_	Source 2 Sisters of	r St. Joseph
Opening	g date (month and y	year) for your SBHC	Funding	Source 3	
Opening	Month		Funding	Source 4	
Opening	Year 2008				
Clinic sch	nedule and staff name	s for MEDICAL services	Day and	time that you provide	e MENTAL HEALTH services
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	10:30 a - 1:00 p	Amy Kump, PA-C	Monday:		
Tuesday:	10:30 a - 1:00 p	Amy Kump, PA-C	Tuesday:	8:00 a - 3:30 p	John Lyon, MSW, LICSW
Wednesday	10:30 a - 1:00 p	Amy Kump, PA-C	Wednesday	:	
Thursday:	10:30 a - 1:00 p	Amy Kump, PA-C	Thursday:		
Friday:	10:30 a - 1:00 p	Amy Kump, PA-C	Friday:		
Staff/agei	ncy who provide ORA				
Day of Week	Hours of Operation	Staff Name with Credentials	Types of o	oral health services p	rovided at your site.
Monday:			☐ Oral had	alth education	
Tuesday:			☐ Screenii	ngs	
Wednesday	:			ive (Cleanings,Fluoride,Setive (Fillings, Extractions)	
Thursday:				uve (1 mings, Extractions)	1
Friday:					
Staff/agei	ncy who provide NUR	SING services.	Staff/ager	ncy who provide CLI	ERICAL/CARE COORDINAT
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	10:30 a - 1:00 p	Sheri Laffarre, LPN	Monday:	8:00 a - 4:30 p	Teresa Halterman
Tuesday:	10:30 a - 1:00 p	Sheri Laffarre, LPN	Tuesday:	8:00 a - 4:30 p	Teresa Halterman
Wednesday	10:30 a - 1:00 p	Sheri Laffarre, LPN	Wednesday	8:00 a - 4:30 p	Teresa Halterman
Thursday:	10:30 a - 1:00 p	Sheri Laffarre, LPN	Thursday:	8:00 a - 4:30 p	Teresa Halterman
Friday:	10:30 a - 1:00 p	Sheri Laffarre, LPN	Friday:	8:00 a - 4:30 p	Teresa Halterman
Other HE	EALTH SERVICES p	rovided at your SBHC.	_	ncy who provide OTI	HER HEALTH services.
Other healtl	h services 1		Day of Week	Hours of Operation	Staff Name with Credentials
Other healtl	h services 2		Monday:		
Other healtl	h services 3		Tuesday:	8:00 a - 3:30 p	MH provided at MMS
Other in	nformation provide	d	Wednesday	8:00 a - 3:30 p	MH provided at MMS
MMS wi	thin walking di	stance	Thursday:	8:00 a - 3:30 p	MH provided at MMS
			Friday:		

(Last Updated: 9/16/20)19)					
County in which SBI	HC is located:	Harrison				
Name of School-Base	d Health Center	Adamston ES	Wellness	Center		
School in which th	ne SBHC is located	Adamston ES	}			
School Population	1	712				
Address for this Scho	ool-Based Health Cente	er				
Physical Address	1636 West Pike Stree	et				
Mailing Address	1636 West Pike Stree	et	CDII C	D		
City	Clarksburg		SBHC Cor First Name		son	
State	WV			_	~~	
Zip	26301		Last Name Phone	304 4 ⁻		
Phone	304 622 0304		Extension	304 4	73 3000	
Extension			Fax			
Fax	304 622 0305		Fax Email	Angolo	.Anderegg@	Dogwy ora
Website	ccwv.org		Ellian	Aligeia	.Anderegg@	bccwv.org
Email						
SBHC Sponsoring Ag	gency		Cammuni	tu Cara l	^^	
			P.O. Box	•	/ V V	
Mailing Address			Rock Cav]	
City State				e		
			WV 26234			
Zip Executive Director			Rick Simo			
Phone				6262		
			304 924	0202		
Fax Email						
SBHC Medical Direct	o.,		Sarah Cho	ouinard	MD	
SBHC Wedical Direct	OI		Salali Cili	ouiriaru,	IVID	
This SBHC is located ☑ in a school building ☐ on school property,			please speci	fy)		
			hools served 1:		Population:	
		Other scl	nools served 2:		Population:]
Other schools served by this SBHC		Other scl	hools served 3:		Population:	
		Other scl	nools served 4:		Population:	
Grades served by this	s SBHC	□ PK□ 5	□1 □2 □6 □7		□ 4 □ 9	Other(please specify)

 $\Box 10$ $\Box 11$ $\Box 12$

Others	who can receive ca	are at your SHBC					
		ols not located on campus	Funding sources for your SBHC				
☑ Schoo			Funding Source 1				
	y of students		Funding Source 2 Funding Source 3				
	s in the community	l year) for your SBHC					
-	g date (month and g Month May	year) for your SBHC	Funding Source 4				
			r ununing source 4				
Opening	Year 2015						
Clinic sch	nedule and staff nam	es for MEDICAL services	Day and time that you provide MENTAL HEALTH set	rvices			
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week Hours of Operation Staff Name with Credentials				
Monday:			Monday:				
Tuesday:			Tuesday:				
Wednesday	:		Wednesday:				
Thursday:			Thursday:				
Friday:	7:30 a - 3:30 p	Leslie Groves, FNP	Friday:				
Staff/age		AL HEALTH services					
Week	Hours of Operation	Staff Name with Credentials	Types of oral health services provided at your site.				
Monday:			☐ Oral health education				
Tuesday:			☐ Screenings				
Wednesday	:		☐ Preventive (Cleanings,Fluoride,Sealants) ☐ Restorative (Fillings, Extractions)				
Thursday:							
Friday:							
Staff/age	ncy who provide NU	RSING services.	Staff/agency who provide CLERICAL/CARE COORD	INAT			
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week Hours of Operation Staff Name with Credentials				
Monday:			Monday:				
Tuesday:			Tuesday:				
Wednesday	:		Wednesday:				
Thursday:			Thursday:				
Friday:	7:30 a - 3:30 p	Jessica Reichert, LPN	Friday:				
Other HI	EALTH SERVICES	provided at your SBHC.	Staff/agency who provide OTHER HEALTH services.				
Other healt	h services 1		Day of Week Hours of Operation Staff Name with Credentials				
	h services 2		Monday:				
Other healt	h services 3		Tuesday:				
Other in	nformation provid	led	Wednesday:				
			Thursday:				

Friday:

(Last Updated: 9/9/2019) County in which SBHC is located: Harrison Name of School-Based Health Center Big Elm ES Wellness Center School in which the SBHC is located Big Elm ES **School Population** 712 Address for this School-Based Health Center Physical Address 200 Tetrick Road Mailing Address 200 Tetrick Road **SBHC Contact Person** City Shinnston First Name | Patricia State WV Last Name | Collett Zip 26431 304 473 5600 Phone Phone 304 | 592 | 5022 Extension Extension Fax 304 | 592 | 5022 Fax Email trish.collett@ccwv.org Website ccwv.org Email **SBHC Sponsoring Agency** Name Community Care of WV, Inc. Mailing Address P.O. Box 217 Rock Cave City WV State 26234 Zip **Executive Director** Rick Simon Phone 304 924 6262 Fax Email Sarah Chouinard, MD SBHC Medical Director This SBHC is located Other(please specify) ☑ in a school building □on school property, but not in a school building Population: Other schools served 1: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\square PK$ $\square 1$ **□** 2 $\square 3$ **□4** Other(please specify) Grades served by this SBHC $\Box 7$ □9 $\square 5$ $\Box 6$ $\square 8$

□10

Others v	vho can receive ca	re at your SHBC					
Studer	nts from area schoo	ls not located on campus	Funding sources for your SBHC				
☑ Schoo			Funding Source 1				
	y of students		Funding Source 2				
	in the community) c CDHC	Funding Source 3				
	`	year) for your SBHC	Funding Source 4				
	Month January		Funding Source 4				
Opening	Year 2014						
Clinic sch	edule and staff nam	es for MEDICAL services	Day and time that you provide MENTAL HEALTH s	ervices			
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week Hours of Operation Staff Name with Credentia	ls			
Monday:			Monday:				
Tuesday:	7:30 a - 3:30 p	Phillip Northey, PA-C	Tuesday:				
Wednesday:			Wednesday:				
Thursday:			Thursday:				
Friday:			Friday:				
Day of Week Monday: Tuesday: Wednesday: Thursday:	Hours of Operation	Staff Name with Credentials	Types of oral health services provided at your site. ☐ Oral health education ☐ Screenings ☐ Preventive (Cleanings,Fluoride,Sealants) ☐ Restorative (Fillings, Extractions)				
Friday:	an suba musuida NIII	DCINIC coursings	Staffic games who must be CLEDICAL /CADE COOR	DIMAT			
Stan/ager	ncy who provide NU	RSING services.	Staff/agency who provide CLERICAL/CARE COOR	DINAL			
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week Hours of Operation Staff Name with Credentia	ls			
Monday:			Monday:				
Tuesday:	7:30 a - 3:30 p	Sherry Taylor, LPN	Tuesday:				
Wednesday			Wednesday:				
Thursday:			Thursday:				
Friday:			Friday:				
Other HE	CALTH SERVICES	provided at your SBHC.	Staff/agency who provide OTHER HEALTH services	•			
Other health	n services 1		Day of Week Hours of Operation Staff Name with Credentia	ls			
Other health	n services 2		Monday:				
Other health	n services 3		Tuesday:				
Other in	formation provid	ed	Wednesday:				
	•		Thursday:				

Friday:

(Last Updated: 9/16/20	019)							
County in which SBI	HC is located:	Harrison						
Name of School-Base	ed Health Center	Bridge	eport HS	Welln	ess (Center		
School in which the	he SBHC is located	Bridge	eport HS	3				
School Population	1	781						
Address for this Scho	ool-Based Health Center	•						
Physical Address	515 Johnson Avenue]					
Mailing Address	515 Johnson Avenue		ĺ	CDIIC	. C	tact Pei		
City	Bridgeport					Angie	SOII	
State	WV					Andere	aga .	
Zip	26330			Phone		304 4		
Phone	304 842 2066			Extens		304 4	75 5000	
Extension				Fax	,1011			
Fax	304 842 2076			Email		Δησεία	.Anderegg@	Decwy ora
Website	ccwv.org				ا	Angela	.Anderegge	bccwv.org
Email								
SBHC Sponsoring A	gency							
Name	9· ·V			Comn	nunit	y Care	of WV	
Mailing Address				P.O. I	Зох 2	217		
City				Rock	Cave)		_
State				WV				
Zip				26234	1			
Executive Director				Rick S	Simor	n		
Phone				304	924	6262		
Fax								
Email								
SBHC Medical Direct	or			Sarah	Cho	uinard,	MD	
This SBHC is located □ in a school building □ on school property		nσ	Other(J	please s	specif	y)		
= on some or property,	0 W 1 1 0 0 1 1 1 W 0 0 2 1 0 0 1 0 W 1 W 1	5	Other sch	nools serv	ed 1:		Population:	٦
Other schools served by this SBHC			Other sch	nools serv	ed 2:		Population:]
			Other sch	nools serv	ed 3:		Population:]
			Other sch	nools serv	ed 4:		Population:	
Grades served by thi	s SBHC		□PK □5	□1 □6	□2 □7	□3 □8	□4 □ 9	Other(please specify)

 $\square 10 \quad \square 11 \quad \square 12$

Studer			your SHBC located on campus	Funding	sources for your	SBHC	
☑ School Staff					Funding Source 1		
☐ Family of students ☐ Others in the community					Funding Source 2		
Opening date (month and year) for your SBHC				-	Funding Source 3		
Opening Month MAY				-	Funding Source 4		
Opening Year 2015							
Opening	10ai 2015						
Clinic schedule and staff names for MEDICAL services				Day and	Day and time that you provide MENTAL HEALTH services		
Day of Week				Day of Week	Hours of Operation	Staff Name with Credentials	
Monday:				Monday:			
Tuesday:				Tuesday:			
Wednesday	:			Wednesday	r:		
Thursday:	7:30 a - 3:30	p Am	y Rollins, FNP	Thursday:			
Friday:				Friday:			
Week Monday: Tuesday: Wednesday: Thursday: Friday:			Name with Credentials	☐ Oral he. ☐ Screeni ☐ Prevent ☐ Restora	Types of oral health services provided at your site. □ Oral health education □ Screenings □ Preventive (Cleanings, Fluoride, Sealants) □ Restorative (Fillings, Extractions)		
Staff/ager	ncy who provide	NURSING	G services.	Staff/age	ncy who provide CI	LERICAL/CARE COORDINAT	
Day of Week	Hours of Operation	staff	Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials	
Monday:				Monday:			
Tuesday:				Tuesday:			
Wednesday	:			Wednesday	7:		
Thursday:	7:30 a - 3:30	p De:	sirae Greathouse, LPN	Thursday:			
Friday:				Friday:			
Other HE	EALTH SERVIC	EES provid	ed at your SBHC.		ncy who provide O7	THER HEALTH services.	
Other health services 1				Day of Week	Hours of Operation	Staff Name with Credentials	
Other health services 2				Monday:			
Other health services 3				Tuesday:			
Other information provided				Wednesday	r:		
				Thursday:			

Friday:

(Last Updated: 9/16/20	019)							
County in which SBI	HC is located:	Harrison						
Name of School-Base	d Health Center	Bridgeport MS Wellness Center						
School in which th	ne SBHC is located	Bridgeport MS						
School Population	l	618						
Address for this Scho	ool-Based Health Center	•						
Physical Address	413 Johnson Avenue							
Mailing Address	413 Johnson Avenue			CDIIC	Com	tact Per		
City	Bridgeport			First N			SOII	
State	WV				Ļ	Andere	aga .	
Zip	26330			Phone		304 4		
Phone	304 842 1840			Extens	Į.	JUT T	73 3000	
Extension				Fax				
Fax				Email	[Angela	.Anderegg@	ecwy ora
Website	ccwv.org			Lillali	l	Aligola	.Anderegge	pccwv.org
Email								
SBHC Sponsoring Ag	gency							
Name				Comn	nunity	y Care	of WV	
Mailing Address				P.O. E	3ox 2	217		
City				Rock	Cave)		
State				WV				
Zip				26234	1			
Executive Director				Rick S	Simor	า		
Phone				304	924	6262		
Fax								
Email								
SBHC Medical Direct	or			Sarah	Cho	uinard,	MD	
This SBHC is located □ in a school building □ on school property,		ng	Other(p	olease s	specif	y)		
			Other sch	ools serv	ed 1:		Population:]
		Other sch	ools serv	ed 2:		Population:]	
Other schools served by this SBHC			Other sch	ools serv	ed 3:		Population:	
			Other sch	ools serv	ed 4:		Population:	
Grades served by this	s SBHC		□PK □5	□1 □6	□2 ☑7	□3 ☑8	□4 □9	Other(please specify)

 $\Box 10$ $\Box 11$ $\Box 12$

Studer		nre at your SHBC ols not located on campus	Funding sources for yo	ur SBHC				
☑ Schoo			Funding Source 1					
-	y of students		Funding Source 2					
	s in the community	year) for your SBHC	Funding Source 3					
	Month May	year) for your Shife	Funding Source 4					
Opening			Tunung Source					
Opening	16ai 2015							
Clinic sch	edule and staff nam	es for MEDICAL services	Day and time that you pro	vide MENTAL HEALTH services				
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week Hours of Operation	Staff Name with Credentials				
Monday:	7:30 a - 3:30 p	Amy Rollins, FNP	Monday:					
Tuesday:			Tuesday:					
Wednesday	:		Wednesday:					
Thursday:			Thursday:					
Friday:			Friday:					
Staff/ager Day of Week	Hours of Operation	AL HEALTH services Staff Name with Credentials	Types of oral health servic	es provided at your site.				
Monday:			☐ Oral health education	ı				
Tuesday:			☐ Screenings	☐ Screenings				
Wednesday	:		☐ Preventive (Cleanings,Fluori☐ Restorative (Fillings, Extract					
Thursday:			in restorative (1 mings, Extract	(Cho)				
Friday:								
Staff/ager	ncy who provide NU	RSING services.	Staff/agency who provide	CLERICAL/CARE COORDINAT				
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week Hours of Operation	Staff Name with Credentials				
Monday:	7:30 a - 3:30 p	Desirae Greathouse, LPN	Monday:					
Tuesday:			Tuesday:					
Wednesday	:		Wednesday:					
Thursday:			Thursday:					
Friday:			Friday:					
Other HE	EALTH SERVICES	provided at your SBHC.	G • •	OTHER HEALTH services.				
Other health	h services 1		Day of Week Hours of Operation	Staff Name with Credentials				
Other health	h services 2		Monday:					
Other health	h services 3		Tuesday:					
Other in	ıformation provid	ed	Wednesday:					
			Thursday:					

(Last Updated: 9/16/20	019)							
County in which SBI	HC is located:	Harrison						
Name of School-Base	ed Health Center	Johnson ES Wellness Center						
School in which th	ne SBHC is located	Johnson I	ES					
School Population	1	651						
Address for this Scho	ool-Based Health Center	•						
Physical Address	531 Johnson Avenue							
Mailing Address	531 Johnson Avenue			CDHC	Con	tact Per	ncon.	
City	Bridgeport			First N			SOII	
State	WV				Ļ	Andere	aga .	
Zip	26330			Phone		304 4		
Phone	304 842 2747			Extens	Į.	JUT T	73 3000	
Extension				Fax	ion			
Fax	304 842 2757			Email	[Angela	.Anderegg@	occwy ora
Website	communitycarewv.org			Lillali	Į	Aligola	.Anderegg@	pccwv.org
Email								
SBHC Sponsoring Ag	gency							
Name				Comn	nunity	y Care	of WV	
Mailing Address				P.O. E	3ox 2	17		
City				Rock	Cave)		
State				WV				
Zip				26234				
Executive Director				Rick S	Simor	า		
Phone				304	924	6262		
Fax								
Email								
SBHC Medical Direct	or			Sarah	Cho	uinard,	MD	
This SBHC is located □ in a school building □ on school property,			ther(p	olease s	pecif	y)		
		Otl	her sch	ools serv	ed 1:		Population:]
	Otl	her sch	ools serv	ed 2:		Population:]	
Other schools served	Otl	her sch	ools serv	ed 3:		Population:		
		Otl	her sch	ools serv	ed 4:		Population:	
Grades served by this	s SBHC		PK 5	☑1 □6	☑2 □7	⊠ 3 □8	☑4 □9	Other(please specify)

 $\Box 10$ $\Box 11$ $\Box 12$

Others	who can receive ca	are at your SHBC						
		ols not located on campus	Funding sources for your SBHC					
☑ Schoo			Funding Source 1					
	y of students		Funding Source 2					
	s in the community		Funding Source 3					
-	`	year) for your SBHC	Funding Source 4					
	Month May		Funding Source 4					
Opening	Year 2015							
Clinic sch	nedule and staff nam	es for MEDICAL services	Day and time that you provide MENTAL HEALTH serv	ices				
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week Hours of Operation Staff Name with Credentials					
Monday:			Monday:					
Tuesday:	7:30 a - 3:30 p	Amy Rollins, FNP	Tuesday:					
Wednesday	:		Wednesday:					
Thursday:			Thursday:					
Friday:			Friday:					
_	ncy who provide OR	AL HEALTH services						
Day of Week	Hours of Operation	Staff Name with Credentials	Types of oral health services provided at your site.					
Monday:			☐ Oral health education					
Tuesday:			☐ Screenings					
Wednesday	:		☐ Preventive (Cleanings,Fluoride,Sealants) ☐ Restorative (Fillings, Extractions)					
Thursday:			in Restorauve (Finnings, Extractions)					
Friday:								
Staff/age	ncy who provide NU	RSING services.	Staff/agency who provide CLERICAL/CARE COORDI	NAT				
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week Hours of Operation Staff Name with Credentials					
Monday:			Monday:					
Tuesday:	7:30 a -3:30 p	Desirae Greathouse, LPN	Tuesday:					
Wednesday	:		Wednesday:					
Thursday:			Thursday:					
Friday:			Friday:					
Other HI	EALTH SERVICES	provided at your SBHC.	Staff/agency who provide OTHER HEALTH services.					
Other healt	h services 1		Day of Week Hours of Operation Staff Name with Credentials					
	h services 2		Monday:					
Other healt	h services 3		Tuesday:					
	ıformation provid	ed	Wednesday:					
	*		Thursday:					

(Last Updated: 9/16/20)19)							
County in which SBI	HC is located:	Harrison						
Name of School-Base	d Health Center	Liberty	Liberty HS Wellness Center					
School in which th	ne SBHC is located	Liberty HS						
School Population	ı	517						
Address for this Scho	ool-Based Health Center							
Physical Address	1 Mountaineer Drive							
Mailing Address	1 Mountaineer Drive			CDIIC	~ 4	4 D		
City	Clarksburg			SBHC First Na			son	
State	WV			Last Na	H			
Zip	26301			Phone		304 47		
Phone	304 622 0440			Extensi	F	304 4	73 3000	
Extension				Fax	-			
Fax				Email		Angela	.Anderegg@	accur ora
Website	ccwv.org					Aligeia.	.Anderegg@	bccwv.org
Email								
SBHC Sponsoring Ag	gency			J				
Name				Comm	unity	Care o	of WV	
Mailing Address				P.O. B	ox 2	17		
City				Rock (Cave			
State				WV				
Zip				26234				
Executive Director				Rick S	imon	1		
Phone				304 9	24	6262		
Fax								
Email								
SBHC Medical Direct	or			Sarah	Cho	uinard,	MD	
This SBHC is located ☑ in a school building ☐ on school property,		ng	Other()	please sp	pecify	/)		
			Other sch	nools serve	d 1:		Population:]
			Other sch	nools serve	d 2:		Population:]
Other schools served by this SBHC			Other sch	nools serve	d 3:		Population:	
			Other sch	nools serve	d 4:		Population:]
Grades served by this	s SBHC		□PK □5	□1 □6	□2 □7	□3 □8	□4 ☑9	Other(please specify)

 $\square 10 \quad \square 11 \quad \square 12$

Others v	who can receive car	e at your SHBC							
		s not located on campus	Funding	Funding sources for your SBHC					
□ Schoo	l Staff		Funding		SDITE				
•	y of students		•						
	s in the community		•	Funding Source 2					
Opening	g date (month and y	vear) for your SBHC	Funding						
Opening	Month May		Funding	Source 4					
Opening	Year 2015								
Clinic sch	nedule and staff names	s for MEDICAL services	Day and	time that you provic	le MENTAL HEALTH services				
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials				
Monday:			Monday:						
Tuesday:	Alt Tues 7:30-3:30	Leslie Groves, FNP	Tuesday:						
Wednesday	:		Wednesday	:					
Thursday:			Thursday:						
Friday:			Friday:						
Ü	ncy who provide ORA	L HEALTH services							
Day of Week	Hours of Operation	Staff Name with Credentials	Types of	oral health services	provided at your site.				
Monday:			☐ Oral ba	alth education					
Tuesday:			□ Screeni						
Wednesday	:			ive (Cleanings,Fluoride,stive (Fillings, Extraction					
Thursday:			L Restora	tive (Fillings, Extraction	5)				
Friday:									
Staff/ager	ncy who provide NUR	SING services.	Staff/age	ncy who provide CL	ERICAL/CARE COORDINAT				
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials				
Monday:			Monday:						
Tuesday:	Alt Tues 7:30-3:30	Jessica Reichert, LPN	Tuesday:						
Wednesday	:		Wednesday	:					
Thursday:			Thursday:						
Friday:			Friday:						
Other HE	EALTH SERVICES pi	rovided at your SBHC.	9	ncy who provide OT	THER HEALTH services.				
Other health	h services 1		Day of Week	Hours of Operation	Staff Name with Credentials				
Other health	h services 2		Monday:						
Other health	h services 3		Tuesday:						
Other in	nformation provided	d	Wednesday	:					
			Thursday						

(Last Updated: 9/9/2019) County in which SBHC is located: Harrison Name of School-Based Health Center Lincoln MS/HS Wellness Center School in which the SBHC is located Lincoln MS/HS Complex **School Population** 1,004 Address for this School-Based Health Center Physical Address 78 Jerry Toth Drive Mailing Address 78 Jerry Toth Drive **SBHC Contact Person** City Shinnston First Name | Patricia State WV Last Name Collett Zip 26431 304 473 5600 Phone Phone 304 | 592 | 5082 Extension Extension Fax 304 592 5084 Fax Email trish.collett@ccwv.org Website ccwv.org Email **SBHC Sponsoring Agency** Name Community Care of WV, Inc. Mailing Address P.O. Box 217 Rock Cave City WV State 26234 Zip **Executive Director** Rick Simon Phone 304 924 6262 Fax Email Sarah Chouinard, MD SBHC Medical Director This SBHC is located Other(please specify) ☑ in a school building □on school property, but not in a school building Population: Other schools served 1: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\Box PK$ $\Box 1$ $\square 2$ $\Box 3$ $\Box 4$ Other(please specify) Grades served by this SBHC $\square 7$ 9 $\Box 5$ **□** 6 $\square 8$

□10

Others who can receive care at your SHBC ☑ Students from area schools not located on campus **Funding sources for your SBHC** ☑ School Staff Funding Source 1 ☐ Family of students Funding Source 2 □ Others in the community Funding Source 3 Opening date (month and year) for your SBHC Funding Source 4 Opening Month January Opening Year 2014 Day and time that you provide MENTAL HEALTH services Clinic schedule and staff names for MEDICAL services Day of Day of Hours of Operation Staff Name with Credentials Hours of Operation Staff Name with Credentials Week Week Monday: 7:30 a - 3:30 p Phillip Northey, PA-C Monday: Tuesday: Tuesday: Wednesday: 7:30 a - 3:30 p Phillip Northey, PA-C Wednesday: Thursday: Thursday: Friday: 7:30 a - 3:30 p Phillip Northey, PA-C Friday: Staff/agency who provide ORAL HEALTH services Day of Staff Name with Credentials Hours of Operation Week Types of oral health services provided at your site. Monday: ☐ Oral health education Tuesday: ☐ Screenings ☐ Preventive (Cleanings,Fluoride,Sealants) Wednesday: ☐ Restorative (Fillings, Extractions) Thursday: Friday: Staff/agency who provide NURSING services. Staff/agency who provide CLERICAL/CARE COORDINAT Day of Day of Hours of Operation Staff Name with Credentials Hours of Operation Staff Name with Credentials Week Week 7:30 a - 3:30 p S Taylor LPN Monday: Monday: Tuesday: Tuesday: Wednesday: 7:30 a - 3:30 p S Taylor LPN Wednesday: Thursday: Thursday: 7:30 a - 3:30 p S Taylor LPN Friday: Friday: Staff/agency who provide OTHER HEALTH services. Other HEALTH SERVICES provided at your SBHC. Day of Hours of Operation Staff Name with Credentials Other health services 1 Week Monday: Other health services 2 Tuesday: Other health services 3 Wednesday: Other information provided Thursday:

(Last Updated: 9/16/2019) County in which SBHC is located: Harrison Name of School-Based Health Center Lost Creek Elementary SBHC School in which the SBHC is located Lost Creek ES **School Population** 164 Address for this School-Based Health Center Physical Address 128 College Street Mailing Address 128 College Street **SBHC Contact Person** City Lost Creek First Name | Patricia State WV Last Name Collett Zip 26385 304 473 5600 Phone Phone 304 745 5769 Extension Extension Fax Fax 304 745 5769 Email trish.collett@ccwv.org Website ccwv.org Email **SBHC Sponsoring Agency** Name Community Care of WV, Inc. Mailing Address P.O. Box 217 Rock Cave City WV State 26234 Zip **Executive Director** Rick Simon Phone 304 924 6262 Fax Email Sarah Chouinard, M.D. SBHC Medical Director This SBHC is located Other(please specify) ☑ in a school building □on school property, but not in a school building Population: Other schools served 1: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\square PK$ $\square 1$ **□** 2 $\square 3$ **□4** Other(please specify) Grades served by this SBHC $\Box 7$ □9 $\square 5$ $\Box 6$ $\square 8$

□10

Others v	who can receiv	e care a	t your SHBC							
		hools n	ot located on campus	Funding	Funding sources for your SBHC					
⊠ Schoo				Funding						
	y of students in the commun	nitr		Funding	Source 2					
		-	r) for your SBHC	-	Funding Source 3					
-	Month Januar		T) for your SDITC	-	Source 4					
Opening		у		1 unumg						
Opening	, 1eai 2013									
Clinic sch	nedule and staff i	names fo	r MEDICAL services	Day and	time that you provid	le MENTAL HEALTH services				
Day of Week	Hours of Operation	Sta	ff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials				
Monday:	1st W 7:30-3	:30 He	eather Whetzel, PA-C	Monday:						
Tuesday:				Tuesday:						
Wednesday	:			Wednesday	:					
Thursday:				Thursday:						
Friday:				Friday:						
_	ncy who provide	ORAL I	HEALTH services							
Day of Week	Hours of Operation	Sta	ff Name with Credentials	Types of	oral health services	provided at your site.				
Monday:				□ Oral ha	alth education					
Tuesday:				☐ Screeni	ngs					
Wednesday	:			☐ Prevent	ive (Cleanings,Fluoride, tive (Fillings, Extraction	Sealants)				
Thursday:					ire (i mings, Extraction	<i>.</i> ,				
Friday:										
Staff/agei	ncy who provide	NURSI	NG services.	Staff/age	ncy who provide CL	ERICAL/CARE COORDINAT				
Day of Week	Hours of Operation	Sta	ff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials				
Monday:	1st W 7:30 -	3:30	Giselle Snyder, LPN	Monday:						
Tuesday:				Tuesday:						
Wednesday	:			Wednesday	:					
Thursday:				Thursday:						
Friday:				Friday:						
Other HF	EALTH SERVIC	ES prov	ided at your SBHC.	Staff/age	ncy who provide OT	THER HEALTH services.				
Other healtl	h services 1			Day of Week	Hours of Operation	Staff Name with Credentials				
Other healtl				Monday:						
Other healtl	h services 3			Tuesday:						
Other in	nformation pro	vided		Wednesday	:					
	•			Thursday:						

(Last Updated: 9/9/2019) County in which SBHC is located: Harrison Name of School-Based Health Center Lumberport ES Wellness Center School in which the SBHC is located Lumberport ES **School Population** 280 Address for this School-Based Health Center Physical Address 38 East Lynden St. Mailing Address 38 East Lynden St. **SBHC Contact Person** City Lumberport First Name | Patricia State WV Last Name Collett Zip 26386 304 473 5600 Phone Phone 304 584 4844 Extension Extension Fax 304 584 Fax 4844 Email trish.collett@ccwv.org Website ccwv.org Email **SBHC Sponsoring Agency** Name Community Care of WV, Inc. PO Box 20 Mailing Address Rock Cave City WV State 26234 Zip **Executive Director** Rick Simon Phone 304 924 6262 Fax Email Sarah Chouinard, MD SBHC Medical Director This SBHC is located Other(please specify) ☑ in a school building □on school property, but not in a school building Population: Other schools served 1: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\square PK$ $\square 1$ **□** 2 $\square 3$ **□4** Other(please specify) Grades served by this SBHC $\Box 7$ □9 $\square 5$ $\Box 6$ $\square 8$

□10

Others v	who ca	ın receive ca	re at	your SHBC							
Studer	nts from	m area schoo	ls not	located on campus	Funding	sources for your	SBHC				
☑ Schoo					Funding						
Family					•	Funding Source 2					
		community	voor)	for your CDUC	_	Funding Source 3					
-		`	year	for your SBHC	•	Source 4					
		h January			runung	Source 4					
Opening	Year	2014									
Clinic sch	edule a	and staff name	es for l	MEDICAL services	Day and	time that you provi	de MENTAL HEALTH services				
Day of Week	Hours o	of Operation	Staff	Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials				
Monday:					Monday:						
Tuesday:					Tuesday:						
Wednesday	:				Wednesday	:					
Thursday:	7:30	a - 3:30 p	Phi	llip Northey, PA-C	Thursday:						
Friday:					Friday:						
Day of Week Monday: Tuesday: Wednesday Thursday: Friday:		of Operation	Staff	Name with Credentials	☐ Oral hea	alth education					
Staff/ager	ncy who	o provide NUI	RSINC	G services.	Staff/age	ncy who provide CI	LERICAL/CARE COORDINAT				
Day of Week	Hours o	of Operation	Staff	Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials				
Monday:					Monday:						
Tuesday:					Tuesday:						
Wednesday	:				Wednesday	:					
Thursday:	7:30	a - 3:30 p	ST	aylor LPN	Thursday:						
Friday:					Friday:						
Other HE	EALTH	SERVICES 1	provid	ed at your SBHC.	Staff/age	ncy who provide OT	THER HEALTH services.				
Other health	h service	s 1			Day of Week	Hours of Operation	Staff Name with Credentials				
Other health					Monday:						
Other health					Tuesday:						
		ation provide	ed		Wednesday	:					
					Thursday:						

(Last Updated: 9/16/2019) County in which SBHC is located: Harrison Name of School-Based Health Center Mountaineer MS Wellness Center School in which the SBHC is located Mountaineer MS **School Population** 412 **Address for this School-Based Health Center** Physical Address 2 Mountaineer Drive Mailing Address 2 Mountaineer Drive **SBHC Contact Person** City Clarksburg First Name | Angie State WV Last Name | Anderegg Zip 26301 304 473 5600 Phone Phone 304 622 0161 Extension Extension Fax Fax Email Angela.Anderegg@ccwv.org Website ccwv.org Email **SBHC Sponsoring Agency** Name Community Care of WV Mailing Address P.O. Box 217 Rock Cave City WV State 26234 Zip **Executive Director** Rick Simon Phone 304 924 6262 Fax Email Sarah Chouinard, MD SBHC Medical Director This SBHC is located Other(please specify) ☑ in a school building □on school property, but not in a school building Population: Other schools served 1: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\Box PK$ $\Box 1$ $\Box 2$ $\Box 3$ $\Box 4$ Other(please specify) Grades served by this SBHC $\square 7$ □9 $\Box 5$ **□** 6 $\square 8$

□10

Others	who can receive car	re at your SHBC							
		s not located on campus	Funding sources for your SBHC						
☑ Schoo			Funding So						
	y of students		_	Funding Source 2					
	s in the community	waan) fan warm CDHC	•	Funding Source 3					
	`	year) for your SBHC	Funding So						
	Month June		Tullding 50	Juice 4					
Opening	Year 2015								
Clinic sch	nedule and staff name	s for MEDICAL services	Day and tin	ne that you provide	MENTAL HEALTH services				
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Iours of Operation	Staff Name with Credentials				
Monday:			Monday:						
Tuesday:	Alt Tu 7:30-3:30	Leslie Groves, FNP	Tuesday:						
Wednesday	:		Wednesday:						
Thursday:			Thursday:						
Friday:			Friday:						
_	ncy who provide ORA	AL HEALTH services							
Day of Week	Hours of Operation	Staff Name with Credentials	Types of or	al health services p	rovided at your site.				
Monday:			☐ Oral health	-	•				
Tuesday:			☐ Screenings						
Wednesday	:		☐ Preventive	e (Cleanings,Fluoride,Se e (Fillings, Extractions)	ealants)				
Thursday:				e (Fillings, Extractions)					
Friday:									
Staff/age	ncy who provide NUR	SING services.	Staff/agenc	y who provide CLF	ERICAL/CARE COORDINAT				
Day of Week	Hours of Operation	Staff Name with Credentials	Day of H	Iours of Operation	Staff Name with Credentials				
Monday:			Monday:						
Tuesday:	Alt Tu7:30-3:30	Jessica Reichert, LPN	Tuesday:						
Wednesday	:		Wednesday:						
Thursday:			Thursday:						
Friday:			Friday:						
Other HI	EALTH SERVICES p	rovided at your SBHC.		y who provide OTI	HER HEALTH services.				
Other healt	h services 1		Day of Week	lours of Operation	Staff Name with Credentials				
Other healt	h services 2		Monday:						
Other healt	h services 3		Tuesday:						
Other in	ıformation provide	d	Wednesday:						
			Thursday:						

(Last Updated: 9/16/20	019)					
County in which SBI	HC is located:	Harrison				
Name of School-Base	d Health Center	North View E	S Wellnes	s Center		
School in which th	ne SBHC is located	North View E	S			
School Population	1	322				
Address for this Scho	ool-Based Health Center	•				
Physical Address	1400 North 19th Stree	t				
Mailing Address	1400 North 19th Stree	t	CDIIC	4 4 D		
City	Clarksburg	<u> </u>	SBHC Co First Nam		rson	
State	WV		Last Name		000	
Zip	26301		Phone	304		
Phone	304 622 0330		Extension	304	+73 3000	
Extension			Fax			
Fax	304 622 0332		гах _Email	Angola		Soour ora
Website	ccwv.org		Elliali	Angela	a.Anderegg@	bccwv.org
Email						
SBHC Sponsoring As Name Mailing Address City State Zip Executive Director Phone Fax Email SBHC Medical Direct			Commun P.O. Box Rock Car WV 26234 Rick Sim 304 924	217 /e on 6262		
This SBHC is located ☑in a school building	I	ng	(please spec		Population:	
Other schools served	Other so	Other schools served 1: Other schools served 2: Other schools served 3: Other schools served 4:				
Grades served by this	s SBHC	☑ PK☑ 5	□1 □ □6 □	_	□ 4 □ 9	Other(please specify)

 $\Box 10$ $\Box 11$ $\Box 12$

Others v	who can receive ca	re at your SHBC						
		ls not located on campus	Funding sources for your SBHC					
Schoo Schoo			Funding Source 1					
	y of students		Funding Source 2					
	s in the community	year) for your SBHC	Funding Source 3					
-	g date (month and g Month May	year) for your SBHC	Funding Source 4					
			1 dilding source 4					
Opening	Year 2015							
Clinic sch	nedule and staff name	es for MEDICAL services	Day and time that you provide MENTAL HEALTH serv	ices				
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week Hours of Operation Staff Name with Credentials					
Monday:			Monday:					
Tuesday:			Tuesday:					
Wednesday	Alt W 7:30-3:30	Leslie Groves, FNP	Wednesday:					
Thursday:			Thursday:					
Friday:			Friday:					
Staff/ager	ncy who provide OR.	AL HEALTH services						
Week	Hours of Operation	Staff Name with Credentials	Types of oral health services provided at your site.					
Monday:			☐ Oral health education					
Tuesday:			☐ Screenings					
Wednesday	:		☐ Preventive (Cleanings,Fluoride,Sealants) ☐ Restorative (Fillings, Extractions)					
Thursday:								
Friday:								
Staff/ager	ncy who provide NU	RSING services.	Staff/agency who provide CLERICAL/CARE COORDI	NAT				
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week Hours of Operation Staff Name with Credentials					
Monday:			Monday:					
Tuesday:			Tuesday:					
Wednesday	Alt W 7:30-3:30	Jessica Reichert, LPN	Wednesday:					
Thursday:			Thursday:					
Friday:			Friday:					
Other HE	EALTH SERVICES _I	provided at your SBHC.	Staff/agency who provide OTHER HEALTH services.					
Other health	h services 1		Day of Week Hours of Operation Staff Name with Credentials					
Other health			Monday:					
Other health	h services 3		Tuesday:					
Other in	ıformation provid	ed	Wednesday:					
			Thursday:					

(Last Updated: 9/9/201	19)							
County in which SBI	HC is located:	Harrison						
Name of School-Base	d Health Center	Norwood ES Wellness Center						
School in which th	ne SBHC is located	Norwood ES						
School Population	1	335						
Address for this Scho	ool-Based Health Cente	r						
Physical Address	208 Kidd Avenue							
Mailing Address	208 Kidd Avenue			CDIIC		4 D		
City	Stonewood			SBHC First N		tact Per	son	
State	WV				F	Andere		
Zip	26301			Phone	-	304 4		
Phone	304 622 0088			Extens	Ļ	304 4	73 3000	
Extension				Fax	IOII			
Fax	304 622 0089			rax Email		Angolo	Andoroga	gloovin ora
Website	ccwv.org			Lillali	L	Angela	.Anderegg@	bccwv.org
Email								
SBHC Sponsoring Ag	gency							
Name				Comn	nunity	/ Care	of WV	
Mailing Address				P.O. I	3ox 2	17		
City				Rock	Cave	!		
State				WV				
Zip				26234	ŀ			
Executive Director				Rick S	Simor	1		
Phone				304	924	6262		
Fax								
Email								
SBHC Medical Direct	or			Sarah	Cho	uinard,	MD	
This SBHC is located ☑ in a school building ☐ on school property,			ther(p	lease s	pecify	у)		
		O	ther sch	ools serv	ed 1:		Population:	
			ther sch	ools serv	ed 2:		Population:]
Other schools served	0	ther sch	ools serv	ed 3:		Population:		
		o	ther sch	ools serv	ed 4:		Population:	
Grades served by this	s SBHC		□PK □5	⊠1 □6	☑2 □7	⊠ 3 □8	☑4 □9	Other(please specify)

 $\Box 10$ $\Box 11$ $\Box 12$

Others	who can receive ca	are at your SHBC				
		ls not located on campus	Funding sources for your SBHC			
☑ Schoo			Funding Source 1			
	y of students		Funding Source 2			
	s in the community	year) for your SBHC	Funding Source 3			
-	Month May	year) for your Shife	Funding Source 4			
Opening			Tunding Source			
Opening	, rear 2015					
Clinic sch	nedule and staff nam	es for MEDICAL services	Day and time that you provide MENTAL HEALTH services			
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week Hours of Operation Staff Name with Credentials			
Monday:			Monday:			
Tuesday:			Tuesday:			
Wednesday	:		Wednesday:			
Thursday:	7:30 a - 3:30 p	Christy Lucas, PA-C	Thursday:			
Friday:			Friday:			
_	ncy who provide OR	AL HEALTH services				
Day of Week	Hours of Operation	Staff Name with Credentials	Types of oral health services provided at your site.			
Monday:			☐ Oral health education			
Tuesday:			☐ Screenings			
Wednesday	:		☐ Preventive (Cleanings,Fluoride,Sealants) ☐ Restorative (Fillings, Extractions)			
Thursday:			(
Friday:						
Staff/age	ncy who provide NU	RSING services.	Staff/agency who provide CLERICAL/CARE COORDINA			
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week Hours of Operation Staff Name with Credentials			
Monday:			Monday:			
Tuesday:			Tuesday:			
Wednesday	:		Wednesday:			
Thursday:	7:30 a - 3:30 p	Penny Romine, LPN	Thursday:			
Friday:			Friday:			
Other HI	EALTH SERVICES	provided at your SBHC.	Staff/agency who provide OTHER HEALTH services.			
Other healt	h services 1		Day of Week Hours of Operation Staff Name with Credentials			
	h services 2		Monday:			
	h services 3		Tuesday:			
	ıformation provid	ed	Wednesday:			
			Thursday:			

(Last Updated: 9/9/201	19)					
County in which SBI	HC is located:	Harrison				
Name of School-Base	d Health Center	Nutter Fort Int/Primary Wellness Center				
School in which th	ne SBHC is located	Nutter Fort Intermediate School				
School Population	1	1078				
Address for this Scho	ool-Based Health Center	er				
Physical Address	1302 Buckhannon Pike	ke				
Mailing Address	1302 Buckhannon Pike	ke CDVG G P				
City	Clarksburg	SBHC Contact Person First Name Patricia				
State	WV					
Zip	26301	Last Name Collett Phone 304 473 5600				
Phone	304 623 4419	Phone 304 473 5600 Extension				
Extension						
Fax	304 623 4419	Fax triph collett@court are				
Website	ccwv.org	Email trish.collett@ccwv.org				
Email						
SBHC Sponsoring Ag Name Mailing Address City State Zip Executive Director Phone Fax Email SBHC Medical Direct		Community Care of WV, Inc. P.O. Box 217 Rock Cave WV 26234 Rick Simon 304 924 6262				
This SBHC is located ☑ in a school building ☐ on school property,						
Other schools served	by this SDUC	Other schools served 1: Population: Other schools served 2: Population:				
Other schools serveu	by this SDITC	Other schools served 3: Population:				
		Other schools served 4: Population:				
Grades served by this	s SRHC	\square PK \square 1 \square 2 \square 3 \square 4 Other(please specify)				

 $\Box 10$ $\Box 11$ $\Box 12$

Others v	who ca	n receive ca	re at	your SHBC			
Studer	nts from	n area school	ls not	located on campus	Funding	sources for your	SBHC
☑ Schoo					Funding		
□ Family					Funding		
		community		£ CDIIC	Funding		
-		`	year)	for your SBHC	•	Source 4	
		January			runding	Source 4	
Opening	Year	2014					
Clinic sch	edule a	and staff name	es for I	MEDICAL services	Day and	time that you provid	de MENTAL HEALTH services
Day of Week	Hours o	f Operation	Staff	Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials
Monday:					Monday:		
Tuesday:					Tuesday:		
Wednesday	7:30	a - 3:30 p	Chr	risty Lucas, PA-C	Wednesday	:	
Thursday:					Thursday:		
Friday:					Friday:		
Staff/ager	-	o provide ORA		CALTH services Name with Credentials			
Week	Tiouis o	от Ореганоп	Stall	Name with Credentials	Types of	oral health services	provided at your site.
Monday:			_		☐ Oral hea	alth education	
Tuesday:					☐ Screenin	C	g 1 ()
Wednesday	:					ive (Cleanings,Fluoride, tive (Fillings, Extraction	
Thursday:						, 0,	
Friday:							
Staff/ager	ncy who	o provide NUI	RSING	services.	Staff/age	ncy who provide CL	ERICAL/CARE COORDINAT
Day of Week	Hours o	f Operation	Staff	Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials
Monday:					Monday:		
Tuesday:					Tuesday:		
Wednesday	7:30	a - 3:30 p	Per	nny Romine, LPN	Wednesday	:	
Thursday:					Thursday:		
Friday:					Friday:		
Other HE	EALTH	SERVICES p	rovid	ed at your SBHC.	Staff/age	ncy who provide OT	THER HEALTH services.
Other health	h service	s 1			Day of Week	Hours of Operation	Staff Name with Credentials
Other health					Monday:		
Other health	h service	s 3			Tuesday:		
Other in	ıforma	tion provide	ed		Wednesday	:	
					Thursday:		

(Last Updated: 9/9/201							
County in which SBI	HC is located:	Harrison					
Name of School-Base	d Health Center	Robert C. Byrd High Wellness Center					
School in which th	ne SBHC is located	Robert C. By	rd HS				
School Population	ı	700					
Address for this Scho	ool-Based Health Center						
Physical Address	1 Eagle Way						
Mailing Address	1 Eagle Way		CDIIC	O4	4 D		
City	Clarksburg		SBHC (First Na				
State	WV		Last Na	F			
Zip	26301		Phone		304 47	73 5600	
Phone	304 623 3688		Extension	F	304 47	3000	
Extension			Fax	J11			
Fax			Email		trich co	llett@ccwv.d	ora
Website	ccwv.org		Lillali		11311.00	iieii@ccwv.i	org
Email							
SBHC Sponsoring Ag	gency						
Name						of WV, Inc.	
Mailing Address			P.O. Bo			1	
City			Rock C	ave			
State			WV				
Zip			26234				
Executive Director			Rick Si				
Phone			304 9	24	6262		
Fax							
Email							
SBHC Medical Direct	or		Sarah (Cho	uinard,	MD	
This SBHC is located □ in a school building □ on school property,			please sp	ecify	/)		
		Other sc	hools served	11:		Population:	
	Other sc	hools served	12:		Population:		
Other schools served	by this SBHC	Other sc	hools served	13:		Population:	
		Other sc	hools served	14:		Population:	
Grades served by this	s SBHC	□PK □5		□2 □7	□3 □8	□4 ☑9	Other(please specify)

 $\square 10 \quad \square 11 \quad \square 12$

Others	who can receive ca	are at your SHBC					
		ols not located on campus	Funding	sources for your	SBHC		
☑ Schoo			Funding				
	y of students		Funding Source 2				
	s in the community	year) for your SBHC	-	Source 3			
- '	g Month January	year) for your Shire	-	Source 4			
Opening			1 unumg	Bource 1			
Opening	2014						
Clinic sch	nedule and staff nam	es for MEDICAL services	Day and	time that you provi	de MENTAL HEALTH services		
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:	7:30 a - 3:30 p	Christy Lucas, PA-C	Monday:				
Tuesday:			Tuesday:				
Wednesday	:		Wednesday	7:			
Thursday:			Thursday:				
Friday:	7:30 a - 3:30 p	Christy Lucas, PA-C	Friday:				
Staff/age	ncy who provide OR	AL HEALTH services					
Day of Week	Hours of Operation	Staff Name with Credentials	Types of	oral health services	provided at your site.		
Monday:			• • •		Francisco de Caracteria		
Tuesday:			☐ Oral he	alth education ngs			
Wednesday	:			ive (Cleanings,Fluoride, tive (Fillings, Extraction			
Thursday:			Lestora	tive (Fillings, Extraction	15)		
Friday:							
Staff/age	ncy who provide NU	RSING services.	Staff/age	ncy who provide CI	LERICAL/CARE COORDINAT		
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:	7:30 a - 3:30 p	Penny Romine, LPN	Monday:				
Tuesday:			Tuesday:				
Wednesday	:		Wednesday	7:			
Thursday:			Thursday:				
Friday:	7:30 a - 3:30 p	Penny Romine, LPN	Friday:				
Other HI	EALTH SERVICES	provided at your SBHC.	Staff/age	ncy who provide O	THER HEALTH services.		
Other healt	h services 1		Day of Week	Hours of Operation	Staff Name with Credentials		
	h services 2		Monday:				
Other healt	h services 3		Tuesday:				
Other in	nformation provid	ed	Wednesday	7:			
	-		Thursday:				

(Last Updated: 9/16/20	119)						
County in which SBI	HC is located:	Harrison					
Name of School-Base	d Health Center	Salem ES Wellness Center					
School in which th	ne SBHC is located	Salem ES					
School Population	1	259					
Address for this Scho	ool-Based Health Center	•					
Physical Address	273 Education Way						
Mailing Address	273 Education Way		CDIIC	Con	tact Per	con	
City	Salem		First N			SUII	
State	WV			ļ.	Andere	aa	
Zip	26426		Phone	-	304 4		
Phone	304 782 1011		Extens	Ļ	304 4	73 3000	
Extension			Fax	1011			
Fax	304 782 1013		rax —Email		Angolo	Anderes as 6	2000000
Website	ccwv.org		Elliali		Angela	.Anderegg@	bccwv.org
Email							
SBHC Sponsoring Ag	gency						
Name	•		Comr	nunity	/ Care o	of WV	
Mailing Address			P.O. I	3ox 2	17		
City			Rock	Cave	!		_
State			WV			1	
Zip			26234	1			
Executive Director			Rick S	Simor	1		
Phone			304	924	6262		
Fax							
Email							
SBHC Medical Direct	or		Sarah	Cho	uinard,	MD	
This SBHC is located	I	Othor	r(please s	nooif	<i>a</i>)		
☑ in a school building			(picase s	specii.	y)		
□on school property,	but not in a school buildi	ng					
		Others	schools serv	ed 1:		Population:	
		Other s	schools serv	ed 2:		Population:	
Other schools served	by this CDUC						
Other schools serveu	by this SBITC	Others	schools serv	ed 3:		Population:	
		Other s	schools serv	ed 4:		Population:	
		⊠ PK	1		⊠ 3	⊿ 4	
Grades served by this	s SBHC	⊠PK ⊠5			□ 8	□ 4	Other(please specify)
Sindes served by this	J	□10	□11	□12			

Others v	who can receive car	e at your SHBC		
		s not located on campus	Funding sources for your SBHC	
☑ Schoo			Funding Source 1	
-	y of students		Funding Source 2	
	s in the community	vear) for your SBHC	Funding Source 3	
_	Month May	year) for your SBHC	Funding Source 4	
			Tunding Source	
Opening	Year 2015			
Clinic sch	edule and staff names	s for MEDICAL services	Day and time that you provide MENTAL HEALTH servi	ces
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week Hours of Operation Staff Name with Credentials	
Monday:			Monday:	
Tuesday:			Tuesday:	
Wednesday	:		Wednesday:	
Thursday:	1st Th 7:30-3:30	Phillip Northey, PA-C	Thursday:	
Friday:			Friday:	
_	ncy who provide ORA	L HEALTH services		
Day of Week	Hours of Operation	Staff Name with Credentials	Types of oral health services provided at your site.	
Monday:			☐ Oral health education	
Tuesday:			☐ Screenings	
Wednesday:	:		☐ Preventive (Cleanings,Fluoride,Sealants) ☐ Restorative (Fillings, Extractions)	
Thursday:			Z restolative (1 mings, Extractions)	
Friday:				
Staff/ager	ncy who provide NUR	SING services.	Staff/agency who provide CLERICAL/CARE COORDIN	AT
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week Hours of Operation Staff Name with Credentials	
Monday:			Monday:	
Tuesday:			Tuesday:	
Wednesday:	:		Wednesday:	
Thursday:	1st Th 7:30-3:30	S Taylor, LPN	Thursday:	
Friday:			Friday:	
Other HE	EALTH SERVICES p	rovided at your SBHC.	Staff/agency who provide OTHER HEALTH services.	
Other health	n services 1		Day of Week Hours of Operation Staff Name with Credentials	
Other health			Monday:	
Other health	n services 3		Tuesday:	
Other in	formation provide	d	Wednesday:	
			Thursday:	_

(Last Updated: 9/16/2019) County in which SBHC is located: Harrison Name of School-Based Health Center Simpson ES Wellness Center School in which the SBHC is located Simpson ES **School Population** 496 Address for this School-Based Health Center Physical Address 230 Worthington Drive Mailing Address 230 Worthington Drive **SBHC Contact Person** City Bridgeport First Name Patricia State WV Last Name Collett Zip 26330 304 473 5600 Phone Phone 304 842 0970 Extension Extension Fax 304 842 0980 Fax Email trish.collett@ccwv.org Website ccwv.org Email **SBHC Sponsoring Agency** Name Community Care of WV, Inc. Mailing Address P.O. Box 217 Rock Cave City WV State 26234 Zip **Executive Director** Rick Simon Phone 304 924 6262 Fax Email Sarah Chouinard, MD SBHC Medical Director This SBHC is located Other(please specify) ☑ in a school building □on school property, but not in a school building Population: Other schools served 1: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\square PK$ $\square 1$ $\square 2$ $\square 3$ **□**4 Other(please specify) Grades served by this SBHC $\Box 7$ □9 $\square 5$ $\Box 6$ $\square 8$

□10

Others v	who can receive car	e at your SHBC			
		s not located on campus	Funding	sources for your	SBHC
☑ Schoo			Funding		
	y of students		_	Source 2	
	s in the community	year) for years CDIIC	-	Source 3	
		vear) for your SBHC	•	Source 4	
	Month November		Tulidilig	Source 4	
Opening	Year 2015				
Clinic sch	nedule and staff names	s for MEDICAL services	Day and	time that you provic	le MENTAL HEALTH services
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials
Monday:			Monday:		
Tuesday:	1st Tu 7:30-3:30	Amy Rollins, FNP	Tuesday:		
Wednesday	:		Wednesday	:	
Thursday:			Thursday:		
Friday:			Friday:		
_	ncy who provide ORA	L HEALTH services			
Day of Week	Hours of Operation	Staff Name with Credentials	Types of	oral health services	provided at your site.
Monday:			□ Owal has	alth education	
Tuesday:			☐ Screeni	ngs	
Wednesday	:		☐ Prevent	ive (Cleanings,Fluoride, tive (Fillings, Extraction	Sealants)
Thursday:			L Kestora	tive (1 mings, Extraction	5)
Friday:					
Staff/agei	ncy who provide NUR	SING services.	Staff/age	ncy who provide CL	ERICAL/CARE COORDINAT
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials
Monday:			Monday:		
Tuesday:	1st Tu 7:30 -3:30	Desirae Greathouse, LPN	Tuesday:		
Wednesday	:		Wednesday	:	
Thursday:			Thursday:		
Friday:			Friday:		
Other HE	EALTH SERVICES pi	rovided at your SBHC.	Staff/age	ncy who provide OT	THER HEALTH services.
Other healtl	h services 1		Day of Week	Hours of Operation	Staff Name with Credentials
	h services 2		Monday:		
Other healtl	h services 3		Tuesday:		
	nformation provided	d	Wednesday	:	
	•		Thursday:		

(Last Updated: 9/16/2019)								
County in which SBH	HC is located:	Harriso	Harrison					
Name of School-Base	d Health Center	South I	South Harrison High SBHC					
School in which th	ne SBHC is located	South I	Harriso	n HS				
School Population	1	334						
Address for this Scho	ool-Based Health Center							
Physical Address	3073 Hawk Highway							
Mailing Address	3073 Hawk Highway			CDIIC	C	tact Per		
City	Lost Creek					Patricia	~ ~	
State	WV					Collett		
Zip	26385			Phone	anne	304 47	73 5600	
Phone	304 745 4115	_		Extens	ion	304 4	73 3000	
Extension				Fax	1011			
Fax	304 745 4115			Email		trich co	llett@ccwv.	ora
Website	ccwv.org			Lillali		111311.00	nettwccwv.	org
Email								
SBHC Sponsoring Ag	gency				•••	-	C)AD/1	
Name				_			of WV Inc.	
Mailing Address				P.O. I			1	
City				Rock	Cave)		
State				WV				
Zip				26234				
Executive Director				Rick S				
Phone				304	924	6262		
Fax								
Email				0 1				
SBHC Medical Direct	or			Sarah	Cho	uinard,	M.D.	
This SBHC is located □ in a school building □ on school property,		ng	Other(p	please s	pecif	ý)		
			Other sch	ools serv	ed 1:		Population:]
			Other sch	ools serv	ed 2:		Population:]
Other schools served by this SBHC		Other scl		chools served 3:		Population:		
			Other sch	ools serv	ed 4:		Population:]
Grades served by this	s SBHC		□PK □5	□1 □6	□2 □7	□3 □8	□4 ☑9	Other(please specify)

 $\square 10 \quad \square 11 \quad \square 12$

Others	who ca	ın receive ca	re at	your SHBC			
Stude₁	nts froi	m area schoo	ls not	located on campus	Funding	sources for your	SBHC
☑ Schoo					Funding		
□ Family					Funding		
☐ Others in the community Opening date (month and year) for your SBHC					Funding		
-	_	`	year)	Tor your SBHC	_	Source 4	
		January			runding	Source 4	
Opening	Year	2013					
Clinic sch	nedule a	and staff nam	es for l	MEDICAL services	Day and	time that you provi	de MENTAL HEALTH services
Day of Week	Hours o	of Operation	Staff	Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30	a - 3:30 p	Les	slie Groves, FNP	Monday:		
Tuesday:					Tuesday:		
Wednesday	:				Wednesday	:	
Thursday:					Thursday:		
Friday:					Friday:		
Day of Week Monday: Tuesday: Wednesday Thursday: Friday:		f Operation	Staff	Name with Credentials	☐ Oral hea	alth education	
•	nev wh	o provide NU	RSING	- services	Staff/age	ncy who provide CI	LERICAL/CARE COORDINAT
_	ncy wii	o provide ivo	KSIIVC	r sei vices.		ncy who provide CI	LERICAL/CARE COORDINAL
Day of Week	Hours o	of Operation	Staff	Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30	a - 3:30 p	Jes	sica Reichert, LPN	Monday:		
Tuesday:					Tuesday:		
Wednesday	:				Wednesday	:	
Thursday:					Thursday:		
Friday:					Friday:		
Other HI	EALTH	SERVICES 1	provid	ed at your SBHC.	Staff/age	ncy who provide OT	THER HEALTH services.
Other healt	h service	s 1			Day of Week	Hours of Operation	Staff Name with Credentials
Other healt					Monday:		
Other healt					Tuesday:		
		ation provid	ed		Wednesday	:	
					Thursday:		

(Last Updated: 9/16/2019) County in which SBHC is located: Harrison Name of School-Based Health Center South Harrison Middle SBHC School in which the SBHC is located South Harrison MS **School Population** 301 **Address for this School-Based Health Center** Physical Address 3003 Hawk Highway Mailing Address 3003 Hawk Highway **SBHC Contact Person** City Lost Creek First Name | Patricia State WV Last Name Collett Zip 26385 304 473 5600 Phone Phone 304 745 5205 Extension Extension Fax Fax 304 745 5205 Email trish.collett@ccwv.org Website ccwv.org Email **SBHC Sponsoring Agency** Name Community Care of WV Inc. Mailing Address P.O. Box 217 Rock Cave City WV State 26234 Zip **Executive Director** Rick Simon Phone 304 924 6262 Fax Email Sarah Chouinard, M.D. SBHC Medical Director This SBHC is located Other(please specify) ☑ in a school building □on school property, but not in a school building Population: Other schools served 1: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\Box PK$ $\Box 1$ $\Box 2$ $\Box 3$ $\Box 4$ Other(please specify) Grades served by this SBHC $\square 7$ □9 $\Box 5$ **□** 6 $\square 8$

□10

Others v	who can receive ca	re at your SHBC				
		ls not located on campus	Funding sources for your SBHC			
⊠ Schoo			Funding Source 1			
	y of students in the community		Funding Source 2			
	•	year) for your SBHC	Funding Source 3			
-	Month January	year) for your SBITC	Funding Source 4			
Opening			1 shamg source			
Opening	16ai 2013					
Clinic sch	edule and staff name	es for MEDICAL services	Day and time that you provide MENTAL HEALTH service	es		
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week Hours of Operation Staff Name with Credentials			
Monday:			Monday:			
Tuesday:			Tuesday:			
Wednesday	:		Wednesday:			
Thursday:	7:30 a - 3:30 p	Leslie Groves, FNP	Thursday:			
Friday:			Friday:			
Day of	ncy who provide ORA Hours of Operation	AL HEALTH services Staff Name with Credentials				
Week	Tiours or Operation	Start Praine with Credentials	Types of oral health services provided at your site.			
Monday:			☐ Oral health education			
Tuesday:			☐ Screenings ☐ Preventive (Cleanings,Fluoride,Sealants)			
Wednesday	:		Restorative (Fillings, Extractions)			
Thursday:						
Friday:						
Staff/ager	ncy who provide NUI	RSING services.	Staff/agency who provide CLERICAL/CARE COORDINA	A T		
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week Hours of Operation Staff Name with Credentials			
Monday:			Monday:			
Tuesday:			Tuesday:			
Wednesday	:		Wednesday:			
Thursday:	7:30 a -3:30 p	Jessica Reichert, LPN	Thursday:			
Friday:			Friday:			
Other HE	EALTH SERVICES I	provided at your SBHC.	Staff/agency who provide OTHER HEALTH services.			
Other health	n services 1		Day of Week Hours of Operation Staff Name with Credentials			
Other health			Monday:	_		
Other health			Tuesday:	_		
Other in	formation provide	ed	Wednesday:	_		
	<u> </u>		Thursday:	_		

(Last Updated: 9/9/2019) County in which SBHC is located: Harrison Name of School-Based Health Center Washington Irving MS Wellness Center School in which the SBHC is located Washington Irving MS **School Population** 529 Address for this School-Based Health Center Physical Address 443 Lee Avenue Mailing Address 443 Lee Avenue **SBHC Contact Person** City Clarksburg First Name | Patricia State WV Last Name Collett Zip 26301 304 473 5600 Phone Phone 304 | 623 | 4418 Extension Extension Fax Fax 304 623 4418 Email trish.collett@ccwv.org Website ccwv.org Email **SBHC Sponsoring Agency** Name Community Care of WV, Inc. Mailing Address P.O. Box 217 Rock Cave City WV State 26234 Zip **Executive Director** Rick Simon Phone 304 924 6262 Fax Email Sarah Chouinard, MD SBHC Medical Director This SBHC is located Other(please specify) ☑ in a school building □on school property, but not in a school building Population: Other schools served 1: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\Box PK$ $\Box 1$ $\Box 2$ $\Box 3$ $\Box 4$ Other(please specify) Grades served by this SBHC $\square 7$ □9 $\Box 5$ **□** 6 $\square 8$

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Others	who can receive ca	are at your SHBC					
		ols not located on campus	Funding sources for your SBHC				
☑ Schoo			Funding Source 1				
	y of students		Funding Source 2				
	s in the community) c CDIIC	Funding Source 3				
- '	`	year) for your SBHC	Funding Source 4				
	Month January		Funding Source 4				
Opening	Year 2014						
Clinic sch	nedule and staff nam	es for MEDICAL services	Day and time that you provide MENTAL HEALTH serv	ices			
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week Hours of Operation Staff Name with Credentials				
Monday:			Monday:				
Tuesday:	7:30 a - 3:30 p	Christy Lucas, PA-C	Tuesday:				
Wednesday	:		Wednesday:				
Thursday:			Thursday:				
Friday:			Friday:				
_	ncy who provide OR	AL HEALTH services					
Day of Week	Hours of Operation	Staff Name with Credentials	Types of oral health services provided at your site.				
Monday:			☐ Oral health education				
Tuesday:			☐ Screenings				
Wednesday	:		☐ Preventive (Cleanings,Fluoride,Sealants) ☐ Restorative (Fillings, Extractions)				
Thursday:			Restorative (Finnigs, Extractions)				
Friday:							
Staff/age	ncy who provide NU	RSING services.	Staff/agency who provide CLERICAL/CARE COORDI	NAT			
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week Hours of Operation Staff Name with Credentials				
Monday:			Monday:				
Tuesday:	7:30 a - 3:30 p	Penny Romine, LPN	Tuesday:				
Wednesday	:		Wednesday:				
Thursday:			Thursday:				
Friday:			Friday:				
Other HI	EALTH SERVICES	provided at your SBHC.	Staff/agency who provide OTHER HEALTH services.				
Other healt	h services 1		Day of Week Hours of Operation Staff Name with Credentials				
	h services 2		Monday:				
Other healt	h services 3		Tuesday:				
	ıformation provid	ed	Wednesday:				
	*		Thursday:				

(Last Updated: 9/16/2019) County in which SBHC is located: Harrison Name of School-Based Health Center West Milford Elementary SBHC School in which the SBHC is located West Milford ES **School Population** 448 **Address for this School-Based Health Center** Physical Address 226 School Street Mailing Address 226 School Street **SBHC Contact Person** City West Milford First Name | Patricia WV State Last Name Collett Zip 26451 304 473 5600 Phone Phone 304 745 5739 Extension Extension Fax Fax 304 745 5739 Email trish.collett@ccwv.org Website ccwv.org Email **SBHC Sponsoring Agency** Name Community Care of WV, Inc. Mailing Address P.O. Box 217 Rock Cave City WV State 26234 Zip **Executive Director** Rick Simon Phone 304 924 6262 Fax Email Sarah Chouinard, M.D. SBHC Medical Director This SBHC is located Other(please specify) ☑ in a school building □on school property, but not in a school building Population: Other schools served 1: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\square PK$ $\square 1$ $\square 2$ $\square 3$ Other(please specify) Grades served by this SBHC $\Box 7$ $\square 5$ $\Box 6$ $\square 8$ $\Box 9$

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Others v	who ca	ın receive ca	re at	your SHBC							
Studen	nts from	n area school	ls not	located on campus	Funding sources for your SBHC						
☑ Schoo					_	Funding Source 1					
□ Family					•	Funding Source 2					
		community		. f CDIIC	•	Funding Source 3					
-	_	`	year	for your SBHC	•	Funding Source 4					
		January			runding	1 unuing source 4					
Opening	Year	2013									
Clinic sch	nedule a	and staff name	s for l	MEDICAL services	Day and time that you provide MENTAL HEALTH services						
Day of Week	Hours o	f Operation	Staff	Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials				
Monday:					Monday:						
Tuesday:					Tuesday:						
Wednesday	7:30	a - 3:30 p	Hea	ather Whetzel, PA-C	Wednesday	:					
Thursday:					Thursday:						
Friday:					Friday:						
Week Monday: Tuesday: Wednesday Thursday: Friday:		f Operation		Name with Credentials	☐ Oral hea	Types of oral health services provided at your site. Oral health education Screenings Preventive (Cleanings, Fluoride, Sealants) Restorative (Fillings, Extractions)					
Staff/agei	ncy who	o provide NUI	RSINC	G services.	Staff/ager	ncy who provide CI	LERICAL/CARE COORDINAT				
Day of Week	Hours o	of Operation	Staff	Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials				
Monday:					Monday:						
Tuesday:					Tuesday:						
Wednesday	7:30	a - 3:30 p	Gis	elle Snyder, LPN	Wednesday	:					
Thursday:					Thursday:						
Friday:					Friday:						
Other HE	EALTH	SERVICES I	rovid	ed at your SBHC.	Staff/age	ncy who provide O7	THER HEALTH services.				
Other healtl	h service	s 1			Day of Week	Hours of Operation	Staff Name with Credentials				
Other health services 2					Monday:						
Other healtl					Tuesday:						
Other information provided					Wednesday	:					
		-			Thursday:						

(Last Updated: 9/16/2019) County in which SBHC is located: Harrison Name of School-Based Health Center Wilsonburg ES Wellness Center School in which the SBHC is located Wilsonburg ES **School Population** 244 Address for this School-Based Health Center Physical Address 1040 Wilsonburg Road Mailing Address 1040 Wilsonburg Road **SBHC Contact Person** City Clarksburg First Name | Angie State WV Last Name | Anderegg Zip 26301 304 473 5600 Phone Phone 304 622 0201 Extension Extension Fax Fax 304 622 0204 Email Angela.Anderegg@ccwv.org Website ccwv.org Email **SBHC Sponsoring Agency** Name Community Care of WV Mailing Address P.O. Box 217 Rock Cave City WV State 26234 Zip **Executive Director** Rick Simon Phone 304 924 6262 Fax Email Sarah Chouinard, MD SBHC Medical Director This SBHC is located Other(please specify) ☑ in a school building □on school property, but not in a school building Population: Other schools served 1: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\square PK$ $\square 1$ **□** 2 $\square 3$ **□4** Other(please specify) Grades served by this SBHC $\Box 7$ □9 $\square 5$ $\Box 6$ $\square 8$

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Others v	who can recei	ve care a	t your SHBC					
		schools no	t located on campus	Funding sources for your SBHC				
☑ Schoo				Funding Source 1				
	y of students	٠,		· ·	Funding Source 2			
	s in the commu	•	r) for your SBHC	_	Funding Source 3			
-	g date (month g Month May	and year	T) for your SBHC	_	Funding Source 4			
				1 unumg	I diffully bodice T			
Opening	Year 2015							
Clinic sch	nedule and staff	names for	· MEDICAL services	Day and	Day and time that you provide MENTAL HEALTH services			
Day of Week	Hours of Operation	on Sta	f Name with Credentials	Day of Week				
Monday:				Monday:				
Tuesday:				Tuesday:				
Wednesday	Alt W 7:30-3	3:30 L	eslie Groves, FNP	Wednesday	:			
Thursday:				Thursday:				
Friday:				Friday:				
Staff/ager			EALTH services					
Week	Hours of Operation	on Sta	f Name with Credentials	Types of	oral health services	provided at your site.		
Monday:				☐ Oral he	alth education			
Tuesday:				☐ Screeni	ngs			
Wednesday	:			☐ Prevent☐ Restora	ive (Cleanings,Fluoride, tive (Fillings, Extraction	Sealants) s)		
Thursday:					(8)	,		
Friday:								
Staff/agei	ncy who provid	e NURSIN	G services.	Staff/age	ncy who provide CL	ERICAL/CARE COORDINAT		
Day of Week	Hours of Operation	on Sta	f Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:				Monday:				
Tuesday:				Tuesday:				
Wednesday	Alt W 7:30-3	3:30 J	essica Reichert, LPN	Wednesday	:			
Thursday:				Thursday:				
Friday:				Friday:				
Other HE	EALTH SERVI	CES provi	ded at your SBHC.	Staff/age	ncy who provide OT	THER HEALTH services.		
Other healtl	h services 1			Day of Week	Hours of Operation	Staff Name with Credentials		
Other healtl				Monday:				
Other healtl				Tuesday:				
Other in	ıformation pr	ovided		Wednesday	:			
				Thursday:				

County in which SBHC is located: Jacl		Jackson	ckson				
Name of School-Based Health Center Jackson Sc		Jackson Scho	ols We	ellnes	s Cente	r	
School in which the	he SBHC is located	Ripley HS					
School Population	1	919					
Address for this Scho	ool-Based Health Center						
Physical Address	562 Charleston Dr.						
Mailing Address			CDIIC		D		
City	Ripley		First N	,	tact Pers	on	
State	WV			Ļ	Conant		
Zip	25271		Phone	Į.	304 37	2 7341	
Phone	304 372 7341			Į.	304 37	2 /341	
Extension			Extens	Į.	204 27	2070	
Fax	304 372 3272		Fax	Į.	304 37		
Website			Email		econant	@wchsa.c	com
Email							
SBHC Sponsoring A	gencv						
Name	9· ·V		Coplin	n Hea	alth Syst	em	
Mailing Address			РО В	ox 60	9		
City			Elizab	eth			
State			WV				
Zip			26143	3			
Executive Director			Rob D		V		
Phone				917	3733		
Fax							
Email							
SBHC Medical Direct	or		Erica	Cona	ant FNP-	ВС	
This SBHC is located		Other(please s	pecif	y)		
□ in a school building	but not in a school buildi	nσ					
Eon school property,	out not in a senoor ounan	ng.					
			hools serv			Population:	
			/ Middl hools serv			677 Population:	
			/ Elem		V	612	
Other schools served	by this SBHC		nools serv			Population:	
			ารพ๐๐๐		h	432	
		Other scl	nools serv	ed 4:		Population:	
		$\square PK$	□ 1	□ 2	⊿ 3	⊿ 4	Other(please specify)
Grades served by thi	s SBHC		□ 6		⊠ 8	 9	Outer(piease specify)
		☑ 10	□ 11	$\square 12$	2		

(Last Updated: 9/17/2019)

		ls not located on campus	Funding	sources for your	SBHC
□ Schoo			Funding	Source 1 WV BPH	I
	y of students s in the community		Funding	Source 2	
	•	year) for your SBHC	Funding	Source 3	
-	Month August		Funding	Source 4	
Opening	Year 2005				
Clinic scl	hedule and staff name	es for MEDICAL services	Day and	time that you provid	e MENTAL HEALTH servic
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:45 a - 4:00 p	Erica Conant FNP-BC	Monday:		
uesday:	7:45 a - 4:00 p	Erica Conant, FNP-BC	Tuesday:		
Vednesday	7:45 a - 4:00 p	Erica Conant, FNP-BC	Wednesday	:	
hursday:	7:45 a - 4:00 p	Erica Conant, FNP-BC	Thursday:		
riday:	7:45 a - 4:00 p	Erica Conant, FNP-BC	Friday:		
Tuesday: Wednesday	7.		☑ Screenin☑ Prevent	alth education ngs ive (Cleanings,Fluoride,S tive (Fillings, Extractions	
Thursday:					
Friday:					
_	ncy who provide NUI	RSING services.	_	ncy who provide CL	ERICAL/CARE COORDIN
	II	C. COM	Day of	Hours of Operation	Staff Name with Credentials
	Hours of Operation	Staff Name with Credentials	Week		Starr rame with creatings
Veek	7:45 a - 4:00 p	Kaye White, LPN	Week Monday:	7:45 a - 4:00 p	Susan Sayre
Veek Aonday:				7:45 a - 4:00 p 7:45 a - 4:00 p	
Week Monday: Tuesday:	7:45 a - 4:00 p	Kaye White, LPN	Monday: Tuesday:		Susan Sayre
Week Monday: Fuesday: Wednesday	7:45 a - 4:00 p 7:45 a - 4:00 p	Kaye White, LPN Kaye White, LPN	Monday: Tuesday:	7:45 a - 4:00 p	Susan Sayre Susan Sayre
Veek Monday: Tuesday: Vednesday Thursday:	7:45 a - 4:00 p 7:45 a - 4:00 p 7:45 a - 4:00 p	Kaye White, LPN Kaye White, LPN Kaye White, LPN	Monday: Tuesday: Wednesday	7:45 a - 4:00 p 7:45 a - 4:00 p	Susan Sayre Susan Sayre Susan Sayre
Гhursday: Friday:	7:45 a - 4:00 p 7:45 a - 4:00 p 7:45 a - 4:00 p 7:45 a - 4:00 p 7:45 a - 4:00 p	Kaye White, LPN	Monday: Tuesday: Wednesday Thursday: Friday:	7:45 a - 4:00 p 7:45 a - 4:00 p 7:45 a - 4:00 p 7:45 a - 4:00 p	Susan Sayre Susan Sayre Susan Sayre Susan Sayre
Veek Monday: Tuesday: Vednesday Thursday: Triday:	7:45 a - 4:00 p 7:45 a - 4:00 p 7:45 a - 4:00 p 7:45 a - 4:00 p 7:45 a - 4:00 p	Kaye White, LPN Kaye White, LPN Kaye White, LPN Kaye White, LPN	Monday: Tuesday: Wednesday Thursday: Friday:	7:45 a - 4:00 p 7:45 a - 4:00 p 7:45 a - 4:00 p 7:45 a - 4:00 p recy who provide OT	Susan Sayre Susan Sayre Susan Sayre Susan Sayre Susan Sayre Susan Sayre HER HEALTH services.
Week Monday: Fuesday: Wednesday Fhursday: Friday: Other HI	7:45 a - 4:00 p 7:45 a - 4:00 p 7:45 a - 4:00 p 7:45 a - 4:00 p 7:45 a - 4:00 p	Kaye White, LPN	Monday: Tuesday: Wednesday Thursday: Friday: Staff/ager	7:45 a - 4:00 p 7:45 a - 4:00 p 7:45 a - 4:00 p 7:45 a - 4:00 p	Susan Sayre Susan Sayre Susan Sayre Susan Sayre Susan Sayre

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday	:	
Thursday:		
Friday:		

Other health services 3

Other information provided

Serves 13 different schools in the county

(Last Updated: 9/16/2019) County in which SBHC is located: Kanawha Name of School-Based Health Center Elk River SBHC School in which the SBHC is located Bridge ES **School Population** 455 **Address for this School-Based Health Center** Physical Address 5120 Elk River Rd. N Mailing Address 5120 Elk River Rd. N **SBHC Contact Person** City Elkview First Name Mary WV State Last Name Grandon Zip 25071 304 935 2635 Phone Phone 304 935 2635 Extension Extension Fax Fax Email mary.grandon@cchcwv.com Website cabincreekhealth.com Email **SBHC Sponsoring Agency** Name Cabin Creek Health Sys Mailing Address 104 Alex Lane Charleston City WV State 25304 Zip **Executive Director** Craig Robinson Phone 304 734 2040 Fax 304 734 2037 Email crobinson@cchcwv.com SBHC Medical Director Mary Grandon, PA-C This SBHC is located Other(please specify) ☑ in a school building □on school property, but not in a school building Population: Other schools served 1: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\square PK$ $\square 1$ **□** 2 $\square 3$ **⊿**4 Other(please specify) Grades served by this SBHC $\Box 7$ □9 $\square 5$ $\Box 6$ $\square 8$

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Others v	who can receive car	re at your SHBC				
		s not located on campus	Funding	sources for your S	ВНС	
☑ School Staff			Funding Source 1 Cabin Creek Health Sy			
	y of students		_	Source 2		
	s in the community) e CDIIC	_	Source 3		
- '	·	year) for your SBHC	_	Source 4		
	Month September		runding	Source 4		
Opening	Year 2016					
Clinic sch	nedule and staff name	s for MEDICAL services	Day and	time that you provide	MENTAL HEALTH services	
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials	
Monday:	7:30 a - 12:30 p	Mary Grandon, PA-C	Monday:	8:30 a - 12:30 p	Margie O'Kelly, PsyD	
Tuesday:			Tuesday:			
Wednesday	7:		Wednesday	r:		
Thursday:			Thursday:			
Friday:	7:30 a - 12:30 p	Mary Grandon, PA-C	Friday:			
Š	7.00 G .=.00 P	a.y e.ra.rae.r., e	,		JL	
Day of Week Monday: Tuesday: Wednesday Thursday: Friday: Staff/agei	Hours of Operation	Staff Name with Credentials Staff Name with Credentials	☐ Oral he: ☐ Screenii ☐ Prevent ☐ Restora	ive (Cleanings,Fluoride,Setive (Fillings, Extractions)	·	
_			_			
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials	
Monday:	7:30 a - 12:30 p	Sherry Drennen, CMA	Monday:	7:30 a - 12:30 p	Andrea Stephens, RMA	
Tuesday:			Tuesday:			
Wednesday	7:		Wednesday	7:		
Thursday:			Thursday:			
Friday:	7:30 a - 12:30 p	Sherry Drennen, CMA	Friday:	7:30 a - 12:30 p	Andrea Stephens, RMA	
Other HI	EALTH SERVICES p	rovided at your SBHC.	Staff/age	•	HER HEALTH services.	
Other healt	h services 1		Week	Hours of Operation	Staff Name with Credentials	
Other healt	h services 2		Monday:			
Other healt	h services 3		Tuesday:			
Other in	nformation provide	d	Wednesday	7:		
			Thursday			

(Last Updated: 9/18/20	019)					
County in which SBHC is located: Kanawha						
Name of School-Base	d Health Center	Capital High	SBHC			
School in which th	ne SBHC is located	Capital High				
School Population	1	1,271				
Address for this Scho	ool-Based Health Center					
Physical Address	1500 Greenbrier St.					
Mailing Address			CDIIC C	4 4 D		
City	Charleston		SBHC Con First Name		rson	
State	WV		Last Name			
Zip	25311		Phone	304 4	00 7876	
Phone	304 400 7876		Extension	304 4	7870	
Extension			Fax	681 2	65 5122	
Fax	681 265 5122		Email		ord@familyca	arowy org
Website	familycarewv.org		Lillali	Deti1.10	nuwiaiiiiye	arewv.org
Email						
SBHC Sponsoring Ag	gency		_			
Name	•		FamilyCa	re Healt	h Center	
Mailing Address			301-6 Gre	at Teay	s Blvd.	
City			Scott Dep	ot		•
State			WV		_	
Zip			25560			
Executive Director			Craig Glov	ver		
Phone			304 757	6999		
Fax					'	
Email			craig.glov	er@fam	ilycarewv.or	g
SBHC Medical Direct	or		Mary Jenk	kins, MD)	
This SBHC is located ☑ in a school building ☐ on school property,			please speci	fy)		
		Other sci	nools served 1:		Population:	7
		Other sci	hools served 2:		Population:	
Other schools served	by this SBHC	Other sc	hools served 3:		Population:	
		Other sc	hools served 4:		Population:	
Grades served by this	s SBHC	□PK □5	□1 □2 □6 □7		□4 ☑9	Other(please specify)

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Others v	who can receive ca	are at your SHBC			
		ls not located on campus	Funding	sources for your	SBHC
☑ Schoo			Funding		
	y of students		Funding		
	s in the community	year) for your SBHC	Funding		
-	Month November	<u> </u>	•	Source 4	
Opening			ranang		
Opening	10ai 2016				
Clinic sch	nedule and staff name	es for MEDICAL services	Day and	time that you provid	e MENTAL HEALTH services
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00 a - 4:00 p	Dawn Grigsby, FNP	Monday:		
Tuesday:			Tuesday:	8:00 a - 4:00 p	Derrick Gibson, LPC
Wednesday	8:00 a - 4:00 p	Dawn Grigsby, FNP	Wednesday	:	
Thursday:			Thursday:	8:00 a - 4:00 p	Derrick Gibson, LPC
Friday:	8:00 a - 4:00 p	Dawn Grigsby, FNP	Friday:		
Ü	ncy who provide OR.	AL HEALTH services			
Day of Week	Hours of Operation	Staff Name with Credentials	Types of	oral health services r	provided at your site.
Monday:				-	,
Tuesday:			□ Screeni	alth education ngs	
Wednesday	:			ive (Cleanings,Fluoride,S tive (Fillings, Extractions	
Thursday:			L Kestora	tive (1 mmgs, Extractions)
Friday:					
Staff/ager	ncy who provide NU	RSING services.	Staff/age	ncy who provide CL	ERICAL/CARE COORDINAT
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00 a - 4:00 p	Beth Ford, RMA	Monday:		
Tuesday:	8:00 a - 4:00 p	Beth Ford, RMA	Tuesday:		
Wednesday	8:00 a - 4:00 p	Beth Ford, RMA	Wednesday	:	
Thursday:	8:00 a - 4:00 p	Beth Ford, RMA	Thursday:		
Friday:	8:00 a - 4:00 p	Beth Ford, RMA	Friday:		
Other HE	EALTH SERVICES _I	provided at your SBHC.		ncy who provide OT	HER HEALTH services.
Other health	h services 1		Day of Week	Hours of Operation	Staff Name with Credentials
	h services 2		Monday:		
Other health			Tuesday:		
	iformation provide	ed	Wednesday	:	
	•		Thursday:		

(Last Updated: 9/16/2019) County in which SBHC is located: Kanawha Name of School-Based Health Center Pioneer Health Center School in which the SBHC is located East Bank MS **School Population** 384 Address for this School-Based Health Center Physical Address P.O. Box 897 Mailing Address P.O. Box 897 **SBHC Contact Person** City East Bank First Name | Catherine State WV Last Name Kitchen Zip 25067 304 595 5068 Phone Phone 304 | 595 | 5068 Extension Extension 304 513 0053 Fax 304 513 0053 Fax catherine.kitchen@cchcwv.com Email Website cabincreekhealth.com catherine.kitchen@cchcwv.com Email **SBHC Sponsoring Agency** Name Cabin Creek Health Systems Mailing Address 104 Alex Lane Charleston City WV State 25304 Zip **Executive Director** Craig Robinson Phone 304 734 2040 Fax 304 734 2047 Email crobinson@cchcwv.com SBHC Medical Director Mary Grandon, PA-C This SBHC is located Other(please specify) ☑ in a school building □on school property, but not in a school building Population: Other schools served 1: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\Box PK$ $\Box 1$ $\square 2$ $\Box 3$ $\Box 4$ Other(please specify) Grades served by this SBHC □9 $\Box 5$ **□** 6 **□** 7 $\square 8$

□10

Others v	who can receive ca	re at your SHBC			
Studer	nts from area school	s not located on campus	Funding sources	for your	SRHC
Schoo Schoo	ol Staff	_	Funding Source		
□Famil	y of students		Č		
□ Others	s in the community		Funding Source 2		f St. Joseph
Opening	g date (month and	year) for your SBHC	Funding Source 3	3	
Opening	Month		Funding Source	1	
Opening	Year 2008				
Clinic sch	nedule and staff name	es for MEDICAL services	Day and time that	you provide	e MENTAL HEALTH services
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week Hours of 0	Operation	Staff Name with Credentials
Monday:			Monday:		
Tuesday:	8:30 a - 3:30 p	Catherine Kitchen, PA-C	Tuesday: 8:30 a	- 3:30 p	Dannel Petgrave, PhD
Wednesday	:		Wednesday:		
Thursday:	8:30 a - 3:30 p	Catherine Kitchen, PA-C	Thursday: 8:30 a	- 3:30 p	Dannel Petgrave, PhD
Friday:			Friday:		
Staff/agei	ncy who provide ORA	AL HEALTH services			
Day of Week	Hours of Operation	Staff Name with Credentials	Types of oral heal	th services p	provided at your site.
Monday:			☐ Oral health educati	on	
Tuesday:			☐ Screenings	on	
Wednesday	:		☐ Preventive (Cleani☐ Restorative (Filling		
Thursday:				55, 2	,
Friday:					
Staff/agei	ncy who provide NUI	RSING services.	Staff/agency who	provide CLI	ERICAL/CARE COORDINAT
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week Hours of C	Operation	Staff Name with Credentials
Monday:			Monday:		
Tuesday:	8:30 a - 3:30 p	Haley Travis, MA	Tuesday: 8:30 a	- 3:30 p	Haley Travis, MA
Wednesday	:		Wednesday:		
Thursday:	8:30 a - 3:30 p	Haley Travis, MA	Thursday: 8:30 a	- 3:30 p	Haley Travis, MA
Friday:			Friday:		
Other HE	EALTH SERVICES p	provided at your SBHC.	Staff/agency who	provide OT	HER HEALTH services.
Other healtl	_		Day of Week Hours of 0	Operation	Staff Name with Credentials
Other healtl	h services 2		Monday:		
Other healtl	h services 3		Tuesday:		
Other in	nformation provide	ed	Wednesday:		
			Thursday:		
			Friday:		

(Last Updated: 9/16/2019) County in which SBHC is located: Kanawha Name of School-Based Health Center Hoover Health Center School in which the SBHC is located Herbert Hoover HS/Elk View MS **School Population** 1,398 **Address for this School-Based Health Center** Physical Address 5090 N Elk River Rd. Mailing Address 5090 N Elk River Rd. **SBHC Contact Person** City Elkview First Name | Mary State WV Last Name Grandon Zip 25071 304 935 2635 Phone Phone 304 935 2635 Extension Extension Fax 304 548 7149 304 Fax 548 7149 Email mary.grandon@cchcwv.com Website Email mary.grandon@cchcwv.com **SBHC Sponsoring Agency** Name Cabin Creek Health Center 104 Alex Lane Mailing Address Charleston City WV State 25304 Zip **Executive Director** Craig Robinson Phone 304 734 2040 Fax 304 734 2037 Email crobinson@cchcwv.com SBHC Medical Director Mary Grandon, PA-C This SBHC is located Other(please specify) ☑ in a school building □on school property, but not in a school building Population: Other schools served 1: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\Box PK$ $\Box 1$ $\square 2$ $\Box 3$ $\Box 4$ Other(please specify) Grades served by this SBHC $\square 7$ $\Box 5$ **□** 6 $\square 8$

□10

		ols not located on campus	Funding	sources for your S	SBHC
☑ Schoo			Funding	Source 1 Cabin Cr	eek Health Sy
	y of students s in the community		Funding	Source 2	<u> </u>
	•	l year) for your SBHC	Funding		
-	Month October	year) for your Shire	Funding		
			1 unumg	Source 4	
Opening	Year 2013				
Clinic sch	nedule and staff nam	nes for MEDICAL services	Day and t	ime that you provide	e MENTAL HEALTH services
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials
Monday:			Monday:		
Tuesday:	7:30 a - 4:00 p	Mary Grandon, PA-C	Tuesday:	7:30 a - 4:00 p	Margie O'Kelly PsyD
Wednesday	7:30 a - 4:00 p	Mary Grandon, PA-C	Wednesday	7:30 a - 4:00 p	Margie O'Kelly PsyD
Thursday:	7:30 a - 4:00 p	Mary Grandon, PA-C	Thursday:	7:30 a - 4:00 p	Margie O'Kelly PsyD
Friday:			Friday:		
Staff/ager Day of Week	Hours of Operation	Staff Name with Credentials	Types of o	oral health services p	rovided at your site.
Monday:			☐ Oral bea	alth education	
Tuesday:			☐ Screenir	ngs	
Wednesday	:			ve (Cleanings,Fluoride,S ive (Fillings, Extractions	
Thursday:			in Restorat	ive (1 mmgs, Extractions	,
Friday:					
Staff/ager	ncy who provide NU	RSING services.	Staff/ager	ncy who provide CLl	ERICAL/CARE COORDINAT
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials
Monday:			Monday:		
Tuesday:	7:30 a - 4:00 p	Sherry Drennen, MA	Tuesday:	7:30 a - 4:00 p	Andrea Stephens, MA
Wednesday	7:30 a - 4:00 p	Sherry Drennen, MA	Wednesday	7:30 a - 4:00 p	Andrea Stephens, MA
Thursday:	7:30 a - 4:00 p	Sherry Drennen, MA	Thursday:	7:30 a - 4:00 p	Andrea Stephens, MA
Friday:			Friday:		
Other HI	EALTH SERVICES	provided at your SBHC.	Staff/ager	ncy who provide OT	HER HEALTH services.
Other health			Day of Week	Hours of Operation	Staff Name with Credentials
Other healt	h services 2		Monday:		
Other healt	h services 3		Tuesday:		
Other in	formation provid	led	Wednesday		
	*		Thursday:		
	•		Thursday: Friday:		
	•		-		

Others who can receive care at your SHBC

(Last Updated: 9/18/2019) County in which SBHC is located: Kanawha Name of School-Based Health Center West Side Elementary SBHC School in which the SBHC is located Mary C Snow West Side ES **School Population** 302 Address for this School-Based Health Center Physical Address 100 Florida St. Charleston Mailing Address 100 Florida St. **SBHC Contact Person** City Charleston First Name Davida WV State Last Name Wright Zip 25302 304 414 4015 Phone Phone 304 414 4015 Extension Extension 304 414 4018 Fax 304 Fax 414 | 4018 davida.wright@familycarewv.org Email Website davida.wright@familycarewv.org Email **SBHC Sponsoring Agency** Name FamilyCare Health Center 301-6 Great Teays Blvd. Mailing Address Scott Depot City WV State 25560 Zip **Executive Director** Craig Glover Phone 304 757 6999 Fax Email craig.glover@familycarewv.org SBHC Medical Director Mary Jenkins, MD This SBHC is located Other(please specify) ☑ in a school building □on school property, but not in a school building Population: Other schools served 1: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\square PK$ $\square 1$ $\square 2$ $\square 3$ **□**4 Other(please specify) Grades served by this SBHC $\square 7$ □9 $\square 5$ **□** 6 $\square 8$

□10

Others who can receive car	•			
☑ Students from area schools☑ School Staff	s not located on campus	_	sources for your S	ВВНС
☐ Family of students		_	Source 1 WV BPH	
☐ Others in the community		Funding	Source 2	
Opening date (month and y	vear) for your SBHC	Funding	Source 3	
Opening Month October		Funding	Source 4	
Opening Year 2011				
Clinic schedule and staff names	s for MEDICAL services	Day and	time that you provide	MENTAL HEALTH services
Day of Week Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials
Monday: 7:30 a - 2:00 p	Zeina Haidar, MD	Monday:	Varies	Harmony Mental Health, Inc
Tuesday: 7:30 a - 2:00 p	Zeina Haidar, MD	Tuesday:		FamilyCare Health Center
Wednesday: 7:30 a - 2:00 p	Zeina Haidar, MD	Wednesday	7:	
Thursday: 7:30 a - 2:00 p	Zeina Haidar, MD	Thursday:		
Friday: 7:30 a - 2:00 p	Zeina Haidar, MD	Friday:		
Staff/agency who provide ORA	L HEALTH services			
Day of Week Hours of Operation	Staff Name with Credentials	Types of	oral health services p	rovided at vour site.
Monday: Varies	Kanawha County Dental	_	-	v
Tuesday:	FamilyCare Health Center	✓ Oral ne	alth education ngs	
Wednesday:			tive (Cleanings,Fluoride,Se tive (Fillings, Extractions)	
Thursday:		_ Restora	arve (1 mmgs, Extractions)	
Friday:				
Staff/agency who provide NUR	SING services.	Staff/age	ncy who provide CLF	CRICAL/CARE COORDINAT
Day of Week Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials
Monday: 7:30 a - 2:00 p	Davida Wright, MA	Monday:	7:30 a - 2:00 p	Lynette Michaelson
Tuesday: 7:30 a - 2:00 p	Davida Wright, MA	Tuesday:	7:30 a - 2:00 p	Lynette Michaelson
Wednesday: 7:30 a - 2:00 p	Davida Wright, MA	Wednesday	7:30 a - 2:00 p	Lynette Michaelson
Thursday: 7:30 a - 2:00 p	Davida Wright, MA	Thursday:	7:30 a - 2:00 p	Lynette Michaelson
Friday: 7:30 a - 2:00 p	Davida Wright, MA	Friday:	7:30 a - 2:00 p	Lynette Michaelson
Other HEALTH SERVICES pr	rovided at your SBHC.	Staff/age	ncy who provide OTI	IER HEALTH services.
Other health services 1		Day of Week	Hours of Operation	Staff Name with Credentials
Other health services 2		Monday:		
Other health services 3		Tuesday:		
Other information provided	d	Wednesday	7:	

Wednesday: Thursday: Friday:

(Last Updated: 9/16/20)19)						
County in which SBF		Kanawha					
Name of School-Base	d Health Center	Riverside High	h SBH	С			
School in which th	ne SBHC is located	Riverside HS					
School Population	ı	1,097					
Address for this Scho	ol-Based Health Center	•					
Physical Address	1 Warrior Way, Suite 1	103					
Mailing Address	Belle, WV 25015		SRHC	Con	tact Per	son	
City	Belle				Stacy	3011	
State	WV				Norris		
Zip	25015		Phone			19 3591	
Phone	304 949 3591		Extens		001	10 0001	
Extension			Fax	,1011	304 94	19 3791	
Fax	304 949 3791		Email		304 3	13 3731	
Website	cabincreekhealth.com		Lillali				
Email							
SBHC Sponsoring Ag	gency						
Name			Cabin	Cree	ek Healt	h System	
Mailing Address			104 A	lex L	ane		
City			Charle	estor	1		
State			WV			•	
Zip			25304	1			
Executive Director			Craig	Robi	nson		
Phone			304	734	2040		
Fax			304	734	2037		
Email			crobir	nson(@cchcw	v.com	
SBHC Medical Director	or		Mary	Gran	don, PA	ı-C	
This SBHC is located	I	Other(aleace (nacif	<i>3</i> 7)		
☑ in a school building			orcase s	specii	у)		
□on school property,	but not in a school building	ng					
		Other sch	ools serv	ed 1:		Population:	
		Other sch	nools serv	ed 2:		Population:	
	I di CDIIC						
Other schools served	by this SBHC	Other sch	ools serv	ed 3:		Population:	
		Other sch	ools same	ad 4:		Population:	
		Other ser	iouis sciv	cu 4.		т ориганон:	
		= DII			- 2		_
Grades served by this	s SRHC	□PK □5	□1 □6	□2 □7	□3 □8	□4 ☑9	Other(please specify)
Grades served by this	SDIIC	□ 3 □ 10	⊔0 ☑11	□ / □ 12		□ フ	

Others who can receive care at your SHBC Students from area schools not located on campus Funding		ODWG
E Calcal Staff	g sources for your	
☐ Family of students	g Source 1 WV BPH	
Experience in the community	g Source 2 Sisters o	of St. Joseph
opening date (month and year) for your spire	g Source 3	
1 8	g Source 4	
Opening Year 2001		
Clinic schedule and staff names for MEDICAL services Day and	d time that you provid	e MENTAL HEALTH services
Day of Week Hours of Operation Staff Name with Credentials Day of Week	Hours of Operation	Staff Name with Credentials
Monday: 7:30 a - 5:00 p Jessica McColley, DO/Others Monday:	8:00 a - 4:00 p	David Mandich, PsyD
Tuesday: 7:30 a - 5:00 p Jessica McColley, DO/Others Tuesday:	8:00 a - 4:00 p	David Mandich, PsyD
Wednesday: 7:30 a - 4:30 p Jessica McColley, DO/Others Wednesd	ay: 8:00 a - 4:00 p	David Mandich, PsyD
Thursday: 7:30 a - 5:00 p Jessica McColley, DO/Others Thursday	8:00 a - 4:00 p	David Mandich, PsyD
Friday: 7:30 a - 4:30 p Jessica McColley, DO/Others Friday:	8:00 a - 4:00 p	David Mandich, PsyD
Monday: Tuesday: Wednesday: Gral Scree Preve	f oral health services p nealth education nings ntive (Cleanings,Fluoride,S rative (Fillings, Extractions	ealants)
	ency who provide CL	ERICAL/CARE COORDINAT
Day of Week Hours of Operation Staff Name with Credentials Day of Week	Hours of Operation	Staff Name with Credentials
Monday: 7:30 a - 5:00 p Numerous rotating staff Monday:	7:30 a - 5:00 p	Stacy Norris
Tuesday: 7:30 a - 5:00 p Numerous rotating staff Tuesday:	7:30 a - 5:00 p	Stacy Norris
Wednesday: 7:30 a - 4:30 p Numerous rotating staff Wednesd	ay: 7:30 a - 4:30 p	Stacy Norris
Thursday: 7:30 a - 5:00 p Numerous rotating staff Thursday	7:30 a - 5:00 p	Stacy Norris
Friday: 7:30 a - 4:30 p Numerous rotating staff Friday:	7:30 a - 4:30 p	Stacy Norris
	on ou sub o musuido OT	
Other HEALTH SERVICES provided at your SBHC. Day of	Hours of Operation	HER HEALTH services. Staff Name with Credentials
Other HEALTH SERVICES provided at your SBHC. Day of Week Week	_	
Other HEALTH SERVICES provided at your SBHC. Day of	Hours of Operation	

Thursday: Friday:

(Last Updated: 9/16/2019) County in which SBHC is located: Kanawha Name of School-Based Health Center Cubs Wellness Center School in which the SBHC is located Sharon Dawes ES **School Population** 141 Address for this School-Based Health Center Physical Address 5118 Cabin Creek Rd. Mailing Address 5118 Cabin Creek Rd. **SBHC Contact Person** City Miami First Name Donald WV State Last Name Ta Zip 25134 304 595 5006 Phone Phone 304 | 595 | 5006 Extension Extension Fax Fax Email donald.ta@cchcwv.com Website cabincreekhealth.com donald.ta@cchcwv.com Email **SBHC Sponsoring Agency** Name Cabin Creek Health System Mailing Address 104 Alex Lane Charleston City WV State 25304 Zip **Executive Director** Craig Robinson Phone 304 734 2040 Fax 304 734 2047 Email crobinson@cchcwv.com SBHC Medical Director Mary Grandon, PA-C This SBHC is located Other(please specify) □ in a school building □on school property, but not in a school building Population: Other schools served 1: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\square PK$ $\square 1$ $\square 2$ $\square 3$ **□**4 Other(please specify) Grades served by this SBHC $\square 5$ □6 $\Box 7$ $\square 8$ $\Box 9$

□10

Others v	who can receive car	re at your SHBC			
□ Studer	nts from area school	s not located on campus	Funding	sources for your S	RHC
□ Schoo	l Staff		Funding		
□ Family	y of students		•		
□ Others	in the community		Funding		
Opening	g date (month and)	year) for your SBHC	Funding		
Opening	Month January		Funding	Source 4	
Opening	Year 2018				
Clinic sch	edule and staff name	s for MEDICAL services	Day and	time that you provide	MENTAL HEALTH services
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	9:00 a - 11:00 a	Donald Ta, MD	Monday:	9:00 a - 11:00 a	Dannel Petgrave, LPC
Tuesday:			Tuesday:		
Wednesday	8:30 a - 3:30 p	Cammy Kitchen, PA-C	Wednesday	8:30 a - 3:30 p	Dannel Petgrave, LPC
Thursday:			Thursday:		
Friday:	8:30 a - 3:30 p	Cammy Kitchen, PA-C	Friday:		
Staff/ager	ncy who provide ORA	L HEALTH services			
Day of Week	Hours of Operation	Staff Name with Credentials	Types of o	oral health services p	rovided at your site.
Monday:			☐ Oral bar	alth education	
Tuesday:			☐ Screenii		
Wednesday				ive (Cleanings,Fluoride,Se	alants)
Thursday:			_	tive (Fillings, Extractions)	
Friday:					
,]			
Staff/ager	ncy who provide NUR	SING services.	Staff/ager	ncy who provide CLE	RICAL/CARE COORDINAT
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	9:00 a - 11:00 a	Jennifer Newman, MA	Monday:	9:00 a - 11:00 a	Jennifer Newman, MA
Tuesday:			Tuesday:		
Wednesday	8:30 a - 3:30 p	Haley Travis, MA	Wednesday	8:30 a - 3:30 p	Haley Travis, MA
Thursday:			Thursday:		
Friday:	8:30 a - 3:30 p	Haley Travis, MA	Friday:	8:30 a - 3:30 p	Haley Travis, MA
Oth on HE	ALTH CEDVICES	worded at your CDHC	Staff/ager	ncy who provide OTH	IER HEALTH services.
Other HE	ALIH SEKVICES P	rovided at your SBHC.	Day of		
Other health	n services 1		Week	Hours of Operation	Staff Name with Credentials
Other health	n services 2		Monday:		
Other health	n services 3		Tuesday:		
Other in	formation provide	d	Wednesday	:	
			Thursday:		
			Friday:		

(Last Updated: 9/16/2019) County in which SBHC is located: Kanawha Name of School-Based Health Center Indian Health Center School in which the SBHC is located Sissonville HS **School Population** 598 Address for this School-Based Health Center Physical Address 6100 Sissonville Dr Mailing Address 6100 Sissonville Dr. **SBHC Contact Person** City Sissonville First Name | Shana State WV Last Name Wandling Zip 25320 304 984 1361 Phone Phone 304 984 1361 Extension Extension 304 984 0362 Fax 304 984 0362 Fax Email shana.wandling@cchcwv.com Website cabincreekhealth.com shana.wandling@cchcwv.com Email **SBHC Sponsoring Agency** Name Cabin Creek Health System Mailing Address 104 Alex Lane Charleston City WV State 25304 Zip **Executive Director** Craig Robinson Phone 304 734 2040 Fax 304 734 2047 Email crobinson@cchcwv.com SBHC Medical Director Mary Grandon, PA-C This SBHC is located Other(please specify) ☑ in a school building □on school property, but not in a school building Population: Other schools served 1: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\Box PK$ $\Box 1$ $\square 2$ $\Box 3$ $\Box 4$ Other(please specify) Grades served by this SBHC 9 $\Box 5$ □6 $\Box 7$ $\square 8$

□10

			•	your SHBC					
	□ Students from area schools not located on campus			Funding	Funding sources for your SBHC				
☑ Schoo		4			Funding	Funding Source 1 WV BPH			
•	y of stude	ents ommunity			Funding	Funding Source 2 Sisters of St. Joseph			
		•	ear)	for your SBHC	Funding	Funding Source 3			
	Month		cury		Funding	Source 4			
Opening	-	2009			S				
o p • ming	, 1001								
Clinic sch	nedule and	d staff name	s for N	MEDICAL services	Day and	time that you provid	e MENTAL HEALTH services		
Day of Week	Hours of C	peration	Staff 1	Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:	8:00 a	- 4:00 p	Sha	na Wandling, FNP	Monday:	8:00 a - 4:00 p	Tonya Vannater, LGSW		
Tuesday:					Tuesday:				
Wednesday	:				Wednesday	:			
Thursday:					Thursday:				
Friday:	8:00 a	- 4:00 p	Sha	na Wandling, FNP	Friday:	8:00 a - 4:00 p	Tonya Vannater, LGSW		
Staff/agei	ncy who p	rovide ORA	L HE	ALTH services					
Day of Week	Hours of C	peration	Staff 1	Name with Credentials	Types of	oral health services p	provided at your site.		
Monday:						•	·		
Tuesday:					☐ Screeni	alth education ngs			
Wednesday	:					ive (Cleanings,Fluoride,S tive (Fillings, Extractions			
Thursday:									
Friday:									
Staff/agei	ncy who p	orovide NUR	SING	services.	Staff/age	ncy who provide CL	ERICAL/CARE COORDINAT		
Day of Week	Hours of C	peration	Staff 1	Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:	8:00 a	- 4:00 p	Kalo	oni Mobley, MA	Monday:	8:00 a - 4:00 p	Candace Smith, PSR		
Tuesday:					Tuesday:				
Wednesday	:				Wednesday	:			
Thursday:					Thursday:				
Friday:	8:00 a	- 4:00 p	Kalo	oni Mobley, MA	Friday:	800 a - 4:00 p	Candace Smith, PSR		
Other HE	TALTH SI	FRVICES n	rovide	ed at your SBHC.	Staff/age	ncy who provide OT	HER HEALTH services.		
		EKVICES P	Ovide	at your spire.	Day of Week	Hours of Operation	Staff Name with Credentials		
Other healtl					Monday:				
	h services 2				Tuesday:				
	h services 3 Formati	on provide	d		Wednesday				
Juner III	mor matt	on provide	u		7				
					Thursday:				
					☐ Friday:				

(Last Updated: 9/18/2019) County in which SBHC is located: Kanawha Name of School-Based Health Center Stonewall Jackson Middle SBHC School in which the SBHC is located Stonewall Jackson MS **School Population** 406 Address for this School-Based Health Center Physical Address 812 Park Ave. Mailing Address **SBHC Contact Person** City Charleston First Name Marci State WV Last Name Adkins Zip 25302 681 265 5085 Phone Phone 681 265 5085 Extension Extension 681 265 5086 Fax 681 265 5086 Fax marci.adkins@familycarewv.org Email Website familycarewv.org marci.adkins@familycarewv.org Email **SBHC Sponsoring Agency** Name FamilyCare Health Center 301-6 Great Teays Blvd. Mailing Address Scott Depot City WV State 25560 Zip **Executive Director** Craig Glover Phone 304 757 6999 Fax Email craig.glover@familycarewv.org SBHC Medical Director Mary Jenkins, MD This SBHC is located Other(please specify) □ in a school building □on school property, but not in a school building Population: Other schools served 1: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\Box PK$ $\Box 1$ $\square 2$ $\Box 3$ $\Box 4$ Other(please specify) Grades served by this SBHC $\square 7$ □9 $\Box 5$ **□** 6 $\square 8$

□10

Others v	who can receive ca	re at your SHBC				
□Studer	nts from area schoo	ls not located on campus	Funding s	sources for your	SBHC	
Schoo Schoo			Funding S			
	y of students		Funding Source 2			
	s in the community) e CDHC	Funding S			
_		year) for your SBHC	Funding S			
	Month November		runding 5	Source 4		
Opening	Year 2018					
Clinic sch	nedule and staff name	es for MEDICAL services	Day and ti	me that you provid	e MENTAL HEALTH services	
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials	
Monday:			Monday:			
Tuesday:	8:00 a - 3:00 p	Dawn Grigsby, FNP	Tuesday:			
Wednesday	:		Wednesday:	8:00 a - 3:00 p	Derrick Gibson, LPC	
Thursday:	8:00 a - 3:00 p	Dawn Grigsby, FNP	Thursday:			
Friday:			Friday:	8:00 a - 3:00 p	Derrick Gibson, LPC	
Staff/ager	ncy who provide OR.	AL HEALTH services				
Day of		G. MY C. L. C. L. C. L.				
Week	Hours of Operation	Staff Name with Credentials	Types of or	ral health services p	provided at your site.	
Monday:			☐ Oral heal	th education		
Tuesday:			☐ Screening	0	1	
Wednesday	:			ve (Cleanings,Fluoride,S ve (Fillings, Extractions		
Thursday:						
Friday:						
Staff/ager	ncy who provide NU	RSING services.	Staff/agen	cy who provide CL	ERICAL/CARE COORDINAT	
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials	
Monday:			Monday:			
Tuesday:	8:00 a - 3:00 p	Marci Adkins, LPN	Tuesday:			
Wednesday	8:00 a - 3:00 p	Marci Adkins, LPN	Wednesday:			
Thursday:	8:00 a - 3:00 p	Marci Adkins, LPN	Thursday:			
Friday:	8:00 a - 3:00 p	Marci Adkins, LPN	Friday:			
Other HE	EALTH SERVICES _I	provided at your SBHC.	Staff/ageno	cy who provide OT	HER HEALTH services.	
Other health	h services 1		Day of Week	Hours of Operation	Staff Name with Credentials	
Other health			Monday:			
Other health	h services 3		Tuesday:			
Other in	formation provide	ed	Wednesday:			
			Thursday:			

(Last Updated: 9/16/2019) County in which SBHC is located: Lewis Name of School-Based Health Center Jane Lew ES Wellness Center School in which the SBHC is located Jane Lew ES **School Population** 284 Address for this School-Based Health Center Physical Address 6536 Main Avenue Mailing Address **SBHC Contact Person** City Jane Lew First Name | Patricia WV State Last Name | Collett Zip 26378 304 473 5600 Phone Phone 304 884 2307 Extension Extension Fax Fax 304 269 2037 Email trish.collett@ccwv.org Website ccwv.org Email **SBHC Sponsoring Agency** Name Community Care of WV, Inc. Mailing Address P.O. Box 217 Rock Cave City WV State 26234 Zip **Executive Director** Rick Simon Phone 304 924 6262 Fax Email Sarah Chouinard, MD SBHC Medical Director This SBHC is located Other(please specify) ☑ in a school building □on school property, but not in a school building Population: Other schools served 1: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\square PK$ $\square 1$ **□** 2 $\square 3$ $\Box 4$ Other(please specify) Grades served by this SBHC $\Box 7$ □9 $\Box 5$ □6 $\square 8$

□10

Others v	who can	receive ca	re at y	our SHBC						
Studen	nts from	area school	ls not	located on ca	mpus	Funding	sources for your	SBHC		
☑ Schoo						Funding				
-	y of stud					_	Funding Source 2			
		ommunity		£CD	ПС	Funding				
				for your SB	нС	Funding				
	-	November				Tunding	30uice 4			
Opening	Year 2	2015								
Clinic sch	nedule an	d staff name	es for N	MEDICAL ser	vices	Day and t	time that you provid	le MENTAL HEALTH services		
Day of Week	Hours of C	Operation	Staff 1	Name with Crede	ntials	Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:						Monday:				
Tuesday:						Tuesday:				
Wednesday	:					Wednesday	:			
Thursday:	7:30 a	- 3:30 p	Hea	ther Whetze	el, PA-C	Thursday:				
Friday:						Friday:				
Day of Week	Hours of C			ALTH service		Types of c	oral health services	provided at your site.		
Monday:						☐ Oral hea	alth education			
Tuesday:						☐ Screenii	ngs	a. 1		
Wednesday	:						ive (Cleanings,Fluoride, tive (Fillings, Extraction			
Thursday:								,		
Friday:										
Staff/agei	ncy who p	orovide NUI	RSING	services.		Staff/ager	ncy who provide CL	ERICAL/CARE COORDINAT		
Day of Week	Hours of C	Operation	Staff?	Name with Crede	ntials	Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:						Monday:				
Tuesday:						Tuesday:				
Wednesday	7:					Wednesday	:			
Thursday:	7:30 a	- 3:30 p	Gise	elle Snyder,	LPN	Thursday:				
Friday:						Friday:				
Other HE	EALTH S	ERVICES p	rovide	ed at your SBI	IC.	Staff/ager	ncy who provide OT	THER HEALTH services.		
Other healtl	h services 1					Day of Week	Hours of Operation	Staff Name with Credentials		
Other healtl						Monday:				
Other healtl	h services 3					Tuesday:				
Other in	ıformati	on provide	ed		_	Wednesday	:			
						Thursday:				

(Last Updated: 9/16/20	019)					
County in which SBH	HC is located:	Lewis				
Name of School-Base	d Health Center	Leading Creek Elementary SBHC				
School in which th	ne SBHC is located	Leading Cr	eek Elementa	ary		
School Population	1	154				
Address for this Scho	ool-Based Health Center					
Physical Address	15300 US Highway 33	West				
Mailing Address			CDIIC C	4 4 D		
City	Linn		SBHC Con First Name		son	
State	WV		Last Name			
Zip	26384		Phone	304 47	3 5600	
Phone	304 804 2055		Extension	304 47	3 3000	
Extension			Fax			
Fax			гах —Email	trich col	lett@ccwv.	ora
Website	ccwv.org		Eillall	111511.COI	ieii@ccwv.	org
Email						
SBHC Sponsoring Ag Name Mailing Address City State Zip Executive Director Phone Fax Email SBHC Medical Director	or		Communi P.O. Box Rock Cav WV 26234 Rick Simo 304 924 Sarah Ch	217 /e		
This SBHC is located ☑ in a school building ☐ on school property,			er(please speci	ify)		
			schools served 1:		Population:	
		Other	schools served 2:		Population:	
Other schools served by this SBHC		Other	schools served 3:		Population:]
		Other	schools served 4:		Population:	
Grades served by this	s SRHC	☑ P:	K ⊠1 ⊠2		□ 4	Other(please specify)

 $\Box 10$ $\Box 11$ $\Box 12$

Others	who can receive ca	are at your SHBC				
☐ Students from area schools not located on campus			Funding sources for your SBHC			
☑ Schoo			Funding Source 1			
	y of students s in the community	,	Funding Source 2 Funding Source 3			
	•	l year) for your SBHC				
- '	Month January	Tyear) for your Shire	Funding Source 4			
Opening			1 mining 20 miles 1			
Opening	2010					
Clinic sch	nedule and staff nam	nes for MEDICAL services	Day and time that you prov	vide MENTAL HEALTH services		
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week Hours of Operation	Staff Name with Credentials		
Monday:	1st 7:30-3:30	Heather Whetzel, PA-C	Monday:			
Tuesday:			Tuesday:			
Wednesday	:		Wednesday:			
Thursday:			Thursday:			
Friday:			Friday:			
_	ncy who provide OR	AL HEALTH services				
Day of Week	Hours of Operation	Staff Name with Credentials	Types of oral health service	es provided at vour site.		
Monday:			_	P		
Tuesday:			☐ Oral health education☐ Screenings			
Wednesday	:		☐ Preventive (Cleanings,Fluorid☐ Restorative (Fillings, Extraction	le,Sealants)		
Thursday:			☐ Restorative (Finnings, Extraction	ons)		
Friday:						
Staff/age	ncy who provide NU	RSING services.	Staff/agency who provide (CLERICAL/CARE COORDINAT		
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week Hours of Operation	Staff Name with Credentials		
Monday:	1st 7:30 - 3:30	Giselle Snyder, LPN	Monday:			
Tuesday:			Tuesday:			
Wednesday	:		Wednesday:			
Thursday:			Thursday:			
Friday:			Friday:			
Other HI	EALTH SERVICES	provided at your SBHC.	Staff/agency who provide C	OTHER HEALTH services.		
Other healt	h services 1		Day of Week Hours of Operation	Staff Name with Credentials		
	h services 2		Monday:			
	h services 3		Tuesday:			
	ıformation provid	led	Wednesday:			
	•		Thursday:			

(Last Updated: 9/13/20)19)						
County in which SBI	HC is located:	Lewis					
Name of School-Base	d Health Center	Camden Family Health					
School in which the	ne SBHC is located	Lewis County	'HS				
School Population	ı	679					
Address for this Scho	ool-Based Health Center	•					
Physical Address	300 Minuteman Drive						
Mailing Address	300 Minuteman Drive		CDUC	Con	tact Pers	con	
City	Weston				Melissa		
State	WV			ļ	Rogers		
Zip	26452		Phone	-	304 22	26 5725	
Phone	304 997 8701		Extens	ļ.	117	5725	
Extension			Fax	Ļ		26 3274	
Fax	304 997 8735		Email	ŀ		s@cog-wv.c	ora
Website	camdenfamilyhealth.co	om	Lillali		mogers	s@cog-wv.c	org
Email	mrogers@cog-wv.org						
SBHC Sponsoring Ag	gency						
Name			Camo	en Fa	amily He	ealth	
Mailing Address			10003	3 Web	ster Ro	ad	
City			Camo	len oı	n Gaule		
State			WV				
Zip			26208	3			
Executive Director			Marga	aret H	lickey		
Phone			304	226	5725		
Fax			304	226	3993		
Email			meg@	cog-	wv.org		
SBHC Medical Direct	or		Dr. Ka	athy F	Hamon		
This SBHC is located	1	Other	please s	necif	v)		
□in a school building			prease	peen.	,,		
☑on school property,	but not in a school building	ng					
		Other sc	hools serv	ed 1:		Population:	7
		Other sc	hools serv	ed 2:		Population:	
Othhh	h 41.:- CDIIC						
Other schools served	by this SBHC	Other sc	hools serv	ed 3:		Population:	- 1
		Other sc	hools serv	ed 4·		Population:	
		- Curci sc				горишноп.	
		□PK	□1	□2	□3	□4	
Grades served by this	s SBHC	□1 K	$\Box 6$	□2 □7	□8	□ 4 ☑9	Other(please specify)
		□ 10	□ 11	□ 12			

	☑ Students from area schools not located on campus			Funding sources for your SBHC			
⊠ Schoo			_	Funding Source 1 Sisters of St. Joseph			
	y of students		_	Source 2 HRSA	•		
	s in the community	year) for your SBHC	_	Source 3 WV BPH			
Opening	~ `	year) for your SBITC	Funding				
Opening							
орения	2010						
Clinic scl	hedule and staff name	es for MEDICAL services	Day and	time that you provid	e MENTAL HEALTH services		
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:	7:30 a - 3:30 p	Nicole Radabaugh, FNP-BC	Monday:	7:30 a - 3:30 p	Linda Mealey MA, ADC,		
Tuesday:	7:30 a - 3:30 p	Nicole Radabaugh, FNP-BC	Tuesday:	7:30 a - 3:30 p	Linda Mealey MA, ADC,		
Wednesday	7:30 a - 3:30 p	Nicole Radabaugh, FNP-BC	Wednesday	:			
Thursday:	7:30 a - 3:30 p	Nicole Radabaugh, FNP-BC	Thursday:	7:30 a - 3:30 p	Linda Mealey MA, ADC,		
Friday:	7:30 a - 3:30 p	Nicole Radabaugh, FNP-BC	Friday:	7:30 a - 3:30 p	Linda Mealey MA, ADC,		
Staff/age	ncy who provide OR	AL HEALTH services					
Day of Week	Hours of Operation	Staff Name with Credentials	Types of	oral health services p	provided at your site.		
Monday:			☐ Oral he	alth education			
Tuesday:			☐ Screenii	ngs			
Wednesday	7:			ive (Cleanings,Fluoride,S tive (Fillings, Extractions			
Thursday:				, 0.	,		
Friday:							
Staff/age	ncy who provide NUI	RSING services.	Staff/age	ncy who provide CL	ERICAL/CARE COORDINAT		
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:	7:30 a - 3:30 p	Elizabeth Sendling. LPN	Monday:	7:30 a - 3:30 p	Shawna Cogar		
Tuesday:	7:30 a - 3:30 p	Elizabeth Sendling. LPN	Tuesday:	7:30 a - 3:30 p	Shawna Cogar		
Wednesday	7:30 a - 3:30 p	Elizabeth Sendling. LPN	Wednesday	7:30 a - 3:30 p	Shawna Cogar		
Thursday:	7:30 a - 3:30 p	Elizabeth Sendling. LPN	Thursday:	7:30 a - 3:30 p	Shawna Cogar		
Friday:	7:30 a - 3:30 p	Elizabeth Sendling. LPN	Friday:	7:30 a - 3:30 p	Shawna Cogar		
Other H	EALTH SERVICES _I	provided at your SBHC.	Staff/age	ncy who provide OT	HER HEALTH services.		
Other healt	th services 1		Day of Week	Hours of Operation	Staff Name with Credentials		
Other healt	th services 2		Monday:				
Other healt	th services 3		Tuesday:				
Other in	nformation provide	ed	Wednesday	:			
			Thursday:				
			Friday:				

Others who can receive care at your SHBC

(Last Updated: 9/16/2019) County in which SBHC is located: Lewis Name of School-Based Health Center Peterson-Central ES Wellness Center School in which the SBHC is located Peterson-Central ES **School Population** 497 Address for this School-Based Health Center Physical Address 509 Berlin Road Mailing Address **SBHC Contact Person** City Weston First Name | Patricia WV State Last Name | Collett Zip 26452 304 473 5600 Phone Phone 304 269 0040 Extension Extension Fax Fax 304 269 2037 Email trish.collett@ccwv.org Website ccwv.org Email **SBHC Sponsoring Agency** Name Community Care of WV, Inc. Mailing Address P.O. Box 217 Rock Cave City WV State 26234 Zip **Executive Director** Rick Simon Phone 304 924 6262 Fax Email Sarah Chouinard, MD SBHC Medical Director This SBHC is located Other(please specify) ☑ in a school building □on school property, but not in a school building Population: Other schools served 1: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\square PK$ $\square 1$ **□** 2 $\square 3$ **□4** Other(please specify) Grades served by this SBHC $\Box 7$ □9 $\Box 5$ $\Box 6$ $\square 8$

□10

Others	who can receive ca	are at your SHBC				
		ols not located on campus	Funding sources for you	ır SBHC		
☑ Schoo			Funding Source 1			
	y of students in the community	,	Funding Source 2 Funding Source 3			
	•	l year) for your SBHC				
	Month Novembe		Funding Source 4			
Opening		<u>'</u>	I whomig source !			
Opening	2015					
Clinic sch	nedule and staff nam	nes for MEDICAL services	Day and time that you pro-	vide MENTAL HEALTH services		
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week Hours of Operation	Staff Name with Credentials		
Monday:	2nd 7:30-3:30	Heather Whetzel, PA-C	Monday:			
Tuesday:			Tuesday:			
Wednesday	:		Wednesday:			
Thursday:			Thursday:			
Friday:			Friday:			
_	ncy who provide OR	AL HEALTH services				
Day of Week	Hours of Operation	Staff Name with Credentials	Types of oral health service	es provided at vour site.		
Monday:			_	F		
Tuesday:			☐ Oral health education☐ Screenings			
Wednesday	:		☐ Preventive (Cleanings,Fluoric☐ Restorative (Fillings, Extracti	de,Sealants)		
Thursday:			☐ Restorative (Fillings, Extracti	ons)		
Friday:						
Staff/agei	ncy who provide NU	RSING services.	Staff/agency who provide (CLERICAL/CARE COORDINAT		
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week Hours of Operation	Staff Name with Credentials		
Monday:	2nd 7:30-3:30	Giselle Snyder, LPN	Monday:			
Tuesday:			Tuesday:			
Wednesday	:		Wednesday:			
Thursday:			Thursday:			
Friday:			Friday:			
Other HI	EALTH SERVICES	provided at your SBHC.	Staff/agency who provide (OTHER HEALTH services.		
Other healt	h services 1		Day of Week Hours of Operation	Staff Name with Credentials		
	h services 2		Monday:			
	h services 3		Tuesday:			
	ıformation provid	led	Wednesday:			
	•		Thursday:			

(Last Updated: 9/16/2019) County in which SBHC is located: Lewis Name of School-Based Health Center Roanoke Elementary SBHC School in which the SBHC is located Roanoke Elementary **School Population** 167 **Address for this School-Based Health Center** 1176 Oil Creek Road Physical Address Mailing Address **SBHC Contact Person** City Roanoke First Name | Patricia WV State Last Name | Collett Zip 26447 304 473 5600 Phone Phone 304 452 0002 Extension Extension Fax 304 269 2037 Fax Email trish.collett@ccwv.org Website ccwv.org Email **SBHC Sponsoring Agency** Name Community Care of WV, Inc. Mailing Address P.O. Box 217 Rock Cave City WV State 26234 Zip **Executive Director** Rick Simon Phone 304 924 6262 Fax Email Sarah Chouinard, MD SBHC Medical Director This SBHC is located Other(please specify) ☑ in a school building □on school property, but not in a school building Population: Other schools served 1: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\square PK$ $\square 1$ **□** 2 $\square 3$ **□4** Other(please specify) Grades served by this SBHC $\Box 7$ □9 $\Box 5$ $\Box 6$ $\square 8$

□10

Others	who ca	ın receive ca	are at	your SHBC					
☑ Studen	nts froi	m area schoo	ols not	located on campus	Funding	sources for your	SBHC		
□ Schoo					Funding				
□ Famil					_	Funding Source 2			
		community		for your SBHC	_	Funding Source 3			
- '	-	h Novembe	• .	Tor your SonC	_	Source 4			
			1		1 unumg	Bource 4			
Opening	Year	2015							
Clinic sch	nedule a	and staff nam	es for l	MEDICAL services	Day and	time that you provi	de MENTAL HEALTH services		
Day of Week	Hours o	of Operation	Staff	Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:	3rd	7:30-3:30	Hea	ather Whetzel, PA-C	Monday:				
Tuesday:					Tuesday:				
Wednesday	:				Wednesday	7:			
Thursday:					Thursday:				
Friday:					Friday:				
Day of Week Monday: Tuesday:	Hours o	of Operation	Staff	Name with Credentials	☐ Oral he	alth education	provided at your site.		
Wednesday	:					ive (Cleanings,Fluoride, tive (Fillings, Extraction			
Thursday:						(8,	,		
Friday:									
Staff/age	ncy wh	o provide NU	RSINC	G services.	Staff/age	ncy who provide CI	LERICAL/CARE COORDINAT		
Day of Week	Hours o	of Operation	Staff	Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:	3rd 7	:30-3:30	Gis	elle Snyder, LPN	Monday:				
Tuesday:					Tuesday:				
Wednesday	:				Wednesday	7:			
Thursday:					Thursday:				
Friday:					Friday:				
Other HI	EALTH	SERVICES	provid	ed at your SBHC.	Staff/age	ncy who provide OT	THER HEALTH services.		
Other healt	h service	s 1			Day of Week	Hours of Operation	Staff Name with Credentials		
Other healt					Monday:				
Other healt					Tuesday:				
Other in	ıforma	ation provid	led		Wednesday	7:			
		·			Thursday:				

(Last Updated: 9/16/20)19)					
County in which SBI	HC is located:	Lewis				
Name of School-Base	d Health Center	Robert L. Bland	Robert L. Bland MS Wellness Center			
School in which th	ne SBHC is located	Robert L. Bland	MS			
School Population	1	777				
Address for this Scho	ool-Based Health Center					
Physical Address	358 Court Avenue					
Mailing Address		C)	BHC Cont	taat Dana		
City	Weston	·-	irst Name		OII	
State	WV		ast Name			
Zip	26452		L	304 47	3 5600	
Phone	304 269 0041		xtension	304 47	3 3000	
Extension			ax			
Fax	304 269 0065		F	trich col	lett@ccwv.d	ora
Website	ccwv.org		iliali	11511.001	iett@ccwv.t	org
Email						
SBHC Sponsoring Ag	gency					
Name		C	community	/ Care o	f WV, Inc.	
Mailing Address		P	O. Box 2	17		
City		R	ock Cave			
State		V	VV	,		
Zip		2	6234			
Executive Director		R	ick Simor	า		
Phone		3	04 924	6262		
Fax						
Email						
SBHC Medical Direct	or	S	arah Cho	uinard		
This SBHC is located		Other(ple	ease specify	v)		
☑ in a school building				,		
Lion school property,	but not in a school building	ig —				
		Other school	ls served 1:		Population:	
		Other schoo	ls served 2:		Population:]
Other schools served	by this SBHC	Other school	1 1 2.		D1-4:	
	•	Other school	is served 3:		Population:	
		Other schoo	ls served 4:		Population:	
		□РК □	□1 □2	□3	□4	Oth on(nl 'C')
Grades served by this	s SBHC		26 ☑ 7	⊠ 8	□9	Other(please specify)

 $\Box 10$ $\Box 11$ $\Box 12$

Others	who can receive ca	are at your SHBC				
		ols not located on campus	Funding sources for your SBHC			
☑ Schoo			Funding Source 1			
	y of students		Funding Source 2			
	s in the community	year) for your SBHC	Funding Source 3			
- '	Month November	<u> </u>	Funding Source 4			
		<u> </u>	r unumg source 4			
Opening	Year 2015					
Clinic sch	nedule and staff nam	es for MEDICAL services	Day and time that you provide MENTAL HEALTH se	rvices		
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week Hours of Operation Staff Name with Credentials	;		
Monday:			Monday:			
Tuesday:	7:30 a - 3:30 p	Heather Whetzel, PA-C	Tuesday:			
Wednesday	:		Wednesday:			
Thursday:			Thursday:			
Friday:	7:30 a - 3:30 p	Heather Whetzel, PA-C	Friday:			
_	-	AL HEALTH services				
Day of Week	Hours of Operation	Staff Name with Credentials	Types of oral health services provided at your site.			
Monday:			☐ Oral health education			
Tuesday:			☐ Screenings			
Wednesday	:		☐ Preventive (Cleanings,Fluoride,Sealants) ☐ Restorative (Fillings, Extractions)			
Thursday:			= resident (c. mings, 2.maetrons)			
Friday:						
Staff/age	ncy who provide NU	RSING services.	Staff/agency who provide CLERICAL/CARE COORD	DINAT		
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week Hours of Operation Staff Name with Credentials	;		
Monday:			Monday:			
Tuesday:	7:30 a - 3:30 p	Giselle Snyder, LPN	Tuesday:			
Wednesday	:		Wednesday:			
Thursday:			Thursday:			
Friday:	7:30 a - 3:30 p	Giselle Snyder, LPN	Friday:			
Other HI	EALTH SERVICES	provided at your SBHC.	Staff/agency who provide OTHER HEALTH services.			
Other healt	h services 1		Day of Week Hours of Operation Staff Name with Credentials	,		
	h services 2		Monday:			
Other healt	h services 3		Tuesday:			
Other in	ıformation provid	ed	Wednesday:			
			Thursday:			

(Last Updated: 8/30/2	019)					
County in which SB	HC is located:	Lincoln				
Name of School-Bas	ed Health Center	Yellowjacket (ellowjacket Center for Health			
School in which t	he SBHC is located	Duval PK - 8				
School Populatio	n	496				
Address for this Sch	ool-Based Health Center	•				
Physical Address	5304 Straight Fork Rd					
Mailing Address	5304 Straight Fork Rd		SBHC Cor	stact Par	rcon	
City	Griffithsville		First Name			
State	WV		Last Name	_		
Zip	25521		Phone		24 5806	
Phone	304 524 9242		Extension	304 0	3000	
Extension			Fax	304 8	24 5885	
Fax	304 524 9241		.Email			s@swvhs.org
Website	www.swvhs.org		Lillali	Courtin	ey.rveyriolus	s@swviis.org
Email	Courtney.Reynolds@s	swvhs.org				
SBHC Sponsoring A	gency					
Name			Lincoln Pr	imary C	are Center	
Mailing Address			7400 Lynr	n Ave.		
City			Hamlin			
State			WV			
Zip			25523			
Executive Director			Lisa Leac	h		
Phone			304 824	5806		
Fax			304 824	5885		
Email			Lisa.Leac	h@swvl	ns.org	
SBHC Medical Direc	tor		Gregory E	Ikins, N	ID	
This SBHC is locate	d	0.1 (C)		
☑in a school building	g	Otner	please speci	іу)		
□on school property,	but not in a school buildi	ng				
		Other scl	nools served 1:		Population:	٦
		Other scl	nools served 2:		Population:	_
Other schools served	l by this SBHC	Other sol	nools served 3:		Population:	
		Offici ser	loois served 3.		T opulation.	
		Other scl	nools served 4:		Population:]
			E1 E2	П2		_
Grades served by th	is SBHC	☑ PK ☑ 5	$\square 1 \qquad \square 2$ $\square 6 \qquad \square 7$		□ 4 □9	Other(please specify)
nacs served by th		□10				

Others who can receive care at your SHBC						
	Funding sources for your SBHC					
☑ School Staff	Funding Source 1 WV BPH					
☐ Family of students						
□ Others in the community	Funding Source 2					
Opening date (month and year) for your SBHC	Funding Source 3					
Opening Month March	Funding Source 4					
Opening Year 2006						
Clinic schedule and staff names for MEDICAL services	Day and time that you provide MENTAL HEALTH services					
Day of Week Hours of Operation Staff Name with Credentials	Day of Week Hours of Operation Staff Name with Credentials					
Monday: 7:00 a - 3:00 p Renea Christian, FNP-BC	Monday: Upon referral Prestera					
Tuesday: 7:00 a - 3:00 p Renea Christian, FNP-BC	Tuesday:					
Wednesday: 7:00 a - 3:00 p Renea Christian, FNP-BC	Wednesday:					
Thursday: 7:00 a - 3:00 p Renea Christian, FNP-BC	Thursday:					
Friday: 7:00 a - 3:00 p Renea Christian, FNP-BC	Friday:					
Staff/agency who provide ORAL HEALTH services Day of Hours of Operation Staff Name with Credentials						
Week Hours of Operation Staff Name with Credentials	Types of oral health services provided at your site.					
Monday: Varies L. Haddox-Heston, DDS	☐ Oral health education					
Tuesday:	☑ Screenings					
Wednesday:	 ✓ Preventive (Cleanings, Fluoride, Sealants) ✓ Restorative (Fillings, Extractions) 					
Thursday:	= Residuate (Finings, Extunctions)					
Friday:						
Staff/agency who provide NURSING services.	Staff/agency who provide CLERICAL/CARE COORDINAT					
Day of Week Hours of Operation Staff Name with Credentials	Day of Week Hours of Operation Staff Name with Credentials					
Monday: 7:00 a - 3:00 p Rachelle Baisden, MA	Monday: 7:00 a - 3:00 p Rachelle Baisden, MA					
Tuesday: 7:00 a - 3:00 p Rachelle Baisden, MA	Tuesday: 7:00 a - 3:00 p Rachelle Baisden, MA					
Wednesday: 7:00 a - 3:00 p Rachelle Baisden, MA	Wednesday: 7:00 a - 3:00 p Rachelle Baisden, MA					
Thursday: 7:00 a - 3:00 p Rachelle Baisden, MA	Thursday: 7:00 a - 3:00 p Rachelle Baisden, MA					
Friday: 7:00 a - 3:00 p Rachelle Baisden, MA	Friday: 7:00 a - 3:00 p Rachelle Baisden, MA					
Other HEALTH SERVICES provided at your SBHC.	Staff/agency who provide OTHER HEALTH services.					
Other health services 1	Week Hours of Operation Staff Name with Credentials					
Other health services 2	Monday:					
Other health services 3	Tuesday:					
Other information provided	Wednesday:					
•	Thursday:					
	Friday:					

(Last Updated: 8/30/20	019)						
County in which SBHC is located: Lincoln							
Name of School-Based Health Center Wildcat Center		er for H	er for Health				
School in which the SBHC is located Guyan Valley		/ MS					
School Population 277		277					
Address for this Scho	ool-Based Health Center	r					
Physical Address	700 State Rt 10 N						
Mailing Address	700 State Rt 10 N		CDIIC	C 4	4 D		
City	Branchland			_	act Pers Courtne		
State	WV			-	Reynolo		
Zip	25506		Phone		304 82		
Phone	304 824 5707		Extens	H	304 02	3000	
Extension			Fax	H	304 82	24 5885	
Fax	304 824 5706		_Email	-			@swvhs.org
Website	www.swvhs.org		Lillali	Ľ	Courtine	y.i veyriolus	wswviis.org
Email	Courtney.Reynolds@	swvhs.org					
SBHC Sponsoring Ag	gency						
Name			Lincol	n Prin	nary Ca	re Center	
Mailing Address			7400	Lynn .	Avenue	!	
City			Hamli	n			
State			WV				
Zip			25523	3			
Executive Director			Lisa L	each			
Phone			304	824	5806		
Fax			304	824	5885		
Email			Lisa.Leach@swvhs.org				
SBHC Medical Direct	or		Greg I	Elkins	, MD		
This SBHC is located	l	Other	please s	necify	7)		
□in a school building			picase s	peerry)		
☑on school property,	but not in a school buildi	ing					
			hools serve			Population:	
			t Hamlin ES			519	
		Other so	hools serve	ed 2:		Population:	
		chools served 3:			Population:	_	
		Other sc	schools served 4:		Population:		
]
		□PK	□1	$\Box 2$	□3	□4	Other(please specify)
Grades served by this	s SBHC	□5 □10	⊠6 □11	□ 7□ 12	⊠8	□9	(F)

Others	who can receive ca	re at your SHBC						
		ls not located on campus	Funding	Funding sources for your SBHC				
Schoo Schoo			_	g Source 1 WV BPH				
	y of students		Funding Source 2					
	s in the community) c CDHC	Funding					
- '	`	year) for your SBHC	_					
	Month November		Funding Source 4					
Opening	Year 1995							
Clinic sch	nedule and staff name	es for MEDICAL services	Day and	time that you provid	e MENTAL HEALTH services			
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials			
Monday:	8:00 a - 5:00 p	Chassity Kirk, NP	Monday:	Upon Referral	Prestera			
Tuesday:	8:00 a - 5:00 p	Chassity Kirk, NP	Tuesday:					
Wednesday	8:00 a - 5:00 p	Chassity Kirk, NP	Wednesday	:				
Thursday:	8:00 a - 5:00 p	Chassity Kirk, NP	Thursday:					
Friday:	8:00 a - 5:00 p	Chassity Kirk, NP	Friday:					
_	ncy who provide ORA	AL HEALTH services						
Day of Week	Hours of Operation	Staff Name with Credentials	Types of	oral health services p	provided at your site.			
Monday:	Varies	L. Haddox, DDS	□ Oral bar	alth education	•			
Tuesday:			☐ Screenii	ngs				
Wednesday	7:			ive (Cleanings,Fluoride,S tive (Fillings, Extractions				
Thursday:			□ Kestora	rive (Finnigs, Extractions)			
Friday:								
Staff/age	ncy who provide NUI	RSING services.	Staff/agei	ncy who provide CLl	ERICAL/CARE COORDINAT			
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials			
Monday:	8:00 a - 5:00 p	Janet Rakes, MA	Monday:	8:00 a - 5:00 p	Rebecca Adkins			
Tuesday:	8:00 a - 5:00 p	Janet Rakes, MA	Tuesday:	8:00 a - 5:00 p	Rebecca Adkins			
Wednesday	8:00 a - 5:00 p	Janet Rakes, MA	Wednesday	8:00 a - 5:00 p	Rebecca Adkins			
Thursday:	8:00 a - 5:00 p	Janet Rakes, MA	Thursday:	8:00 a - 5:00 p	Rebecca Adkins			
Friday:	8:00 a - 5:00 p	Janet Rakes, MA	Friday:	8:00 a - 5:00 p	Rebecca Adkins			
Other HEALTH SERVICES provided at your SBHC.				Staff/agency who provide OTHER HEALTH services.				
Other healt	h services 1		Day of Week	Hours of Operation	Staff Name with Credentials			
Other healt	h services 2		Monday:					
Other healt	h services 3		Tuesday:					
Other in	nformation provide	ed	Wednesday	:				
	•		Thursday:					
			Friday:					
			-	L				

(Last Updated: 8/22/20)19)					
County in which SBI	HC is located:	Lincoln				
Name of School-Base	d Health Center	VHS Harts Pk	(-8			
School in which th	ne SBHC is located	Harts PK-8				
School Population	1	359				
Address for this Scho	ool-Based Health Center					
Physical Address	1246 McClellan Highw					
Mailing Address	1246 McClellan Highw	<i>r</i> ay	SBHC C	ontact Per	rson	
City	Harts			ne Courtn		
State	WV			ne Meese		
Zip	25524		Phone		81 5112	
Phone	304 310 1246		Extension			
Extension			Fax		25 3338	
Fax			Email		e@valleyhe	alth org
Website	valleyhealth.org			CITICOS	cwvalicyric	aiti.org
Email						
SBHC Sponsoring Ag	gency					
Name			Valley H	lealth		
Mailing Address			3377 US	S Rt. 60		
City			Hunting	ton		
State			WV			
Zip			25705			
Executive Director			Steve S	hattls		
Phone			304 52	5 3334		
Fax			304 52	5 3338		
Email			shattls@	valleyhea	alth.org	
SBHC Medical Direct	or		Matthey	Weimer,	MD	
This SBHC is located	1					
□ in a school building		Other(please spe	ecify)		
	but not in a school buildi	ng				
		Other scl	nools served	1:	Population:	
		Other scl	nools served	·	Population:	
	«ътс		ioois serveu.	<u>. </u>	Горинской.	
Other schools served	by this SBHC	Other sch	nools served	3:	Population:	
		Other sel	nools served	1.	Population:	
			515 501 vou ·	**	горамнон.	
						_
Crades served by 44:	s CDUC	☑ PK ☑ 5			□ 4 □9	Other(please specify)
Grades served by this	SOLIC	□10		□12	山フ	

Others who can receive care at your SHBC	
☐ Students from area schools not located on campus	Funding sources for your SBHC
☑ School Staff	Funding Source 1
☐ Family of students	Funding Source 2
Others in the community	Funding Source 3
Opening date (month and year) for your SBHC	
Opening Month	Funding Source 4
Opening Year 2012	
Clinic schedule and staff names for MEDICAL services	Day and time that you provide MENTAL HEALTH services
Day of Week Hours of Operation Staff Name with Credentials	Day of Week Hours of Operation Staff Name with Credentials
Monday:	Monday:
Tuesday:	Tuesday:
Wednesday: 8:00 a - 12:00 p Sarah Schindler, NP	Wednesday:
Thursday: 8:00 a - 12:00 p Sarah Schindler, NP	Thursday:
Friday:	Friday:
Staff/agency who provide ORAL HEALTH services Day of Hours of Operation Staff Name with Conductions	
Week Hours of Operation Staff Name with Credentials	Types of oral health services provided at your site.
Monday:	☐ Oral health education
Tuesday:	☐ Screenings
Wednesday:	Preventive (Cleanings,Fluoride,Sealants)
Thursday:	Restorative (Fillings, Extractions)
Friday:	
Thui,	
Staff/agency who provide NURSING services.	Staff/agency who provide CLERICAL/CARE COORDINAT
Day of Week Hours of Operation Staff Name with Credentials	Day of Week Hours of Operation Staff Name with Credentials
Monday:	Monday:
Tuesday:	Tuesday:
Wednesday: 8:00 a - 12:00 p Tiffany Adams, LPN	Wednesday: 8:00 a - 12:00 p Kimberly Toppins
Thursday: 8:00 a - 12:00 p Tiffany Adams, LPN	Thursday: 8:00 a - 12:00 p Kimberly Toppins
Friday:	Friday:
Other HEALTH SERVICES provided at your SBHC.	Staff/agency who provide OTHER HEALTH services.
Other health services 1	Day of Week Hours of Operation Staff Name with Credentials
Other health services 2	Monday:
Other health services 3	Tuesday:
Other information provided	Wednesday:
•	Thursday:

(Last Updated: 9/3/201	19)						
County in which SBI	HC is located:	Lincoln					
Name of School-Base	d Health Center	Panther Cente	er for H	lealth	1		
School in which th	ne SBHC is located	Lincoln Count	y HS				
School Population	1	845					
Address for this Scho	ool-Based Health Center						
Physical Address	81 Lincoln Panther Wa						
Mailing Address	81 Lincoln Panther Wa	эу	SBHC	Con	tact Per	son	
City	Hamlin				Courtne		
State	WV			Į.	Reynol		
Zip	25523		Phone	L	304 82		
Phone	304 824 6090		Extens	ļ.	00.		
Extension			Fax	Į	304 82	24 5885	
Fax	304 824 6094		Email	Į.			s@swvhs.org
Website	www.swvhs.org		Linan	Į	Courtine	zy.i (Cyriolas	3@3WV113.01g
Email	Courtney.Reynolds@s	swvhs.org					
SBHC Sponsoring A	gency						
Name	•		Lincol	n Pri	mary Ca	are Ctr	
Mailing Address			7400	Lynn	Avenue	;	
City			Hamli	n			_
State			WV			•	
Zip			25523	3			
Executive Director			Lisa L	each			
Phone			304	824	5806		
Fax			304	824	5885		
Email			Lisa.L	each	@swvh	s.org	
SBHC Medical Direct	or		Greg	Elkin	s, MD		
This SBHC is located	I						
☑ in a school building		Other(1	olease s	pecif	y)		
•	but not in a school buildi	ng					
		Other sel	ools serve	nd 1.		Population:	
			n Pre k			485	
			ools serve			Population:	
Other schools served	by this SBHC						
Seller selloois sel ved	by this spire	Other sch	ools serve	ed 3:		Population:	
		Other sch	nools serve	ed 4:		Population:	
		□PK	□1	□2	□3	□4	
Grades served by thi	s SBHC	□ F K	□1 □6	□2 □7	□8	□4 □ 9	Other(please specify)
	-	□ 10	□11	_ <i>i</i>		-	

		ls not located on campus	Funding	sources for your	SBHC
☑ Schoo			Funding	Source 1 Lincoln F	Primary Care
	y of students s in the community		Funding	Source 2	-
	•	year) for your SBHC	Funding		
-	Month August	year) for your SBITE	_	Source 4	
Opening			8		
Opening	2000				
Clinic scl	hedule and staff name	es for MEDICAL services	Day and	time that you provid	e MENTAL HEALTH services
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00 a - 4:00 p	Lisa Adkins, FNP	Monday:	Upon Referral	Prestera
Tuesday:	8:00 a - 4:00 p	Lisa Adkins, FNP	Tuesday:		
Wednesday	8:00 a - 4:00 p	Lisa Adkins, FNP	Wednesday	:	
Thursday:	8:00 a - 4:00 p	Lisa Adkins, FNP	Thursday:		
Friday:	8:00 a - 4:00 p	Lisa Adkins, FNP	Friday:		
Staff/age Day of Week	ncy who provide OR	AL HEALTH services Staff Name with Credentials	T. 4		
week Monday:	Varies	L Haddox, DDS/J Justice, RDI	Types of o	oral health services p	provided at your site.
Tuesday:	Varios	E Haddox, BBo/o odstice, NBI	☑ Oral hea☑ Screening	alth education	
Wednesday	7.		☑ Prevent:	ive (Cleanings,Fluoride,S	
Thursday:			☑ Restora	tive (Fillings, Extractions)
Friday:					
riiday.					
Staff/age	ncy who provide NUI	RSING services.	Staff/ager	ncy who provide CL	ERICAL/CARE COORDINAT
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00 a - 4:00 p	Kayla Dailey, MA	Monday:	8:00 a - 4:00 p	Kayla Dailey, MA
Tuesday:	8:00 a - 4:00 p	Kayla Dailey, MA	Tuesday:	8:00 a - 4:00 p	Kayla Dailey, MA
Wednesday	8:00 a - 4:00 p	Kayla Dailey, MA	Wednesday	8:00 a - 4:00 p	Kayla Dailey, MA
Thursday:	8:00 a - 4:00 p	Kayla Dailey, MA	Thursday:	8:00 a - 4:00 p	Kayla Dailey, MA
Friday:	8:00 a - 4:00 p	Kayla Dailey, MA	Friday:	8:00 a - 4:00 p	Kayla Dailey, MA
Other HI	EALTH SERVICES I	provided at your SBHC.	Staff/ager	ncy who provide OT Hours of Operation	HER HEALTH services. Staff Name with Credentials
Other healt	h services 1		Week	Tiours of Operation	Staff Name with Credentials
Other healt	th services 2		Monday:		
			Tuesday:		
	th services 3				
	th services 3nformation provide	ed	Wednesday	:	
		ed	Wednesday Thursday:	:	
		ed	·		
		ed	Thursday:		

Others who can receive care at your SHBC

(Last Updated: 8/30/2019) County in which SBHC is located: Lincoln Name of School-Based Health Center Mustang Center for Health School in which the SBHC is located Midway ES **School Population** 306 Address for this School-Based Health Center Physical Address 267 Midway Rd. Mailing Address 267 Midway Rd. **SBHC Contact Person** City Alum Creek First Name | Courtney State WV Last Name Reynolds Zip 25003 304 824 5806 Phone Phone 304 | 756 | 1007 Extension Extension 304 824 5885 Fax Fax Courtney.Reynolds@swvhs.org Email Website www.swvhs.org Courtney.Reynolds@swvhs.org Email **SBHC Sponsoring Agency** Name Lincoln Primary Care Center Mailing Address 7400 Lynn Ave. City Hamlin WV State 25523 Zip **Executive Director** Lisa Leach Phone 304 824 5806 Fax 304 824 5886 Email Lisa.Leach@swvhs.org SBHC Medical Director Greg Elkins, MD This SBHC is located Other(please specify) ☑ in a school building □on school property, but not in a school building Population: Other schools served 1: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\square PK$ $\square 1$ $\square 2$ $\square 3$ **□**4 Other(please specify) Grades served by this SBHC $\Box 7$ $\square 5$ □6 $\square 8$ □9

□10

	who can receive ca	re at your SHBC Is not located on campus			
✓ Studen		is not located on campus	Funding source		
	y of students		Funding Source		rimary Care
•	in the community		Funding Source	e 2	
Opening	g date (month and	year) for your SBHC	Funding Source	e 3	
Opening	Month April 2016		Funding Source	e 4	
Opening	Year				
Clinic sch	edule and staff name	es for MEDICAL services	Day and time th	at you provide	MENTAL HEALTH services
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week Hours	of Operation	Staff Name with Credentials
Monday:			Monday: Upor	n referral	
Tuesday:			Tuesday:		
Wednesday	7:30 a - 3:30 p	Lisa Queen, FNP	Wednesday:		
Thursday:			Thursday:		
Friday:			Friday:		
Staff/ager	ncy who provide OR	AL HEALTH services			
Day of					
Week	Hours of Operation	Staff Name with Credentials	Types of oral he	alth services p	rovided at your site.
Monday:	Varies	L Haddox Heston, DDS	☐ Oral health educ	cation	
Tuesday:			□ Screenings		
Wednesday	:		✓ Preventive (Clea✓ Restorative (Fill	anings,Fluoride,Se lings, Extractions)	alants)
Thursday:			•	,	
Friday:					
Staff/ager	ncy who provide NUI	RSING services.	Staff/agency wh	o provide CLE	RICAL/CARE COORDINAT
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week Hours of	of Operation	Staff Name with Credentials
Monday:			Monday:		
Tuesday:			Tuesday:		
Wednesday:	7:30 a - 3:30 p	Stacy Bumgarner, LPN	Wednesday: 7:30	a - 3:30 p	Stacy Bumgarner, LPN
Thursday:			Thursday:		
Friday:			Friday:		
Other HE	EALTH SERVICES I	provided at your SBHC.	Staff/agency wh	o provide OTF	IER HEALTH services.
Other health	services 1		Day of Week Hours o	of Operation	Staff Name with Credentials
Other health			Monday:		
Other health	-		Tuesday:		
	formation provide	ed	Wednesday:		
			Thursday:		

(Last Updated: 8/30/20	019)						
County in which SBI	HC is located:	Lincoln					
Name of School-Base	ed Health Center	Ranger Elem	nentary C	ente	er for He	ealth	
School in which th	he SBHC is located	Ranger ES					
School Population	1	100					
Address for this Scho	ool-Based Health Center	r					
Physical Address	59 Vanatters Creek						
Mailing Address	59 Vanatters Creek		CDIIC	a .	4 D		
City	Ranger		SBHC (First Na				
State	WV		Last Na				
Zip	25557		Phone		304 82		
Phone	304 778 3084		Extensi	<u> </u>	304 02	24 3000	
Extension			Fax	<u> </u>	304 82	24 5885	
Fax			_Email	- H			@swvhs.org
Website	www.swvhs.org			Ľ	Courtine	by.i (Cyriolas	W3WVII3.01g
Email	Courtney.Reynolds@	swvhs.org					
SBHC Sponsoring Ag	gency						
Name	•		Lincoln	Prir	mary Ca	are Center	
Mailing Address			7400 L	ynn .	Ave.		
City			Hamlin				
State			WV				
Zip			25523				
Executive Director			Lisa Le	each			
Phone			304 8	24	5806		
Fax			304 8	24	5885		
Email			Lisa.Le	each	@swvh	s.org	
SBHC Medical Direct	or		Greg E	lkins	s, MD		
This SBHC is located	1	0.1	/ 1	. c	`		
☑in a school building		Otner	(please sp	ecny	<u>/) </u>		
\Box on school property,	but not in a school buildi	ng					
		Other se	chools served	11:		Population:	1
		Other se	chools served	12:		Population:]
Other schools served	by this SBHC	Other s	chools served	13:		Population:	
		Other se	chools served	14:		Population:	
		⊠ PK		☑2	☑ 3	⊿ 4	Other(please specify)
Grades served by thi	s SBHC			□7 □12	□8	□9	u

Others v	vho can receive car	e at your SHBC			
Studer	nts from area school	s not located on campus	Funding	sources for your S	SBHC
☑ Schoo			_	Source 1 Lincoln F	
	of students		Funding		Timery Care
	in the community		_		
		year) for your SBHC	Funding		
Opening	Month April 2016		Funding	Source 4	
Opening	Year				
Clinic sch	edule and staff name	s for MEDICAL services	Day and	time that you provide	e MENTAL HEALTH services
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials
Monday:			Monday:	Upon referral	
Tuesday:			Tuesday:		
Wednesday:	8:00 a - 3:00 p	Chassity Kirk, NP	Wednesday	:	
Thursday:	•		Thursday:		
Friday:			Friday:		
Staff/ager Day of Week	ncy who provide ORA Hours of Operation	L HEALTH services Staff Name with Credentials	Types of	oral health services p	provided at your site
Monday:	Varies	L Haddox-Heston, DDS	Types of t	or ar mearin services p	novided at your site.
Tuesday:			✓ Oral hea✓ Screenia	alth education	
Wednesday:			☑ Prevent	ive (Cleanings,Fluoride,S	
Thursday:			☑ Restora	tive (Fillings, Extractions)	
-					
Friday:					
Staff/ager	ncy who provide NUR	SING services.	Staff/age	ncy who provide CLI	ERICAL/CARE COORDINAT
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials
Monday:			Monday:		
Tuesday:			Tuesday:		
Wednesday:	8:00 a - 3:00 p	Janet Rakes, MA	Wednesday	8:00 a - 3:00 p	Janet Rakes, MA
Thursday:			Thursday:		
Friday:			Friday:		
Other HE	ALTH SERVICES p	rovided at your SBHC.	J	ncy who provide OT	HER HEALTH services.
Other health	services 1		Day of Week	Hours of Operation	Staff Name with Credentials
Other health			Monday:		
Other health	n services 3		Tuesday:		
	formation provide	d	Wednesday	:	
			Thursday:		

(Last Updated: 9/3/20)	19)					
County in which SBI	HC is located:	Logan				
Name of School-Base	ed Health Center	Tiger Center	for Health			
School in which the	he SBHC is located	Chapmanville	Regional H	HS		
School Population	1	730				
Address for this Scho	ool-Based Health Center					
Physical Address	200 Vance St.					
Mailing Address	200 Vance St		CDIIC C	4 4 D		
City	Chapmanville		SBHC Con First Name			
State	WV		Last Name	_		
Zip	25508		Phone	304 8		
Phone	304 855 0245		Extension	304 0	24 3000	
Extension			Fax	304 8	24 5885	
Fax	304 855 0247		Email			s@swvhs.org
Website	www.swvhs.org			Courtin	cy.r (cyriola)	3@3WV113.01g
Email	Courtney.Reynolds@s	swvhs.org				
SBHC Sponsoring A	gency					
Name			Lincoln Pr	imary C	are Center	
Mailing Address			7400 Lynr	n Ave		
City			Hamlin			
State			WV			
Zip			25523			
Executive Director			Lisa Leach	h		
Phone			304 824	5806		
Fax			304 824	5885		
Email			Lisa.Leacl	h@swvh	s.org	
SBHC Medical Direct	tor		Greg Elkir	ns, MD		
This SBHC is located ☐ in a school building	Ţ		please specit	fy)		
⊔on school property,	but not in a school building	ng				
			hools served 1:		Population:	
			manville Pri	imary	294 Population:	
			manville Mi	ddle	576	
Other schools served	by this SBHC		hools served 3:		Population:	
		Other sc	hools served 4:		Population:	
Grades served by thi	s SBHC	□PK □5	$\Box 1$ $\Box 2$ $\Box 6$ $\Box 7$	_	□4 9	Other(please specify)
			/			

 $\square 10$ $\square 11$ $\square 12$

	who can receive ca	•			
		ls not located on campus	Funding	sources for your	SBHC
☑ Schoo			Funding	Source 1 Lincoln F	Primary Care
	y of students s in the community		Funding	Source 2	
	•	year) for your SBHC	Funding	Source 3	
_	g Month August	year) for your SEITE	Funding		
Opening			E		
Opening	2009				
Clinic scl	hedule and staff name	es for MEDICAL services	Day and t	ime that you provid	e MENTAL HEALTH services
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 3:30 p	Victoria Nicole Ellis, PA	Monday:	Referred	
Tuesday:	7:30 a - 3:30 p	Victoria Nicole Ellis, PA	Tuesday:		
Wednesday	7:30 a - 3:30 p	Victoria Nicole Ellis, PA	Wednesday		
Thursday:	7:30 a - 3:30 p	Victoria Nicole Ellis, PA	Thursday:		
Friday:	7:30 a - 3:30 p	Victoria Nicole Ellis, PA	Friday:		
Staff/age	ncy who provide OR	AL HEALTH services			
Day of Week	Hours of Operation	Staff Name with Credentials	Types of o	oral health services r	provided at your site.
Monday:	Varies	L Haddox-Heston, DDS/J Jus	st	alth education	•
Tuesday:			☑ Screenii	ngs	
Wednesday	7:			ive (Cleanings,Fluoride,S tive (Fillings, Extractions	
Thursday:				rve (1 mmgs, Extractions	,
Friday:					
Staff/age	ncy who provide NUI	RSING services.	Staff/ager	ncy who provide CL	ERICAL/CARE COORDINAT
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 3:30 p	Jordan Mon, MA	Monday:	7:30 a - 3:30 p	Jordan Mon, MA
Tuesday:	7:30 a - 3:30 p	Jordan Mon, MA	Tuesday:	7:30 a - 3:30 p	Jordan Mon, MA
Wednesday	7:30 a - 3:30 p	Jordan Mon, MA	Wednesday	7:30 a - 3:30 p	Jordan Mon, MA
Thursday:	7:30 a - 3:30 p	Jordan Mon, MA	Thursday:	7:30 a - 3:30 p	Jordan Mon, MA
Friday:	7:30 a - 3:30 p	Jordan Mon, MA	Friday:	7:30 a - 3:30 p	Jordan Mon, MA
Other H	EALTH SERVICES _I	provided at your SBHC.	Staff/ager	ncy who provide OT	HER HEALTH services.
Other healt	th services 1		Day of Week	Hours of Operation	Staff Name with Credentials
	th services 2		Monday:		
	th services 3		Tuesday:		
	nformation provide	ed	Wednesday	:	
	•		Thursday:		

(Last Updated: 9/3/201	19)							
County in which SBI	HC is located:	Logar	1					
Name of School-Base	d Health Center	Logar	n Wildca	t Cent	er for	Health		
School in which th	ne SBHC is located	Logar	n High S	chool				
School Population	ı	656						
Address for this Scho	ool-Based Health Center							
Physical Address	1 Wildcat Way							
Mailing Address				~~~~	. ~			
City	Logan		J	-		tact Per		
State	WV					Courtne		
Zip	25601				ame	Reynol		
Phone	304 688 9949			Phone		304 82	24 5806	
Extension				Extens	sion	204 0	04 5005	
Fax	304 896 6876			Fax			24 5885	O
Website	www.swvhs.org			Email		Courtne	ey.Reynolas	s@swvhs.org
Email	Courtney.Reynolds@s	wvhs.	org					
SBHC Sponsoring Ag	gency							
Name				Linco	In Pri	mary Ca	are Center	
Mailing Address				7400	Lynn	Ave.		
City				Haml	n			_
State				WV				
Zip				25523	3			
Executive Director				Lisa L	.each	1		
Phone				304	824	5806		
Fax				304	824	5885		
Email				Lisa.L	.eacl	n@swvh	s.org	
SBHC Medical Direct	or			Grego	ory E	lkins, M	D	
This SBHC is located ☑ in a school building			Other(please s	specif	ỳ)		
□on school property,	but not in a school building	ng						
				nools serv		у	Population:	
				nools serv			Population:	
Other schools served	by this SBHC			n Middl		hool	631	
	•		Outer set	nools serv	cu ɔ:		Population:	
			Other scl	nools serv	ed 4:		Population:	_
			□РК	□1	□2	□3	□4	Other(please specify)
Grades served by thi	s SBHC		$\Box 5$	$\Box 6$	$\Box 7$	$\square 8$	 9	omer(picase specify)

□ 10 □ 11 □ 12

Others who can receive ✓ Students from area set	e care at your SHBC hools not located on campus	Funding sources for your S	SBHC
☑ School Staff		Funding Source 1 Lincoln F	
☑ Family of students☑ Others in the community	sity	Funding Source 2	
	and year) for your SBHC	Funding Source 3	
Opening Month August		Funding Source 4	
Opening Year 2012	·		
opening rear 2012			
Clinic schedule and staff n	ames for MEDICAL services	Day and time that you provide	e MENTAL HEALTH services
Day of Week Hours of Operation	Staff Name with Credentials	Day of Week Hours of Operation	Staff Name with Credentials
Monday: 7:30 a - 3:30	p Ricki Evans, NP	Monday:	
Tuesday: 7:30 a - 3:30	p Ricki Evans, NP	Tuesday:	
Wednesday: 7:30 a - 3:30	p Ricki Evans, NP	Wednesday:	
Thursday: 7:30 a - 3:30	p Ricki Evans, NP	Thursday:	
Friday: 7:30 a - 3:30	p Ricki Evans, NP	Friday:	
Staff/agency who provide	ORAL HEALTH services		
Day of Week Hours of Operation	Staff Name with Credentials	Types of oral health services p	provided at your site.
Monday: Varies	Lisa Haddox-Heston, DDS	☑ Oral health education	
Tuesday:		✓ Screenings	
Wednesday:		 ✓ Preventive (Cleanings, Fluoride, S ✓ Restorative (Fillings, Extractions 	
Thursday:			,
Friday:			
Staff/agency who provide	NURSING services.	Staff/agency who provide CLl	ERICAL/CARE COORDINAT
Day of Week Hours of Operation	Staff Name with Credentials	Day of Week Hours of Operation	Staff Name with Credentials
Monday: 7:30 a - 3:30	p Teresa Williamson, LPN	Monday: 7:30 a - 3:30 p	Teresa Williamson, LPN
Tuesday: 7:30 a - 3:30	p Teresa Williamson, LPN	Tuesday: 7:30 a - 3:30 p	Teresa Williamson, LPN
Wednesday: 7:30 a - 3:30	p Teresa Williamson, LPN	Wednesday: 7:30 a - 3:30 p	Teresa,Williamson, LPN
Thursday: 7:30 a - 3:30	p Teresa Williamson, LPN	Thursday: 7:30 a - 3:30 p	Teresa Williamson, LPN
Friday: 7:30 a - 3:30	p Teresa Williamson, LPN	Friday: 7:30 a - 3:30 p	Teresa Williamson, LPN
Other HEALTH SERVICE	ES provided at your SBHC.	Staff/agency who provide OT	HER HEALTH services.
Other health services 1		Day of Week Hours of Operation	Staff Name with Credentials
Other health services 2		Monday:	
Other health services 3		Tuesday:	
Other information pro	vided	Wednesday:	
		Thursday:	
		Friday:	

(Last Updated: 8/30/2019) County in which SBHC is located: Logan Name of School-Based Health Center Pioneer Health Center School in which the SBHC is located Man ES / MS **School Population** 587 Address for this School-Based Health Center Physical Address 1 Pioneer Path Mailing Address **SBHC Contact Person** City Man First Name | Courtney WV State Last Name Reynolds Zip 25635 304 824 5806 Phone Phone 304 | 583 | 7295 Extension Extension 304 824 5885 Fax 304 583 7436 Fax Courtney.Reynolds@swvhs.org Email Website www.swvhs.org Courtney.Reynolds@swvhs.org Email **SBHC Sponsoring Agency** Name Lincoln Primary Care Mailing Address 7400 Lynn Avenue City Hamlin WV State 25523 Zip **Executive Director** Lisa Leach Phone 304 824 5806 Fax 304 824 5885 Email Lisa.Leach@swvhs.org SBHC Medical Director Greg Elkins, MD This SBHC is located Other(please specify) ☑ in a school building □on school property, but not in a school building Population: Other schools served 1: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\square PK$ $\square 1$ $\square 2$ $\square 3$ **□**4 Other(please specify) Grades served by this SBHC $\square 5$ **□** 6 **□** 7 $\square 8$ $\Box 9$

□10

Othors	who can receive ca	ro at your SUDC			
		ls not located on campus	F 12	6	CDIIC
School Sc			_	sources for your Source 1 Lincoln F	
	y of students		_		Tilliary Care
	s in the community		Funding		
-	`	year) for your SBHC	Funding		
	g Month April		Funding	Source 4	
Opening	g Year 2016				
Clinic scl	hedule and staff name	es for MEDICAL services	Day and t	ime that you provid	e MENTAL HEALTH services
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 3:30 p	Candice Stacy, FNP	Monday:		
Tuesday:	7:30 a - 3:30 p	Candice Stacy, FNP	Tuesday:		
Wednesday	7:30 a - 3:30 p	Candice Stacy, FNP	Wednesday		
Thursday:	7:30 a - 3:30 p	Candice Stacy, FNP	Thursday:		
Friday:	7:30 a - 3:30 p	Candice,Stacy, FNP	Friday:		
Day of Week Monday: Tuesday: Wednesday Thursday: Friday:	Hours of Operation Varies	Staff Name with Credentials L Haddox Heston, DDS	☑ Oral hea☑ Screenir☑ Preventi	lth education	
Week Monday: Tuesday: Wednesday Thursday: Friday:	Varies	L Haddox Heston, DDS	☑ Oral hea☑ Screenir☑ Preventi☑ Restorat	lth education ggs ve (Cleanings,Fluoride,S ive (Fillings, Extractions	ealants)
Week Monday: Tuesday: Wednesday Thursday: Friday:	Varies	L Haddox Heston, DDS	☑ Oral hea☑ Screenir☑ Preventi☑ Restorat	lth education ggs ve (Cleanings,Fluoride,S ive (Fillings, Extractions	ealants)
Week Monday: Tuesday: Wednesday Thursday: Friday: Staff/age Day of	Varies ncy who provide NUI	L Haddox Heston, DDS RSING services.	 ☑ Oral hea ☑ Screenin ☑ Preventi ☑ Restorat Staff/ager Day of	olth education sigs ve (Cleanings,Fluoride,S sive (Fillings, Extractions structure of the control of the contro	ealants)) ERICAL/CARE COORDINAI
Week Monday: Tuesday: Wednesday Thursday: Friday: Staff/age Day of Week	Naries ncy who provide NUI Hours of Operation	L Haddox Heston, DDS RSING services. Staff Name with Credentials	☑ Oral hea☑ Screenir☑ Preventi☑ RestoratStaff/agerDay of Week	lth education ugs ve (Cleanings,Fluoride,S ive (Fillings, Extractions ucy who provide CLI Hours of Operation	ealants) ERICAL/CARE COORDINAT Staff Name with Credentials
Week Monday: Tuesday: Wednesday Thursday: Friday: Staff/age Day of Week Monday: Tuesday:	Naries ncy who provide NUI Hours of Operation 7:30 a - 3:30 p	L Haddox Heston, DDS RSING services. Staff Name with Credentials Bobbi Griffin, LPN	✓ Oral hea ✓ Screenin ✓ Preventi ✓ Restorat Staff/ager Day of Week Monday: Tuesday:	lth education ugs ve (Cleanings,Fluoride,S ive (Fillings, Extractions ucy who provide CLI Hours of Operation 7:30 a - 3:30 p	ealants)) ERICAL/CARE COORDINAT Staff Name with Credentials Bobbi Griffin, LPN
Week Monday: Tuesday: Wednesday Thursday: Friday: Staff/age Day of Week Monday: Tuesday: Wednesday	Nories Incy who provide NUI Hours of Operation 7:30 a - 3:30 p 7:30 a - 3:30 p	RSING services. Staff Name with Credentials Bobbi Griffin, LPN Bobbi Griffin, LPN	☑ Oral hea ☑ Screenir ☑ Preventi ☑ Restorat Staff/ager Day of Week Monday: Tuesday: Wednesday:	acy who provide CLI Hours of Operation 7:30 a - 3:30 p 7:30 a - 3:30 p	ealants) ERICAL/CARE COORDINAT Staff Name with Credentials Bobbi Griffin, LPN Bobbi Griffin, LPN
Week Monday: Tuesday: Wednesday Thursday: Friday: Staff/age Day of Week Monday: Tuesday: Wednesday	Naries ncy who provide NUI Hours of Operation 7:30 a - 3:30 p 7:30 a - 3:30 p 7:30 a - 3:30 p	L Haddox Heston, DDS RSING services. Staff Name with Credentials Bobbi Griffin, LPN Bobbi Griffin, LPN Bobbi Griffin, LPN	☑ Oral hea ☑ Screenir ☑ Preventi ☑ Restorat Staff/ager Day of Week Monday: Tuesday: Wednesday:	lth education logs love (Cleanings, Fluoride, S live (Fillings, Extractions locy who provide CLI lours of Operation logs locy who provide CLI lours of Operation logs locy who provide CLI lours of Operation logs logs logs logs logs logs logs logs	ealants) ERICAL/CARE COORDINAT Staff Name with Credentials Bobbi Griffin, LPN Bobbi Griffin, LPN Bobbi Griffin, LPN
Week Monday: Tuesday: Wednesday Thursday: Friday: Staff/age Day of Week Monday: Tuesday: Wednesday Thursday: Friday: Other HI	Nours of Operation 7:30 a - 3:30 p	RSING services. Staff Name with Credentials Bobbi Griffin, LPN Bobbi Griffin, LPN Bobbi Griffin, LPN Bobbi Griffin, LPN	✓ Oral hea ✓ Screenir ✓ Preventir ✓ Restorat Staff/ager Day of Week Monday: Tuesday: Wednesday: Thursday: Friday:	lth education lgs ve (Cleanings,Fluoride,S ive (Fillings, Extractions acy who provide CLI Hours of Operation 7:30 a - 3:30 p	ealants)) ERICAL/CARE COORDINAT Staff Name with Credentials Bobbi Griffin, LPN Bobbi Griffin, LPN Bobbi Griffin, LPN Bobbi Griffin, LPN
Week Monday: Tuesday: Wednesday Thursday: Friday: Staff/age Day of Week Monday: Tuesday: Wednesday Thursday: Friday: Other HI	Varies ncy who provide NUI Hours of Operation 7:30 a - 3:30 p 7:30 a - 3:30 p	RSING services. Staff Name with Credentials Bobbi Griffin, LPN Bobbi Griffin, LPN	☑ Oral hea ☑ Screenir ☑ Preventi ☑ Restorat Staff/ager Day of Week Monday: Tuesday: Wednesday: Thursday: Friday: Staff/ager Day of	ith education logs ve (Cleanings,Fluoride,S ive (Fillings, Extractions acy who provide CLI Hours of Operation 7:30 a - 3:30 p	ERICAL/CARE COORDINAT Staff Name with Credentials Bobbi Griffin, LPN HER HEALTH services.

Wednesday: Thursday: Friday:

Other information provided

(Last Updated: 9/17/2019) County in which SBHC is located: Marion Name of School-Based Health Center East Fairmont High SBHC School in which the SBHC is located East Fairmont High School **School Population** 698 Address for this School-Based Health Center Physical Address 1993 Airport Road Mailing Address PO Box 1112 **SBHC Contact Person** City Fairmont First Name | Susan State WV Last Name Konya Zip 26554 304 366 0700 Phone Phone 304 367 0654 Extension 8623 Extension 304 366 9529 Fax 304 366 9529 Fax Email susan.konya@mvahealth.org Website mvahealth.org susan.konya@mvahealth.org Email **SBHC Sponsoring Agency** Name Monongahela Valley Assn of Health Centers, Inc. Mailing Address PO Box 1112 Fairmont City WV State 26555 Zip **Executive Director** Nancy L. Vandergrift Phone 304 367 8740 Fax 304 366 9529 Email SBHC Medical Director Himanshu Paliwal, MD This SBHC is located Other(please specify) ☑ in a school building □on school property, but not in a school building Other schools served 1: Population: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\Box PK$ $\Box 1$ $\square 2$ $\Box 3$ $\Box 4$ Other(please specify) Grades served by this SBHC 9 $\Box 5$ □6 $\Box 7$ $\square 8$

□10

		n receive car								
☐ Students from area schools not located on campus				located on campus	Funding	Funding sources for your SBHC				
☑ School		1 .			Funding	Source 1				
□ Family					Funding	Funding Source 2				
	☐ Others in the community Opening date (month and year) for your SBHC			_	Funding Source 3					
		January	year)	ior your SDAC	_	Source 4				
					1 unumg	Bource 4				
Opening	rear	1995								
Clinic sch	edule a	nd staff name	s for N	MEDICAL services	Day and	time that you provide	e MENTAL HEALTH services			
Day of Week	Hours of	Operation	Staff 1	Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials			
Monday:	12:00	p - 2:30 p	C. F	Richardson-Martin, PA-C	Monday:	varies				
Tuesday:					Tuesday:					
Wednesday:	8:00 a	a - 11:30 a	C. F	Richardson-Martin, PA-C	Wednesday	:				
Thursday:					Thursday:					
Friday:					Friday:					
Staff/agar	ev who	nrovida OP A	IHE	ALTH services	_					
Stall/agel	icy who	provide OKA	LIIL	ALTH Services						
Day of Week	Hours of	Operation	Staff 1	Name with Credentials	Types of	oral health services p	provided at your site.			
Monday:					☐ Oral he	alth education				
Tuesday:					☐ Screeni	ngs				
Wednesday:						ive (Cleanings,Fluoride,Stive (Fillings, Extractions				
Thursday:						tive (1 mings, Extractions)	,			
Friday:										
Staff/agen	icy who	provide NUR	SING	services.	Staff/age	ncy who provide CLl	ERICAL/CARE COORDINAT			
Day of Week	Hours of	Operation	Staff 1	Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials			
Monday:	12:00	p - 2:30 p	Julie	e Vanderhoff, LPN	Monday:	12:00 p - 2:30 p	Julie Vanderhoff, LPN			
Tuesday:					Tuesday:					
Wednesday:	8:00 a	a - 11:30 a	Julie	e Vanderhoff, LPN	Wednesday	8:00 a - 11:30 a	Julie Vanderhoff, LPN			
Thursday:					Thursday:					
Friday:					Friday:					
Other HE	CALTH	SERVICES p	rovide	d at your SBHC.	_	ncy who provide OT	HER HEALTH services.			
Other health	ı services	1			Day of Week	Hours of Operation	Staff Name with Credentials			
Other health					Monday:					
Other health					Tuesday:					
		tion provide	d		Wednesday	:				
					Thursday:					

(Last Updated: 9/17/2019) County in which SBHC is located: Marion Name of School-Based Health Center East Fairmont Middle Wellness Center School in which the SBHC is located East Fairmont Middle School **School Population** 698 Address for this School-Based Health Center Physical Address 221 Mason Street Mailing Address **SBHC Contact Person** City Fairmont First Name | Susan WV State Last Name Konya Zip 26554 304 366 0700 Phone Phone 304 367 2123 Extension 8623 Extension 304 366 9529 Fax 304 367 2123 Fax Email susan.konya@mvahealth.org Website mvahealth.org susan.konya@mvahealth.org Email **SBHC Sponsoring Agency** Name Monongahela Valley Assn of Health Centers, Inc. Mailing Address PO Box 1112 Fairmont City WV State 26555 Zip **Executive Director** Nancy L. Vandergrift Phone 304 367 8740 Fax 304 366 9529 Email SBHC Medical Director Himanshu Paliwal, MD This SBHC is located Other(please specify) ☑ in a school building □on school property, but not in a school building Other schools served 1: Population: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\Box PK$ $\Box 1$ $\square 2$ $\Box 3$ $\Box 4$ Other(please specify) Grades served by this SBHC **□** 5 **□** 6 **□** 7 $\square 8$ □9

□10

Others v	who can receive ca	re at your SHBC						
		s not located on campus	Funding sources for your SBHC					
☑ Schoo			Funding					
-	y of students s in the community		Funding Source 2					
	Opening date (month and year) for your SBHC			Funding Source 3				
	Month August	year) for your Shire	Funding					
Opening			1 unumg					
Opening	2010							
Clinic sch	nedule and staff name	es for MEDICAL services	Day and	time that you provide	e MENTAL HEALTH services			
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials			
Monday:	8:00 a - 11:00 a	C. Richardson-Martin, PA-C	Monday:					
Tuesday:			Tuesday:					
Wednesday	7:		Wednesday	:				
Thursday:			Thursday:					
Friday:			Friday:					
Staff/agei	ncy who provide OR	AL HEALTH services						
	ney who provide ore	IE HERETT Services						
Day of Week	Hours of Operation	Staff Name with Credentials	Types of	oral health services p	rovided at your site.			
Monday:			· ·	-	Tovided at your site.			
Tuesday:			☐ Oral hea	alth education ngs				
Wednesday	:		☐ Prevent	ive (Cleanings,Fluoride,Se				
Thursday:			☐ Restora	tive (Fillings, Extractions)				
Friday:								
Staff/ager	ncy who provide NUF	SING services	Staff/age	ncy who provide CLI	ERICAL/CARE COORDINAT			
_	mey who provide from	ion (d services.	_	ncy who provide CEI	ERICHE/CIRC COORDINA			
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials			
Monday:	8:00 a - 11:00 a	Julie Vanderhoff, LPN	Monday:	8:00 a - 11:00 a	Julie Vanderhoff, LPN			
Tuesday:			Tuesday:					
Wednesday	7:		Wednesday	:				
Thursday:			Thursday:					
Friday:			Friday:					
			Staff/age	ncy who provide OTI	HER HEALTH services.			
Other HE	EALTH SERVICES p	orovided at your SBHC.	_					
Other healtl	h services 1		Day of Week	Hours of Operation	Staff Name with Credentials			
	h services 2		Monday:					
Other health	h services 3		Tuesday:					
Other in	ıformation provide	ed .	Wednesday	:				
			Thursday:					

(Last Updated: 9/17/2019) County in which SBHC is located: Marion Name of School-Based Health Center Monongah Elementary Wellness Center School in which the SBHC is located Monongah Elementary School **School Population** 318 Address for this School-Based Health Center Physical Address 628 Walnut Street Mailing Address **SBHC Contact Person** City Monongah First Name | Susan State WV Last Name Konya Zip 26554 304 366 0700 Phone Phone 304 367 2159 Extension 8623 Extension 304 366 9529 Fax 304 367 2188 Fax Email susan.konya@mvahealth.org Website mvahealth.org susan.konya@mvahealth.org Email **SBHC Sponsoring Agency** Name Monongahela Valley Assn of Health Centers, Inc. Mailing Address PO Box 1112 Fairmont City WV State 26555 Zip **Executive Director** Nancy L. Vandergrift Phone 304 367 8740 Fax 304 366 9529 Email SBHC Medical Director Himanshu Paliwal, MD This SBHC is located Other(please specify) ☑ in a school building □on school property, but not in a school building Other schools served 1: Population: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\square PK$ $\square 1$ $\square 2$ $\square 3$ **□**4 Other(please specify) Grades served by this SBHC $\Box 5$ □6 $\Box 7$ $\square 8$ □9

□10

Others v	vho can receive car	re at your SHBC					
		s not located on campus	Funding sources for your SBHC				
☑ School			Funding				
-	of students		Funding Source 2				
Others in the community Opening date (month and year) for your SBHC Opening Month September			Funding Source 3				
			Funding				
Opening			8				
Opening	2010						
Clinic sch	edule and staff name	s for MEDICAL services	Day and	time that you provide	e MENTAL HEALTH services		
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:			Monday:				
Tuesday:	12:30 p - 3:30 p	C. Richardson-Martin, PA-C	Tuesday:				
Wednesday:			Wednesday	:			
Thursday:			Thursday:				
Friday:			Friday:				
Staff/agen	ncy who provide ORA	L HEALTH services					
	iej wilo provide ora						
Day of Week	Hours of Operation	Staff Name with Credentials	Types of	oral health services p	rovided at vour site.		
Monday:			• •	-			
Tuesday:			☐ Oral hea ☐ Screenii	alth education			
Wednesday:				ive (Cleanings,Fluoride,Setive (Fillings, Extractions)			
Thursday:			□ Restora	live (Fillings, Extractions)			
Friday:							
Staff/agen	ncy who provide NUR	SING services.	Staff/agei	ncy who provide CLF	ERICAL/CARE COORDINAT		
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:			Monday:				
Tuesday:	12:30 p - 3:30 p	Julie Vanderhoff, LPN	Tuesday:	12:30 p - 3:30 p	Julie Vanderhoff, LPN		
Wednesday:			Wednesday	:			
Thursday:			Thursday:				
Friday:			Friday:				
Other HE	EALTH SERVICES p	rovided at your SBHC.	Staff/ager	ncy who provide OTI	HER HEALTH services.		
Other health	n services 1		Day of Week	Hours of Operation	Staff Name with Credentials		
Other health			Monday:				
Other health	n services 3		Tuesday:				
Other in	formation provide	d	Wednesday	:			
	-		Thursday				

(Last Updated: 9/17/2019) County in which SBHC is located: Marion Name of School-Based Health Center Monongah Middle Wellnes Center School in which the SBHC is located Monongah Middle School **School Population** 219 Address for this School-Based Health Center Physical Address 550 Camden Avenue Mailing Address **SBHC Contact Person** City Monongah First Name | Susan State WV Last Name Konya Zip 26554 304 366 0700 Phone Phone 304 367 2164 Extension 8623 Extension 304 366 9529 Fax 304 367 2164 Fax Email susan.konya@mvahealth.org Website mvahealth.org susan.konya@mvahealth.org Email **SBHC Sponsoring Agency** Name Monongahela Valley Assn of Health Centers, Inc. Mailing Address PO Box 1112 Fairmont City WV State 26555 Zip **Executive Director** Nancy L. Vandergrift Phone 304 367 8740 Fax 304 366 9529 Email SBHC Medical Director Himanshu Paliwal, MD This SBHC is located Other(please specify) ☑ in a school building □on school property, but not in a school building Other schools served 1: Population: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\Box PK$ $\Box 1$ $\square 2$ $\Box 3$ $\Box 4$ Other(please specify) Grades served by this SBHC **□** 5 **□** 6 **□** 7 $\square 8$ □9

□10

Others v	who ca	n receive car	e at	your SHBC						
□Studer	nts fror	n area school	s not	located on campus	Funding	Funding sources for your SBHC				
Schoo Schoo					Funding					
□ Family					· ·	Funding Source 2				
		community	,	e courc	Funding Source 3					
	Opening date (month and year) for your SBHC Opening Month September			· ·	Funding Source 4					
				runding	Source 4					
Opening	Year	2016								
Clinic sch	nedule a	ınd staff name	s for l	MEDICAL services	Day and	time that you provide	MENTAL HEALTH services			
Day of Week	Hours o	f Operation	Staff	Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials			
Monday:					Monday:					
Tuesday:					Tuesday:					
Wednesday	: 12:30) p - 3:30 p	C. I	Richardson-Martin, PA-C	Wednesday	:				
Thursday:		<u> </u>		·	Thursday:					
Friday:					Friday:					
Day of	-	provide ORA f Operation		EALTH services Name with Credentials						
Week	Tiours o	ТОрегация	Stall	Name with Credentials	Types of	oral health services p	rovided at your site.			
Monday:					☐ Oral hea	alth education				
Tuesday:					□ Screenin	C	-14-)			
Wednesday	:					ive (Cleanings,Fluoride,Se tive (Fillings, Extractions)	arants)			
Thursday:										
Friday:										
Staff/agei	ncy who	provide NUR	SINC	G services.	Staff/ager	ncy who provide CLE	CRICAL/CARE COORDINAT			
Day of Week	Hours o	f Operation	Staff	Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials			
Monday:					Monday:					
Tuesday:					Tuesday:					
Wednesday	: 12:30) p - 3:30 p	Juli	e Vanderhoff, LPN	Wednesday	12:30 p - 3:30 p	Julie Vanderhoff, LPN			
Thursday:					Thursday:					
Friday:					Friday:					
Other HE	EALTH	SERVICES p	rovid	ed at your SBHC.	Staff/age	ncy who provide OTF	IER HEALTH services.			
Other healtl	h service:	s 1			Day of Week	Hours of Operation	Staff Name with Credentials			
Other healtl	h service:	s 2			Monday:					
Other healtl	h service:	s 3			Tuesday:					
Other in	ıforma	tion provide	d		Wednesday	:				
					Thursday:					

County in which SBHC is located: Marion	
Name of School-Based Health Center North Marion High SBHC	
School in which the SBHC is located North Marion High School	
School Population 712	
Address for this School-Based Health Center	
Physical Address 1 North Marion Drive	
Mailing Address SPIIC Contact Powers	
City SBHC Contact Person First Name Susan	
State WV Last Name Konya	
Zip 26571 Phone 304 366 0700	
Phone 304 986 2550 Extension 8623	
Extension Fax 304 366 9529	
Fax 304 366 9529 Email susan.konya@mvahealth.org	
Website mvahealth.org	
Email susan.konya@mvahealth.org	
SBHC Sponsoring Agency	
Name Monongahela Valley Assn of Health Center	s, Inc.
Mailing Address PO Box 1112	
City	
State	
Zip 26554	
Executive Director Nancy L. Vandergrift	
Phone 304 367 8740	
Fax 304 366 9529	
Email	
SBHC Medical Director Himanshu Paliwal, MD	
This SBHC is located Other(please specify)	
☑ in a school building	
□on school property, but not in a school building	
Other schools served 1: Population:	
Other schools served 2: Population:	
Other schools served by this SBHC Other schools served 3: Population:	
Other schools served 4: Population:	
Cities sensors served 1.	
Grades served by this SBHC	specify)

 $\square 10 \quad \square 11 \quad \square 12$

Others v	who ca	n receive car	re at your SHBC						
	☐ Students from area schools not located on campus				Funding sources for your SBHC				
☑ Schoo		1		Funding					
□ Family		community		Funding	Funding Source 2				
		-	year) for your SBHC	_	Funding Source 3				
-	-	September	<u> </u>	_	Source 4				
Opening		1996		8					
Opening	Tear	1330							
Clinic sch	iedule a	nd staff name	s for MEDICAL services	Day and	time that you provide	e MENTAL HEALTH services			
Day of Week	Hours of	f Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials			
Monday:				Monday:	varies				
Tuesday:	8:00 a	a - 11:00 a	C. Richardson-Martin, PA-	C Tuesday:					
Wednesday	:			Wednesday	7:				
Thursday:	8:00 8	a - 12:00 p	C. Richardson-Martin, PA-	C Thursday:					
Friday:				Friday:					
Staff/ager	nev who	provide ORA	AL HEALTH services						
Ü		F							
Day of Week	Hours of	f Operation	Staff Name with Credentials	Types of	oral health services p	rovided at vour site.			
Monday:					-	,			
Tuesday:					☐ Oral health education ☐ Screenings				
Wednesday	:				ive (Cleanings,Fluoride,Setive (Fillings, Extractions)				
Thursday:				L Kestora	tive (1 mings, Extractions)	,			
Friday:									
Staff/ager	ncy who	provide NUR	SING services.	Staff/age	ncy who provide CLI	ERICAL/CARE COORDINAT			
Day of Week	Hours of	f Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials			
Monday:				Monday:					
Tuesday:	8:00 a	a - 11:00 a	Julie Vanderhoff, LPN	Tuesday:	8:00 a - 11:00 a	Julie Vanderhoff, LPN			
Wednesday	:			Wednesday	7:				
Thursday:	8:00 8	a - 12:00 p	Julie Vanderhoff, LPN	Thursday:	8:00 a - 12:00 p	Julie Vanderhoff, LPN			
Friday:				Friday:					
Other HE	EALTH	SERVICES p	rovided at your SBHC.	Staff/age		HER HEALTH services.			
Other health	h services	3.1		Week	Hours of Operation	Staff Name with Credentials			
Other health	h services	3 2		Monday:					
Other health	h services	3 3		Tuesday:					
Other in	ıforma	tion provide	d	Wednesday	7:				
				Thursday					

(Last Updated: 9/17/2019) County in which SBHC is located: Marion Name of School-Based Health Center West Fairmont Middle Wellness Center School in which the SBHC is located West Fairmont Middle School **School Population** 675 Address for this School-Based Health Center Physical Address 110 10th Street Mailing Address **SBHC Contact Person** City Fairmont First Name | Susan WV State Last Name Konya Zip 26554 304 366 0700 Phone Phone 304 366 5631 Extension 8623 Extension 304 366 9529 Fax 304 366 5631 Fax Email susan.konya@mvahealth.org Website mvahealth.org susan.konya@mvahealth.org Email **SBHC Sponsoring Agency** Name Monongahela Valley Assn of Health Centers, Inc. Mailing Address PO Box 1112 Fairmont City WV State 26555 Zip **Executive Director** Nancy L. Vandergrift Phone 304 367 8740 Fax 304 366 9529 Email SBHC Medical Director Himanshu Paliwal, MD This SBHC is located Other(please specify) ☑ in a school building □on school property, but not in a school building Other schools served 1: Population: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\Box PK$ $\Box 1$ $\square 2$ $\Box 3$ $\Box 4$ Other(please specify) Grades served by this SBHC □9 **□** 5 **□** 6 **□** 7 $\square 8$

□10

Others v	who ca	n receive ca	re at	your SHBC							
		n area school	s not	located on campus	Funding sources for your SBHC						
☑ Schoo		1 4			Funding						
□ Family		community			Funding Source 2 Funding Source 3						
		-	vear)	for your SBHC							
-	_	August	y car)		_	Source 4					
Opening		2018			I shame boulde 1						
o p • ming	, 1001	20.0									
Clinic sch	nedule a	and staff name	s for l	MEDICAL services	Day and	time that you provide	MENTAL HEALTH services				
Day of Week	Hours o	f Operation	Staff	Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials				
Monday:					Monday:						
Tuesday:					Tuesday:						
Wednesday	:				Wednesday	<i>r</i> :					
Thursday:					Thursday:						
Friday:	8:00	a - 12:00 p	C. I	Richardson-Martin, PA-C	Friday:						
Day of Week Monday: Tuesday: Wednesday Thursday: Friday:	Week Hours of Operation Staff Name with Credentials Monday: Tuesday: Wednesday: Thursday:		☐ Oral he☐ Screeni☐ Prevent	Types of oral health services provided at your site. Oral health education Screenings Preventive (Cleanings, Fluoride, Sealants) Restorative (Fillings, Extractions)							
Staff/agei	ncy who	provide NUF	SINC	G services.	Staff/age	ncy who provide CLE	CRICAL/CARE COORDINAT				
Day of Week	Hours o	f Operation	Staff	Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials				
Monday:					Monday:						
Tuesday:					Tuesday:						
Wednesday	:				Wednesday	7:					
Thursday:					Thursday:						
Friday:	8:00	a - 12:00 p	Juli	e Vanderhoff, LPN	Friday:	8:00 a - 12:00 p	Julie Vanderhoff, LPN				
Other HE	EALTH	SERVICES p	rovid	ed at your SBHC.	Staff/age Day of	•	IER HEALTH services.				
Other healtl	h service	s 1			Week	Hours of Operation	Staff Name with Credentials				
Other healtl	h service	s 2			Monday:						
Other healtl	h service	s 3			Tuesday:						
Other in	ıforma	tion provide	d		Wednesday	7:					
					Thursday						

(Last Updated: 9/26/20)19)						
County in which SBI	Mason	ason					
Name of School-Base	d Health Center	Ashton Elementary Wellness Center					
School in which th	ne SBHC is located	Ashton Ele	mentary	Schoo	ol		
School Population	ı	394					
Address for this Scho	ool-Based Health Center						
Physical Address	997 Ashton-Upland Ro	d					
Mailing Address	-		CDII	2.0			
City	Ashton			-	tact Per Charlot		
State	WV			F	_	ile	
Zip	25503		Phone	Name	304 59	93 1996	
Phone	304 593 8822			ļ.	304 3	93 1990	
Extension			Exten Fax	Ļ	304 6	74 2435	
Fax	304 576 9935			F			
Website	pvalley.org/services/m	cs-healthca	re/ Email		cereed	3@hotmail.	COIII
Email	schoolbasedhealth@p	valley.org					
SBHC Sponsoring Ag	pency						
Name	5 ,		Pleas	sant V	alley H	ospital	
Mailing Address				Valle		<u> </u>	
City				Pleas			
State			WV			J	
Zip			2555	0			
Executive Director			Jeff 1	Noblin	, CEO		
Phone			304		4340		
Fax			304	675	6975		
Email			jnobl	in@pv	alley.o	rg	
SBHC Medical Direct	or						
This SBHC is located	1	0.1	(1		`		
☑ in a school building		Otn	er(please	specir	y)		
□on school property,	but not in a school building	ng					
		Othe	r schools ser	ved 1:		Population:	
		Othe	r schools ser	ved 2:		Population:	
O4hhl d							
Other schools served by this SBHC			r schools ser	ved 3:		Population:	7
	Othe	Other schools served 4:			Population:		
			V 🗖 1			- A	
Grades served by this	s SBHC	⊠P ⊠5		☑2 □7	□3 □8	⊿4 □9	Other(please specify)

 $\Box 10$ $\Box 11$ $\Box 12$

Others v	who can receive car	re at your SHBC						
		s not located on campus	Funding sources for your SBHC					
☑ School			Funding					
-	y of students in the community		Funding Source 2					
Opening date (month and year) for your SBHC			Funding Source 3					
	Month August	year) for your SBITE	•	Source 4				
Opening			1 wg					
Opening	10a1 2015							
Clinic sch	edule and staff name	s for MEDICAL services	Day and	time that you provid	le MENTAL HEALTH services			
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials			
Monday:	12:00 p - 3:30 p	Charlotte Reed, CNP	Monday:					
Tuesday:			Tuesday:					
Wednesday:			Wednesday	:				
Thursday:			Thursday:					
Friday:			Friday:					
Dovof		AL HEALTH services						
Week	Hours of Operation	Staff Name with Credentials	Types of	oral health services	provided at your site.			
Monday:			☐ Oral he	alth education				
Tuesday:			☐ Screeni	ngs				
Wednesday:			☐ Prevent	ive (Cleanings,Fluoride,Stive (Fillings, Extractions	Sealants)			
Thursday:				orve (r mmgs, zmaeciem	-)			
Friday:								
Staff/agen	ncy who provide NUF	tSING services.	Staff/age	ncy who provide CL	ERICAL/CARE COORDINAT			
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials			
Monday:	12:00 p - 3:30 p	Kristal Smith, LPN	Monday:					
Tuesday:			Tuesday:					
Wednesday:			Wednesday	:				
Thursday:			Thursday:					
Friday:			Friday:					
Other HE	CALTH SERVICES p	rovided at your SBHC.	Staff/age	-	THER HEALTH services.			
Other health	n services 1		Week	Hours of Operation	Staff Name with Credentials			
Other health	n services 2		Monday:					
Other health	n services 3		Tuesday:					
Other in	formation provide	d	Wednesday	:				
			Thursday					

(Last Updated: 9/26/20	019)						
County in which SBI	HC is located:	Mason	on				
Name of School-Base	ed Health Center	Beale Elemer	ntary Welli				
School in which th	he SBHC is located	Beale Elemer	eale Elementary School				
School Population	1	251					
Address for this Scho	ool-Based Health Center						
Physical Address	12897 Huntington Rd.						
Mailing Address			CDIIC C	4 4 D			
City	Gallipolis Ferry		SBHC Co First Nam				
State	WV		Last Name		iie		
Zip	25515		Phone		93 1996		
Phone	304 593 8822		Extension	304 3	1990		
Extension			Fax	304 6	74 2435		
Fax	304 675 1261		Email		l3@hotmail.d	com	
Website	pvalley.org/services/m	cs-healthcare/		cereeu	ownounan.	COIII	
Email	schoolbasedhealth@p	valley.org					
SBHC Sponsoring Ag	gency						
Name	•		Pleasant	Valley H	lospital		
Mailing Address			2520 Val	ley Dr.			
City			Point Ple	asant			
State			WV		_		
Zip			25550				
Executive Director			Jeff Nobl	in, CEO			
Phone			304 675	4340			
Fax			304 675	6975			
Email			jnoblin@pvalley.org				
SBHC Medical Direct	or						
This SBHC is located	i						
☑ in a school building		Other(please spec	ify)			
□on school property,	but not in a school building	ng					
		Other sch	nools served 1:		Population:	٦	
		Othorical	nools served 2:		Population:		
	Other ser	ioois served 2.		гориганоп.			
Other schools served by this SBHC			nools served 3:		Population:]	
			nools served 4:		Population:		
		□ PK	□1 □	2	 4		
Grades served by this	s SBHC	⊠PK ⊠5	□ 1□ 6□		□ 9	Other(please specify)	
- naco ser rea o j		□10		12			

Others v	who can receive car	re at your SHBC						
	☐ Students from area schools not located on campus			Funding sources for your SBHC				
☑ Schoo			Funding					
	y of students s in the community		Funding Source 2					
Opening date (month and year) for your SBHC Opening Month August			Funding Source 3					
			Funding					
Opening			8					
Opening	2010							
Clinic sch	nedule and staff name	s for MEDICAL services	Day and	time that you provid	le MENTAL HEALTH services			
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials			
Monday:			Monday:					
Tuesday:			Tuesday:					
Wednesday	:		Wednesday	:				
Thursday:	12:00 p - 3:30 p	Charlotte Reed, CNP	Thursday:					
Friday:			Friday:					
Staff/ager	ncy who provide ORA	AL HEALTH services						
Day of Week	Hours of Operation	Staff Name with Credentials	Types of a	oral health services	provided at your site.			
Monday:			• •		provided no jour site.			
Tuesday:			☐ Oral hea	alth education				
Wednesday	:		☐ Prevent	ive (Cleanings,Fluoride,				
Thursday:			□ Restora	tive (Fillings, Extraction	s)			
Friday:								
Staff/ager	ncy who provide NUR	SING services.	Staff/ager	ncy who provide CL	ERICAL/CARE COORDINAT			
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials			
Monday:			Monday:					
Tuesday:			Tuesday:					
Wednesday	:		Wednesday	:				
Thursday:	12:00 p - 3:30 p	Kristal Smith, LPN	Thursday:					
Friday:			Friday:					
Other HE	EALTH SERVICES p	rovided at your SBHC.		ncy who provide OT	THER HEALTH services.			
Other health	h services 1		Day of Week	Hours of Operation	Staff Name with Credentials			
Other health			Monday:					
Other health			Tuesday:					
Other in	formation provide	d	Wednesday	:				
			Thursday					

(Last Updated: 9/26/20)19)							
County in which SBHC is located: Mason								
Name of School-Base	d Health Center	Hannan Wellness Center						
School in which th	ne SBHC is located	Hannan Jr/Sr School						
School Population	ı	272						
Address for this Scho	ool-Based Health Center							
Physical Address	#1 Wildcat Way							
Mailing Address				CDIIC	C	tact Per		
City	Ashton					Charlot	~ ~	
State	WV			Last N			ie	
Zip	25503			Phone	anne	304 59	93 1996	
Phone	304 593 8822			Extens	ion	304 3	1990	
Extension				Fax	1011	304 6	74 2435	
Fax	304 743 4513			Email				nom
Website	pvalley.org/services/m	cs-heal	thcare/	Elliali		cereeu	3@hotmail.d	COIII
Email	schoolbasedhealth@p	valley.o	rg					
SBHC Sponsoring Ag	gency							
Name	•			Pleas	ant V	alley H	ospital	
Mailing Address				2520 \	Valle	y Dr.		
City				Point	Pleas	sant		
State				WV			_	
Zip				25550)			
Executive Director				Jeff N	oblin	, CEO		
Phone				304	675	4340		
Fax				304	675	6975		
Email			jnoblin@pvalley.org					
SBHC Medical Direct	or							
This SBHC is located	I		Othor(s	olease s	maaif	;.)		
☐ in a school building			Other	Jicase s	рссп	<u>y)</u>		
□on school property,	but not in a school building	ng						
			Other sch	ools serve	ed 1:		Population:	7
			Other sch	nools serve	ed 2:		Population:	
Od I I I II II GRUG								
Other schools served by this SBHC			Other sch	ools serve	ed 3:		Population:	
			Other sch	ools serve	ed 4:		Population:	
			$\Box DV$	□ 1		\Box 2	$\Box A$	
Grades served by this	s SBHC		□ PK □ 5	□1 □6	□2 ☑7	□3 ☑8	□4 ☑9	Other(please specify)

 $\square 10$ $\square 11$ $\square 12$

Others v	who ca	n receive ca	re at	your SHBC					
□ Students from area schools not located on campus				located on campus	Funding sources for your SBHC				
☑ School Staff						Funding Source 1			
☐ Family					Funding Source 2				
☐ Others in the community Opening date (month and year) for your SBHC					Funding Source 3				
-		`	y car)		Funding Source 4				
Opening Month August Opening Year 2015									
Opening	, i cai	2010							
Clinic sch	edule a	ınd staff name	s for l	MEDICAL services	Day and	time that you provid	le MENTAL HEALTH services		
Day of Week					Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:	8:00	a - 11:30 a	Cha	arlotte Reed, CNP	Monday:				
Tuesday:					Tuesday:				
Wednesday	:				Wednesday	7:			
Thursday:					Thursday:				
Friday:					Friday:				
Staff/ager Day of Week	-	provide ORA f Operation		ALTH services Name with Credentials	Types of	oral health services	provided at your site.		
Monday:						•			
Tuesday:					□ Grai ne □ Screeni	alth education ngs			
Wednesday	:				☐ Prevent	tive (Cleanings,Fluoride,S tive (Fillings, Extractions	Sealants)		
Thursday:					Lestora	uive (Fillings, Extractions	5)		
Friday:									
Staff/ager	ncy who	provide NUF	SINC	S services.	Staff/age	ncy who provide CL	ERICAL/CARE COORDINAT		
Day of Week	Hours o	f Operation	Staff	Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:	8:00	a - 11:30 a	Kris	stal Smith, LPN	Monday:				
Tuesday:					Tuesday:				
Wednesday	:				Wednesday	7:			
Thursday:					Thursday:				
Friday:					Friday:				
Other HE	EALTH	SERVICES p	rovid	ed at your SBHC.	Staff/age Day of	ncy who provide OT	THER HEALTH services.		
Other health	h service:	s 1			Week	Hours of Operation	Staff Name with Credentials		
Other health services 2					Monday:				
Other health services 3					Tuesday:				
Other information provided					Wednesday	7:			
					Thursday				

(Last Updated: 9/26/2019) County in which SBHC is located: Mason Name of School-Based Health Center Leon Elementary Wellness Center School in which the SBHC is located Leon Elementary School **School Population** 163 Address for this School-Based Health Center Physical Address 1226 Burdette St. Mailing Address **SBHC Contact Person** Leon City First Name Charlotte WV State Last Name Reed Zip 25123 Phone 304 | 593 | 1996 Phone 304 | 593 | 8822 Extension Extension Fax 304 674 2435 304 458 2049 Fax Email cereed3@hotmail.com Website pvalley.org/services/mcs-healthcare/ schoolbasedhealth@pvalley.org Email **SBHC Sponsoring Agency** Name Pleasant Valley Hospital Mailing Address 2520 Valley Dr. Point Pleasant City WV State 25550 Zip **Executive Director** Jeff Noblin, CEO Phone 304 675 4340 Fax 304 675 6975 Email jnoblin@pvalley.org SBHC Medical Director This SBHC is located Other(please specify) ☑ in a school building □on school property, but not in a school building Other schools served 1: Population: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\square PK$ $\square 1$ $\square 2$ $\square 3$ **□**4 Other(please specify) Grades served by this SBHC $\square 5$ **□** 6 $\Box 7$ $\square 8$ □9

□10

Others v	who can receive car	re at your SHBC					
		s not located on campus	Funding sources for your SBHC				
☑ Schoo			Funding Source 1				
	y of students s in the community		Funding	Funding Source 2			
	•	year) for your SBHC	Funding Source 3 Funding Source 4				
	Month August	year) for your Shire					
Opening			Tunung Source				
Opening	2015						
Clinic sch	nedule and staff name	s for MEDICAL services	Day and	time that you provid	le MENTAL HEALTH services		
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:			Monday:				
Tuesday:	8:00 a - 10:00 a	Charlotte Reed, CNP	Tuesday:				
Wednesday	:		Wednesday	:			
Thursday:			Thursday:				
Friday:			Friday:				
Ü	ncy who provide ORA	AL HEALTH services					
Day of Week	Hours of Operation	Staff Name with Credentials	Types of	oral health services	provided at your site.		
Monday:			☐ Oral ba	alth education	•		
Tuesday:			☐ Screeni	ngs			
Wednesday	:			ive (Cleanings,Fluoride,stive (Fillings, Extraction			
Thursday:			i Restora	tive (1 mmgs, Extraction	3)		
Friday:							
Staff/ager	ncy who provide NUR	SING services.	Staff/age	ncy who provide CL	ERICAL/CARE COORDINAT		
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:			Monday:				
Tuesday:	8:00 a - 10:00 a	Kristal Smith, LPN	Tuesday:				
Wednesday	:		Wednesday	:			
Thursday:			Thursday:				
Friday:			Friday:				
Other HE	EALTH SERVICES p	rovided at your SBHC.	_	ncy who provide OT	THER HEALTH services.		
Other health	h services 1		Day of Week	Hours of Operation	Staff Name with Credentials		
Other health	h services 2		Monday:				
Other health	h services 3		Tuesday:				
Other information provided				:			
			Thursday				

(Last Updated: 9/26/2019) County in which SBHC is located: Mason Name of School-Based Health Center New Haven Elementary Wellness Center School in which the SBHC is located New Haven Elementary **School Population** 517 Address for this School-Based Health Center Physical Address 135 Mill St. Mailing Address **SBHC Contact Person** City New Haven First Name Charlotte WV State Last Name Reed Zip 25265 Phone 304 | 593 | 1996 Phone 304 | 593 | 8822 Extension Extension 304 674 2435 Fax 304 882 2037 Fax Email cereed3@hotmail.com pvalley.org/services/mcs-healthcare/ Website schoolbasedhealth@pvalley.org Email **SBHC Sponsoring Agency** Name Pleasant Valley Hospital Mailing Address 2520 Valley Dr. Point Pleasant City WV State 25550 Zip **Executive Director** Jeff Noblin, CEO Phone 304 675 4340 Fax 304 675 6975 Email jnoblin@pvalley.org SBHC Medical Director This SBHC is located Other(please specify) ☑ in a school building □on school property, but not in a school building Other schools served 1: Population: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\square PK$ $\square 1$ $\square 2$ $\square 3$ **□**4 Other(please specify) Grades served by this SBHC $\square 5$ **□** 6 $\Box 7$ $\square 8$ □9

□10

 $\Box 11 \quad \Box 12$

Others v	who can receive car	re at your SHBC					
		s not located on campus	Funding sources for your SBHC				
☑ Schoo			Funding Source 1				
-	y of students s in the community		Funding	Funding Source 2			
	•	year) for your SBHC	Funding Source 3 Funding Source 4				
	Month August	year) for your SDITE					
Opening							
Opening	2010						
Clinic sch	nedule and staff name	s for MEDICAL services	Day and	time that you provid	le MENTAL HEALTH services		
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:			Monday:				
Tuesday:			Tuesday:				
Wednesday:	12:00 p - 3:30 p	Charlotte Reed, CNP	Wednesday	:			
Thursday:			Thursday:				
Friday:			Friday:				
Staff/ager	nev who provide OR	AL HEALTH services					
_	ncy who provide OKA	ALTIEALITI SCIVICES					
Day of Week	Hours of Operation	Staff Name with Credentials	Types of	oral health services	provided at your site.		
Monday:					F		
Tuesday:			☐ Oral hea	alth education ngs			
Wednesday	:		☐ Prevent	ive (Cleanings,Fluoride,Stive (Fillings, Extraction	Sealants)		
Thursday:			□ Restora	uve (Fillings, Extraction	8)		
Friday:							
Staff/ager	ncy who provide NUF	SING services.	Staff/age	ncy who provide CL	ERICAL/CARE COORDINAT		
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:			Monday:				
Tuesday:			Tuesday:				
Wednesday	12:00 p - 3:30 p	Kristal Smith, LPN	Wednesday	:			
Thursday:			Thursday:				
Friday:			Friday:				
			Stoff/aga	nev who provide OT	THER HEALTH services.		
Other HE	EALTH SERVICES p	rovided at your SBHC.	5	ncy who provide O1	HER HEALTH Services.		
Other health services 1			Day of Week	Hours of Operation	Staff Name with Credentials		
Other health			Monday:				
Other health			Tuesday:				
	iformation provide	d	Wednesday	:			
			Thursday				

(Last Updated: 9/26/2019) County in which SBHC is located: Mason Name of School-Based Health Center Point Pleasant Int. Wellness Center School in which the SBHC is located Point Pleasant Intermediate **School Population** 367 Address for this School-Based Health Center Physical Address 1 Walden Roush Way Mailing Address **SBHC Contact Person** City Point Pleasant First Name Charlotte WV State Last Name Reed Zip 25550 Phone 304 | 593 | 1996 Phone 304 | 593 | 8822 Extension Extension Fax 304 674 2435 304 | 675 | 2110 Fax Email cereed3@hotmail.com pvalley.org/services/mcs-healthcare/ Website schoolbasedhealth@pvalley.org Email **SBHC Sponsoring Agency** Name Pleasant Valley Hospital Mailing Address 2520 Valley Dr. Point Pleasant City WV State 25550 Zip **Executive Director** Jeff Noblin, CEO Phone 304 675 4340 Fax 304 675 6975 Email jnoblin@pvalley.org SBHC Medical Director This SBHC is located Other(please specify) ☑ in a school building □on school property, but not in a school building Other schools served 1: Population: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\Box PK$ $\Box 1$ $\square 2$ $\square 3$ **□**4 Other(please specify) Grades served by this SBHC $\square 5$ **□** 6 $\Box 7$ $\square 8$ □9

□10

Others v	who ca	n receive ca	e at	your SHBC					
☐ Students from area schools not located on campus			Funding	Funding sources for your SBHC					
⊠ Schoo		1 .				Funding Source 1			
☐ Family		community			Funding Source 2				
		•	vear)	for your SRHC	_	Source 3			
Opening date (month and year) for your SBHC Opening Month August			_	Source 4					
Opening		2015			8				
Opening	, i cai	2010							
Clinic sch	nedule a	ınd staff name	s for l	MEDICAL services	Day and	time that you provid	le MENTAL HEALTH services		
Day of Week	Hours o	f Operation	Staff	Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:					Monday:				
Tuesday:					Tuesday:				
Wednesday	:				Wednesday	7:			
Thursday:					Thursday:				
Friday:	8:00	a - 11:30 a	Cha	arlotte Reed, CNP	Friday:				
Staff/ager		provide ORA		ALTH services Name with Credentials					
Week	nours o	1 Operation	Stall	ivame with Credentials	Types of	oral health services	provided at your site.		
Monday:					☐ Oral he	alth education			
Tuesday:			<u> </u>		☐ Screeni	ngs ive (Cleanings,Fluoride,S	Foolants)		
Wednesday	:				☐ Restora	tive (Fillings, Extractions	s)		
Thursday:									
Friday:									
Staff/agei	ncy who	provide NUF	SING	S services.	Staff/age	ncy who provide CL	ERICAL/CARE COORDINAT		
Day of Week	Hours o	f Operation	Staff	Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:					Monday:				
Tuesday:					Tuesday:				
Wednesday	:				Wednesday	r:			
Thursday:					Thursday:				
Friday:	8:00	a - 11:30 a	Kris	stal Smith, LPN	Friday:				
Other HE	EALTH	SERVICES p	rovid	ed at your SBHC.	_	ncy who provide OT	THER HEALTH services.		
Other healtl	h service:	s 1			Day of Week	Hours of Operation	Staff Name with Credentials		
Other healtl					Monday:				
Other healtl	h service:	s 3			Tuesday:				
Other in	ıforma	tion provide	d		Wednesday	7:			
					Thursday				

(Last Updated: 10/1/20	019)						
County in which SBI	HC is located:	Mason					
Name of School-Base	d Health Center	Pt Pleasant Jr/Sr High Wellness Center					
School in which th	ne SBHC is located	Pt Pleasant Jr/Sr High					
School Population	1	1,102					
Address for this Scho	ool-Based Health Center						
Physical Address	Rt. 1, Box 4						
Mailing Address			CDIIC C	tact Person			
City	Point Pleasant		First Name				
State	WV		Last Name				
Zip	25550		Phone		196		
Phone	304 593 8822		Extension	304 393 19	190		
Extension			Fax	304 674 24	35		
Fax			Email	cereed3@hot			
Website	pvalley.org/services/m	cs-healthcare/		cereeds@not	IIIdii.COIII		
Email	schoolbasedhealth@p	valley.org					
SBHC Sponsoring Ag	encv						
Name			Pleasant \	/alley Hospital			
Mailing Address			2520 Valle	ey Dr.			
City			Point Plea				
State			WV				
Zip			25550				
Executive Director		Jeff Noblin, CEO					
Phone			304 675 4340				
Fax			304 675 6975				
Email			jnoblin@p	valley.org			
SBHC Medical Direct	or						
This SBHC is located	Ī						
☑ in a school building		Other(please specif	fy)			
□on school property,	but not in a school building	ng					
		Other scl	nools served 1:	Popula	tion:		
	Other scl	nools served 2:	Popula	tion:			
Other schools served	Other scl	hools served 3:	Popula	tion:			
		1 14		·			
		Other scl	hools served 4:	Popula	tion:		
Grades served by this	s SRHC	□PK □5	$\Box 1$ $\Box 2$ $\Box 6$ $\Box 7$		Other(please specify)		

□ 10 □ 11 □ 12

Others v	who can receive car	re at your SHBC						
☐ Students from area schools not located on campus			Funding	Funding sources for your SBHC				
☑ Schoo			Funding					
	y of students		_	Funding Source 2				
	s in the community	waan) fan warm CDHC	_	Funding Source 3				
Opening date (month and year) for your SBHC Opening Month August		•	Source 4					
			Tullding	Source 4				
Opening	Year 2017							
Clinic sch	nedule and staff name	s for MEDICAL services	Day and	time that you provic	de MENTAL HEALTH services			
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials			
Monday:			Monday:	TBA				
Tuesday:	12:00 p - 3:30 p	Charlotte Reed, CNP	Tuesday:					
Wednesday	:		Wednesday	:				
Thursday:			Thursday:					
Friday:	12:00 p - 3:30 p	Charlotte Reed, CNP	Friday:					
_	ncy who provide ORA	AL HEALTH services						
Day of Week	Hours of Operation	Staff Name with Credentials	Types of	oral health services	provided at your site.			
Monday:			☐ Oral be	alth education				
Tuesday:			☐ Screeni	ngs				
Wednesday	:			ive (Cleanings,Fluoride,stive (Fillings, Extraction				
Thursday:				tive (i mings, Extraction	5)			
Friday:								
Staff/agei	ncy who provide NUF	RSING services.	Staff/age	ncy who provide CL	ERICAL/CARE COORDINAT			
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials			
Monday:			Monday:					
Tuesday:	12:00 p - 3:30 p	Kristal Smith, LPN	Tuesday:					
Wednesday	:		Wednesday	:				
Thursday:			Thursday:					
Friday:	12:00 p - 3:30 p	Kristal Smith, LPN	Friday:					
Other HE	EALTH SERVICES p	rovided at your SBHC.	_	ncy who provide OT	THER HEALTH services.			
Other healtl	h services 1		Day of Week	Hours of Operation	Staff Name with Credentials			
	h services 2		Monday:					
Other healtl	h services 3		Tuesday:					
Other in	oformation provide	d	Wednesday	:				
	-		Thursday:					

(Last Updated: 9/26/20	019)							
County in which SBI	HC is located:	Mason						
Name of School-Base	d Health Center	Point	Point Pleasant Primary Wellness Center					
School in which th	ne SBHC is located	Point	Point Pleasant Primary					
School Population	1	346						
Address for this Scho	ool-Based Health Center							
Physical Address	2200 Lincoln Ave.							
Mailing Address				CDIIC		4 A D		
City	Point Pleasant			-		tact Pers		
State	WV			Last N	ŀ		ıe	
Zip	25550			Phone	Ļ	304 59	3 1996	
Phone	304 593 8822			Extens	ļ	304 33	1330	
Extension				Fax	ļ	304 67	74 2435	
Fax	304 675 1474			Email	ļ		3@hotmail.d	com
Website	pvalley.org/services/m	cs-hea	lthcare/			Cereeuc	ownounan.	COIII
Email	schoolbasedhealth@p	valley.	org					
SBHC Sponsoring Ag	gencv							
Name	•			Pleas	ant V	alley Ho	ospital	
Mailing Address				2520	Valle	y Dr.		
City				Point	Pleas	sant		
State				WV				
Zip				25550)			
Executive Director				Jeff N	oblin	, CEO		
Phone				304	675	4340		
Fax				304	675	6975		
Email			jnoblin@pvalley.org					
SBHC Medical Direct	or							
This SBHC is located ☐ in a school building ☐ on school property.		20	Other(please s	specif	y)		
non school property,	but not in a school building	ıg						
			Other scl	nools serv	ed 1:		Population:	
Other schools served by this SBHC			Other sch	nools serv	ed 2:		Population:]
			Other scl	nools serv	ed 3:		Population:	
			Other scl	nools serv	ed 4:		Population:	
Grades served by this	s SBHC		☑ PK☑ 5	⊠1 □6	☑2 □7	□3 □8	□4 □9	Other(please specify)

 $\Box 10$ $\Box 11$ $\Box 12$

	who can receive can	re at your SHBC s not located on campus	T2 1'	c	CDITC			
□ Schoo		s not rocated on campus		sources for your	SBHC			
	y of students			Funding Source 1				
□ Others	□ Others in the community			Funding Source 2				
Opening	Opening date (month and year) for your SBHC			Source 3				
Opening	Opening Month August		Funding	Source 4				
Opening	Year 2015							
Clinic sch	nedule and staff name	es for MEDICAL services	Day and	time that you provic	le MENTAL HEALTH services			
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials			
Monday:			Monday:					
Tuesday:			Tuesday:					
Wednesday	:		Wednesday	7:				
Thursday:	8:00 a - 11:30 a	Charlotte Reed, CNP	Thursday:					
Friday:			Friday:					
	ncy who provide ORA	AL HEALTH services						
Day of Week	Hours of Operation	Staff Name with Credentials	Types of	oral health services	provided at your site.			
Monday:				alth education	· ·			
Tuesday:			☐ Screeni	ngs				
Wednesday	:			ive (Cleanings,Fluoride, tive (Fillings, Extraction				
Thursday:				tive (1 mings, Extraction	3)			
Friday:								
Staff/ager	ncy who provide NUF	RSING services.	Staff/age	ncy who provide CL	ERICAL/CARE COORDINAT			
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials			
Monday:			Monday:					
Tuesday:			Tuesday:					
Wednesday	:		Wednesday	7:				
Thursday:	8:00 a - 11:30 a	Kristal Smith, LPN	Thursday:					
Friday:			Friday:					
Other HE	EALTH SERVICES p	rovided at your SBHC.		ncy who provide OT	THER HEALTH services.			
Other health	h services 1		Day of Week	Hours of Operation	Staff Name with Credentials			
Other health	h services 2		Monday:					
Other health	h services 3		Tuesday:					
Other in	nformation provide	ed	Wednesday	7:				
			Thursday:					

(Last Updated: 9/26/20)19)					
County in which SBF	HC is located:	Mason				
Name of School-Base	d Health Center	Roosevelt Ele	mentary W	ellness Center		
School in which th	ne SBHC is located	Roosevelt Ele	mentary			
School Population	ı	262				
Address for this Scho	ool-Based Health Center	r				
Physical Address	7953 Ripley Road					
Mailing Address			CDIIC C			
City	Point Pleasant		SBHC Con First Name	Charlette		
State	WV		Last Name			
Zip	25550		Phone	304 593 1996		
Phone	304 593 8822		Extension	304 393 1990		
Extension				304 674 2435		
Fax	304 675 7331		Fax Email			
Website	pvalley.org/services/m	ncs-healthcare/	Eman	cereed3@hotmail	.COM	
Email	schoolbasedhealth@p	ovalley.org				
SBHC Sponsoring Ag	gency					
Name				/alley Hospital		
Mailing Address			2520 Valle			
City			Point Plea	sant		
State			WV			
Zip			25550			
Executive Director			Jeff Noblin			
Phone				4340		
Fax			304 675	6975		
Email			jnoblin@p	valley.org		
SBHC Medical Director	or					
This SBHC is located ☑ in a school building ☐ on school property,			please specif	ĵy)		
		Other sch	nools served 1:	Population:		
Other schools served by this SBHC		Other sch	nools served 2:	Population:		
		Other sch	nools served 3:	Population:	_	
		Other sch	nools served 4:	Population:		
Grades served by this	s SRHC	☑PK ☑5	□1 □2 □7		Other(please specify)	

 $\Box 10$ $\Box 11$ $\Box 12$

Others	who ca	n receive car	e at	your SHBC					
□Stude	☐ Students from area schools not located on campus			Funding	Funding sources for your SBHC				
☑ Schoo						Funding Source 1			
☐ Family	-				· ·	Funding Source 2			
	Others in the community			Funding					
Opening date (month and year) for your SBHC Opening Month August			Funding						
		_			runding	Source 4			
Opening	Year	2015							
Clinic sch	nedule a	and staff name	s for I	MEDICAL services	Day and	time that you provid	le MENTAL HEALTH services		
Day of Week	Hours o	f Operation	Staff 1	Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:					Monday:				
Tuesday:	10:00	a - 11:30 a	Cha	arlotte Reed, CNP	Tuesday:				
Wednesday	7:				Wednesday	:			
Thursday:					Thursday:				
Friday:					Friday:				
Staff/ager	-			CALTH services					
Week	Hours o	f Operation	Stan	Name with Credentials	Types of	oral health services	provided at your site.		
Monday:					☐ Oral hea	alth education			
Tuesday:					☐ Screeni	☐ Screenings			
Wednesday	·:					ive (Cleanings,Fluoride, tive (Fillings, Extraction			
Thursday:						(3)	,		
Friday:									
Staff/age	ncy who	provide NUR	SING	S services.	Staff/age	ncy who provide CL	ERICAL/CARE COORDINAT		
Day of Week	Hours o	f Operation	Staff 1	Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:					Monday:				
Tuesday:	10:00	a - 11:30 a	Kris	stal Smith, LPN	Tuesday:				
Wednesday	·:				Wednesday	:			
Thursday:					Thursday:				
Friday:					Friday:				
Other HI	EALTH	SERVICES pr	rovide	ed at your SBHC.	Staff/age	ncy who provide OT	THER HEALTH services.		
Other healt	h services	s 1			Day of Week	Hours of Operation	Staff Name with Credentials		
Other healt					Monday:				
Other healt					Tuesday:				
		tion provide	d		Wednesday	:			
					Thursday:				

(Last Updated: 9/26/20)19)							
County in which SBI	HC is located:	Mason						
Name of School-Base	d Health Center	Wahama High Wellness Center						
School in which th	ne SBHC is located	Wahama Jr/Sr School						
School Population	ı	368						
Address for this Scho	ool-Based Health Center							
Physical Address	#1 White Falcon Drive							
Mailing Address				CDIIC		D		
City	Mason			-		tact Per Charlot		
State	WV			Last N			ile	
Zip	25260			Phone	ame	304 59	93 1996	
Phone	304 593 8822	_		Extens	ion	304 3	1990	
Extension				Fax	1011	304 6	74 2435	
Fax	304 773 5216			Email			3@hotmail.d	nom
Website	pvalley.org/services/mcs-healthcare/					cereeu	<u>J@HOtiHall.t</u>	COIII
Email	schoolbasedhealth@p	valley.c	org					
SBHC Sponsoring Ag	zencv							
Name	•			Pleas	ant V	alley H	ospital	
Mailing Address				2520	Valle	y Dr.	-	
City				Point	Plea	sant		
State				WV			_	
Zip				25550)			
Executive Director				Jeff N	oblin	, CEO		
Phone				304	675	4340		
Fax			304 675 6975					
Email			jnoblin@pvalley.org					
SBHC Medical Direct	or							
This SBHC is located	I		041	.1	:c	2-1		
☑in a school building			Other(please s	респ	у)		
□on school property,	but not in a school building	ng						
			Other sch	nools serve	ed 1:		Population:	
			Other sch	nools serve	ed 2:		Population:	
Other schools served by this SBHC]
			Other sch	nools serve	ed 3:		Population:]
			Other sch	nools serve	ed 4:		Population:	
							1	
Grades served by this	s SBHC		□PK □5	□1 □6	□2 ☑7	□3 ☑8	□4 ☑9	Other(please specify)

 $\square 10$ $\square 11$ $\square 12$

	who can receive can	•						
□ Studer □ Schoo		s not located on campus		sources for your	SBHC			
	y of students		Funding	Funding Source 1				
•	s in the community		Funding	Funding Source 2				
Opening date (month and year) for your SBHC			Funding	Funding Source 3				
-	Opening Month August		Funding	Source 4				
Opening								
opening	2010							
Clinic sch	edule and staff name	s for MEDICAL services	Day and	time that you provid	de MENTAL HEALTH services			
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials			
Monday:			Monday:					
Tuesday:			Tuesday:					
Wednesday	8:00 a - 11:30 a	Charlotte Reed, CNP	Wednesday	7:				
Thursday:			Thursday:					
Friday:			Friday:					
Staff/ager	ncy who provide ORA	AL HEALTH services						
Day of Week	Hours of Operation	Staff Name with Credentials	Types of	oral health services	provided at your site.			
Monday:								
Tuesday:			□ Grai ne	alth education ngs				
Wednesday	:			ive (Cleanings,Fluoride, tive (Fillings, Extraction				
Thursday:			Kestora	tive (Fillings, Extraction	5)			
Friday:								
Staff/ager	ncy who provide NUF	RSING services.	Staff/age	ncy who provide CL	ERICAL/CARE COORDINAT			
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials			
Monday:			Monday:					
Tuesday:			Tuesday:					
Wednesday	8:00 a - 11:30 a	Kristal Smith, LPN	Wednesday	7:				
Thursday:			Thursday:					
Friday:			Friday:					
Other HE	EALTH SERVICES p	rovided at your SBHC.	Staff/age	ncy who provide OT	THER HEALTH services.			
Other health	h services 1		Day of Week	Hours of Operation	Staff Name with Credentials			
Other health			Monday:					
Other health			Tuesday:					
	iformation provide	ed	Wednesday	r:				
	*		Thursday:					

(Last Updated: 9/16/2019) County in which SBHC is located: McDowell Name of School-Based Health Center Mount View Health Center School in which the SBHC is located Mount View MS/HS **School Population** 664 Address for this School-Based Health Center Physical Address 950 Mt View Rd Suite 500 Mailing Address 950 Mt View Rd Suite 500 **SBHC Contact Person** City Welch First Name | Tim WV State Last Name Crofton Zip 24801 304 436 4798 Phone 304 | 436 | 4798 Phone Extension Extension Fax 304 | 436 | 4815 304 Fax 436 4815 Email timcrofton@excite.com Website timcrofton@excite.com Email **SBHC Sponsoring Agency** Name Tug River Health Assn Inc P.O. Box 507 Mailing Address Gary City WV State 24836 Zip **Executive Director** Tim Crofton Phone 304 448 2101 Fax 304 448 3217 Email SBHC Medical Director Theresa Thacker, DO This SBHC is located Other(please specify) ☑ in a school building □on school property, but not in a school building Population: Other schools served 1: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\Box PK$ $\Box 1$ $\square 2$ $\Box 3$ $\Box 4$ Other(please specify) Grades served by this SBHC 9 $\Box 5$ **□** 6 **□** 7 $\square 8$

□10

	☑ Students from area schools not located on campus			Funding sources for your SBHC			
☑ Schoo			Funding	Funding Source 1 WV BPH			
	y of students s in the community		Funding	Funding Source 2			
	•	year) for your SBHC	Funding				
	Month August	year) for your Shire	Funding				
Opening							
Opening	2005						
Clinic sch	edule and staff name	s for MEDICAL services	Day and t	time that you provide	MENTAL HEALTH services		
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:	8:00 a - 4:30 p	Carol Dennison, NP	Monday:	Hours vary	Sheila Chandler		
Tuesday:	8:00 a - 12:00 p	Carol Dennison, NP	Tuesday:				
Wednesday	8:00 a - 12:00 p	Carol Dennison, NP	Wednesday				
Thursday:	8:00 a - 4:30 p	Carol Dennison, NP	Thursday:				
Friday:			Friday:				
Staff/agei	ncy who provide ORA	L HEALTH services					
Day of Week	Hours of Operation	Staff Name with Credentials	_ Types of c	oral health services p	rovided at your site.		
Monday:	Referred		☐ Oral hea	alth education			
Tuesday:			☐ Screenin	ngs			
Wednesday	:			ive (Cleanings,Fluoride,Se tive (Fillings, Extractions)	alants)		
Thursday:				(8, ,			
Friday:							
Staff/ager	ncy who provide NUR	SING services.	Staff/ager	ncy who provide CLE	RICAL/CARE COORDINAT		
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:	8:00 a - 4:30 p	Megan Burks, LPN	Monday:	8:00 a - 4:30 p	Susan Jones		
Tuesday:	8:00 a - 12:00 p	Megan Burks, LPN	Tuesday:	8:00 a - 12:00 p	Susan Jones		
Wednesday	8:00 a - 12:00 p	Megan Burks, LPN	Wednesday	8:00 a - 12:00 p	Susan Jones		
Thursday:	8:00 a - 4:30 p	Megan Burks, LPN	Thursday:	8:00 a - 4:30 p	Susan Jones		
Friday:			Friday:				
Other HE	EALTH SERVICES p	rovided at your SBHC.	Staff/ager	ncy who provide OTH	IER HEALTH services.		
Other healtl	h services 1		Day of Week	Hours of Operation	Staff Name with Credentials		
Other healtl	h services 2		Monday:				
Other healtl	h services 3		Tuesday:				
Other in	nformation provide	d	Wednesday	:			
			Thursday:				
			Friday:				

Others who can receive care at your SHBC

(Last Updated: 9/16/2019) County in which SBHC is located: McDowell Name of School-Based Health Center River View High SBHC School in which the SBHC is located River View HS **School Population** 481 Address for this School-Based Health Center Physical Address 512 Mountaineer Highway Mailing Address 512 Mountaineer Highway **SBHC Contact Person** City Bradshaw First Name | Tim State WV Last Name Crofton Zip 24817 304 448 2101 Phone Phone 304 967 7682 Extension 251 Extension Fax 304 | 436 | 4815 304 Fax 967 7684 Email timcrofton@excite.com Website timcrofton@excite.com Email **SBHC Sponsoring Agency** Name Tug River Health Association, Inc. P.O. Box 507 Mailing Address Gary City WV State 24836 Zip **Executive Director** Tim Crofton Phone 304 | 436 | 4799 Fax 304 448 3217 Email timcrofton@excite.com SBHC Medical Director Theresa Thacker, DO This SBHC is located Other(please specify) ☑ in a school building □on school property, but not in a school building Other schools served 1: Population: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\Box PK$ $\Box 1$ $\square 2$ $\Box 3$ $\Box 4$ Other(please specify) Grades served by this SBHC 9 $\Box 5$ □6 $\Box 7$ $\square 8$

□10

Others v	who can receive ca	re at your SHBC						
☑ Students from area schools not located on campus			Funding	Funding sources for your SBHC				
Schoo Schoo	l Staff		_	Funding Source 1 WV BPH				
•	y of students		•					
	s in the community		_	Funding Source 2				
Opening	g date (month and	year) for your SBHC	Funding					
Opening	Month April		Funding	Source 4				
Opening	Year 2011							
Clinic sch	nedule and staff name	es for MEDICAL services	Day and	time that you provide	MENTAL HEALTH services			
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials			
Monday:	8:00 a - 6:30 p	Angela Hopkins, FNP	Monday:	8:30 a - 12:00 p	Kirk Ramsey, Psychiatrist			
Tuesday:	8:00 a - 6:30 p	Angela Hopkins, FNP	Tuesday:					
Wednesday	8:00 a - 6:30 p	Angela Hopkins, FNP	Wednesday	:				
Thursday:	8:00 a - 6:30 p	Angela Hopkins, FNP	Thursday:					
Friday:			Friday:					
Staff/agei	ncy who provide OR	AL HEALTH services						
Day of Week	Hours of Operation	Staff Name with Credentials	Types of	oral health services p	rovided at your site.			
Monday:			☐ Oral bar	alth education				
Tuesday:			☐ Screenii	ngs				
Wednesday	:			ive (Cleanings,Fluoride,Se				
Thursday:			□ Restora	tive (Fillings, Extractions)				
Friday:								
Staff/ager	ncy who provide NUI	RSING services.	Staff/ager	ncy who provide CLE	CRICAL/CARE COORDINAT			
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials			
Monday:	8:00 a - 6:30 p	Amanda Blevins, LPN	Monday:	8:00 a - 6:30 p	Stephanie Morgan			
Tuesday:	8:00 a - 6:30 p	Amanda Blevins, LPN	Tuesday:	8:00 a - 6:30 p	Stephanie Morgan			
Wednesday	8:00 a - 6:30 p	Amanda Blevins, LPN	Wednesday	8:00 a - 6:30 p	Stephanie Morgan			
Thursday:	8:00 a - 6:30 p	Amanda Blevins, LPN	Thursday:	8:00 a - 6:30 p	Stephanie Morgan			
Friday:			Friday:					
Other HF	EALTH SERVICES 1	provided at your SBHC.	Staff/ager	ncy who provide OTI	IER HEALTH services.			
Other healtl			Day of Week	Hours of Operation	Staff Name with Credentials			
Other healtl	h services 2		Monday:					
Other healtl	h services 3		Tuesday:					
	iformation provide	ed	Wednesday	:				
	F - 1.24		Thursday:					
			Friday:					
			11100.					

(Last Updated: 9/16/2019) County in which SBHC is located: Monroe Name of School-Based Health Center James Monroe Wellness Center School in which the SBHC is located James Monroe High **School Population** 480 Address for this School-Based Health Center Physical Address James Monroe Drive Mailing Address Rt. 1 Box 97-1-A **SBHC Contact Person** City Lindside First Name Elizabeth State WV Last Name Wickline Zip 24951 304 753 5940 Phone Phone 304 | 753 | 5940 Extension Extension 304 753 5941 Fax Fax 304 | 753 | 5941 Email mwickline@monroehealthcenter.com Website monroehealthcenter.com Email **SBHC Sponsoring Agency** Name Monroe Health Center PO Box 590 Mailing Address City Union WV State 24983 Zip **Executive Director** Jim Nelson Phone 304 772 3064 Fax Email jnelson@monroehealthcenter.com SBHC Medical Director Sophia Sibold, DO This SBHC is located Other(please specify) ☑ in a school building □on school property, but not in a school building Other schools served 1: Population: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\Box PK$ $\Box 1$ $\square 2$ $\Box 3$ $\Box 4$ Other(please specify) Grades served by this SBHC $\Box 5$ □6 $\Box 7$ $\square 8$

□10

□11 □12

Birth to 3 y/o in ELS

Others who can receive care at your SHBC ☑ Students from area schools not located on campus **Funding sources for your SBHC** □ School Staff Funding Source 1 ☐ Family of students Funding Source 2 □ Others in the community Funding Source 3 Opening date (month and year) for your SBHC Funding Source 4 Opening Month August Opening Year 2006 Clinic schedule and staff names for MEDICAL services Day and time that you provide MENTAL HEALTH services Day of Day of Hours of Operation Staff Name with Credentials Hours of Operation Staff Name with Credentials Week Week 7:30 p - 4:00 p Elizabeth Wickline, PA Monday: Monday: E Jennings Psychologist 7:30 p - 4:00 p 7:30 a - 4:00 p Elizabeth Wickline, PA Tuesday: Tuesday: E Jennings Psychologist Wednesday: 7:30 p - 4:00 p Elizabeth Wickline, PA Wednesday: 7:30 a - 12:00 p E Jennings Psychologist 7:30 p - 4:00 p Elizabeth Wickline, PA 7:30 a - 12:00 p Thursday: Thursday: Friday: 7:30 p - 4:00 p Elizabeth Wickline, PA Friday: Staff/agency who provide ORAL HEALTH services Day of Hours of Operation Staff Name with Credentials Week Types of oral health services provided at your site. Monday: Varies Mark Kilcollin, DDS ☑ Oral health education Tuesday: ☑ Screenings ☑ Preventive (Cleanings,Fluoride,Sealants) Wednesday: ☐ Restorative (Fillings, Extractions) Thursday: Friday: Staff/agency who provide NURSING services. Staff/agency who provide CLERICAL/CARE COORDINAT Day of Day of Hours of Operation Staff Name with Credentials Hours of Operation Staff Name with Credentials Week Week 7:30 p - 4:00 p Stephanie Darnell, LPN 7:30 p - 4:00 p Stephanie Darnell, LPN Monday: Monday: 7:30 p - 4:00 p Tuesday: 7:30 p - 4:00 p Stephanie Darnell, LPN Tuesday: Stephanie Darnell, LPN Wednesday: 7:30 p - 4:00 p Stephanie Darnell, LPN Wednesday: 7:30 p - 4:00 p Stephanie Darnell, LPN Stephanie Darnell, LPN 7:30 p - 4:00 p 7:30 p - 4:00 p Stephanie Darnell, LPN Thursday: Thursday: 7:30 p - 4:00 p Stephanie Darnell, LPN 7:30 p - 4:00 p Stephanie Darnell, LPN Friday: Friday: Staff/agency who provide OTHER HEALTH services. Other HEALTH SERVICES provided at your SBHC. Day of Hours of Operation Staff Name with Credentials Other health services 1 Week Monday: Other health services 2 Tuesday: Other health services 3 Wednesday: Other information provided Thursday:

County in which SBHC is located: Monroe Name of School-Based Health Center Mountain View Wellness Center School in which the SBHC is located Mountain View Elementary/Middle **School Population** 551 Address for this School-Based Health Center Physical Address 620 School Street Mailing Address PO Box 620 **SBHC Contact Person** City Union First Name Keri State WV Last Name Galford Zip 24983 304 772 4580 Phone Phone 304 772 4580 Extension Extension Fax 304 772 4581 Fax 304 772 4581 kgalford@monroehealthcenter.com Email Website monroehealthcenter.com Email **SBHC Sponsoring Agency** Name Monroe Health Center PO Box 590 Mailing Address City Union WV State 24983 Zip **Executive Director** Jim Nelson Phone 304 772 3064 Fax Email jnelson@monroehealthcenter.com SBHC Medical Director Sophia Sibold, DO This SBHC is located Other(please specify) ☑ in a school building □on school property, but not in a school building Population: Other schools served 1: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\square PK$ $\square 1$ $\square 2$ $\square 3$ **⊿**4 Other(please specify) Grades served by this SBHC $\square 5$ **□** 6 **□** 7 $\square 8$ $\Box 9$ □10 □11 □12

(Last Updated: 9/16/2019)

	☑ Students from area schools not located on campus			Funding sources for your SBHC			
☑ Schoo			Funding Source 1				
	y of students s in the community		Funding				
	•	year) for your SBHC	_	Funding Source 3			
-	Month November	<u> </u>	Funding				
Opening			8				
Clinic scl	hedule and staff name	es for MEDICAL services	Day and	time that you provid	e MENTAL HEALTH services		
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:	7:30 a - 4:00 p	Keri Galford, PA	Monday:				
Tuesday:	7:30 a - 4:00 p	Keri Galford, PA	Tuesday:				
Wednesday	7:30 a - 4:00 p	Keri Galford, PA	Wednesday	7:30 a - 4:00 p	A Walker, Psychologist		
Thursday:	7:30 a - 4:00 p	Keri Galford, PA	Thursday:	7:30 a - 4:00 p	A Walker, Psychologist		
Friday:	7:30 a - 4:00 p	Keri Galford, PA	Friday:				
Staff/age Day of Week	Hours of Operation	AL HEALTH services Staff Name with Credentials	Types of	oral health services p	provided at your site.		
Monday:	Varies	Mark Kilcollin, DDS	☑ Oral bar	alth education	•		
Tuesday:				ngs			
Wednesday	7:			ive (Cleanings,Fluoride,S tive (Fillings, Extractions			
Thursday:			E Restora	rive (1 mings, Extractions	,		
Friday:							
Staff/age	ncy who provide NUI	RSING services.	Staff/ager	ncy who provide CL	ERICAL/CARE COORDINAT		
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:	7:30 a - 4:00 p	Amanda Hunnicutt, LPN	Monday:	7:30 a - 4:00 p	Amanda Hunnicutt, LPN		
Tuesday:	7:30 a - 4:00 p	Amanda Hunnicutt, LPN	Tuesday:	7:30 a - 4:00 p	Amanda Hunnicutt, LPN		
Wednesday	7:30 a - 4:00 p	Amanda Hunnicutt, LPN	Wednesday	7:30 a - 4:00 p	Amanda Hunnicutt, LPN		
Thursday:	7:30 a - 4:00 p	Amanda Hunnicutt, LPN	Thursday:	7:30 a - 4:00 p	Amanda Hunnicutt, LPN		
Friday:	7:30 a - 4:00 p	Amanda Hunnicutt, LPN	Friday:	7:30 a - 4:00 p	Amanda Hunnicutt, LPN		
Other HI	EALTH SERVICES _I	provided at your SBHC.	Staff/ager	ncy who provide OT	HER HEALTH services.		
Other healt	h services 1		Day of Week	Hours of Operation	Staff Name with Credentials		
Other healt	h services 2		Monday:				
Other healt	h services 3		Tuesday:				
Other in	nformation provide	ed	Wednesday	:			
			Thursday:				
			Friday:				

Others who can receive care at your SHBC

County in which SBHC is located: Monroe Name of School-Based Health Center Peterstown Wellness Center School in which the SBHC is located Peterstown Elementary / Middle **School Population** 767 Address for this School-Based Health Center Physical Address 108 College Drive Mailing Address PO Box 590 **SBHC Contact Person** City Union First Name Kim State WV Last Name Rhodes Zip 24983 304 753 6960 Phone Phone 304 | 753 | 6960 Extension Extension Fax 304 753 6961 Fax 304 | 753 | 6961 Email krhodes@monroehealthcenter.com Website monroehealthcenter.com Email **SBHC Sponsoring Agency** Name Monroe Health Center PO Box 590 Mailing Address City Union WV State 24983 Zip **Executive Director** Jim Nelson Phone 304 772 3064 Fax 304 772 3296 Email jnelson@monroehealthcenter.com SBHC Medical Director Sophia Sibold, DO This SBHC is located Other(please specify) □ in a school building ☑ on school property, but not in a school building Other schools served 1: Population: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\square PK$ $\square 1$ $\square 2$ $\square 3$ **⊿**4 Other(please specify) Grades served by this SBHC $\square 5$ **□** 6 **□** 7 $\square 8$ $\Box 9$ □10 □11 □12

(Last Updated: 9/16/2019)

☐ Students from area schools not located on campus			Funding	sources for your S	ВНС
☑ School Staff			Funding Source 1 Monroe Health Center		
☐ Family of students ☐ Others in the community Opening date (month and year) for your SBHC			Funding Source 2 Funding Source 3		
Opening			8		
Clinic sch	edule and staff name	s for MEDICAL services	Day and t	time that you provide	MENTAL HEALTH services
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a -12:00 p	Katrina Shires, NP	Monday:		
Tuesday:	7:30 a - 4:00 p	Katrina Shires, NP	Tuesday:		
Wednesday	7:30 a -12:00 p	Katrina Shires, NP	Wednesday	12:30 p - 4:00 p	E Jennings, Psychologist
Thursday:	7:30 a -12:00 p	Katrina Shires, NP	Thursday:	12:30 p - 4:00 p	E Jennings, Psychologist
Friday:	7:30 a - 4:00 p	Katrina Shires, NP	Friday:		
Staff/ager	ncy who provide ORA	AL HEALTH services			
Day of Week	Hours of Operation	Staff Name with Credentials	Tomas of	anal haalth samiaas m	anidad at manusita
Monday:	Varies	Mark Kilcollin, DDS		oral health services pr	ovided at your site.
Tuesday:			 ☑ Oral hea ☑ Screenii 	alth education	
Wednesday	:			ive (Cleanings,Fluoride,Sective (Fillings, Extractions)	alants)
Thursday:			□ Restorat	iive (Fillings, Extractions)	
Friday:					
Staff/agei	ncy who provide NUF	RSING services.	Staff/ager	ncy who provide CLE	RICAL/CARE COORDINAT
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 12:00 p	Kim Rhodes, LPN	Monday:	7:30 a - 12:00 p	Kim Rhodes, LPN
Tuesday:	7:30 a - 4:00 p	Kim Rhodes, LPN	Tuesday:	7:30 a - 4:00 p	Kim Rhodes, LPN
Wednesday	7:30 a - 12:00 p	Kim Rhodes, LPN	Wednesday	7:30 a - 12:00 p	Kim Rhodes, LPN
Thursday:	7:30 a - 12:00 p	Kim Rhodes, LPN	Thursday:	7:30 a - 12:00 p	Kim Rhodes, LPN
Friday:	7:30 a - 4:00 p	Kim Rhodes, LPN	Friday:	7:30 a - 4:00 p	Kim Rhodes, LPN
Other HF	EALTH SERVICES n	rovided at your SBHC.	Staff/ager	ncy who provide OTH	ER HEALTH services.
Other healtl	_		Day of Week	Hours of Operation	Staff Name with Credentials
	h services 2		Monday:		
	h services 3		Tuesday:		
Other in	formation provide	ed	Wednesday		
	*		Thursday:		
			Friday:		

Others who can receive care at your SHBC

Name of School-Based Health Center Camden Family Health Cherry River ES School in which the SBHC is located Cherry River ES/Richwood MS **School Population** 211 Address for this School-Based Health Center Physical Address 190 Riverside Drive, 2109 Mailing Address 190 Riverside Drive, 2109 **SBHC Contact Person** City Richwood First Name | Melissa WV State Last Name Rogers Zip 26261 304 226 5725 Phone Phone 304 846 2588 Extension 117 Extension Fax 304 226 3274 304 846 4202 Fax Email mrogers@cog-wv.org Website camdenfamilyhealth.com mrogers@cog-wv.org Email **SBHC Sponsoring Agency** Name Camden Family Health Mailing Address 10003 Webster Road Camden on Gaule City WV State 26208 Zip **Executive Director** Margaret Hickey Phone 304 226 5725 Fax 304 226 3274 Email meg@cog-wv.org SBHC Medical Director Dr. Kathy Hamon This SBHC is located Other(please specify) ☑ in a school building □on school property, but not in a school building Population: Other schools served 1: Richwood MS 262 Population: Other schools served 2: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\square PK$ $\square 1$ $\square 2$ $\square 3$ **□**4 Other(please specify) Grades served by this SBHC $\square 5$ **□** 6 **□** 7 $\square 8$ □9 □10 □11 □12

Nicholas

(Last Updated: 9/13/2019)

County in which SBHC is located:

Others who can receive care at your SHBC			
☑ Students from area schools not located on cam ☑ School Staff	runung	Funding sources for your SBHC	
☐ Family of students	Funding	Funding Source 1 Sisters of St. Joseph	
☐ Others in the community	Funding	Funding Source 2 WV BPH	
Opening date (month and year) for your SBH	C Funding	Funding Source 3 HRSA Funding Source 4	
Opening Month August			
Opening Year 2017			
Clinic schedule and staff names for MEDICAL servi	ces Day and t	ime that you provide	MENTAL HEALTH services
Day of Week Hours of Operation Staff Name with Credenti	Day of Week	Hours of Operation	Staff Name with Credentials
Monday: 7:30 a - 3:30 p Holly Fitzwater, F	NP-BC Monday:		TBD
Tuesday: 7:30 a - 3:30 p Holly Fitzwater, F	NP-BC Tuesday:		
Wednesday: 7:30 a - 3:30 p Holly Fitzwater, F	NP-BC Wednesday		
Thursday: 7:30 a - 3:30 p Holly Fitzwater, F	NP-BC Thursday:		
Friday: 7:30 a - 3:30 p Holly Fitzwater, F	NP-BC Friday:		
Staff/agency who provide ORAL HEALTH services			
Day of Week Hours of Operation Staff Name with Credenti	als Types of o	oral health services p	rovided at your site.
Monday:			
Tuesday:	☐ Grai nea	alth education	
Wednesday:		ve (Cleanings,Fluoride,Se ive (Fillings, Extractions)	
Thursday:		ive (1 mings, Extractions)	
Friday:			
Staff/agency who provide NURSING services.	Staff/ager	ncy who provide CLE	CRICAL/CARE COORDINAT
Day of Week Hours of Operation Staff Name with Credenti	Day of Week	Hours of Operation	Staff Name with Credentials
Monday: 7:30 a - 3:30 p Shayna Smith, LF	Monday:	7:30 a - 3:30 p	Kara Shaver
Tuesday: 7:30 a - 3:30 p Shayna Smith, LF	Tuesday:	7:30 a - 3:30 p	Kara Shaver
Wednesday: 7:30 a - 3:30 p Shayna Smith, LF	Wednesday:	7:30 a - 3:30 p	Kara Shaver
Thursday: 7:30 a - 3:30 p Shayna Smith, LF	Thursday:	7:30 a - 3:30 p	Kara Shaver
Friday: 7:30 a - 3:30 p Shayna Smith, Lf	PN Friday:	7:30 a - 3:30 p	Kara Shaver
Other HEALTH SERVICES provided at your SBHO	-	ncy who provide OTF	HER HEALTH services.
Other health services 1	Day of Week	Hours of Operation	Staff Name with Credentials
Other health services 2	Monday:		
Other health services 3	Tuesday:		
Other information provided	Wednesday		
Î	Thursday:		
	Friday:		
	•		JL

(Last Updated: 9/13/2019) County in which SBHC is located: Nicholas Name of School-Based Health Center Camden Family Health School in which the SBHC is located Gauley River ES **School Population** 357 Address for this School-Based Health Center Physical Address 100 School Street Mailing Address 100 School Street **SBHC Contact Person** City Craigsville First Name | Melissa State WV Last Name Rogers Zip 26205 304 226 5725 Phone Phone 304 226 1061 Extension 117 Extension Fax 304 226 3274 Fax 304 742 1063 Email mrogers@cog-wv.org Website camdenfamilyhealth.com mrogers@cog-wv.org Email **SBHC Sponsoring Agency** Name Camden Family Health Mailing Address 10003 Webster Road Camden on Gaule City WV State 26208 Zip **Executive Director** Margaret Hickey Phone 304 226 5725 Fax 304 226 3274 Email meg@cog-wv.org SBHC Medical Director Dr. Kathy Hamom This SBHC is located Other(please specify) ☑ in a school building □on school property, but not in a school building Population: Other schools served 1: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\square PK$ $\square 1$ $\square 2$ $\square 3$ **□**4 Other(please specify) Grades served by this SBHC $\square 5$ □6 $\Box 7$ $\square 8$ □9

□10

☑ Students from area schools not located on campus		
	Funding sources for your SBHC	
☑ School Staff	Funding Source 1 Sisters of St. Joseph	
☐ Family of students		
☑ Others in the community	Funding Source 2 WV BPH	
Opening date (month and year) for your SBHC	Funding Source 3 HRSA	
Opening Month April	Funding Source 4	
Opening Year 2014		
Clinic schedule and staff names for MEDICAL services	Day and time that you provide MENTAL HEALTH servi	
Day of Week Hours of Operation Staff Name with Credentials	Day of Week Hours of Operation Staff Name with Credentials	
Monday: 7:30 a - 3:30 p Patricia Boone, FNP-BC	Monday: TBD	
Tuesday: 7:30 a - 3:30 p Patricia Boone, FNP-BC	Tuesday:	
Wednesday: 7:30 a - 3:30 p Patricia Boone, FNP-BC	Wednesday:	
Thursday: 7:30 a - 3:30 p Patricia Boone, FNP-BC	Thursday:	
Friday: 7:30 a - 3:30 p Patricia Boone, FNP-BC	Friday:	
Staff/agency who provide ORAL HEALTH services Day of the Country of Country		
Week Hours of Operation Staff Name with Credentials	Types of oral health services provided at your site.	
Monday:	☐ Oral health education	
Tuesday:	☐ Screenings	
Wednesday:	☐ Preventive (Cleanings,Fluoride,Sealants) ☐ Restorative (Fillings, Extractions)	
Thursday:		
Friday:		
Staff/agency who provide NURSING services.	Staff/agency who provide CLERICAL/CARE COORDIN	
Day of Week Hours of Operation Staff Name with Credentials	Day of Week Hours of Operation Staff Name with Credentials	
Monday: 7:30 a - 3:30 p Serena Palmer, LPN	Monday: 7:30 a - 3:30 p Teresa Gadd	
Tuesday: 7:30 a - 3:30 p Serena Palmer, LPN	Tuesday: 7:30 a - 3:30 p Teresa Gadd	
Wednesday: 7:30 a - 3:30 p Serena Palmer, LPN	Wednesday: 7:30 a - 3:30 p Teresa Gadd	
Thursday: 7:30 a - 3:30 p Serena Palmer, LPN	Thursday: 7:30 a - 3:30 p Teresa Gadd	
Friday: 7:30 a - 3:30 p Serena Palmer, LPN	7:20 a 2:20 m Tayana Cadd	
7.30 a = 3.30 p Selella Failliel, LFIN	Friday: 7:30 a - 3:30 p Teresa Gadd	
Other HEALTH SERVICES provided at your SBHC.	Staff/agency who provide OTHER HEALTH services.	
,	,	
Other HEALTH SERVICES provided at your SBHC.	Staff/agency who provide OTHER HEALTH services. Day of Hours of Operation Staff Name with Credentials	
Other HEALTH SERVICES provided at your SBHC. Other health services 1	Staff/agency who provide OTHER HEALTH services. Day of Week Hours of Operation Staff Name with Credentials	
Other HEALTH SERVICES provided at your SBHC. Other health services 1 Other health services 2	Staff/agency who provide OTHER HEALTH services. Day of Week Hours of Operation Staff Name with Credentials Monday:	
Other HEALTH SERVICES provided at your SBHC. Other health services 1 Other health services 2 Other health services 3	Staff/agency who provide OTHER HEALTH services. Day of Week Hours of Operation Staff Name with Credentials Monday: Tuesday:	
Other HEALTH SERVICES provided at your SBHC. Other health services 1 Other health services 2 Other health services 3	Staff/agency who provide OTHER HEALTH services. Day of Week Hours of Operation Staff Name with Credentials Monday: Tuesday: Wednesday:	

(Last Updated: 8/28/2019) County in which SBHC is located: Nicholas Name of School-Based Health Center Summersville SBHC School in which the SBHC is located Nicholas County HS / Summersville MS **School Population** 668 Address for this School-Based Health Center Physical Address 30 Grizzly Rd. Mailing Address 30 Grizzly Rd. **SBHC Contact Person** City Summersville First Name | Cindy State WV Last Name | Whitlock Zip 26651 Phone 304 465 1378 Phone 304 | 883 | 3900 Extension Extension 304 465 0003 Fax 304 872 3190 Fax Email cindy.whitlock@nrhawv.org Website nrhawv.org angela.barker@nrhawv.org Email **SBHC Sponsoring Agency** Name New River Health Association P.O. Box 337 Mailing Address Scarbro City WV State 25917 Zip **Executive Director** John Schultz Phone 304 465 2258 Fax 304 465 5486 Email johnr.schultz@nrhawv.org Angela Barker, PA-C SBHC Medical Director This SBHC is located Other(please specify) □ in a school building Nicholas County High School ☑ on school property, but not in a school building Other schools served 1: Population: Summersville MS 589 Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\Box PK$ $\Box 1$ $\Box 2$ $\Box 3$ $\Box 4$ Other(please specify) Grades served by this SBHC 9 $\Box 5$ **□** 6 **□** 7 $\square 8$

□ 10

Others who can receive care at your SHBC

- ☑ Students from area schools not located on campus
- □ School Staff
- ☐ Family of students
- ☑ Others in the community

Opening date (month and year) for your SBHC

Opening Month	September
Opening Year	2000

Clinic schedule and staff names for MEDICAL services

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 3:30 p	Jennifer Boyd, PA-C
Tuesday:	7:30 a - 3:30 p	Angela Barker, PA-C
Wednesday	7:30 a - 3:30 p	Jennifer Boyd, PA-C
Thursday:	7:30 a - 3:30 p	Heather Boyce, PA-C
Friday:	7:30 a - 3:30 p	Jennifer Boyd, PA-C

Staff/agency who provide ORAL HEALTH services

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	Varies	Terra Basham, RDH
Tuesday:		
Wednesday	:	
Thursday:		
Friday:		

Staff/agency who provide NURSING services.

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 3:30 p	Terry Vogel, LPN
Tuesday:	7:30 a - 3:30 p	Terry Vogel, LPN
Wednesday	7:30 a - 3:30 p	Terry Vogel, LPN
Thursday:	7:30 a - 3:30 p	Terry Vogel, LPN
Friday:	7:30 a - 3:30 p	Terry Vogel, LPN

Other HEALTH SERVICES provided at your SBHC.

Other health services 1	Health Educator
Other health services 2	
Other health services 3	

Other information provided		

Funding sources for your SBHC

Funding Source 1	HRSA
Funding Source 2	SSJ Health & Wellness
Funding Source 3	United Way of SWV
Funding Source 4	Gtr. Kanawha Valley

Day and time that you provide MENTAL HEALTH services

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 3:30 p	Lisa Perdue, LGSW
Tuesday:	7:30 a - 3:30 p	Lisa Perdue, LGSW
Wednesday:	7:30 a - 3:30 p	Lisa Perdue, LGSW
Thursday:	7:30 a - 3:30 p	Lisa Perdue, LGSW
Friday:	7:30 a - 3:30 p	Lisa Perdue, LGSW

Types of oral health services provided at your site.

☑ Oral health education
☑ Screenings
☑ Preventive (Cleanings,Fluoride,Sealants
☐ Restorative (Fillings, Extractions)

Staff/agency who provide CLERICAL/CARE COORDINAT

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 3:30 p	Betsy Martin
Tuesday:	7:30 a - 3:30 p	Betsy Martin
Wednesday:	7:30 a - 3:30 p	Betsy Martin
Thursday:	7:30 a - 3:30 p	Betsy Martin
Friday:	7:30 a - 3:30 p	Betsy Martin

Staff/agency who provide OTHER HEALTH services.

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	Varies	TBA, Health Ed
Tuesday:		
Wednesday		
Thursday:		
Friday:		

(Last Updated: 9/13/2019) County in which SBHC is located: Nicholas Name of School-Based Health Center Camden Family Health Panther Creek ES School in which the SBHC is located Panther Creek ES **School Population** 247 Address for this School-Based Health Center Physical Address Panther Creek Elem Rd. Mailing Address Panther Creek Elem Rd. **SBHC Contact Person** City Nettie First Name | Melissa WV State Last Name Rogers Zip 26681 304 226 5725 Phone Phone 304 846 2484 Extension 117 Extension Fax 304 226 3274 304 846 2452 Fax Email mrogers@cog-wv.org Website camdenfamilyhealth.com mrogers@cog-wv.org Email **SBHC Sponsoring Agency** Name Camden Family Health Mailing Address 10003 Webster Road Camden on Gaule City WV State 26208 Zip **Executive Director** Margaret Hickey Phone 304 226 5725 Fax 304 226 3274 Email meg@cog-wv.org SBHC Medical Director Dr. Kathy Hamon This SBHC is located Other(please specify) □ in a school building ☑ on school property, but not in a school building Population: Other schools served 1: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\square PK$ $\square 1$ $\square 2$ $\square 3$ **□**4 Other(please specify) Grades served by this SBHC $\square 5$ □6 $\Box 7$ $\square 8$ □9

□10

				Funding sources for your SBHC				
☑ School Staff			Funding Source 1 Sisters of St. Joseph					
	y of students		Funding Source 2 WV BPH					
	s in the community	year) for your SBHC	Funding Source 3 HRSA					
-	g Month March	year) for your SBHC	Funding					
			Tunding	Source 4				
Opening	g Year 2017							
Clinic sc	hedule and staff nam	es for MEDICAL services	Day and	time that you provid	e MENTAL HEALTH services			
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials			
Monday:	8:00 a - 6:00 p	Kristin Bailes, FNP	Monday:		TBD			
Tuesday:	8:00 a - 6:00 p	Kristin Bailes, FNP	Tuesday:					
Wednesday	8:00 a - 6:00 p	Kristin Bailes, FNP	Wednesday	:				
Thursday:	8:00 a - 6:00 p	Kristin Bailes, FNP	Thursday:					
Friday:			Friday:					
Staff/age	ncy who provide OR	AL HEALTH services						
Day of Week	Hours of Operation	Staff Name with Credentials	Types of	oral health services p	provided at your site.			
Monday:			☐ Oral bar	alth education	•			
Tuesday:			☐ Screenii	ngs				
Wednesday	y:			ive (Cleanings,Fluoride,S tive (Fillings, Extractions				
Thursday:				ave (1 mmgs, 2 maenons	,			
Friday:								
Staff/age	ency who provide NU	RSING services.	Staff/ager	ncy who provide CL	ERICAL/CARE COORDINAT			
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials			
Monday:	8:00 a - 6:00 p	Desta Scruggs, LPN	Monday:	8:00 a - 6:00 p	Stephany Bragg			
Tuesday:	8:00 a - 6:00 p	Desta Scruggs, LPN	Tuesday:	8:00 a - 6:00 p	Stephany Bragg			
Wednesday	y: 8:00 a - 6:00 p	Desta Scruggs, LPN	Wednesday	8:00 a - 6:00 p	Stephany Bragg			
Thursday:	8:00 a - 6:00 p	Desta Scruggs, LPN	Thursday:	8:00 a - 6:00 p	Stephany Bragg			
Friday:			Friday:					
Other H	EALTH SERVICES	provided at your SBHC.	Staff/ager	ncy who provide OT	HER HEALTH services.			
Other healt	th services 1		Day of Week	Hours of Operation	Staff Name with Credentials			
Other healt	th services 2		Monday:					
Other healt	th services 3		Tuesday:					
Other in	nformation provid	ed	Wednesday	:				
	•		Thursday:					
			Friday:					
			-	L				

Others who can receive care at your SHBC

(Last Updated: 9/13/20	019)							
County in which SBHC is located: Nicho			olas					
Name of School-Base	ed Health Center	Camden Fa	Camden Family Health Richwood HS					
School in which tl	he SBHC is located	Richwood F	łS					
School Population	1	366						
Address for this Scho	ool-Based Health Center							
Physical Address	16414 Webster Road							
Mailing Address	16414 Webster Road		an	~ ~				
City	Craigsville				tact Pers			
State	WV				Melissa			
Zip	26205				Rogers	26 5725		
Phone	304 742 3004		Phon			20 3723		
Extension			Exter	ISIOII	117 304 22	26 3274		
Fax	304 742 3014		Fax — Emai	1			ora	
Website	camdenfamilyhealth.co	om	Elliai	1	moger	s@cog-wv.c	org	
Email	mrogers@cog-wv.org							
SBHC Sponsoring Ag	gency							
Name	5· ·V		Cam	den F	amily He	ealth		
Mailing Address			1000	3 We	bster Ro	ad		
City			Cam	den o	n Gaule			
State			WV			!		
Zip			2620	8				
Executive Director			Marg	garet l	Hickey			
Phone			304	226	5725			
Fax			304	226	3274			
Email			meg@cog-wv.org					
SBHC Medical Direct	or		Dr. k	(athy l	Hamon			
This SBHC is located	i	0.1						
☑ in a school building		Othe	r(please	specif	y)			
\square on school property,	but not in a school building	ng						
		Other	schools ser	ved 1:		Population:	٦	
		Other	schools ser	ved 2:		Population:		
Other schools served	by this CDUC							
Other schools served by this SBHC			Other schools served 3:			Population:		
		Other	schools ser	ved 4:		Population:		
		□PI	ζ □1	□2	□3	□4		
Grades served by thi	s SBHC	□5	□6	□7		□ 9	Other(please specify)	
·		□ 10	□ 11	☑ 12	2			

Others v	who can receive car	re at your SHBC						
Studer	nts from area school	s not located on campus	Funding sources for your SBHC					
☑ School Staff			Funding Source 1 Sisters of St. Joseph					
□ Family	☐ Family of students							
Others	s in the community		_	Source 2 WV BPH				
Opening	g date (month and	year) for your SBHC	C	Source 3 HRSA				
Opening	Month August		Funding	Source 4				
Opening	Year 2017							
Clinic sch	nedule and staff name	s for MEDICAL services	Day and	time that you provide	MENTAL HEALTH services			
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials			
Monday:	8:00 a - 4:00 p	Jennifer Truman, FNP-BC	Monday:		TBD			
Tuesday:	8:00 a - 4:00 p	Jennifer Truman, FNP-BC	Tuesday:					
Wednesday	8:00 a - 4:00 p	Jennifer Truman, FNP-BC	Wednesday	:				
Thursday:	8:00 a - 4:00 p	Jennifer Truman, FNP-BC	Thursday:					
Friday:	8:00 a - 4:00 p	Jennifer Truman, FNP-BC	Friday:					
Staff/ager	ncy who provide ORA	AL HEALTH services						
Day of Week	Hours of Operation	Staff Name with Credentials	Types of	oral health services p	rovided at your site.			
Monday:			☐ Oral bes	alth education				
Tuesday:			☐ Screenii	ngs				
Wednesday	:			ive (Cleanings,Fluoride,Se tive (Fillings, Extractions)	alants)			
Thursday:			□ Restora	iive (i iiiiigs, Extractions)				
Friday:								
G . 401			G					
Staff/ager	ncy who provide NUR	RSING services.	Staff/agei	ncy who provide CLE	CRICAL/CARE COORDINAT			
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials			
Monday:	8:00 a - 4:00 p	Amber Groves, LPN	Monday:					
Tuesday:	8:00 a - 4:00 p	Amber Groves, LPN	Tuesday:					
Wednesday	8:00 a - 4:00 p	Amber Groves, LPN	Wednesday	:				
Thursday:	8:00 a - 4:00 p	Amber Groves, LPN	Thursday:					
Friday:	8:00 a - 4:00 p	Amber Groves, LPN	Friday:					
Other HE	EALTH SERVICES p	rovided at your SBHC.		ncy who provide OTI	IER HEALTH services.			
Other health	n services 1		Day of Week	Hours of Operation	Staff Name with Credentials			
Other health	n services 2		Monday:					
Other health	n services 3		Tuesday:					
Other in	ıformation provide	ed	Wednesday	:				
			Thursday:					
			Friday:					
					- I L			

County in which SBHC is located: Nicholas Name of School-Based Health Center Camden Family Health-Summersville ES School in which the SBHC is located Summersville Elementary School **School Population** 422 Address for this School-Based Health Center Physical Address 70 Grade School Lane Mailing Address 70 Grade School lane **SBHC Contact Person** City Summersville First Name | Melissa State WV Last Name Rogers Zip 26261 304 226 5725 Phone Phone 304 872 1663 Extension 117 Extension 304 226 3274 Fax 304 226 3274 Fax Email mrogers@cog-wv.org Website camdenfamilyhealth.com mrogers@cog-wv.org Email **SBHC Sponsoring Agency** Name Camden on Gauley Medical Center Inc. Mailing Address 10003 Webster Road Camden on Gaule City WV State 26208 Zip **Executive Director** Margaret Hickey Phone 304 226 5725 Fax 304 226 3274 Email meg@cog-wv.org SBHC Medical Director Kathy Hamon This SBHC is located Other(please specify) □ in a school building ☑ on school property, but not in a school building Population: Other schools served 1: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\square PK$ $\square 1$ $\square 2$ $\square 3$ **□**4 Other(please specify) Grades served by this SBHC $\square 5$ □6 $\Box 7$ $\square 8$ □9 □10 □11 □12

(Last Updated: 9/13/2019)

Others v	who can receive ca	re at your SHBC					
☑ Students from area schools not located on campus			Funding sources for your SBHC				
☑ School Staff			Funding Source 1 HRSA				
□ Family	y of students						
Others	s in the community		_	Source 2 BPH			
Opening	g date (month and	year) for your SBHC	Funding	Source 3 Sisters of	St Joseph		
Opening	Month March		Funding	Source 4			
Opening	Year 2019						
Clinic sch	nedule and staff name	es for MEDICAL services	Day and	time that you provide	MENTAL HEALTH services		
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:	7:00 a - 3:00 p	Anna Philpott, FNP-BC	Monday:		TBD		
Tuesday:	7:00 a - 3:00 p	Anna Philpott, FNP-BC	Tuesday:				
Wednesday	7:00 a - 3:00 p	Anna Philpott, FNP-BC	Wednesday	7:			
Thursday:	7:00 a - 3:00 p	Anna Philpott, FNP-BC	Thursday:				
Friday:	7:00 a - 3:00 p	Anna Philpott, FNP-BC	Friday:				
Staff/ager	ncy who provide ORA	AL HEALTH services					
Day of Week	Hours of Operation	Staff Name with Credentials	Types of	oral health services p	rovided at your site.		
Monday:			□ Oual ha	alth education			
Tuesday:			☐ Screeni				
Wednesday	:			ive (Cleanings,Fluoride,Se			
Thursday:			☐ Restora	tive (Fillings, Extractions)			
Friday:							
Tilday.							
Staff/ager	ncy who provide NUF	RSING services.	Staff/age	ncy who provide CLF	CRICAL/CARE COORDINAT		
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:	7:00 a - 3:00 p	Maria Mullens, LPN	Monday:				
Tuesday:	7:00 a - 3:00 p	Maria Mullens, LPN	Tuesday:				
Wednesday	7:00 a - 3:00 p	Maria Mullens, LPN	Wednesday	7:			
Thursday:	7:00 a - 3:00 p	Maria Mullens, LPN	Thursday:				
Friday:	7:00 a - 3:00 p	Maria Mullens, LPN	Friday:				
Other HE		provided at your SBHC.		ncy who provide OTI	HER HEALTH services.		
Other healtl	h services 1		Day of Week	Hours of Operation	Staff Name with Credentials		
Other healtl	h services 2		Monday:				
Other healtl	h services 3		Tuesday:				
Other in	ıformation provide	ed	Wednesday	7:			
			Thursday:				
			Friday:				
			-		JL		

School in which the SBHC is located School Population Address for this School-Based Health Center Physical Address P.O. Box 100 City Franklin State WV Zip 26807 Phone 304 358 2355 Extension Fax 304 358 3674 Fax Website pconfc.org/school-centers/ Email SBHC Sponsoring Agency WV Last Name Taylor-Ide Phone 304 358 355 Extension 1106 Fax 304 358 355 Extension 1106 Fax 304 358 3674 Email jtayloride@gmail.com SBHC Sponsoring Agency SBHC Sponsoring Agency WV Zip 26807 P.O. Box 100 Franklin State WV Zip 26807 Fax 304 358 2355 Fax 304 358 2355 Fax 304 358 3674 Hudson Phone 304 358 355 Fax 304 358 355 Fax 304 358 3674 Hudson Phone Jamie Hudson JHudson@pcc-nfc.org SBHC Medical Director Chier school's served 1: Population: Pendleton County HS 399	Name of School-Based Health Center Pendle			leton County School Health Services					
Address for this School-Based Health Center Physical Address Mailing Address Mebsite Decnfc.org/school-centers/ Mailing Address SBHC Sponsoring Agency Name Pendleton Community Care Mailing Address Mai	School in which th	Pendleton Co	unty S	chools	3				
Physical Address Mailing Address City Franklin State WV Last Name Phone 304 358 2355 Extension Fax Website pccnfc.org/school-centers/ Email SBHC Sponsoring Agency Name Mailing Address City State WV Last Name Phone 304 358 2355 Extension Fax Website pccnfc.org/school-centers/ Email SBHC Sponsoring Agency Name Mailing Address City State WV Zip State WV Zip State Sta	School Population	l	929						
Physical Address Mailing Address City Franklin State WV Last Name Phone 304 358 2355 Extension Fax Website pccnfc.org/school-centers/ Email SBHC Sponsoring Agency Name Mailing Address City State WV Last Name Phone 304 358 2355 Extension Fax Website pccnfc.org/school-centers/ Email SBHC Sponsoring Agency Name Mailing Address City State WV Zip State WV Zip State Sta	-								
Mailing Address City Franklin State WV Last Name Zip 26807 Phone 304 358 2355 Extension Fax Website pccnfc.org/school-centers/ Email SBHC Sponsoring Agency Name Mailing Address City Franklin First Name Phone 304 358 2355 Extension Fax 304 358 3674 Fax Email Jamie Hudson Jamie Hudson Share Fax Share F									
City	•								
State WV Last Name Phone 304 358 2355 Extension Fax Website pccnfc.org/school-centers/ Email SBHC Sponsoring Agency Name Mailing Address City State WV Zip State WV Last Name Fax 304 358 2355 Extension 1106 Extension Fax BHC Sponsoring Agency Name Pendleton Community Care Mailing Address P.O. Box 100 City Franklin State WV Zip Executive Director Phone 304 358 2355 Fax 304 358 3674 Jamie Hudson Jam	=			SBHC	Conta	act Pers	son		
Zip 26807 Phone 304 358 2355 Extension 1106 Extension Fax Substite pccnfc.org/school-centers/ Email pccnfc.org/school-centers/ Emai	City	Franklin			_				
Zip 26807 Phone 304 358 2355 Extension Fax 304 358 3674 Phone Bax 304 358 3674 Phone Phone Phone Phone Bax 304 358 355 Phone	State	WV		Last N	ame 🖥	Taylor-l	de		
Phone Extension Fax Website pccnfc.org/school-centers/ Email SBHC Sponsoring Agency Name Mailing Address City State Zip Executive Director Phone Fax Bay Bay Bay Bay Bay Bay Bay Bay Bay Ba	Zip	26807			-				
Extension Fax Website pccnfc.org/school-centers/ Email SBHC Sponsoring Agency Name Mailing Address City State Zip Executive Director Phone Fax 304 358 3674 jtayloride@gmail.com Pendleton Community Care WV Zip 26807 Executive Director Phone 304 358 2355 Fax 304 358 3674 UV Zip 26807 Laura Nulph, MD This SBHC is located Din a school building Other schools served 1: Pendleton County HS 399	Phone	304 358 2355			-		2000		
Fax Website pccnfc.org/school-centers/ Email SBHC Sponsoring Agency Name Mailing Address City State Zip Executive Director Phone Fax Email SBHC Medical Director This SBHC is located In a school building In a school property, but not in a school building Other schools served 1: Pendleton Community Care Address P.O. Box 100 Franklin WV Jamie Hudson Jamie Hudson JHudson@pcc-nfc.org Laura Nulph, MD Other(please specify) Other schools served 1: Pendleton County HS Other Spoulation: Pendleton County HS SBHC Mail Spoulation: Pendleton County HS Other Spoulation: Pendleton County HS SBHC Mail Spoulation: Pendleton County HS Other Spoulation: Pendleton County HS	Extension				_		3674		
Website pccnfc.org/school-centers/ Email SBHC Sponsoring Agency Name Pendleton Community Care Mailing Address P.O. Box 100 City Franklin State WV Zip 26807 Executive Director Phone 304 358 2355 Fax 304 358 3674 Email JHudson@pcc-nfc.org SBHC Medical Director This SBHC is located in a school building □ on school property, but not in a school building Other schools served 1: Population: Pendleton County HS 399	Fax				<u> </u>			o.mo	
BHC Sponsoring Agency Name Mailing Address City State Zip Executive Director Phone Phone 304 358 2355 Fax 304 358 3674 Email JHudson@pcc-nfc.org SBHC Medical Director This SBHC is located ☑ in a school building ☐ on school property, but not in a school building Other schools served 1: Pendleton County HS 399	Website	pccnfc.org/school-cent	ers/	Emaii	J	taylonu	e@gmail.c	OM	
SBHC Sponsoring Agency Name Mailing Address City Franklin State WV Zip Executive Director Phone Agency Franklin State WV Jamie Hudson Jamie Hudson Phone 304 358 2355 Fax 304 358 3674 Email JHudson@pcc-nfc.org SBHC Medical Director Laura Nulph, MD This SBHC is located in a school building on school property, but not in a school building Other (please specify) Other (please specify) Other schools served 1: Population: Pendleton County HS 399	Email								
Name Mailing Address Pendleton Community Care P.O. Box 100 Pranklin State WW Zip Executive Director Jamie Hudson Phone 304 358 2355 Fax 304 358 3674 Email JHudson@pcc-nfc.org SBHC Medical Director Laura Nulph, MD This SBHC is located ☑ in a school building ☐ on school property, but not in a school building Other (please specify) Other schools served 1: Population: Pendleton County HS 399									
Mailing Address City Franklin State WV Zip 26807 Executive Director Jamie Hudson Phone 304 358 2355 Fax 304 358 3674 Email JHudson@pcc-nfc.org SBHC Medical Director Laura Nulph, MD This SBHC is located ☑ in a school building □ on school property, but not in a school building Other (please specify) Other schools served 1: Population: Pendleton County HS 399	SBHC Sponsoring Ag	gency							
City State WV Zip 26807 Executive Director Jamie Hudson Phone 304 358 2355 Fax 304 358 3674 Email JHudson@pcc-nfc.org SBHC Medical Director Laura Nulph, MD This SBHC is located ☑ in a school building ☐ on school property, but not in a school building Other schools served 1: Population: Pendleton County HS 399	Name			Pendl	eton (Commu	nity Care		
State Zip Zip Ze807 Executive Director Jamie Hudson Phone 304 358 2355 Fax 304 358 3674 Email JHudson@pcc-nfc.org SBHC Medical Director Laura Nulph, MD This SBHC is located ☑ in a school building ☐ on school property, but not in a school building Other (please specify) Other (please specify) Other schools served 1: Population: Pendleton County HS 399	Mailing Address			P.O. E	30x 10	00			
Zip Executive Director Damie Hudson Phone 304 358 2355 Fax 304 358 3674 Email JHudson@pcc-nfc.org SBHC Medical Director Laura Nulph, MD This SBHC is located ☑ in a school building ☐ on school property, but not in a school building Other (please specify) Other (please specify) Other schools served 1: Population: Pendleton County HS 399	City			Frank	lin				
Executive Director Phone 304 358 2355 Fax 304 358 3674 Email JHudson@pcc-nfc.org SBHC Medical Director Laura Nulph, MD This SBHC is located in a school building on school property, but not in a school building Other (please specify) Other schools served 1: Population: Pendleton County HS 399	State			WV					
Phone 304 358 2355 Fax 304 358 3674 Email JHudson@pcc-nfc.org SBHC Medical Director Laura Nulph, MD This SBHC is located ☑ in a school building ☐ on school property, but not in a school building Other (please specify) Other schools served 1: Population: Pendleton County HS 399	Zip			26807	,				
Fax Email JHudson@pcc-nfc.org SBHC Medical Director This SBHC is located ☑ in a school building ☐ on school property, but not in a school building Other (please specify) Other schools served 1: Population: Pendleton County HS 399	Executive Director			Jamie	Huds	son			
Fax Email JHudson@pcc-nfc.org SBHC Medical Director This SBHC is located ☑ in a school building ☐ on school property, but not in a school building Other (please specify) Other schools served 1: Population: Pendleton County HS 399	Phone			304	358	2355			
Email SBHC Medical Director Laura Nulph, MD This SBHC is located ☑ in a school building ☐ on school property, but not in a school building Other schools served 1: Population: Pendleton County HS 399	Fax								
SBHC Medical Director This SBHC is located ☑ in a school building ☐ on school property, but not in a school building Other (please specify) Other schools served 1: Population: Pendleton County HS 399							ora		
This SBHC is located ☑ in a school building ☐ on school property, but not in a school building Other schools served 1: Population: Pendleton County HS 399		or		_			iorg		
☐ on school building ☐ on school property, but not in a school building Other schools served 1: Pendleton County HS 399	SBITC Wedical Direct	01		Laura	rvuipi	ו, ועוט			
☐ on school building ☐ on school property, but not in a school building Other schools served 1: Population: Pendleton County HS 399	This SBHC is located	1	Other	nlease s	necify	·)			
Other schools served 1: Population: Pendleton County HS 399				prease s	peerry	<i>)</i>			
Pendleton County HS 399	□on school property,	but not in a school building	ng						
			Other sc	hools serve	ed 1:		Population:		
		Pend			399				
Other schools served 2: Population:									
Other schools served by this SPHC	Other schools served		Brandywine ES						
Other schools served 3: Population: North Fork ES 119									
Other schools served 4: Population:									
Franklin ES 306									
□ PK □ 1 □ 2 □ 3 □ 4 Other(please specify)	Condenses II at	CDIIC						Other(please specify)	
Grades served by this SBHC $\ $	Grades served by this	SONC				⊻δ	≌9	Special Education	

Pendleton

(Last Updated: 9/5/2019)

County in which SBHC is located:

	who can receive can nts from area school	re at your SHBC s not located on campus	Funding	sources for your S	SRHC				
□ Schoo			_	Funding sources for your SBHC Funding Source 1 WV BPH					
	y of students		_	Funding Source 2 Sisters of St. Joseph					
	s in the community	year) for your SBHC	Funding						
	Month September		Funding						
	Opening Year 1991			Source 1					
Opening	, 1ear 1991								
Clinic sch	nedule and staff name	s for MEDICAL services	Day and	time that you provide	MENTAL HEALTH services				
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials				
Monday:			Monday:	Varies	Jennifer Taylor-Ide, LPC				
Tuesday:	8:30 a - 12:30 p	King Seegar, MD	Tuesday:	Varies	Jennifer Taylor-Ide, LPC				
Wednesday	8:30 a - 12:30 p	King Seegar, MD	Wednesday	Varies	Jennifer Taylor-Ide, LPC				
Thursday:	8:30 a - 12:30 p	King Seegar, MD	Thursday:	Varies	Jennifer Taylor-Ide, LPC				
Friday:			Friday:						
Staff/ager	ncy who provide ORA	L HEALTH services							
Day of Week	Hours of Operation	Staff Name with Credentials	Types of	oral health services p	rovided at vour site.				
Monday:				alth education	·				
Tuesday:			☐ Screenii	ngs					
Wednesday	:			ive (Cleanings,Fluoride,Se tive (Fillings, Extractions)					
Thursday:				ave (i mings, Extractions)					
Friday:									
Staff/agei	ncy who provide NUR	SING services.	Staff/ager	ncy who provide CLE	ERICAL/CARE COORDINAT				
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials				
Monday:			Monday:						
Tuesday:	8:00 a - 12:00 p	Holly See, RN	Tuesday:	Varies					
Wednesday	8:00 a - 12:00 p	Kaye Simmons, RN	Wednesday	Varies					
Thursday:	8:00 a - 12:00 p	Holly See, RN	Thursday:	Varie					
Friday:			Friday:						
Other HE	EALTH SERVICES p	rovided at your SBHC.	Staff/ager	ncy who provide OTI	HER HEALTH services.				
Other healtl	h services 1 Behavior	al Health Ed	Day of Week	Hours of Operation	Staff Name with Credentials				
Other healtl	h services 2		Monday:	Varies	Kaylee Edwards, Health				
Other healtl	h services 3		Tuesday:	Varies	Kaylee Edwards, Health				
Other in	nformation provide	d	Wednesday	Varies	Kaylee Edwards, Health				
Servic	es provided on	rotating basis	Thursday:	Varies	Kaylee Edwards, Health				
			Friday:						

(Last Updated: 9/18/20)19)					
County in which SBHC is located: Pleasants						
Name of School-Base	d Health Center	Pleasants Co	ounty SBHC			
School in which th	ne SBHC is located	St. Marys HS	3			
School Population	ı	335				
Address for this Scho	ool-Based Health Center	•				
Physical Address	2330 N. Pleasant High	nway				
Mailing Address	2330 N. Pleasant High					
City	St. Marys		SBHC Con		on	
State	WV		First Name			
Zip	26170		Last Name			
Phone	855 552 8907		Phone	855 55	8907	
Extension			Extension	004 50	7000	
Fax	304 593 7000		Fax	304 59		
Website	ritchieregional.org		Email	abarche	tt@ritchiere	egional.org
Email						
SBHC Sponsoring Ag	gency					
Name			Ritchie Re	egional H	ealth Ctr	
Mailing Address			135 South	Penn Av	/e	
City			Harrisville			
State			WV			
Zip			26362			
Executive Director			Mary Beth	McDoug	jal	
Phone			304 643	4005		
Fax			304 643	4177		
Email			mcdougal	@ritchier	egional.org	1
SBHC Medical Direct	or		Sandra Sv	wisher, A	PRN	
This SBHC is located ☑ in a school building ☐ on school property,			(please specif	fy)		
		Other so	chools served 1:		Population:	
	Other se	Other schools served 2:		Population:]	
Other schools served	Other se	Other schools served 3:		Population:		
		Other s	chools served 4:		Population:	
Grades served by this	s SBHC	□ PK □ 5	□1 □2 □6 □7	_	□4 ☑9	Other(please specify)

 $\square 10$ $\square 11$ $\square 12$

		n area school	s not	located on campus	Fundi	ing	sources for your S	SBHC	
	School Staff				Funding Source 1 WV BPH				
	☑ Family of students☑ Others in the community			Fundi	Funding Source 2 Sisters of St. Joseph				
		•		for your SBHC		_	Source 3		
			year)	TOT YOUR SBHC		_	Source 4		
Opening					1 unui	ng	Source 4		
Opening	Year	2003							
Clinic sch	edule a	nd staff name	s for N	MEDICAL services	Day ar	nd 1	time that you provid	e MENTAL HEALTH services	
Day of Week	Hours of	Operation	Staff 1	Name with Credentials	Day of Week		Hours of Operation	Staff Name with Credentials	
Monday:	7:30 a	a - 4:00 p	And	Irea Reed, APRN	Monday	y :			
Tuesday:	7:30 a	a - 4:00 p	Dav	vn Barchett, APRN NP	P-C Tuesday	y:			
Wednesday:	7:30 a	a - 4:00 p	Dav	vn Barchett, APRN NP	P-C Wednes	day	:		
Thursday:	7:30 a	a - 4:00 p	Dav	vn Barchett, APRN NP	P-C Thursda	ıy:			
Friday:					Friday:				
Staff/agen	ncy who	provide ORA	AL HE	ALTH services					
Day of Week	Hours of	Operation	Staff 1	Name with Credentials	Types	of o	oral health services p	provided at your site.	
Monday:						l he:	alth education		
Tuesday:					☐ Scre	enii	ngs		
Wednesday:							ive (Cleanings,Fluoride,S tive (Fillings, Extractions		
Thursday:								,	
Friday:									
Staff/agen	ncy who	provide NUI	RSING	services.	Staff/a	ıgeı	ncy who provide CL	ERICAL/CARE COORDINAT	
Day of Week	Hours of	Operation	Staff 1	Name with Credentials	Day of Week		Hours of Operation	Staff Name with Credentials	
Monday:	7:30 a	a - 4:00 p	Sar	а Норр, МА	Monday	y :	7:30 a - 4:00 p	Emily Shaffer	
Tuesday:	7:30 a	a - 4:00 p	Sar	а Норр, МА	Tuesday	y:	7:30 a - 4:00 p	Emily Shaffer	
Wednesday:	7:30 a	a - 4:00 p	Sar	а Норр, МА	Wednes	day	7:30 a - 4:00 p	Emily Shaffer	
Thursday:	7:30 a	a - 4:00 p	Sar	а Норр, МА	Thursda	ıy:	7:30 a - 4:00 p	Emily Shaffer	
Friday:					Friday:				
Other HE	CALTH	SERVICES p	rovide	ed at your SBHC.	Staff/a	ıgeı	ncy who provide OT	HER HEALTH services.	
Other health					Day of Week		Hours of Operation	Staff Name with Credentials	
Other health	ı services	2			Monday	y :			
Other health	n services	3			Tuesday	y:			
Other in	forma	tion provide	ed		Wednes	day	:		
					Thursda	ıy:			
					Friday:				

Others who can receive care at your SHBC

☐ Students from area schools not located on campus

(Last Updated: 9/16/2019) County in which SBHC is located: Pocahontas Name of School-Based Health Center Green Bank ES/MS SBHC School in which the SBHC is located Green Bank ES/MS **School Population** 247 Address for this School-Based Health Center Physical Address 5917 Potomac Highlands Tra 5917 Potomac Highlands Tra Mailing Address **SBHC Contact Person** City Green Bank First Name Patricia WV State Last Name Collett Zip 24944 304 473 5600 Phone Phone 304 456 4398 Extension Extension Fax Fax 304 456 5118 Email trish.collett@ccwv.org Website ccwv.org Email **SBHC Sponsoring Agency** Name Community Care of WV Inc Mailing Address P.O. Box 217 Rock Cave City WV State 26234 Zip **Executive Director** Rick Simon Phone 304 924 6262 Fax Email Sarah Chouinard, M.D. SBHC Medical Director This SBHC is located Other(please specify) ☑ in a school building □on school property, but not in a school building Population: Other schools served 1: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\square PK$ $\square 1$ $\square 2$ $\square 3$ **□4** Other(please specify) Grades served by this SBHC $\square 7$ □9 $\square 5$ **□** 6 $\square 8$

□10

Others	who can receive ca	re at your SHBC					
		ls not located on campus	Funding sources for your SBHC				
⊠ Schoo			Funding Source 1				
	y of students in the community		Funding Source 2				
	•	year) for your SBHC	Funding Source 3				
-	Month October	year) for your Shire	Funding Source 4				
Opening Year 2012			1 mang course .				
Opening	16ai 2012						
Clinic sch	nedule and staff name	es for MEDICAL services	Day and time that you provide MENTAL HEALTH service	es			
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week Hours of Operation Staff Name with Credentials				
Monday:			Monday:				
Tuesday:			Tuesday:				
Wednesday	:		Wednesday:				
Thursday:	7:30 a - 3:30 p	Rachel Taylor, PA-C	Thursday:				
Friday:			Friday:				
Staff/age		AL HEALTH services					
Week	Hours of Operation	Staff Name with Credentials	Types of oral health services provided at your site.				
Monday:	Varies		✓ Oral health education				
Tuesday:			☑ Screenings				
Wednesday	:		✓ Preventive (Cleanings,Fluoride,Sealants)☐ Restorative (Fillings, Extractions)				
Thursday:			= resectative (rimings, 2.mattions)				
Friday:							
Staff/age	ncy who provide NUI	RSING services.	Staff/agency who provide CLERICAL/CARE COORDIN	ΑT			
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week Hours of Operation Staff Name with Credentials				
Monday:			Monday:				
Tuesday:			Tuesday:				
Wednesday	:		Wednesday:				
Thursday:	7:30 a - 3:30 p	Kaitlyn Alderman LPNs	Thursday:				
Friday:			Friday:				
Other HI	EALTH SERVICES I	provided at your SBHC.	Staff/agency who provide OTHER HEALTH services.				
Other healt	h services 1		Day of Week Hours of Operation Staff Name with Credentials				
Other healt			Monday:				
Other healt	h services 3		Tuesday:	_			
Other in	formation provide	ed	Wednesday:	_			
	•		Thursday:	_			

(Last Updated: 9/16/2019) County in which SBHC is located: Pocahontas Name of School-Based Health Center Marlinton Elementary SBHC School in which the SBHC is located Marlinton ES **School Population** 226 Address for this School-Based Health Center Physical Address 926a Fifth Avenue Mailing Address 926a Fifth Avenue **SBHC Contact Person** City Marlinton First Name | Patricia WV State Last Name Collett Zip 24954 304 473 5600 Phone Phone 304 799 4916 Extension Extension Fax Fax 304 456 5118 Email trish.collett@ccwv.org Website ccwv.org Email **SBHC Sponsoring Agency** Name Community Care of WV Inc. Mailing Address P.O. Box 217 Rock Cave City WV State 26234 Zip **Executive Director** Rick Simon Phone 304 924 6262 Fax Email Sarah Chouinard, M.D. SBHC Medical Director This SBHC is located Other(please specify) ☑ in a school building □on school property, but not in a school building Population: Other schools served 1: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\square PK$ $\square 1$ $\square 2$ $\square 3$ **⊿**4 Other(please specify) Grades served by this SBHC $\Box 7$ □9 $\Box 5$ □6 $\square 8$

□10

Others v	who can receive car	re at your SHBC						
☐ Students from area schools not located on campus			Funding sources for your SBHC					
☑ Schoo			Funding Source 1					
	y of students		Funding Source 2					
	s in the community	waan) fan waan SDHC	Funding Source 3					
Opening date (month and year) for your SBHC Opening Month October			Funding Source 4					
			1 unumg Source 4					
Opening	Year 2012							
Clinic sch	edule and staff name	s for MEDICAL services	Day and time that you provide MENTAL HEALTH servi	ces				
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week Hours of Operation Staff Name with Credentials					
Monday:			Monday:					
Tuesday:			Tuesday:					
Wednesday	7:30 a - 11:15 a	Rachel Taylor, PA-C	Wednesday:					
Thursday:			Thursday:					
Friday:			Friday:					
_	ncy who provide ORA	L HEALTH services						
Day of Week	Hours of Operation	Staff Name with Credentials	Types of oral health services provided at your site.					
Monday:			☐ Oral health education					
Tuesday:			☐ Screenings					
Wednesday	:		☐ Preventive (Cleanings,Fluoride,Sealants) ☐ Restorative (Fillings, Extractions)					
Thursday:			Testotative (1 mings, Extractions)					
Friday:								
Staff/ager	ncy who provide NUR	SING services.	Staff/agency who provide CLERICAL/CARE COORDIN	JAT				
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week Hours of Operation Staff Name with Credentials					
Monday:			Monday:					
Tuesday:			Tuesday:					
Wednesday	7:30 a - 11:15 a	Kaitlyn Alderman, LPN	Wednesday:					
Thursday:			Thursday:					
Friday:			Friday:					
Other HE	EALTH SERVICES p	rovided at your SBHC.	Staff/agency who provide OTHER HEALTH services.					
Other health	n services 1		Day of Week Hours of Operation Staff Name with Credentials					
Other health			Monday:					
Other health	n services 3		Tuesday:					
Other in	formation provide	d	Wednesday:	_				
	-		Thursday:	_				

(Last Updated: 9/16/2019) County in which SBHC is located: Pocahontas Name of School-Based Health Center Marlinton Middle SBHC School in which the SBHC is located Marlinton MS **School Population** 131 **Address for this School-Based Health Center** Physical Address 1 Copperhead Way Mailing Address 1 Copperhead Way **SBHC Contact Person** City Buckeye First Name | Patricia State WV Last Name Collett Zip 24924 304 473 5600 Phone Phone 304 799 4179 Extension Extension Fax Fax 304 456 5118 Email trish.collett@ccwv.org Website ccwv.org Email **SBHC Sponsoring Agency** Name Community Care of WV Inc. PO Box 217 Mailing Address Rock Cave City WV State 26234 Zip **Executive Director** Rick Simon Phone 304 924 6262 Fax Email Sarah Chouinard, MD SBHC Medical Director This SBHC is located Other(please specify) ☑ in a school building □on school property, but not in a school building Population: Other schools served 1: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\Box PK$ $\Box 1$ $\Box 2$ $\Box 3$ $\Box 4$ Other(please specify) Grades served by this SBHC $\square 7$ □9 $\square 5$ **□** 6 $\square 8$

□10

Others v	who can receive car	e at your SHBC					
		s not located on campus	Funding sources for your SBHC				
⊠ Schoo			Funding Source 1				
	y of students s in the community		Funding Source 2				
	•	year) for your SRHC	Funding Source 3				
Opening date (month and year) for your SBHC Opening Month April			Funding Source 4				
Opening Year 2014			1 saturally 2 courses 1				
Opening	16ai 2014						
Clinic sch	nedule and staff name	s for MEDICAL services	Day and time that you provide MENTAL HEALTH ser	vices			
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week Hours of Operation Staff Name with Credentials				
Monday:			Monday:				
Tuesday:			Tuesday:				
Wednesday	11:45 a - 3:30 p	Rachel Taylor, PA-C	Wednesday:				
Thursday:			Thursday:				
Friday:			Friday:				
Staff/ager	ncy who provide ORA						
Week	Hours of Operation	Staff Name with Credentials	Types of oral health services provided at your site.				
Monday:			☐ Oral health education				
Tuesday:			☐ Screenings				
Wednesday	:		☐ Preventive (Cleanings,Fluoride,Sealants) ☐ Restorative (Fillings, Extractions)				
Thursday:							
Friday:							
Staff/ager	ncy who provide NUR	SING services.	Staff/agency who provide CLERICAL/CARE COORD	INAT			
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week Hours of Operation Staff Name with Credentials				
Monday:			Monday:				
Tuesday:			Tuesday:				
Wednesday	11:45 a - 3:30 p	Kaitlyn Alderman, LPN	Wednesday:				
Thursday:			Thursday:				
Friday:			Friday:				
Other HE	EALTH SERVICES p	rovided at your SBHC.	Staff/agency who provide OTHER HEALTH services.				
Other health	h services 1		Day of Week Hours of Operation Staff Name with Credentials				
Other health			Monday:				
Other health	h services 3		Tuesday:				
Other in	ıformation provide	d	Wednesday:				
	-		Thursday:				

(Last Updated: 9/16/2019) County in which SBHC is located: Pocahontas Name of School-Based Health Center Pocahontas County High SBHC School in which the SBHC is located Pocahontas County HS **School Population** 302 Address for this School-Based Health Center Physical Address 271 Warrior Way Mailing Address 271 Warrior Way **SBHC Contact Person** City Dunmore First Name Patricia State WV Last Name Collett Zip 24934 304 473 5600 Phone Phone 304 799 0515 Extension Extension Fax Fax 304 456 5118 Email trish.collett@ccwv.org Website ccwv.org Email **SBHC Sponsoring Agency** Name Community Care of WV Inc. Mailing Address P.O. Box 217 Rock Cave City WV State 26234 Zip **Executive Director** Rick Simon Phone 304 924 6262 Fax Email Sarah Chouinard, M.D. SBHC Medical Director This SBHC is located Other(please specify) ☑ in a school building □on school property, but not in a school building Population: Other schools served 1: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\Box PK$ $\Box 1$ $\Box 2$ $\Box 3$ $\Box 4$ Other(please specify) Grades served by this SBHC $\Box 7$ 9 $\Box 5$ □6 $\square 8$

□10

Others who can receive care at your SHBC	
$\ensuremath{\square}$ Students from area schools not located on campus	Funding sources for your SBHC
☑ School Staff	Funding Source 1
☐ Family of students ☐ Others in the community	Funding Source 2
Opening date (month and year) for your SBHC	Funding Source 3
Opening Month October	Funding Source 4
Opening Year 2012	I sitting source I
Opening real 2012	
Clinic schedule and staff names for MEDICAL services	Day and time that you provide MENTAL HEALTH services
Day of Week Hours of Operation Staff Name with Credentials	Day of Week Hours of Operation Staff Name with Credentials
Monday:	Monday:
Tuesday: 7:30 a - 3:30 p Rachel Taylor, PA-C	Tuesday:
Wednesday:	Wednesday:
Thursday:	Thursday: 8:00 a - 12:00 p WVU TeleHealth Collaboration
Friday:	Friday:
Staff/agency who provide ORAL HEALTH services	
Day of Week Hours of Operation Staff Name with Credentials	Types of oral health services provided at your site.
Monday:	☐ Oral health education
Tuesday:	☐ Screenings
Wednesday:	☐ Preventive (Cleanings,Fluoride,Sealants) ☐ Restorative (Fillings, Extractions)
Thursday:	======================================
Friday:	
Staff/agency who provide NURSING services.	Staff/agency who provide CLERICAL/CARE COORDINAT
Day of Week Hours of Operation Staff Name with Credentials	Day of Week Hours of Operation Staff Name with Credentials
Monday:	Monday:
Tuesday: 7:30 a - 3:30 p Kaitlyn Alderman LPI	N Tuesday:
Wednesday:	Wednesday:
Thursday:	Thursday:
Friday:	Friday:
Other HEALTH SERVICES provided at your SBHC.	Staff/agency who provide OTHER HEALTH services.
Other health services 1	Day of Week Hours of Operation Staff Name with Credentials
Other health services 2	Monday:
Other health services 3	Tuesday:
Other information provided	Wednesday:
	Thursday:

Putnam County School-Based Health Services

Mobile Health Unit

- Updated September 2019



Sponsoring Agency

FamilyCare Health Center Contact: Hope Wilson, LPN 503 Roosevelt Blvd. P.O. Box 163 Eleanor, WV 25070-0163

phone: (304) 586-0001 or (304) 380-7728

fax: (304) 586-1301

email: hope.wilson@familycarewv.org

Year Established

October 2011

Services Provided

Comprehensive primary care, including physical examinations and immunizations;

Treatment for acute sicknesses and injuries;

Screenings, including vision and hearing testing;

Laboratory tests;

Dental care including oral health education, screenings and prevention (cleaning, fluoride, sealants) and

Case management services, including referrals to community & social services and mental health services.

Schools Served in Putnam County - Day & Time May Vary

Buffalo Elementary Putnam County Career/Technical Center (as needed)

Buffalo High Winfield Elementary

George Washington Elementary Winfield Middle (as needed)

George Washington Middle Winfield High

Hometown Elementary

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(Last Updated: 9/24/2019) County in which SBHC is located: Raleigh Name of School-Based Health Center Beckley-Stratton Middle SBHC School in which the SBHC is located Beckley-Stratton Middle **School Population** 679 Address for this School-Based Health Center Physical Address 401 Grey Flats Rd Mailing Address 252 Rural Acres Drive **SBHC Contact Person** City Beckley First Name Lisa State WV Last Name Bennett Zip 25801 304 461 3341 Phone Phone 304 | 461 | 3341 Extension Extension Fax 304 253 8263 304 Fax 253 8263 Email Ibennett@accesshealthwv.com Website Email **SBHC Sponsoring Agency** Name Access Health 252 Rural Acres Drive Mailing Address Beckley City WV State 25801 Zip **Executive Director** Charles Hunt, CEO Phone 304 252 8324 Fax 304 252 7372 Email SBHC Medical Director Rodney Fink, DO This SBHC is located Other(please specify) ☑ in a school building □on school property, but not in a school building Population: Other schools served 1: Beckley Elementary 433 Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\square PK$ $\square 1$ $\square 2$ $\square 3$ **⊿**4 Other(please specify) Grades served by this SBHC $\square 5$ **□** 6 **□** 7 $\square 8$ $\Box 9$

□10

Others v	vho can receive car	re at your SHBC						
Studer	nts from area school	s not located on campus	Funding sources for your SBHC					
Schoo Schoo	l Staff		Funding Source 1					
•	y of students		Funding Source 2					
	in the community							
	′ `•	year) for your SBHC	_	Source 3				
Opening	Month September	•	Funding	Source 4				
Opening	Year 2012							
Clinic sch	edule and staff name	s for MEDICAL services	Day and	time that you provide	e MENTAL HEALTH services			
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials			
Monday:	12:00 p - 3:30 p	Lisa Bennett FNP-BC	Monday:	Referred				
Tuesday:	7:00 a -11:00 a	Lisa Bennett FNP-BC	Tuesday:					
Wednesday	12:00 p - 3:30 p	Lisa Bennett FNP-BC	Wednesday	7:				
Thursday:	7:00 a -11:00 a	Lisa Bennett FNP-BC	Thursday:					
Friday:	12:00 p - 3:30 p	Lisa Bennett FNP-BC	Friday:					
_	ncy who provide ORA	AL HEALTH services						
Day of Week	Hours of Operation	Staff Name with Credentials	Types of	oral health services p	rovided at your site.			
Monday:				alth education	•			
Tuesday:			☐ Screeni					
Wednesday				ive (Cleanings,Fluoride,S				
Thursday:			☐ Restora	tive (Fillings, Extractions)				
Friday:								
Staff/ager	ncy who provide NUR	SING services.	Staff/age	ncy who provide CLI	ERICAL/CARE COORDINAT			
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials			
Monday:	12:00 p - 3:30 p	Donna Wilson, LPN	Monday:					
Tuesday:	7:00 a - 11:00 a	Donna Wilson, LPN	Tuesday:					
Wednesday	12:00 p - 3:30 p	Donna Wilson, LPN	Wednesday	7:				
Thursday:	7:00 a - 11:00 a	Donna Wilson, LPN	Thursday:					
Friday:	12:00 p - 3:30 p	Donna Wilson, LPN	Friday:					
Other HE	CALTH SERVICES p	rovided at your SBHC.	Staff/age	ncy who provide OTI	HER HEALTH services.			
Other health	n services 1 Health Ed	ducation	Day of Week	Hours of Operation	Staff Name with Credentials			
Other health			Monday:					
Other health	services 3		Tuesday:					
	formation provide	d	Wednesday	7:				
	1		Thursday:					
			Friday:					

(Last Updated: 10/8/20	019)									
County in which SBI	HC is lo	ocate	d:	Raleig	jh					
Name of School-Base	ed Heal	th C	enter	Clear	Fork Ele	Fork Elementary SBHC				
School in which th	he SBH	IC is	located	Clear	Fork Dis	strict E	S			
School Population	1			135						
Address for this Scho	ool-Bas	ed H	ealth C	enter						
Physical Address	4851	Clea	r Fork l	Rd.						
Mailing Address						CDIIC	C 4	4 D		
City	Artie					First N	_	act Pers	son	
State	WV			_		Last N	F	Tuck		
Zip	25044	1				Phone	<u> </u>	304 44	4 1912	
Phone	304	444	1912			Extens	<u> </u>	304 44	1312	
Extension						Fax		304 25	52 7372	
Fax	304	252	7372			Email			accessheal	Ithwy com
Website						Lillali		-iuck@	accessileai	ulwv.com
Email										
SBHC Sponsoring Ag	gency									
Name	•					Acces	sHea	lth		
Mailing Address						252 R	ural A	Acres D	r.	
City						Beckle	Э у			
State						WV				
Zip						25801				
Executive Director						Charle	es Hu	nt, DO		
Phone						304	252	8324		
Fax						304	252	7372		
Email										
SBHC Medical Direct	or					Rodne	y Fin	k, DO		
This SBHC is located	i				Othor(please s	naaifi	.)		
□in a school building					Other	piease s	pecny	<u> </u>		
□on school property,	but not	in a	school b	ouilding						
					Other sch	nools serve	ed 1:		Population:	7
				Other sch	nools serve	ed 2:		Population:]	
Other schools served by this SBHC			Other sel	nools serve	od 3·		Population:			
					other ser	10013 301 11	Ju 5.		Горинитон.]
					Other sch	nools serve	ed 4:		Population:	_
					□PK	□ 1	 2	⊠ 3	 4	
Grades served by this	s SBH0	C			□ 5	□6	□ 7	□8	□9	Other(please specify)
•					□10	□11	□12			

	who can receive ca	· ·							
		ls not located on campus	Funding sources for your SBHC						
□ Schoo	of Staff y of students		Funding	Funding Source 1					
•	s in the community		Funding	Funding Source 2					
	•	year) for your SBHC	Funding Source 3						
-	Month August	year) for your S2110	Funding	Source 4					
Opening									
opening	2010								
Clinic sch	nedule and staff name	es for MEDICAL services	Day and	time that you provid	de MENTAL HEALTH services				
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials				
Monday:			Monday:						
Tuesday:	8:00 a - 4:00 p	Erica Tuck, APRN	Tuesday:						
Wednesday	:		Wednesday	:					
Thursday:	8:00 a - 4:00 p	Erica Tuck, APRN	Thursday:						
Friday:	8:00 a - 11:30 a	Erica Tuck, APRN	Friday:						
Day of Week Monday: Tuesday: Wednesday Thursday: Friday:		Staff Name with Credentials	☐ Oral hea ☐ Screenii ☐ Prevent ☐ Restora	alth education ngs ive (Cleanings,Fluoride, tive (Fillings, Extraction	s)				
Staff/ager	ncy who provide NUI	RSING services.	Staff/age	ncy who provide CL	ERICAL/CARE COORDINAT				
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials				
Monday:			Monday:						
Tuesday:			Tuesday:						
Wednesday	:		Wednesday	:					
Thursday:			Thursday:						
Friday:			Friday:						
Other HE	EALTH SERVICES p	provided at your SBHC.		ncy who provide OT	THER HEALTH services.				
Other healtl	h services 1		Day of Week	Hours of Operation	Staff Name with Credentials				
	h services 2		Monday:						
	h services 3		Tuesday:						
	iformation provide	ed	Wednesday	:					
	*		Thursday:						

(Last Updated: 8/28/2019) County in which SBHC is located: Raleigh Name of School-Based Health Center Coal City Elementary SBHC School in which the SBHC is located Coal City ES **School Population** 406 Address for this School-Based Health Center Physical Address 900 Independence Rd. Mailing Address P.O. Box 1240 **SBHC Contact Person** City Coal City First Name | Cindy State WV Last Name | Whitlock Zip 25823 Phone 304 465 1378 Phone 304 | 683 | 6904 Extension Extension Fax 304 465 0003 304 | 683 | 6903 Fax Email cindy.whitlock@nrhawv.org Website nrhawv.org crystal.cooper@nrhawv.org Email **SBHC Sponsoring Agency** Name New River Health Assn P.O. Box 337 Mailing Address Scarbro City WV State 25917 Zip **Executive Director** John Schultz Phone 304 465 2258 Fax 304 465 5486 Email johnr.schultz@nrhawv.org SBHC Medical Director Angela Barker, PA-C This SBHC is located Other(please specify) ☑ in a school building □on school property, but not in a school building Population: Other schools served 1: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\square PK$ $\square 1$ $\square 2$ $\square 3$ **□**4 Other(please specify) Grades served by this SBHC $\square 5$ □6 $\Box 7$ $\square 8$ $\Box 9$

□10

Others v	who can receive car	re at vour SHRC						
		s not located on campus	Е 1.			DIIC		
□ Schoo		s not rocated on campus	Funding sources for your SBHC					
	y of students		Funding Source 1 HRSA					
-	s in the community		Funding Source 2 Gtr. Kanawha Valley					
Opening date (month and year) for your SBHC			Funding	Source 3				
Opening	Month February		Funding	Source 4				
Opening	Year 2011							
Clinic sch	nedule and staff name	s for MEDICAL services	Day and t	ime that y	ou provide	MENTAL HEA	LTH services	
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Op	peration	Staff Name with Cı	redentials	
Monday:	8:00 a - 11:30 p	Crystal Cooper, PA-C	Monday:					
Tuesday:	12:00 p - 4:00 p	Crystal Cooper, PA-C	Tuesday:	8:00 a -	11:30 p	Leisa Robins	on, LCSW	
Wednesday:	8:00 a - 11:30 p	Crystal Cooper, PA-C	Wednesday:					
Thursday:	12:00 p - 4:00 p	Crystal Cooper, PA-C	Thursday:	8:00 a -	11:30 p	Leisa Robins	on, LCSW	
Friday:	8:00 a - 11:30 p	Crystal Cooper, PA-C	Friday:					
Day of Week	Hours of Operation	Staff Name with Credentials	Types of o	oral health	services pi	rovided at your s	ite.	
Week Monday: Tuesday: Wednesday: Thursday:	Varies	Staff Name with Credentials Terra Basham, RDH	☑ Oral hea☑ Screenir☑ Preventi	lth education ngs ve (Cleaning	-	·	ite.	
Week Monday: Tuesday: Wednesday:	Varies		☑ Oral hea☑ Screenir☑ Preventi	lth education ngs ve (Cleaning	n s,Fluoride,Se	·	ite.	
Week Monday: Tuesday: Wednesday: Thursday: Friday:	Varies	Terra Basham, RDH	☑ Oral hea☑ Screenir☑ Preventi☐ Restorat	olth education ngs ve (Cleaning ive (Fillings,	s,Fluoride,Se Extractions)	·		
Week Monday: Tuesday: Wednesday: Thursday: Friday: Staff/ager	Varies	Terra Basham, RDH	✓ Oral hea ✓ Screenir ✓ Preventi ☐ Restorat Staff/ager	olth education ngs ve (Cleaning ive (Fillings,	s,Fluoride,Se. Extractions)	alants)	COORDINAT	
Week Monday: Tuesday: Wednesday: Thursday: Friday: Staff/ager Day of	Varies	Terra Basham, RDH	✓ Oral hea ✓ Screenir ✓ Preventi ☐ Restorat Staff/ager Day of	olth education ngs ve (Cleaning ive (Fillings,	s,Fluoride,Se Extractions) rovide CLE	alants) CRICAL/CARE (COORDINAT redentials	
Week Monday: Tuesday: Wednesday: Thursday: Friday: Staff/ager Day of Week	Varies concept who provide NUR Hours of Operation	Terra Basham, RDH SING services. Staff Name with Credentials	✓ Oral hea ✓ Screenir ✓ Preventi ☐ Restorat Staff/ager Day of Week	lth education ggs ve (Cleaning ive (Fillings, etcy who pr	s,Fluoride,Se. Extractions) rovide CLE peration 4:00 p	alants) CRICAL/CARE (Staff Name with Cr	COORDINAT redentials	
Week Monday: Tuesday: Wednesday: Thursday: Friday: Staff/ager Day of Week Monday: Tuesday:	Varies Hours of Operation 8:00 a - 11:30 p	Terra Basham, RDH SING services. Staff Name with Credentials Rita Blake, LPN	☐ Oral hea ☐ Screenir ☐ Preventi ☐ Restorat Staff/ager Day of Week Monday: Tuesday:	lth education to ge to the control of the control o	extractions) rovide CLE peration 4:00 p	alants) RICAL/CARE (Staff Name with Crystal Wood	COORDINAT redentials	
Week Monday: Tuesday: Wednesday: Thursday: Friday: Staff/ager Day of Week Monday: Tuesday: Wednesday:	Varies Hours of Operation 8:00 a - 11:30 p 12:00 p - 4:00 p	Terra Basham, RDH SING services. Staff Name with Credentials Rita Blake, LPN Rita Blake, LPN	☐ Oral hea ☐ Screenir ☐ Preventi ☐ Restorat Staff/ager Day of Week Monday: Tuesday: Wednesday:	lth education gs ve (Cleaning ive (Fillings, excy who property who pro	extractions) rovide CLE eration 4:00 p 4:00 p 4:00 p	alants) CRICAL/CARE C Staff Name with Cr Crystal Wood Crystal Wood	COORDINAT redentials	
Week Monday: Tuesday: Wednesday: Thursday: Friday: Staff/ager Day of Week Monday: Tuesday: Wednesday:	Varies Hours of Operation 8:00 a - 11:30 p 12:00 p - 4:00 p 8:00 a - 11:30 p	Terra Basham, RDH SING services. Staff Name with Credentials Rita Blake, LPN Rita Blake, LPN Rita Blake, LPN	☐ Oral hea ☐ Screenir ☐ Preventi ☐ Restorat Staff/ager Day of Week Monday: Tuesday: Wednesday:	lth education ggs ve (Cleaning ive (Fillings, etcy who properties of Option 198:00 a - 8:00 a - 8:00 a -	extractions) rovide CLE peration 4:00 p 4:00 p 4:00 p 4:00 p	RICAL/CARE C Staff Name with Cr Crystal Wood Crystal Wood Crystal Wood	edentials	
Week Monday: Tuesday: Wednesday: Thursday: Friday: Staff/ager Day of Week Monday: Tuesday: Wednesday: Wednesday: Thursday: Friday:	Varies Hours of Operation 8:00 a - 11:30 p 12:00 p - 4:00 p 8:00 a - 11:30 p 12:00 p - 4:00 p 8:00 a - 11:30 p	Terra Basham, RDH SING services. Staff Name with Credentials Rita Blake, LPN	☐ Oral hea ☐ Screenir ☐ Preventi ☐ Restorat Staff/ager Day of Week Monday: Tuesday: Wednesday: Thursday: Friday: Staff/ager Day of	acy who pr 8:00 a - 8:00 a - 8:00 a -	extractions) rovide CLE peration 4:00 p 4:00 p 4:00 p 4:00 p 4:00 p	alants) CRICAL/CARE C Staff Name with Cr Crystal Wood	coordinat redentials d d d d	
Week Monday: Tuesday: Wednesday: Thursday: Friday: Staff/ager Day of Week Monday: Tuesday: Wednesday: Wednesday: Friday: Other HE	Varies Hours of Operation 8:00 a - 11:30 p 12:00 p - 4:00 p 8:00 a - 11:30 p 12:00 p - 4:00 p 8:00 a - 11:30 p	Terra Basham, RDH SSING services. Staff Name with Credentials Rita Blake, LPN Rita Blake, LPN	☐ Oral hea ☐ Screenir ☐ Preventi ☐ Restorat ☐ Restorat ☐ Restorat ☐ Week ☐ Monday: ☐ Tuesday: ☐ Wednesday: ☐ Thursday: ☐ Friday: ☐ Staff/ager ☐ Day of ☐ Week ☐ Day of ☐ Week ☐ Day of ☐ Week ☐ Day of ☐	lth education gs ve (Cleaning ive (Fillings, exp who pr Hours of Op 8:00 a - 8:00 a - 8:00 a - 8:00 a -	extractions) rovide CLE peration 4:00 p 4:00 p 4:00 p 4:00 p 4:00 p	RICAL/CARE C Staff Name with Compared Wood Crystal Wood Crystal Wood Crystal Wood Crystal Wood Crystal Wood Crystal Wood	coordinat redentials d d d d	
Week Monday: Tuesday: Wednesday: Thursday: Friday: Staff/ager Day of Week Monday: Tuesday: Wednesday: Wednesday: Thursday: Friday:	Varies Hours of Operation 8:00 a - 11:30 p 12:00 p - 4:00 p 8:00 a - 11:30 p 12:00 p - 4:00 p 8:00 a - 11:30 p 2ALTH SERVICES p a services 1	Terra Basham, RDH SSING services. Staff Name with Credentials Rita Blake, LPN Rita Blake, LPN	☐ Oral hea ☐ Screenir ☐ Preventi ☐ Restorat Staff/ager Day of Week Monday: Tuesday: Wednesday: Thursday: Friday: Staff/ager Day of	acy who pr 8:00 a - 8:00 a - 8:00 a -	extractions) rovide CLE peration 4:00 p 4:00 p 4:00 p 4:00 p 4:00 p	alants) CRICAL/CARE C Staff Name with Cr Crystal Wood	coordinat redentials d d d d	

Wednesday: Thursday: Friday:

Other information provided

(Last Updated: 10/4/20)19)							
County in which SBI	HC is located:	Raleigh						
Name of School-Base	d Health Center	Cranberry-Pr	osperity	ES Hea	alth Ce	nter		
School in which th	ne SBHC is located	Cranberry-Pr	osperity	ES				
School Population	1	242						
Address for this Scho	ool-Based Health Cente	er						
Physical Address	4575 Robert C. Byrd	Dr.						
Mailing Address	252 Rural Acres Dr.		CDIIC	a , ,	D.			
City		SBHC (n			
State	WV		First Na Last Na					
Zip	25801		Phone			5545		
Phone	304 256 4588		Extension		1 044	3343		
Extension			Fax	304	1 256	4574		
Fax	304 256 4588		Email	_			althwv.com	
Website			Lillali	111111	iaiii@a	iccessile a	antitwv.com	
Email								
SBHC Sponsoring Ag	zencv							
Name	•		Access	Health	1			
Mailing Address			252 Rural Acres Drive					
City			Beckley					
State			WV					
Zip			25801					
Executive Director			Charles	s Hunt,	CEO			
Phone			304 2	52 832	24			
Fax			304 2	52 737	72			
Email								
SBHC Medical Direct	or		Rodne	y Fink, I	DO			
This SBHC is located	I							
☑ in a school building		Other(please sp	ecify)				
	but not in a school build	ling						
		Other sc	hools served	11:	P	opulation:	1	
		Other sc	hools served	12:	P	opulation:		
Other schools served	Othor so	hools served	12.	D	opulation:			
· · · · · · · · · · · · · · · · · · ·			noois served	13.	r	ориганоп:		
		Other sc	hools served	14:	P	opulation:		
		⊠ PK				4	Other(please specify)	
Grades served by thi	s SBHC			□7 □ □12	□8 □	9		

	who can receive ca	· ·							
		ls not located on campus	Funding	Funding sources for your SBHC					
☑ Schoo			Funding	Funding Source 1					
•	y of students			Funding Source 2					
	s in the community	year) for your SBHC	-	Funding Source 3					
-	Month September		Funding						
		<u>'</u>	1 unumg	Source 1					
Opening	10ai 2017								
Clinic sch	nedule and staff name	es for MEDICAL services	Day and	time that you provi	de MENTAL HEALTH services				
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials				
Monday:	8:00 a - 4:00 p	Lyndsey Milam APRN FNP-B	Monday:						
Tuesday:			Tuesday:						
Wednesday	8:00 a - 4:00 p	Lyndsey Milam APRN FNP-B	Wednesday	:					
Thursday:			Thursday:						
Friday:	12:30 p - 4:00 p	Lyndsey Milam APRN FNP-E	Friday:						
	ncy who provide ORA	AL HEALTH services							
Day of Week	Hours of Operation	Staff Name with Credentials	Types of	oral health services	provided at your site.				
Monday:			☐ Oral be	alth education					
Tuesday:			☐ Screeni	ngs					
Wednesday	:			ive (Cleanings,Fluoride, tive (Fillings, Extraction					
Thursday:			= Testora	tive (1 mmgs, Extraction	<i>(</i>				
Friday:									
Staff/ager	ncy who provide NUF	RSING services.	Staff/age	ncy who provide CI	LERICAL/CARE COORDINAT				
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials				
Monday:			Monday:						
Tuesday:			Tuesday:						
Wednesday	:		Wednesday	:					
Thursday:			Thursday:						
Friday:			Friday:						
Other HE	EALTH SERVICES p	provided at your SBHC.		ncy who provide O	THER HEALTH services.				
Other healtl	h services 1		Day of Week	Hours of Operation	Staff Name with Credentials				
	h services 2		Monday:						
	h services 3		Tuesday:						
	iformation provide	ed	Wednesday	:					
	p		Thursday:						

(Last Updated: 10/8/20	019)										
County in which SBI	HC is l	ocate	ed:	Raleig	gh						
Name of School-Base	ed Heal	lth C	enter	Danie	ls Elem	entary	Healt	h Cente	er		
School in which th	he SBE	IC is	located	Danie	ls ES						
School Population	1			613							
Address for this Scho	ool-Bas	sed H	lealth C	enter							
Physical Address	4-H L	ake	Rd. 351								
Mailing Address						CDIIC	C ,	4 D			
City	Danie	els			_			act Pers			
State	WV					Last N	<u> </u>		·a		
Zip	25832	2				Phone		681 23	38 0644		
Phone	681	238	0644			Extens	- F	001 23	0044		
Extension						Fax	Ļ	304 25	52 7372		
Fax	304	252	7372			Email	F		accesshealt	·hun com	
Website						Ellian	L	iuiiiy@a	accessileait	.iiwv.coiii	
Email											
SBHC Sponsoring Ag	gencv										
Name						Acces	sHea	lth			
Mailing Address						252 R	ural A	cres D	r.		
City						Beckle	≘у			•	
State						WV					
Zip						25801					
Executive Director						Charle	es Hu	nt			
Phone						304	252	8324			
Fax						304	252	7372			
Email											
SBHC Medical Direct	or					Rodne	ey Fin	ık, DO			
This SBHC is located	i				0.1 (1	. c	`			
☑in a school building	,				Otner	please s	pecity	/ <u>)</u>			
□on school property,	but not	t in a	school b	ouilding							
					Other scl	nools serve	ed 1:		Population:	٦	
					Other sel	nools serve	ad 2:		Population:		
				Other sci	ioois serve	zu 2:		ropulation:			
Other schools served	by thi	s SB	HC		Other scl	nools serve	ed 3:		Population:		
					Other sch	nools serve	ed 4:		Population:		
										_	
C 1 11 21	CDIT	C			□PK	□ 1	□ 2	⊠ 3	□ 4	Other(please	specify)
Grades served by thi	s SBH	C.				□6 □11	□7 □12	□8	□9		

Others who can receive care at your SHBC ☐ Students from area schools not located on campus **Funding sources for your SBHC** ☑ School Staff Funding Source 1 ☐ Family of students Funding Source 2 □ Others in the community Funding Source 3 Opening date (month and year) for your SBHC Opening Month September Funding Source 4 Opening Year 2019 Day and time that you provide MENTAL HEALTH services Clinic schedule and staff names for MEDICAL services Day of Day of Hours of Operation Staff Name with Credentials Hours of Operation Staff Name with Credentials Week Week Monday: 11;00 a - 3:30 p Rebecca Dilly, FNP-BC Monday: 11;00 a - 3:30 p Rebecca Dilly, FNP-BC Tuesday: Tuesday: Wednesday: 11;00 a - 3:30 p Rebecca Dilly, FNP-BC Wednesday: 11;00 a - 3:30 p Rebecca Dilly, FNP-BC Thursday: Thursday: Rebecca Dilly, FNP-BC Friday: 11;00 a - 3:30 p Friday: Staff/agency who provide ORAL HEALTH services Day of Staff Name with Credentials Hours of Operation Week Types of oral health services provided at your site. Monday: ☐ Oral health education Tuesday: ☐ Screenings ☐ Preventive (Cleanings,Fluoride,Sealants) Wednesday: ☐ Restorative (Fillings, Extractions) Thursday: Friday: Staff/agency who provide NURSING services. Staff/agency who provide CLERICAL/CARE COORDINAT Day of Day of Hours of Operation Staff Name with Credentials Hours of Operation Staff Name with Credentials Week Week Monday: Monday: Tuesday: Tuesday: Wednesday: Wednesday: Thursday: Thursday: Friday: Friday: Staff/agency who provide OTHER HEALTH services. Other HEALTH SERVICES provided at your SBHC. Day of Hours of Operation Staff Name with Credentials Other health services 1 Week Monday: Other health services 2 Tuesday: Other health services 3 Other information provided Wednesday: Thursday:

(Last Updated: 8/28/20	019)						
County in which SBI	HC is located:	Raleigh					
Name of School-Base	ed Health Center	Independn	ce High S	ВНС			
School in which the	he SBHC is located	Independe	nce HS				
School Population	1	583					
Address for this Scho	ool-Based Health Center						
Physical Address	850 Independence Rd						
Mailing Address	P.O. Box 1595		an.	. ~ .			
City	Coal City		-		act Per	son	
State	WV		First N	-	Whitloc	.l.	
Zip	25823		Phone		304 46		
Phone	304 683 6905		Extens	<u> </u>	304 40	1376	
Extension			Fax	<u> </u>	304 46	65 0003	
Fax	304 683 6906		гах — Email			hitlock@nrh	20WW org
Website	nrhawv.org		Lillali	L	Jiiluy.w	пппоскштт	lawv.org
Email	joni.walker@nrhawv.o	rg					
SBHC Sponsoring A	gency						
Name	5 V		New F	River I	Health	Assn	
Mailing Address			P.O. I	30x 33	37		
City			Scarb	ro			
State			WV			_	
Zip			25917	7			
Executive Director			John	Schult	tz		
Phone			304	465	2258		
Fax			304	465	5486		
Email			johnr.schultz@nrhawv.org				
SBHC Medical Direct	or		Angel	a Barl	ker, PA	v-C	
This SBHC is located	i	04	(1	:c.	-)		
☑in a school building			er(please s	specify	<u>') </u>		
□on school property,	but not in a school building	ng					
		Othe	schools serv	ed 1:		Population:	
		Othe	schools serv	ed 2:		Population:	
04 1 1 1	I al' CDIIC						
Other schools served by this SBHC			schools serv	ed 3:		Population:	7
		Othe	schools serv	ed 4·		Population:	
			. concors serv			горишноп.	
							_
Cuadas sarred by 41-1	a CDUC	□P		$\Box 2$	□3	□4 □20	Other(please specify)
Grades served by thi	8 SBHC	□5 □1	□6 0	□7 ☑12	□8	□ 9	
			. 11	_ 12			

Others who can receive care at your SHBC

- ☑ Students from area schools not located on campus
- □ School Staff
- ☐ Family of students
- ☑ Others in the community

Opening date (month and year) for your SBHC

Opening Month	April
Opening Year	2011

Clinic schedule and staff names for MEDICAL services

Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:	7:15 a - 3:15 p	Joni Struckman, PA-C		
Tuesday:	7:15 a - 3:15 p	Joni Struckman, PA-C		
Wednesday	7:15 a - 3:15 p	Joni Struckman, PA-C		
Thursday:	7:15 a - 3:15 p	Joni Struckman, PA-C		
Friday:	7:15 a - 3:15 p	Joni Struckman, PA-C		

Staff/agency who provide ORAL HEALTH services

Day of Week	Hours of Operation Staff Name with Credentials			
Monday:		Terra Basham, RDH		
Tuesday:				
Wednesday	:			
Thursday:				
Friday:				

Staff/agency who provide NURSING services.

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:15 a - 3:15 p	Betty Scott, LPN
Tuesday:	7:15 a - 3:15 p	Betty Scott, LPN
Wednesday	7:15 a - 3:15 p	Betty Scott, LPN
Thursday:	7:15 a - 3:15 p	Betty Scott, LPN
Friday:	7:15 a - 3:15 p	Betty Scott, LPN

Other HEALTH SERVICES provided at your SBHC.

Other health services 1	Health Education
Other health services 2	
Other health services 3	
Other informatio	n provided

Other information	n provided	

Funding sources for your SBHC

Funding Source 1	HRSA
Funding Source 2	SSJ Health & Wellness
Funding Source 3	United Way of SWV
Funding Source 4	Gtr. Kanawha Valley

Day and time that you provide MENTAL HEALTH services

Day of Week	Hours of Operation	Staff Name with Credentials			
Monday:	7:15 a - 3:15 p	Leisa Robinson, LCSW			
Tuesday:					
Wednesday:	7:15 a - 3:15 p	Leisa Robinson, LCSW			
Thursday:					
Friday:	7:15 a - 3:15 p	Leisa Robinson, LCSW			

Types of oral health services provided at your site.

☐ Oral health education
□ Screenings
☑ Preventive (Cleanings,Fluoride,Sealants
Restorative (Fillings Extractions)

Staff/agency who provide CLERICAL/CARE COORDINAT

Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:	7:15 a - 3:15 p	Melissa Milam		
Tuesday:	7:15 a - 3:15 p	Melissa Milam		
Wednesday:	7:15 a - 3:15 p	Melissa Milam		
Thursday:	7:15 a - 3:15 p	Melissa Milam		
Friday:	7:15 a - 3:15 p	Melissa Milam		

Staff/agency who provide OTHER HEALTH services.

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	Varies	TBA, Health Educator
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

(Last Updated: 8/28/20	019)							
County in which SBHC is located: Raleigh								
Name of School-Based Health Center Independe		ndence	nce Middle SBHC					
School in which th	which the SBHC is located Independence		MS					
School Population	1	450						
Address for this Scho	ool-Based Health Center	•						
Physical Address	800 Independence Ro							
Mailing Address				an	~ ~			
City	Sophia					tact Per	son	
State	WV					Cindy	I.	
Zip	25921					Whitloo		
Phone	681 539 3337			Phone		304 4	65 1378	
Extension				Exten	sion	004 4	0000	
Fax	304 465 5486			Fax			65 0003	
Website	nrhawv.org			Email		cindy.w	hitlock@nr	hawv.org
Email	crystal.cooper@nrhav	v.org						
SBHC Sponsoring A	pency							
Name	5;			New	River	Health	Association	1
Mailing Address				РО В	ox 33			
City				Scarl	oro			
State				WV			J	
Zip				2591	7			
Executive Director				John	Schu	ltz		
Phone				304	465	2258		
Fax				304	465	5486		
Email							awv.org	
SBHC Medical Direct	or			_		rker, PA		
This SBHC is located □ in a school building □ on school property.		ng	Other(1	please	specif	y)		
1 1 3/			Other sch	ools serv	ved 1:		Population:	7
Other schools served by this SBHC			Other schools served 2:		Population:			
		Other schools served 3:				Population:		
			Other sch	ools serv	ved 4:		Population:	
Grades served by thi	s SBHC		□PK □5	□1 □6	□2 ☑7	□3 □8	□4 □9	Other(please specify)

 $\Box 10$ $\Box 11$ $\Box 12$

Studen	who can receive can nts from area school	s not located on campus	Funding	sources for your C	DHC			
☑ School Staff			_	Funding sources for your SBHC Funding Source 1 WV BPH				
	y of students		_					
	s in the community		Funding Source 2 HRSA Funding Source 3					
- '	`	year) for your SBHC	_					
	Month February		Funding	Source 4				
Opening	Year 2019							
Clinic sch	nedule and staff name	s for MEDICAL services	Day and t	ime that you provide	MENTAL HEALTH services			
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials			
Monday:	12:00 p - 4:00 p	Crystal Cooper, PA-C	Monday:					
Tuesday:	8:00 a - 11:30 p	Crystal Cooper, PA-C	Tuesday:	12:00 p - 4:00 p	Leisa Robinson, LCSW			
Wednesday	12:00 p - 4:00 p	Crystal Cooper, PA-C	Wednesday					
Thursday:	8:00 a - 11:30 p	Crystal Cooper, PA-C	Thursday:	12:00 p - 4:00 p	Leisa Robinson, LCSW			
Friday:	12:00 p - 4:00 p	Crystal Cooper, PA-C	Friday:					
Wednesday Thursday: Friday:				ve (Cleanings,Fluoride,Se ive (Fillings, Extractions)	alants)			
Staff/aga								
Stan/age	ncy who provide NUR	SING services.	Staff/ager	ncy who provide CLE	RICAL/CARE COORDINAT			
Day of Week	Hours of Operation	RSING services. Staff Name with Credentials	Staff/ager Day of Week	Hours of Operation	CRICAL/CARE COORDINAT			
Day of			Day of					
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials			
Day of Week Monday: Tuesday:	Hours of Operation 12:00 p - 4:00 p	Staff Name with Credentials Rita Blake, LPN	Day of Week Monday: Tuesday:	Hours of Operation 8:00 a - 4:00 p	Staff Name with Credentials Barbara Goodson			
Day of Week Monday: Tuesday:	Hours of Operation 12:00 p - 4:00 p 8:00 a - 11:30 p	Staff Name with Credentials Rita Blake, LPN Rita Blake, LPN	Day of Week Monday: Tuesday: Wednesday	Hours of Operation 8:00 a - 4:00 p 8:00 a - 4:00 p	Staff Name with Credentials Barbara Goodson Barbara Goodson			
Day of Week Monday: Tuesday: Wednesday	Hours of Operation 12:00 p - 4:00 p 8:00 a - 11:30 p 12:00 p - 4:00 p	Rita Blake, LPN Rita Blake, LPN Rita Blake, LPN Rita Blake, LPN	Day of Week Monday: Tuesday: Wednesday	Hours of Operation 8:00 a - 4:00 p 8:00 a - 4:00 p 8:00 a - 4:00 p	Staff Name with Credentials Barbara Goodson Barbara Goodson Barbara Goodson			
Day of Week Monday: Tuesday: Wednesday Thursday: Friday:	Hours of Operation 12:00 p - 4:00 p 8:00 a - 11:30 p 12:00 p - 4:00 p 8:00 a - 11:30 p 12:00 p - 4:00 p	Staff Name with Credentials Rita Blake, LPN Rita Blake, LPN Rita Blake, LPN Rita Blake, LPN	Day of Week Monday: Tuesday: Wednesday Thursday: Friday: Staff/ager	Hours of Operation 8:00 a - 4:00 p	Staff Name with Credentials Barbara Goodson Barbara Goodson Barbara Goodson Barbara Goodson Barbara Goodson Barbara Goodson Barbara Goodson			
Day of Week Monday: Tuesday: Wednesday Thursday: Friday:	Hours of Operation 12:00 p - 4:00 p 8:00 a - 11:30 p 12:00 p - 4:00 p 8:00 a - 11:30 p 12:00 p - 4:00 p 2ALTH SERVICES p	Rita Blake, LPN	Day of Week Monday: Tuesday: Wednesday Thursday: Friday:	Hours of Operation 8:00 a - 4:00 p	Staff Name with Credentials Barbara Goodson Barbara Goodson Barbara Goodson Barbara Goodson Barbara Goodson Barbara Goodson			
Day of Week Monday: Tuesday: Wednesday Thursday: Friday: Other HI	Hours of Operation 12:00 p - 4:00 p 8:00 a - 11:30 p 12:00 p - 4:00 p 8:00 a - 11:30 p 12:00 p - 4:00 p 2ALTH SERVICES p	Rita Blake, LPN	Day of Week Monday: Tuesday: Wednesday Thursday: Friday: Staff/agei	Hours of Operation 8:00 a - 4:00 p	Staff Name with Credentials Barbara Goodson Barbara Goodson Barbara Goodson Barbara Goodson Barbara Goodson Barbara Goodson Barbara Goodson			
Day of Week Monday: Tuesday: Wednesday Thursday: Friday: Other HI Other healt	Hours of Operation 12:00 p - 4:00 p 8:00 a - 11:30 p 12:00 p - 4:00 p 8:00 a - 11:30 p 12:00 p - 4:00 p EALTH SERVICES p th services 1	Rita Blake, LPN	Day of Week Monday: Tuesday: Wednesday Thursday: Friday: Staff/ager Day of Week	Hours of Operation 8:00 a - 4:00 p	Staff Name with Credentials Barbara Goodson Barbara Goodson Barbara Goodson Barbara Goodson Barbara Goodson Barbara Goodson Barbara Goodson			
Day of Week Monday: Tuesday: Wednesday Thursday: Friday: Other HI Other healt Other healt Other healt	Hours of Operation 12:00 p - 4:00 p 8:00 a - 11:30 p 12:00 p - 4:00 p 8:00 a - 11:30 p 12:00 p - 4:00 p EALTH SERVICES p th services 1 th services 2	Rita Blake, LPN Rowided at your SBHC.	Day of Week Monday: Tuesday: Wednesday Thursday: Friday: Staff/ager Day of Week Monday:	Hours of Operation 8:00 a - 4:00 p R:00 a - 4:00 p Hours of Operation	Staff Name with Credentials Barbara Goodson Barbara Goodson Barbara Goodson Barbara Goodson Barbara Goodson Barbara Goodson Barbara Goodson			

(Last Updated: 10/8/20	019)					
County in which SBI	IC is located:	Raleigh				
Name of School-Base	d Health Center	Mabscott Ele	mentary SB			
School in which th	ne SBHC is located	Mabscott ES				
School Population	ı	256				
Address for this Scho	ool-Based Health Cente	r				
Physical Address	104 Pershing St.					
Mailing Address			SBHC Con	stoot Doug		
City	Mabscott		First Name		OII	
State	WV		Last Name			
Zip	25871		Phone	304 44	4 1912	
Phone	304 444 1912		Extension	304 44	4 1312	
Extension			Fax	304 25	2 7372	
Fax	304 252 7372		_Email		accessheal	thun, com
Website			Lillali	ешский	accessileai	uiwv.com
Email						
SBHC Sponsoring Ag	gency					
Name			AccessHe	alth		
Mailing Address			252 Rural	Acres Dr		
City			Beckley			
State			WV			
Zip			25801			
Executive Director			Charles H	unt, CEO		
Phone			304 252	8324		
Fax			304 252	7372		
Email						
SBHC Medical Direct	or		Rodney Fi	ink, DO		
This SBHC is located □ in a school building □ on school property,			please specif	fy)		
		Other so	hools served 1:		Population:	7
	Other so	chools served 2:		Population:]	
Other schools served	Other so	hools served 3:		Population:		
		Other so	hools served 4:		Population:	
Grades served by this	s SBHC	☑PK ☑5	□1 □2 □6 □7		☑4 □9	Other(please specify)

 $\Box 10$ $\Box 11$ $\Box 12$

	who can receive ca	•						
☐ Students from area schools not located on campus			Funding	sources for your	SBHC			
School Staff			Funding	Funding Source 1				
	□ Family of students □ Others in the community			Funding Source 2				
Opening date (month and year) for your SBHC		Funding	_					
-	Month August	year) for your SBITC	_	Source 4				
Opening			1 unumg					
Opening	Z019							
Clinic sch	nedule and staff name	es for MEDICAL services	Day and	time that you provid	le MENTAL HEALTH services			
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials			
Monday:	8:00 a - 4:00 p	Erica Tuck, APRN	Monday:					
Tuesday:			Tuesday:					
Wednesday	8:00 a - 4:00 p	Erica Tuck, APRN	Wednesday	:				
Thursday:			Thursday:					
Friday:	12:30 p - 4:00 p	Erica Tuck, APRN	Friday:					
Staff/ager	ncy who provide ORA	AL HEALTH services						
Day of Week	Hours of Operation	Staff Name with Credentials	Types of	oral health services	provided at your site.			
Monday:			☐ Oral be	alth education				
Tuesday:			☐ Screeni	ngs				
Wednesday	:			ive (Cleanings,Fluoride,S tive (Fillings, Extraction				
Thursday:				tive (i iiiiigs, Extraction	<i>.</i>)			
Friday:								
Staff/ager	ncy who provide NUF	RSING services.	Staff/age	ncy who provide CL	ERICAL/CARE COORDINAT			
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials			
Monday:			Monday:					
Tuesday:			Tuesday:					
Wednesday	:		Wednesday	:				
Thursday:			Thursday:					
Friday:			Friday:					
Other HE	EALTH SERVICES p	provided at your SBHC.		ncy who provide OT	THER HEALTH services.			
Other health	h services 1		Day of Week	Hours of Operation	Staff Name with Credentials			
Other health			Monday:					
Other health			Tuesday:					
	iformation provide	ed	Wednesday	:				
	*		Thursday:					

(Last Updated: 10/4/20)19)							
County in which SBHC is located:		Raleigh						
Name of School-Base	d Health Center	Marsh Fork SBHC						
School in which th	ne SBHC is located	Marsh Fo	ork Ele	ement	ary			
School Population	ı	204						
Address for this Scho	ool-Based Health Center	•						
Physical Address	5960 Coal River Rd.							
Mailing Address	252 Rural Acres Dr.			CDIIC	C	tact Per		
City	Rock Creek			_		Lyndse		
State	WV					Milam	у	
Zip	25174			Last IN Phone	anne		44 5545	
Phone	304 854 1951			Extens	ion	304 0	14 3343	
Extension				Extens Fax	1011	304 8	54 1054	
Fax	304 854 1054			rax Email			@accesshea	althur, com
Website				Lillali		IIIIIaIII(waccessilea	alliwv.com
Email								
SBHC Sponsoring Ag	zencv							
Name	•			Acces	sHea	alth		
Mailing Address				252 R	ural	Acres D	r.	
City				Beckle	Эу			
State				WV			1	
Zip				25801				
Executive Director				Charle	es Hu	unt, CEC	<u> </u>	
Phone				304	252	8324		
Fax				304	252	7372		
Email								
SBHC Medical Direct	or			Rodne	y Fii	nk, DO		
This SBHC is located	I		N1 (1		. ,		
☑in a school building			Other(p	iease s	pecii	у)		
□on school property,	but not in a school buildi	ng						
		O	ther scho	ools serve	ed 1:		Population:	7
		O	ther scho	ools serve	ed 2:		Population:	
Other schools served								
Other schools served	by this SBHC	O	ther scho	ools serve	ed 3:		Population:	7
		0	ther scho	ools serve	ed 4:		Population:	_
		r.	⊅PK	□ 1	□ 2			
Grades served by thi	s SBHC		⊒5	□6	□7		□9	Other(please specify)
·			□10	□11	□12	2		

	who can receive ca	·					
		ls not located on campus	Funding	sources for your	SBHC		
☑ School Staff		Funding	Funding Source 1				
•	y of students			Funding Source 2			
☐ Others in the community Opening date (month and year) for your SBHC		Funding					
-	Month August	year) for your SBHC	Funding				
			1 unung	Bource 4			
Opening	Year 2019						
Clinic sch	nedule and staff name	es for MEDICAL services	Day and	time that you provi	de MENTAL HEALTH services		
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:			Monday:				
Tuesday:	8:00 a - 4:00 p	Lyndsey Milam APRN FNP-B	C Tuesday:				
Wednesday	:		Wednesday	:			
Thursday:	8:00 a - 4:00 p	Lyndsey Milam APRN FNP-E	Thursday:				
Friday:	8:00 a - 11:30 a	Lyndsey Milam APRN FNP-B	C Friday:				
Staff/agei	ncy who provide ORA	AL HEALTH services					
Day of Week	Hours of Operation	Staff Name with Credentials	Types of	oral health services	provided at your site.		
Monday:				alth education			
Tuesday:			□ Screenii				
Wednesday	:			ive (Cleanings,Fluoride, tive (Fillings, Extraction			
Thursday:			CSIOIA	uve (1 mings, Extraction	3)		
Friday:							
Staff/ager	ncy who provide NUI	RSING services.	Staff/ager	ncy who provide CI	ERICAL/CARE COORDINAT		
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:			Monday:				
Tuesday:			Tuesday:				
Wednesday	:		Wednesday	:			
Thursday:			Thursday:				
Friday:			Friday:				
Other HE	EALTH SERVICES p	provided at your SBHC.	Staff/ager	ncy who provide OT	THER HEALTH services.		
Other healtl	h services 1		Day of Week	Hours of Operation	Staff Name with Credentials		
	h services 2		Monday:				
	h services 3		Tuesday:				
	nformation provide	ed	Wednesday	:			
	*		Thursday:				

(Last Updated: 10/4/20	019)							
County in which SBHC is located: Raleigh								
Name of School-Base	d Health Center	Shady Sp	Shady Spring HS Health Center					
School in which th	ne SBHC is located	Shady Sp	pring H	HS				
School Population	1	787					·	
Address for this Scho	ool-Based Health Center	•						
Physical Address	Route 3 Hinton Rd							
Mailing Address	PO Box 2001			CDIIC	C4	4 D		
City	Shady Spring			_		act Pers		
State	WV				F	Dilly, FN		
Zip	25918			Phone	_	681 23		
Phone	681 238 0644			Extensi	<u> </u>	001 20	0044	
Extension				Fax				
Fax	304 256 4711			Email		rdilly@s	accesshealt	hwy com
Website			1	Lillali	Ľ	rumy (wa	accessilean	iiwv.com
Email								
SBHC Sponsoring Ag	gency							
Name	•			Acces	s Hea	alth		
Mailing Address			Ī	252 R	ural <i>F</i>	Acres D	rive	
City				Beckle	ЭУ			
State			Ī	WV				
Zip			[25801				
Executive Director				Charle	s Hu	nt, CEC)	
Phone			[304 2	252	8324		
Fax			į	304 2	252	7372		
Email								
SBHC Medical Direct	or			Rodne	y Fin	ık, DO		
This SBHC is located	I	0	41. (1	1	:c	-)		
☑in a school building			mer(p	lease s	pecity	()		
□on school property,	but not in a school buildi	ng						
		Ot	ther scho	ols serve	ed 1:		Population:	7
			ther scho	ols serve	ed 2:		Population:	
04 1 1 1	1 41' CDIIC							
Other schools served	by this SBHC	Ot	ther scho	ols serve	ed 3:		Population:	7
		 O:	ther scho	ols serve	.d 4.		Population:	
			30110				горышнон.	
								_
Condense D 22	- CDUC			□1 □($\Box 2$	□3	□4	Other(please specify)
Grades served by this	8 SRHC			□6 ☑11	□7 ☑12	□8	□ 9	
		Ľ	110	11	<u>14</u>			

Others who can receive care at your SHBC ☐ Students from area schools not located on campus **Funding sources for your SBHC** ☑ School Staff Funding Source 1 ☐ Family of students Funding Source 2 □ Others in the community Funding Source 3 Opening date (month and year) for your SBHC Funding Source 4 Opening Month January Opening Year 2015 Clinic schedule and staff names for MEDICAL services Day and time that you provide MENTAL HEALTH services Day of Day of Hours of Operation Staff Name with Credentials Hours of Operation Staff Name with Credentials Week Week Monday: 7:00 a - 10:00 a Rebecca Dilly, FNP-BC Monday: 7:00 a - 10:00 a Rebecca Dilly, FNP-BC Tuesday: Tuesday: Rebecca Dilly, FNP-BC Wednesday: 7:00 a - 10:00 a Wednesday: 7:00 a - 10:00 a Rebecca Dilly, FNP-BC Thursday: Thursday: Rebecca Dilly, FNP-BC Friday: 7:00 a - 10:00 a Friday: Staff/agency who provide ORAL HEALTH services Day of Staff Name with Credentials Hours of Operation Week Types of oral health services provided at your site. Monday: ☑ Oral health education Tuesday: ☑ Screenings ☐ Preventive (Cleanings,Fluoride,Sealants) Wednesday: ☐ Restorative (Fillings, Extractions) Thursday: Friday: Staff/agency who provide NURSING services. Staff/agency who provide CLERICAL/CARE COORDINAT Day of Day of Hours of Operation Staff Name with Credentials Hours of Operation Staff Name with Credentials Week Week Monday: Monday: Tuesday: Tuesday: Wednesday: Wednesday: Thursday: Thursday: Friday: Friday: Staff/agency who provide OTHER HEALTH services. Other HEALTH SERVICES provided at your SBHC. Day of Hours of Operation Staff Name with Credentials Other health services 1 Week Monday: Other health services 2 Tuesday: Other health services 3 Other information provided Wednesday: Thursday:

(Last Updated: 9/24/2019) County in which SBHC is located: Raleigh Name of School-Based Health Center Woodrow Wilson SBHC School in which the SBHC is located Woodrow Wilson HS **School Population** 1,293 Address for this School-Based Health Center Physical Address 400 Stanaford Rd Mailing Address 252 Rural Acres Drive **SBHC Contact Person** City Beckley First Name Lisa State WV Last Name Bennett Zip 25801 304 461 3341 Phone Phone 304 | 461 | 3341 Extension Extension Fax 304 461 3344 Fax 304 | 461 | 3344 Email lbennett@accesshealthwv.com Website wwhs.rale.k12.wv.us Email **SBHC Sponsoring Agency** Name Access Health 252 Rural Acres Drive Mailing Address Beckley City WV State 25801 Zip **Executive Director** Charles Hunt, CEO Phone 304 252 8324 Fax 304 252 7372 Email SBHC Medical Director Rodney Fink, DO This SBHC is located Other(please specify) ☑ in a school building □on school property, but not in a school building Population: Other schools served 1: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\Box PK$ $\Box 1$ $\square 2$ $\Box 3$ $\Box 4$ Other(please specify) Grades served by this SBHC $\Box 7$ 9 $\Box 5$ □6 $\square 8$

□10

Others who can receive care at your SHBC ☑ Students from area schools not located on campus **Funding sources for your SBHC** ☑ School Staff Funding Source 1 ☐ Family of students Funding Source 2 □ Others in the community Funding Source 3 Opening date (month and year) for your SBHC Funding Source 4 Opening Month October Opening Year 2012 Day and time that you provide MENTAL HEALTH services Clinic schedule and staff names for MEDICAL services Day of Day of Hours of Operation Staff Name with Credentials Hours of Operation Staff Name with Credentials Week Week Monday: 7:00 a - 11:00 a Lisa Bennett FNP-BC Monday: Tuesday: Tuesday: Wednesday: 7:00 a - 11:00 a Lisa Bennett FNP-BC Wednesday: 12:00 p - 3:30 p Lisa Bennett FNP-BC Thursday: Thursday: Friday: Friday: 8:00 a - 12:00 p Heather Booth, LICSW Staff/agency who provide ORAL HEALTH services Day of Staff Name with Credentials Hours of Operation Week Types of oral health services provided at your site. Monday: ☑ Oral health education Tuesday: ☐ Screenings ☐ Preventive (Cleanings,Fluoride,Sealants) Wednesday: ☐ Restorative (Fillings, Extractions) Thursday: Friday: Staff/agency who provide NURSING services. Staff/agency who provide CLERICAL/CARE COORDINAT Day of Day of Hours of Operation Staff Name with Credentials Hours of Operation Staff Name with Credentials Week Week 7:00 a - 11:00 a Donna Wilson, LPN Monday: Monday: Tuesday: Tuesday: Wednesday: 7:00 a - 11:00 a Donna Wilson, LPN Wednesday: 12:00 p - 3:30 p Thursday: Thursday: Donna Wilson, LPN Friday: Friday: Staff/agency who provide OTHER HEALTH services. Other HEALTH SERVICES provided at your SBHC. Day of Hours of Operation Staff Name with Credentials Other health services 1 Week Monday: Other health services 2 Tuesday: Other health services 3 Other information provided Wednesday: Thursday:

(Last Updated: 9/6/20)	19)							
County in which SBHC is located:		Randolph						
Name of School-Base	d Health Center	Elkins High SBHC						
School in which th	ne SBHC is located	Elkins Hig	h Scho	ool				
School Population	1	796						
Address for this Scho	ool-Based Health Center							
Physical Address	100 Kennedy Dr.							
Mailing Address	PO Box 247		CD	BHC Co	ntaat	Ромсок		
City	Elkins			rst Nam			1	
State	WV			ist Nam	_			
Zip	26280			ione			2545	
Phone	304 614 5473			tension	-	340	2343	
Extension			Fa		304	1 335	6158	
Fax	304 335 6158			nail	-		vhcwv.oi	ra
Website	www.vhcwv.org			11411	mat	uzyaw	VIICVV.OI	ı g
Email	mauzysbhc@gmail.co	m						
SBHC Sponsoring Ag	gency							
Name			Va	alley H	ealth (Care, I	nc	
Mailing Address			PO	Э Вох 2	247			
City			Mi	ill Cree	k			
State			W	V				
Zip			26	5280				
Executive Director			Ro	obert H	laddix	(
Phone			30)4 335	205	50		
Fax			30)4 335	615	58		
Email			ha	addixr@	vhcw	vv.org		
SBHC Medical Direct	or		De	ebra Aı	uble, N	M.D.		
This SBHC is located		Otl	her(nlea	ase spec	rify)			
☑ in a school building			(j	<u>-</u>				
Lon school property,	but not in a school buildi	ng —						
		Oth	er schools	s served 1:	<u> </u>	P	opulation:	
		Oth	er schools	s served 2:	:	P	opulation:	
Other schools served	by this SBHC	Odl	11-	1 2			1-4:	
	•	Oin	er schools	s served 3:	<u> </u>	P	opulation:	
		Oth	er schools	s served 4		P	opulation:	
			PK □	1 🗆	2 🗆	□3 □	4	04 (1 (2)
Grades served by thi	s SBHC			16 🗆		-8		Other(please specify)
			10 ☑	11	12			

Others	who can receive ca	re at your SHBC					
		ls not located on campus	Funding	sources for your	SBHC		
☑ School Staff		_	Funding Source 1				
	y of students		Funding	Source 2			
	s in the community	year) for your SBHC	Funding				
- '	Month August	year) for your SBITC	C	Source 4			
Opening			runanig	Bource 1			
Opening	2014						
Clinic sch	nedule and staff name	es for MEDICAL services	Day and	time that you provi	de MENTAL HEALTH services		
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:	11:30 a - 3:00 p	Ashley Mauzy, PA-C	Monday:				
Tuesday:			Tuesday:				
Wednesday	:		Wednesday	:			
Thursday:			Thursday:				
Friday:	7:00 a - 10:30 p	Ashley Mauzy, PA-C	Friday:				
Staff/ager	ncy who provide ORA	AL HEALTH services					
Day of Week	Hours of Operation	Staff Name with Credentials	Types of	oral health services	provided at your site.		
Monday:			☐ Oral be	alth education			
Tuesday:			☐ Screeni	ngs			
Wednesday	:			ive (Cleanings,Fluoride, tive (Fillings, Extraction			
Thursday:				uve (i iiiigs, zauueusa	5)		
Friday:							
Staff/ager	ncy who provide NUF	RSING services.	Staff/age	ncy who provide CI	LERICAL/CARE COORDINAT		
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:	11:30 a - 3:00 p	Angie Vanpelt, LPN	Monday:				
Tuesday:			Tuesday:				
Wednesday	:		Wednesday	:			
Thursday:			Thursday:				
Friday:	7:00 a - 3:00 p	Angie Vanpelt, LPN	Friday:				
Other HI	EALTH SERVICES p	provided at your SBHC.	Staff/age	ncy who provide O	THER HEALTH services.		
Other healt	h services 1		Day of Week	Hours of Operation	Staff Name with Credentials		
	h services 2		Monday:				
Other health	h services 3		Tuesday:				
Other in	ıformation provide	ed	Wednesday	:			
	-		Thursday:				

(Last Updated: 9/6/2019) County in which SBHC is located: Randolph Name of School-Based Health Center Elkins Middle SBHC School in which the SBHC is located Elkins MS **School Population** 635 Address for this School-Based Health Center Physical Address 308 Robert E Lee Ave. Mailing Address **SBHC Contact Person** City **Elkins** First Name | Ashley State WV Last Name | Mauzy Zip 26241 304 940 2545 Phone Phone 304 642 4565 Extension Extension Fax 304 335 6158 304 | 335 | 6158 Fax Email mauzya@vhcwv.org Website www.vhcwv.org mauzya@vhcwv.org Email **SBHC Sponsoring Agency** Name Valley Health Care, Inc PO Box 247 Mailing Address Mill Creek City WV State 26280 Zip **Executive Director** Robert Haddix Phone 304 335 2050 Fax 304 335 6158 Email haddixr@vhcwv.org SBHC Medical Director Debra Auble, M.D. This SBHC is located Other(please specify) ☑ in a school building □on school property, but not in a school building Population: Other schools served 1: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\Box PK$ $\Box 1$ $\Box 2$ $\Box 3$ $\Box 4$ Other(please specify) Grades served by this SBHC □9 $\Box 5$ **□** 6 **□** 7 $\square 8$

□10

Others v	who can receive car	re at your SHBC					
Studer	nts from area school	s not located on campus	Funding sources for your SBHC				
☑ School Staff			Funding Source 1 Valley Health Care, Inc				
☐ Family of students			Funding Source 2 State grants				
	s in the community		_				
	· · · -	year) for your SBHC	_	Source 3 Federal g	rants		
Opening	Month August		Funding	Source 4			
Opening	Year 2014						
Clinic sch	edule and staff name	s for MEDICAL services	Day and	time that you provide	MENTAL HEALTH services		
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:	7:00 a - 10:30 a	Ashley Mauzy, PA-C	Monday:	11:30 a - 3:00 p	K Heatherly MA, LPC, NCC		
Tuesday:			Tuesday:	7:00 a - 3:00 p	K Heatherly MA, LPC, NCC		
Wednesday	7:00 a - 10:30 a	Ashley Mauzy, PA-C	Wednesday	r:			
Thursday:			Thursday:				
Friday:			Friday:	7:00 a - 3:00 p	K Heatherly MA, LPC,NCC		
				•			
Staff/agei	ncy who provide ORA	AL HEALTH services					
Day of Week	Hours of Operation	Staff Name with Credentials	Types of	oral health services pi	rovided at your site.		
Monday:			□ Oral ba	alth education			
Tuesday:			☐ Screeni				
Wednesday	:			tive (Cleanings,Fluoride,Se	alants)		
Thursday:			□ Restora	tive (Fillings, Extractions)			
Friday:							
,							
Staff/ager	ncy who provide NUR	RSING services.	Staff/age	ncy who provide CLE	RICAL/CARE COORDINAT		
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:	7:00 a - 10:30 a	Angie Vanpelt, LPN	Monday:	11:30 a - 3:00 p	Tresa Kyle, Case Manager		
Tuesday:			Tuesday:	7:00 a - 3:00 p	Tresa Kyle, Case Manager		
Wednesday	7:00 a - 3:00 p	Angie Vanpelt, LPN	Wednesday	7:			
Thursday:			Thursday:				
Friday:			Friday:	7:00 a - 3:00 p	Tresa Kyle, Case Manager		
Othor UI	TALTH SERVICES n	rovided at your SBHC.	Staff/age		IER HEALTH services.		
Other III	EALTH SERVICES P	Tovided at your Shire.	Day of	Hours of Operation	Staff Name with Credentials		
Other healtl	n services 1		Week	Tiours of Operation	Stair Name with Credentials		
Other healtl	n services 2		Monday:				
Other healtl			Tuesday:				
	formation provide		Wednesday	7:			
	VHC SBHC Behavi	ioral Health	Thursday:				
681-29	8-8829		Friday:				
							

(Last Updated: 9/5/201	19)							
County in which SBI	HC is located:	Rando	lph					
Name of School-Base	d Health Center	Elkins	Mounta	ain Sch	ool S	SBHC		
School in which th	ne SBHC is located	Elkins	Mounta	ain Sch	ool			
School Population	1	70						
Address for this Scho	ool-Based Health Center							
Physical Address	100 Bell St							
Mailing Address				CDIIC		D		
City	Elkins			-		tact Per Ashley	son	
State	WV					Mauzy		
Zip	26241			Phone	ame		40 2545	
Phone	681 298 8828	_		Extens	ion	304 3	40 2343	
Extension				Fax	1011			
Fax							- Outhour o	
Website	www.vhcwv.org			Email		mauzya	a@vhcwv.or	g
Email	mauzya@vhcwv.org							
SBHC Sponsoring Ag	zency							
Name	•			Valley	/ Hea	alth Care	Э	
Mailing Address				РО В	ox 24	17		
City				Mill C	reek			-
State				WV			_	
Zip				26241				
Executive Director				Robei	rt Ha	ddix		
Phone				304	335	2050		
Fax								
Email			haddixr@vhcwv.org					
SBHC Medical Direct	or					le, M.D		
This SBHC is located □ in a school building □ on school property,		1g	Other(J	please s	specif	y)		
			Other sch	nools serv	ed 1:		Population:	7
Other schools served by this SBHC			Other sch	nools serv	ed 2:		Population:]
			Other sch	nools serv	ed 3:		Population:	
			Other sch	nools serv	ed 4:		Population:	
Grades served by this	s SBHC		□ PK □ 5	□1 ⊡6	□2 ☑7	□3 ☑8	□4 ☑9	Other(please specify)

 $\square 10$ $\square 11$ $\square 12$

Others	who can receive ca	re at your SHBC					
		s not located on campus	Funding	sources for your	SBHC		
☑ Schoo			_	Source 1 Valley H			
	y of students		_	Source 2 State gra			
	s in the community	year) for your SBHC	Funding Source 3 Federal grants				
	Month September		_	Source 4	granto		
Opening			1 unumg				
Opening	2010						
Clinic sch	nedule and staff name	s for MEDICAL services	Day and	time that you provid	e MENTAL HEALTH services		
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:	11:30 a - 5:00 p	Denise Leach, PA-C	Monday:				
Tuesday:	11:30 a - 5:00 p	Denise Leach, PA-C	Tuesday:				
Wednesday	:		Wednesday	7:			
Thursday:	11:30 a - 5:00 p	Denise Leach, PA-C	Thursday:				
Friday:			Friday:				
Day of	ncy who provide ORA Hours of Operation	AL HEALTH services Staff Name with Credentials					
Week	Trouis or operation	Start Patrice with electricals	Types of	oral health services	provided at your site.		
Monday:				alth education			
Tuesday:			☐ Screeni ☐ Prevent	ngs ive (Cleanings,Fluoride,S	Gealants)		
Wednesday	·			tive (Fillings, Extractions			
Thursday:							
Friday:							
Staff/ager	ncy who provide NUF	RSING services.	Staff/age	ncy who provide CL	ERICAL/CARE COORDINAT		
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:	7:00 a - 5:00 p	Sandra Vanscoy, LPN	Monday:				
Tuesday:	11:30 a - 5:00 p	Sandra Vanscoy, LPN	Tuesday:				
Wednesday	7:		Wednesday	7:			
Thursday:	11:30 a - 5:00 p	Sandra Vanscoy, LPN	Thursday:				
Friday:			Friday:				
Other HI	EALTH SERVICES p	rovided at your SBHC.	Staff/age	ncy who provide OT	HER HEALTH services.		
Other healt	h services 1		Day of Week	Hours of Operation	Staff Name with Credentials		
	h services 2		Monday:				
	h services 3		Tuesday:				
	nformation provide	ed	Wednesday	r:			
		evel II/III juvenile facility.	Thursday:				

EMS provides mh services

County in which SBI	Randolph					
Name of School-Base	d Health Center	Jennings Ran	dolph Ele	SBHC		
School in which th	ne SBHC is located	Jennings Ran	dolph ES			
School Population	1	271				
Address for this Scho	ool-Based Health Center					
Physical Address	101 Scott Ford Road					
Mailing Address			SBHC Co	ntaat Day	.con	
City	Elkins		First Nam		~	
State	WV		Last Name			
Zip	26241		Phone		40 2545	
Phone	304 614 5473		Extension	304 3	2040	
Extension			Fax	304 6	37 3568	
Fax	304 637 3568		Email		a@vhcwv.oi	ra
Website	www.vhcwv.org		Lillali	mauzy	a@viicwv.oi	ı y
Email	mauzya@vhcwv.org					
SBHC Sponsoring Ag	gency					
Name			Valley He	ealth Car	е	
Mailing Address			PO Box 2	247		
City			Mill Cree	k		
State			WV		_	
Zip			26280			
Executive Director			Robert H	addix		
Phone			304 335	2050		
Fax			304 336	6158		
Email			haddixr@	vhcwv.o	rg	
SBHC Medical Direct	or		Debra Au	ıble, M.D		
This SBHC is located	l	Other(r	olease spec	ify)		
☑ in a school building			nease spee	11 <i>y)</i>		
□on school property,	but not in a school buildir	ng				
		Other sch	ools served 1:		Population:	٦
		Other sch	ools served 2:		Population:	
Other schools served	by this SRHC					
Other schools served	by this Shire	Other sch	ools served 3:		Population:	
		Other sch	ools served 4:		Population:	
		⊠ PK	□1 □	2	 4	
Grades served by this	s SBHC	□11			□9	Other(please specify)
v		□10	□11 □			

(Last Updated: 9/6/2019)

Others v	who can receive ca	re at your SHBC						
		s not located on campus	Funding	sources for your	SBHC			
Schoo Schoo			_	Source 1 Valley F				
-	y of students			Source 2 State gr				
	s in the community	CDUC	_	Funding Source 3 Federal grants				
-	· -	year) for your SBHC	•	Source 4	granto			
	Month Fall		runung	30tilee 4				
Opening	Year 2015							
Clinic sch	nedule and staff name	es for MEDICAL services	Day and	time that you provi	de MENTAL HEALTH services			
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials			
Monday:			Monday:					
Tuesday:	7:30 a - 10:30 a	Ashley Mauzy, PA-C	Tuesday:					
Wednesday	:		Wednesday	:				
Thursday:	11:30 a - 3:00 p	Ashley Mauzy, PA-C	Thursday:					
Friday:			Friday:					
Staff/agei	ncy who provide ORA	AL HEALTH services						
Day of Week	Hours of Operation	Staff Name with Credentials	Types of	oral health services	provided at your site.			
Monday:			☐ Oral he	alth education				
Tuesday:			☐ Screeni	ngs				
Wednesday	:			ive (Cleanings,Fluoride, tive (Fillings, Extraction				
Thursday:				(5,	,			
Friday:								
Staff/ager	ncy who provide NUF	RSING services.	Staff/ager	ncy who provide CI	LERICAL/CARE COORDINAT			
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials			
Monday:			Monday:					
Tuesday:	7:00 a - 3:00 p	Ashley Cooper, LPN	Tuesday:					
Wednesday	:		Wednesday	:				
Thursday:	7:00 a - 3:00 p	Ashley Cooper, LPN	Thursday:					
Friday:			Friday:					
Other HE	EALTH SERVICES p	provided at your SBHC.	Staff/age	ncy who provide OT	THER HEALTH services.			
Other healtl	h services 1		Day of Week	Hours of Operation	Staff Name with Credentials			
	h services 2		Monday:					
Other healtl	h services 3		Tuesday:					
Other in	iformation provide	ed	Wednesday	:				
			Thursday:					

(Last Updated: 9/6/2019) County in which SBHC is located: Randolph Name of School-Based Health Center Midland Elementary SBHC School in which the SBHC is located Midland ES **School Population** 241 Address for this School-Based Health Center Physical Address 150 Kennedy Drive Mailing Address **SBHC Contact Person** City **Elkins** First Name | Ashley State WV Last Name | Mauzy Zip 26241 304 940 2545 Phone Phone 304 642 4565 Extension Extension Fax 304 | 637 | 3568 304 | 637 | 3568 Fax Email mauzya@vhcwv.org Website www.vhcwv.org mauzya@vhcwv.org Email **SBHC Sponsoring Agency** Name Valley Health Care, Inc. PO Box 247 Mailing Address Mill Creek City WV State 26280 Zip **Executive Director** Robert Haddix Phone 304 335 2050 Fax 304 335 6158 Email haddixr@vhcwv.org SBHC Medical Director Debra Auble, M.D. This SBHC is located Other(please specify) ☑ in a school building □on school property, but not in a school building Population: Other schools served 1: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\square PK$ $\square 1$ $\square 2$ $\square 3$ **□**4 Other(please specify) Grades served by this SBHC $\square 5$ □6 $\Box 7$ $\square 8$ $\Box 9$

□10

	who can receive car	•						
		s not located on campus	_	sources for your				
	y of students		Funding	Source 1 Valley F	lealth Care, Inc			
•	s in the community		Funding	Source 2 State gr	ants			
	•	year) for your SBHC	Funding	Funding Source 3 Federal grants				
	MonthFall		Funding	Source 4				
Opening	_							
Clinic sch	nedule and staff name	es for MEDICAL services	Day and	time that you provi	de MENTAL HEALTH services			
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials			
Monday:			Monday:					
Tuesday:	12:00 p - 3:00 p	Ashley Mauzy, PA-C	Tuesday:					
Wednesday	:		Wednesday	:				
Thursday:	7:00 a - 11:00 a	Ashley Mauzy, PA-C	Thursday:					
Friday:			Friday:					
Staff/ager		AL HEALTH services						
Week	Hours of Operation	Staff Name with Credentials	Types of o	oral health services	provided at your site.			
Monday:			☐ Oral hea	alth education				
Tuesday:			☐ Screenii	ngs				
Wednesday	:			ive (Cleanings,Fluoride, tive (Fillings, Extraction				
Thursday:				g.,	-)			
Friday:								
Staff/ager	ncy who provide NUF	RSING services.	Staff/ager	ncy who provide CI	LERICAL/CARE COORDINAT			
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials			
Monday:			Monday:					
Tuesday:	7:00 a - 3:00 p	Angie Vanpelt, LPN	Tuesday:					
Wednesday	:		Wednesday	:				
Thursday:	7:00 a - 3:00 p	Angie Vanpelt, LPN	Thursday:					
Friday:			Friday:					
Other HE	EALTH SERVICES p	provided at your SBHC.	Staff/ager	ncy who provide OT	THER HEALTH services.			
Other health	h services 1		Day of Week	Hours of Operation	Staff Name with Credentials			
Other health			Monday:					
Other health			Tuesday:					
	nformation provide	ed	Wednesday	:				
			Thursday:					

(Last Updated: 9/6/2019) County in which SBHC is located: Randolph Name of School-Based Health Center North Elementary SBHC School in which the SBHC is located North Elementary School **School Population** 256 Address for this School-Based Health Center Physical Address 310 Boundary Ave Mailing Address **SBHC Contact Person** City **Elkins** First Name | Ashley WV State Last Name | Mauzy Zip 26241 304 940 2545 Phone Phone 681 298 8828 Extension Extension Fax Fax Email mauzya@vhcwv.org Website www.vhcwv.org mauzya@vhcwv.org Email **SBHC Sponsoring Agency** Name Valley Health Care PO Box 247 Mailing Address Mill Creek City WV State 26241 Zip **Executive Director** Robert Haddix Phone 304 335 2050 Fax Email haddixr@vhcwv.org SBHC Medical Director Debra Auble, M.D. This SBHC is located Other(please specify) ☑ in a school building □on school property, but not in a school building Population: Other schools served 1: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\square PK$ $\square 1$ **□** 2 $\square 3$ **⊿**4 Other(please specify) Grades served by this SBHC $\Box 7$ $\square 5$ $\Box 6$ $\square 8$ $\Box 9$

□10

	who can receive can	•						
		s not located on campus	_	sources for your				
	y of students		Funding	Source 1 Valley F	lealth Care, Inc			
	s in the community		Funding	Source 2 State gr	ants			
	•	year) for your SBHC	Funding	Funding Source 3 Federal grants				
_	MonthFall		Funding	Funding Source 4				
Opening								
1 8	,							
Clinic sch	nedule and staff name	s for MEDICAL services	Day and	time that you provi	de MENTAL HEALTH services			
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials			
Monday:			Monday:					
Tuesday:	7:00 a - 10:30 a	Denise Leach, PA-C	Tuesday:					
Wednesday	:		Wednesday	r:				
Thursday:	7:00 a - 10:30 a	Denise Leach, PA-C	Thursday:					
Friday:			Friday:					
	ncy who provide ORA	AL HEALTH services						
Day of Week	Hours of Operation	Staff Name with Credentials	Types of	oral health services	provided at your site.			
Monday:			☐ Oral he	alth education				
Tuesday:			☐ Screeni	ngs				
Wednesday	:			ive (Cleanings,Fluoride, tive (Fillings, Extraction				
Thursday:				tive (1 mmgs, Extraction	3)			
Friday:								
Staff/ager	ncy who provide NUF	RSING services.	Staff/age	ncy who provide CI	ERICAL/CARE COORDINAT			
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials			
Monday:			Monday:					
Tuesday:	7:00 a - 10:30 a	Sandra Vanscoy, LPN	Tuesday:					
Wednesday	:		Wednesday	7:				
Thursday:	7:00 a - 10:30 a	Sandra Vanscoy, LPN	Thursday:					
Friday:			Friday:					
Other HE	EALTH SERVICES p	rovided at your SBHC.	Staff/age	ncy who provide OT	THER HEALTH services.			
Other health	h services 1		Day of Week	Hours of Operation	Staff Name with Credentials			
Other health			Monday:					
Other health			Tuesday:					
	nformation provide	od	Wednesday	7:				
	F		Thursday:					

County in which SBHC is located: Randolph						
Name of School-Base	d Health Center	Third Ward E	lementary	SBHC		
School in which th	ne SBHC is located	Third Ward E				
School Population	ı	295				
Address for this Scho	ool-Based Health Cente	r				
Physical Address	111 Nathan St.	_				
Mailing Address	105 Nathan Street					
City	Elkins			ntact Pers	son	
State	WV		First Nam			
Zip	26241		Last Nam		10 0545	
Phone	304 614 5473		Phone		10 2545	
Extension			Extension		7 2500	
Fax	304 637 3568		Fax	304 63		
Website	www.vhcwv.org		Email	mauzya	@vhcwv.oi	rg
Email	mauzya@vhcwv.org					
SBHC Sponsoring Ag	Jenev Jenev					
Name	gency		Vallev He	ealth Care	e. Inc	
Mailing Address			PO Box 2		,	
City			Mill Cree			
State			WV			
Zip			26280			
Executive Director			Robert H	addix		
Phone			304 335	2050		
Fax			304 335	6158		
Email			haddixr@vhcwv.org			
SBHC Medical Direct	or		Debra Au	ıble, M.D.		
This SBHC is located	I					
☑ in a school building	•	Other(please spec	ify)		
_	but not in a school build	ing				
		Other scl	nools served 1:		Population:	
		Other scl	nools served 2:		Population:	
Other schools served	by this SBHC	Other scl	nools served 3:		Population:	
		Other scl	nools served 4:		Population:	
		⊠ PK	□ 1 □		□ 4	Other(please specify)
Grades served by this	s SBHC	□ 5 □ 10	□6 □ □11 □	7 □8 12	□9	

(Last Updated: 9/6/2019)

Others v	who can receive ca	re at your SHBC						
		s not located on campus	Funding	sources for your	SBHC			
Schoo Schoo			_	Source 1 Valley F				
-	y of students		_	Source 2 State gr				
	s in the community	CDUC	_	Funding Source 3 Federal grants				
-	`	year) for your SBHC	_	Source 4	granto			
	Month August		runding	Source 4				
Opening	Year 2014							
Clinic sch	nedule and staff name	es for MEDICAL services	Day and	time that you provi	de MENTAL HEALTH services			
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials			
Monday:			Monday:					
Tuesday:			Tuesday:					
Wednesday	11:30 a - 3:00 p	Ashley Mauzy, PA-C	Wednesday	:				
Thursday:			Thursday:					
Friday:			Friday:					
Staff/ager	ncy who provide ORA	AL HEALTH services						
Day of Week	Hours of Operation	Staff Name with Credentials	Types of	oral health services	provided at your site.			
Monday:			□ O11	alth education				
Tuesday:			☐ Screeni	ngs				
Wednesday	:			ive (Cleanings,Fluoride, tive (Fillings, Extraction				
Thursday:			L Kestora	tive (1 mings, Extraction	3)			
Friday:								
Staff/agei	ncy who provide NUF	RSING services.	Staff/age	ncy who provide CI	LERICAL/CARE COORDINAT			
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials			
Monday:			Monday:					
Tuesday:			Tuesday:					
Wednesday	7:00 a - 3:00 p	Ashley Cooper, LPN	Wednesday	:				
Thursday:			Thursday:					
Friday:			Friday:					
Other HE	EALTH SERVICES p	provided at your SBHC.	Staff/age	ncy who provide OT	THER HEALTH services.			
Other healtl	h services 1		Day of Week	Hours of Operation	Staff Name with Credentials			
	h services 2		Monday:					
Other health			Tuesday:					
	iformation provide	ed	Wednesday	:				
	*		Thursday:					

(Last Updated: 9/6/201	19)							
County in which SBI	HC is located:	Randolph						
Name of School-Base	d Health Center	Tygar	ts Valley	/ Middl	e/Hiç	gh SBH	C	
School in which th	ne SBHC is located	Tygarts Valley MS/HS						
School Population	1	481						
Address for this Scho	ool-Based Health Center							
Physical Address	Rt 219/250 Mill Creek							
Mailing Address	PO Box 247			CDIIC	. C	tact Per		
City	Mill Creek			-		Ashley	SOII	
State	WV					Mauzy		
Zip	26280			Phone	anne		40 2545	
Phone	304 614 5473			Extens	ion	00+ 0	2010	
Extension				Fax	1011	304 3	35 6158	
Fax	304 335 6158			Email			a@vhcwv.or	ra
Website	www.vhcwv.org					таашу	260 11101111101	9
Email	mauzya@vhcwv.org							
SBHC Sponsoring Ag	gency							
Name				Valley	/ Hea	Ith Care	e, Inc	
Mailing Address				РО В	ox 24	! 7		
City				Mill C	reek			
State				WV				
Zip				26280)			_
Executive Director				Robe	rt Ha	ddix		
Phone				304	335	2050		
Fax				304	335	6158		
Email				haddi	xr@v	hcwv.o	rg	
SBHC Medical Direct	or			Debra	Aub	le, M.D		
This SBHC is located □ in a school building □ on school property,		ng	Other(J	please s	specif	у́)		
			Other sch	nools serv	ed 1:		Population:	7
Other schools served by this SBHC			Other sch	nools serv	ed 2:		Population:]
			Other sch	nools serv	ed 3:		Population:	
			Other sch	nools serv	ed 4:		Population:	
Grades served by this	s SBHC		□PK □5	□1 ⊡6	□2 ☑7	□3 ☑8	□4 ☑9	Other(please specify)

 $\square 10$ $\square 11$ $\square 12$

		ls not located on campus	Funding	sources for your S	ВВНС	
☑ Schoo			Funding Source 1 Valley Health Care, Inc			
	y of students s in the community		Funding	Source 2 State gra	nts	
	•	year) for your SBHC	Funding	Source 3 Federal g	rants	
- '	Month August	year) for your spire	Funding			
Opening			C			
		es for MEDICAL services	Day and	time that you provide	MENTAL HEALTH services	
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials	
Monday:	7:00 a - 10:30 a	Denise Leach, PAC	Monday:	7:00 a - 10:30 a	K Heatherly MA, LPC, NCC	
Tuesday:			Tuesday:			
Wednesday	:		Wednesday	7:00 a - 3:00 p	K Heatherly MA, LPC, NCC	
Thursday:			Thursday:	7:00 a - 3:00 p	K Heatherly MA, LPC, NCC	
Friday:	11:30 a - 3:00 p	Ashley Mauzy, PA-C	Friday:			
Staff/age	ncy who provide ORA Hours of Operation	AL HEALTH services Staff Name with Credentials	T			
Monday:			Types of o	oral health services p	rovided at your site.	
Tuesday:			☐ Oral hea ☐ Screening	alth education		
Wednesday	:		☐ Prevent	ive (Cleanings,Fluoride,Se		
Thursday:			☐ Restora	tive (Fillings, Extractions)		
Friday:						
11144).						
Staff/age	ncy who provide NUF	RSING services.	Staff/ager	ncy who provide CLF	CRICAL/CARE COORDINAT	
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials	
Monday:	7:00 a -10:30 a	Ashley Cooper, LPN	Monday:	7:00 a - 10:30 a	Tresa Kyle, Case Manager	
Tuesday:			Tuesday:			
Wednesday	:		Wednesday	7:00 a - 3:00 p	Tresa Kyle, Case Manager	
Thursday:			Thursday:	7:00 a - 3:00 p	Tresa Kyle, Case Manager	
Friday:	7:00 a - 3:00 p	Ashley Cooper, LPN	Friday:			
Other HI	EALTH SERVICES p	provided at your SBHC.	Staff/ager	ncy who provide OTI	HER HEALTH services.	
Other healt	h services 1		Day of Week	Hours of Operation	Staff Name with Credentials	
Other healt	h services 2		Monday:			
Other healt	h services 3		Tuesday:			
Other in	nformation provide	ed	Wednesday	:		
	VHC SBHC Behav	ioral Health	Thursday:			
681-29	8-8829	v	Friday:			

Others who can receive care at your SHBC

County in which SB	County in which SBHC is located:			Ritchie				
Name of School-Bas	ed Health Center	Ritchie Coun	ty SBHC					
School in which t	he SBHC is located	Ritchie Coun						
School Populatio	n	880	•		_			
Address for this Sch	ool-Based Health Cente	er						
Physical Address	107 Ritchie Cnty Sch	ool Rd						
Mailing Address	107 Ritchie Cnty Sch			_				
City	Ellenboro			ntact Person				
State	WV		First Name					
Zip	26346		Last Name					
Phone	304 869 3650		Phone	304 869 3650				
Extension			Extension	204 900 2001				
Fax	304 869 3091		Fax	304 869 3091				
Website	ritchieregional.org		Email	tshiflet@ritchiere	egional.org			
Email								
SBHC Sponsoring A	gency							
Name	genej		Ritchie Re	egional Health Ce	nter			
Mailing Address			135 S Per	<u> </u>				
City			Harrisville	;				
State			WV					
Zip			26362					
Executive Director			Mary Beth McDougal (Interim)					
Phone			304 643 4005					
Fax			304 643 4007					
Email			mmcdoug	al@ritchieregiona	al.org			
SBHC Medical Direc	tor		Sandra Sv	wisher, APRN				
This SBHC is locate ☑ in a school building ☐ on school property			(please speci	fy)				
		-	chools served 1:	Population	<u>:</u>			
		Other so	chools served 2:	Population	 :			
Other schools served by this SBHC		Other so	chools served 3:	Population	:			
		Other so	chools served 4:	Population	:			
Grades served by th	is SBHC	□PK □5	$\Box 1 \Box 2$ $\Box 6 \Box 7$	-	Other(please specify)			

(Last Updated: 9/3/2019)

□ 10 □ 11 □ 12

Others	who can receive ca	re at your SHBC			
		ls not located on campus	Funding	sources for your S	SBHC
☑ Schoo			_	Source 1 WV BPH	
	y of students		Funding	Source 2 Sisters o	f St. Joseph
	s in the community	year) for your SBHC	Funding		-
- '	Month January	year) for your SDITE	Funding		
Opening			1 wilding		
Opening	1995				
Clinic sch	nedule and staff name	es for MEDICAL services	Day and t	time that you provid	e MENTAL HEALTH services
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 4:00 p	Ashley Mullenix, APRN	Monday:	7:30 a - 4:00 p	B Tebay MS Psychologist
Tuesday:	7:30 a - 4:00 p	Ashley Mullenix, APRN	Tuesday:		
Wednesday	7:30 a - 4:00 p	Ashley Mullenix, APRN	Wednesday	:	
Thursday:	7:30 a - 4:00 p	Ashley Mullenix, APRN	Thursday:	7:30 a - 4:00 p	B Tebay MS Psychologist
Friday:	7:30 a - 4:00 p	Ashley Mullenix, APRN	Friday:		
_	ncy who provide ORA	AL HEALTH services			
Day of Week	Hours of Operation	Staff Name with Credentials	Types of o	oral health services p	provided at your site.
Monday:				alth education	
Tuesday:			☐ Screenii	ngs ive (Cleanings,Fluoride,S	ealants)
Wednesday	:			tive (Fillings, Extractions	
Thursday:					
Friday:					
Staff/age	ncy who provide NUI	RSING services.	Staff/ager	ncy who provide CL	ERICAL/CARE COORDINAT
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 4:00 p	Ashley Thomas, LPN	Monday:	7:30 a - 4:00 p	Tara Shiflet
Tuesday:	7:30 a - 4:00 p	Ashley Thomas, LPN	Tuesday:	7:30 a - 4:00 p	Tara Shiflet
Wednesday	7:30 a - 4:00 p	Ashley Thomas, LPN	Wednesday	7:30 a - 4:00 p	Tara Shiflet
Thursday:	7:30 a - 4:00 p	Ashley Thomas, LPN	Thursday:	7:30 a - 4:00 p	Tara Shiflet
Friday:	7:30 a - 4:00 p	Ashley Thomas, LPN	Friday:	7:30 a - 4:00 p	Tara Shiflet
Other HI	EALTH SERVICES [provided at your SBHC.	J	ncy who provide OT	HER HEALTH services.
Other healt	h services 1		Day of Week	Hours of Operation	Staff Name with Credentials
Other healt	h services 2		Monday:		
Other healt	h services 3		Tuesday:		
Other in	ıformation provide	ed	Wednesday	:	
	•		Thursday:		
			Friday:		
			Ž		

(Last Updated: 8/28/2019) County in which SBHC is located: Roane Name of School-Based Health Center South Roane Medical Clinic School in which the SBHC is located Geary ES/MS **School Population** 274 Address for this School-Based Health Center Physical Address One Library Lane Mailing Address 200 Hospital Drive **SBHC Contact Person** City Spencer First Name Barbara State WV Last Name | Fllis Zip 25276 304 927 6446 Phone Phone 304 | 565 | 3151 Extension Extension Fax 304 927 6803 304 Fax 565 3154 Email baellis@rghwv.com Website baellis@rghwv.com Email **SBHC Sponsoring Agency** Name Roane Gen Hospital Mailing Address 200 Hospital Drive City Spencer WV State 25276 Zip **Executive Director** Doug Bentz Phone 304 927 4444 Fax Email Grant Parkins, MD SBHC Medical Director This SBHC is located Other(please specify) □ in a school building Adjacent to school □on school property, but not in a school building Population: Other schools served 1: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\square PK$ $\square 1$ $\square 2$ $\square 3$ **□4** Other(please specify) Grades served by this SBHC $\square 7$ □9 $\square 5$ **□** 6 $\square 8$

□10

☑ Students from area schools not located on campus				located on campus	Funding sources for your SBHC			
☑ School Staff ☑ Family of students			Funding	Source 1 Roane G	eneral Hosp.			
-		community			Funding	Source 2	-	
		•	voorl	for your SBHC	Funding			
-		January	ycai j		Funding			
Opening		2005			8			
Opening	Tear	2000						
Clinic sch	edule a	nd staff name	es for I	MEDICAL services	Day and t	time that you provide	e MENTAL HEALTH services	
Day of Week	Hours of	Operation	Staff	Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials	
Monday:	8:00 a	a - 5:00 p	Kell	y Smith, FNP	Monday:			
Tuesday:					Tuesday:			
Wednesday	8:00 a	a - 5:00 p	Kell	y Smith, FNP	Wednesday	:		
Thursday:					Thursday:			
Friday:	8:00 a	a - 5:00 p	Kell	ly Smith, FNP	Friday:			
Staff/ager	ncy who	provide ORA	AL HE	ALTH services				
Day of Week	Hours of	Operation	Staff	Name with Credentials	Types of a	oral health services n	provided at your site.	
Monday:						_	20 vided de your breet	
Tuesday:					☐ Oral hea ☐ Screenii	alth education		
Wednesday						ve (Cleanings,Fluoride,S		
Thursday:					☐ Restorat	tive (Fillings, Extractions))	
Friday:								
Staff/ager	ncy who	provide NUI	RSING	S services.	Staff/agei	ncy who provide CLI	ERICAL/CARE COORDINAT	
Day of Week	Hours of	Operation	Staff	Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials	
Monday:	8:00 a	a - 5:00 p	Rob	oin Church, LPN	Monday:	8:00 a - 5:00 p	Rachel Davis	
Tuesday:					Tuesday:			
Wednesday	8:00 a	a - 5:00 p	Rob	oin Church, LPN	Wednesday	8:00 a - 5:00 p	Rachel Davis	
Thursday:					Thursday:			
Friday:	8:00 a	a - 5:00 p	Rob	oin Church, LPN	Friday:	8:00 a - 5:00 p	Rachel Davis	
Other HE	CALTH	SERVICES [rovide	ed at your SBHC.	Staff/ager	ncy who provide OT	HER HEALTH services.	
Other health					Day of Week	Hours of Operation	Staff Name with Credentials	
Other health	ı services	2			Monday:			
Other health	ı services	3			Tuesday:			
Other in	forma	tion provide	ed		Wednesday	:		
					Thursday:			
					Friday:			

Others who can receive care at your SHBC

☐ Students from area schools not located on campus

(Last Updated: 8/28/2019) County in which SBHC is located: Roane Name of School-Based Health Center Walton Medical Clinic School in which the SBHC is located Walton ES/MS **School Population** 320 Address for this School-Based Health Center Physical Address 94 School Drive Mailing Address 200 Hospital Drive **SBHC Contact Person** City Spencer First Name | Jennifer State WV Last Name Cox Zip 25276 304 577 6815 Phone Phone 304 | 577 | 6815 Extension Extension Fax 304 577 6816 Fax 304 577 6951 jmcox431@yahoo.com Email Website jmcox431@yahoo.com Email **SBHC Sponsoring Agency** Name Roane General Hospital Mailing Address 200 Hospital Drive City Spencer WV State 25276 Zip **Executive Director** Doug Bentz Phone 304 927 4444 Fax Email SBHC Medical Director Grant Parkins, MD This SBHC is located Other(please specify) □ in a school building ☑ on school property, but not in a school building Other schools served 1: Population: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\square PK$ $\square 1$ $\square 2$ $\square 3$ **⊿**4 Other(please specify) Grades served by this SBHC $\square 5$ **□** 6 **□** 7 $\square 8$ $\Box 9$

□10

- C 1	1.6	1	runung	sources for your s	ынс
☑ Schoo	Staff y of students		Funding	Source 1 Roane G	eneral Hosp.
-	s in the community		Funding	Source 2	
	•	year) for your SBHC	Funding	Source 3	
_	Month August	year) for your spire	Funding		
			T unumg		
Opening	1ear 2002				
Clinic sch	edule and staff name	es for MEDICAL services	Day and t	ime that you provide	e MENTAL HEALTH services
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00 a - 5:00 p	Jennifer Cox, RN, FNP-BC	Monday:		
Tuesday:			Tuesday:		
Wednesday	8:00 a - 5:00 p	Jennifer Cox, RN, FNP-BC	Wednesday		
Thursday:			Thursday:		
Friday:	8:00 a - 5:00 p	Jennifer Cox, RN, FNP-BC	Friday:		
Staff/ager	ncy who provide ORA	AL HEALTH services			
Day of Week	Hours of Operation	Staff Name with Credentials	Types of o	oral health services p	rovided at your site.
Monday:			□ Oral had	lth education	·
Tuesday:			☐ Screenir	ngs	
Wednesday				ve (Cleanings,Fluoride,Soive (Fillings, Extractions)	
Thursday:			□ Restorat	ive (Fillings, Extractions)	1
Friday:					
-					
Staff/ager	icy who provide NUR	RSING services.	Staff/ager	icy who provide CLI	ERICAL/CARE COORDINAT
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00 a - 5:00 p	Cricket Angle, LPN	Monday:	8:00 a - 5:00 p	Kava Elmore
Tuesday:			Tuesday:		
Wednesday:	8:00 a - 5:00 p	Cricket Angle, LPN	Wednesday:	8:00 a - 5:00 p	Kava Elmore
Thursday:	•		Thursday:		
Friday:	8:00 a - 5:00 p	Cricket Angle, LPN	Friday:	8:00 a - 5:00 p	Kava Elmore
			Staff/ager	ncy who provide OTI	HER HEALTH services.
Other HE	CALTH SERVICES p	provided at your SBHC.		and provided a re-	
Other health	n services 1		Day of Week	Hours of Operation	Staff Name with Credentials
Other health	n services 2		Monday:		
Other health	n services 3		Tuesday:		
Other in	formation provide	ed	Wednesday:		
			Thursday:		
			Friday:		
			-		

Funding sources for your SBHC

Others who can receive care at your SHBC

☐ Students from area schools not located on campus

(Last Updated: 9/23/2019) County in which SBHC is located: Taylor Name of School-Based Health Center Anna Jarvis Elementary Wellness Center School in which the SBHC is located Anna Jarvis ES **School Population** 595 Address for this School-Based Health Center Physical Address 650 N. Pike Street Mailing Address **SBHC Contact Person** City Grafton First Name Diana WV State Last Name Boyle, CFNP Zip 26354 304 265 1288 Phone Phone 304 304 4090 Extension Extension 304 265 6558 Fax Fax Email Diana.L.Boyle@wv.gov Website http://www.taylorcountyboe.net/ajes Diana.L.Boyle@wv.gov Email **SBHC Sponsoring Agency** Name Grafton-Taylor County Health Department 718 West Main Street Mailing Address Grafton City WV State 26354 Zip Boyd K. Vanhorn **Executive Director** Phone 304 265 1288 Fax 304 265 6558 Email Boyd.K.Vanhorn@wv.gov Diana L. Boyle, CNP SBHC Medical Director This SBHC is located Other(please specify) ☑ in a school building □on school property, but not in a school building Population: Other schools served 1: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\square PK$ $\square 1$ $\square 2$ $\square 3$ **□**4 Other(please specify) Grades served by this SBHC $\Box 5$ $\Box 6$ $\Box 7$ $\square 8$ □9

□10

Others v	who can receive car	re at your SHBC			
□ Studer	nts from area school	s not located on campus	Funding	sources for your S	BHC
☑ School Staff			Funding Source 1 Self-funded		
□Family	y of students		· ·		
□ Others	s in the community		_	Source 2 Health De	epartment
Opening	g date (month and	year) for your SBHC	Funding	Source 3	
Opening	Month August		Funding	Source 4	
Opening	Year 2019				
Clinic sch	nedule and staff name	s for MEDICAL services	Day and t	time that you provide	MENTAL HEALTH services
D C			•	J 1	
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials
Monday:			Monday:		
Tuesday:	7:30 a - 11:30 a	Diana L. Boyle, CFNP	Tuesday:	7:30 a - 11:30 a	Brandy Miller, LCSW
Wednesday	:		Wednesday	:	
Thursday:	7:30 a - 11:30 a	Diana L. Boyle, CFNP	Thursday:	7:30 a - 11:30 a	Brandy Miller, LCSW
Friday:			Friday:		
Staff/ager	ncy who provide ORA	AL HEALTH services			
Day of Week	Hours of Operation	Staff Name with Credentials	Types of o	oral health services p	rovided at your site.
Monday:			• •	•	,
Tuesday:			☐ Oral hea ☐ Screenii	alth education	
Wednesday	:		☐ Preventi	ive (Cleanings,Fluoride,Se tive (Fillings, Extractions)	
Thursday:				(g.,)	
Friday:					
Staff/ager	ncy who provide NUF	RSING services.	Staff/ager	ncy who provide CLE	CRICAL/CARE COORDINAT
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials
Monday:			Monday:		
Tuesday:	7:30 a - 11:30 a	Rebecca J. Phillips, LPN	Tuesday:	7:30 a - 11:30 a	Era D. Ford, MA
Wednesday	:		Wednesday	:	
Thursday:	7:30 a - 11:30 a	Rebecca J. Phillips, LPN	Thursday:	7:30 a - 11:30 a	Era D. Ford, MA
Friday:			Friday:		
Other HE	EALTH SERVICES n	rovided at your SBHC.	Staff/ager	ncy who provide OTI	IER HEALTH services.
Other health	_		Day of Week	Hours of Operation	Staff Name with Credentials
Other health	h services 2		Monday:		
Other health			Tuesday:		
Other in	nformation provide	d	Wednesday	:	
			Thursday:		
			Friday:		

(Last Updated: 9/23/2019) County in which SBHC is located: Taylor Name of School-Based Health Center Flemington Elementary Wellness Center School in which the SBHC is located Flemington ES **School Population** 140 Address for this School-Based Health Center Physical Address 824 Simpson R. Mailing Address **SBHC Contact Person** City Flemington First Name Diana State WV Last Name Boyle Zip 26347 304 265 1288 Phone Phone 304 739 4749 Extension Extension 304 265 6558 Fax Fax Email Diana.L.Boyle@wv.gov Website http://www.taylorcountyboe.net/fes Diana.L.Boyle@wv.gov Email **SBHC Sponsoring Agency** Name Grafton-Taylor County Health Department 718 West Main Street Mailing Address Grafton City WV State 26354 Zip Boyd K Vanhorn **Executive Director** Phone 304 265 1288 Fax 304 265 6558 Email Boyd.K.Vanhorn@wv.gov Diana L. Boyle, CFNP SBHC Medical Director This SBHC is located Other(please specify) ☑ in a school building □on school property, but not in a school building Population: Other schools served 1: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\square PK$ $\square 1$ $\square 2$ $\square 3$ **□**4 Other(please specify) Grades served by this SBHC $\Box 5$ $\Box 6$ $\Box 7$ $\square 8$ □9

□10

	who can receive can nts from area school	re at your SHBC s not located on campus	Funding	sources for your S	внс
□ Schoo				Source 1 Self-funde	
•	y of students		_	Source 2 Health De	
	s in the community	year) for your SBHC	_	Source 3	-
	Month August	year) for your Shire	_	Source 4	
Opening			8		
opening	2010				
Clinic sch	edule and staff name	s for MEDICAL services	Day and	time that you provide	MENTAL HEALTH services
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 11:30 a	Diana L. Boyle, CFNP	Monday:	7:30 a - 11:30 a	Brandy Miller, LCSW
Tuesday:			Tuesday:		
Wednesday	:		Wednesday	7:	
Thursday:			Thursday:		
Friday:	7:30 a - 11:30 a	Diana L. Boyle, CFNP	Friday:	7:30 a - 11:30 a	Brandy Miller, LCSW
Staff/ager	ncy who provide ORA	AL HEALTH services			
	, P				
Day of Week	Hours of Operation	Staff Name with Credentials	_ Types of	oral health services p	rovided at your site.
Monday:			☐ Oral he	alth education	•
Tuesday:			☐ Screeni	ngs	
Wednesday	:			tive (Cleanings,Fluoride,Se tive (Fillings, Extractions)	alants)
Thursday:				(8,)	
Friday:					
Staff/ager	ncy who provide NUR	SING services.	Staff/age	ncy who provide CLE	RICAL/CARE COORDINAT
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 11:30 a	Rebecca J. Phillips, LPN	Monday:	7:30 a - 11:30 a	Era D. Ford, MA
Tuesday:			Tuesday:		
Wednesday	:		Wednesday	7:	
Thursday:			Thursday:		
Friday:	7:30 a - 11:30 a	Rebecca J. Phillips, LPN	Friday:	7:30 a - 11:30 a	Era D. Ford, MA
Other HE	EALTH SERVICES p	rovided at your SBHC.	Staff/age	ncy who provide OTH	IER HEALTH services.
Other leads	a compiesa 1		Day of Week	Hours of Operation	Staff Name with Credentials
Other health Other health			Monday:		
Other health			Tuesday:		
	iformation provide	d	Wednesday	7:	
			Thursday:		

(Last Updated: 9/23/20)19)				
County in which SBI	Taylor				
Name of School-Base	d Health Center	Grafton High	Wellness C	enter	
School in which th	ne SBHC is located	Grafton High	School		
School Population	ı	657			
Address for this Scho	ool-Based Health Center	r			
Physical Address	400 Yates Ave.				
Mailing Address			CDIIC C		
City	Grafton		First Name	ntact Person	
State	WV				
Zip	26354			Boyle, CFNP	
Phone	304 265 3046		Phone	304 265 1288	
Extension			Extension	204 205 6550	
Fax			Fax	304 265 6558	
Website	www.taylorcountyboe.	net/ghs	Email	Diana.L.Boyle@v	wv.gov
Email	Irshmak@k12.wv.us				
SBHC Sponsoring Ag	gency				
Name				aylor County Healt	th Department
Mailing Address				Main Street	
City			Grafton		
State			WV		
Zip			26354		
Executive Director			Boyd K. V		
Phone			304 265	1288	
Fax			304 265	6558	
Email				anhorn@wv.gov	
SBHC Medical Direct	or		Diana L. B	Boyle, CFNP	
This SBHC is located □ in a school building □ on school property,			please specif	fy)	
		Other so	hools served 1:	Population:	
	Other so	hools served 2:	Population:		
Other schools served	Other so	hools served 3:	Population:		
		Other so	hools served 4:	Population:	
Grades served by this	s SBHC	□PK □5	□1 □2 □6 □7		Other(please specify)

 $\square 10 \quad \square 11 \quad \square 12$

	vno can receive car	•			
☐ Students from area schools not located on campus			Funding sources for your SBHC		
☑ School Staff			Funding Source 1 Self-funded		
-	☐ Family of students ☐ Others in the community			e 2 Health De	epartment
	•	vear) for your SBHC	Funding Source	e 3	
	Month August		Funding Source	e 4	
Opening			6		
Opening	2010				
Clinic sch	edule and staff name	s for MEDICAL services	Day and time th	at you provide	MENTAL HEALTH services
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week Hours of	of Operation	Staff Name with Credentials
Monday:	12:00 p - 3:30 p	Diana L. Boyle, CFNP	Monday: 12:00	0 p - 3:30 p	Brandy Miller, LCSW
Tuesday:			Tuesday:		
Wednesday:	7:30 a - 11:30 p	Diana L. Boyle, CFNP	Wednesday: 7:30	a - 11:30 a	Brandy Miller, LCSW
Thursday:			Thursday:		
Friday:			Friday:		
Staff/agen	ncy who provide ORA	L HEALTH services			
Day of Week	Hours of Operation	Staff Name with Credentials	Types of oral he	alth services pi	covided at your site.
Monday:			☐ Oral health educ	ation	
Tuesday:			☐ Screenings		
Wednesday:			☐ Preventive (Clea ☐ Restorative (Fill		alants)
Thursday:				6-,)	
Friday:					
Staff/agen	ncy who provide NUR	SING services.	Staff/agency wh	o provide CLE	RICAL/CARE COORDINAT
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week Hours of	of Operation	Staff Name with Credentials
Monday:	12:00 p - 3:30 p	Rebecca J. Phillips, LPN	Monday: 12:00	0 p - 3:30 p	Era D. Ford, MA
Tuesday:			Tuesday:		
Wednesday:	7:30 a - 11:30 a	Rebecca J. Phillips, LPN	Wednesday: 7:30	a - 11:30 a	Era D. Ford, MA
Thursday:			Thursday:		
Friday:			Friday:		
Other HE	EALTH SERVICES or	rovided at your SBHC.	Staff/agency who	o provide OTH	IER HEALTH services.
Other health			Day of Hours of	of Operation	Staff Name with Credentials
Other health			Monday:		
Other health			Tuesday:		
	formation provide	d	Wednesday:		
			Thursday:		
			Friday:		

(Last Updated: 9/23/2019) County in which SBHC is located: Taylor Name of School-Based Health Center Taylor County Middle Wellness Center School in which the SBHC is located Taylor County Middle School **School Population** 697 Address for this School-Based Health Center Physical Address 670 Spring Hills Road Mailing Address **SBHC Contact Person** City Grafton First Name Diana WV State Last Name Boyle, CFNP Zip 26354 304 265 1288 Phone Phone 394 265 0722 Extension Extension 304 265 6558 Fax Fax Email Diana.L.Boyle@wv.gov Website www.taylorcountyboe.net/tcms mkeener@k12.wv.us Email **SBHC Sponsoring Agency** Name Grafton-Taylor County Health Department 718 West Main Street Mailing Address Grafton City WV State 26354 Zip Boyd K. Vanhorn **Executive Director** Phone 304 265 1288 Fax 304 265 6558 Email Boyd.K.Vanhorn@wv.gov Diana L. Boyle, CFNP SBHC Medical Director This SBHC is located Other(please specify) ☑ in a school building □on school property, but not in a school building Population: Other schools served 1: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\Box PK$ $\Box 1$ $\Box 2$ $\Box 3$ $\Box 4$ Other(please specify) Grades served by this SBHC □9 $\square 5$ **Ø**6 **□** 7 $\square 8$

□10

Others v	vho can receive car	e at your SHBC				
□ Students from area schools not located on campus			Funding sources for your SBHC			
	☑ School Staff			Funding Source 1 Self-funded		
•	☐ Family of students			Funding Source 2 Health Department		
	in the community		_		partificht	
	` -	year) for your SBHC	Funding	_		
Opening	Month August		Funding	Source 4		
Opening	Year 2018					
Clinic sch	edule and staff name	s for MEDICAL services	Day and t	time that you provide	MENTAL HEALTH services	
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials	
Monday:			Monday:			
Tuesday:	12:00 p - 3:30 p	Diana L. Boyle, CFNP	Tuesday:	12:00 p - 3:30 p	Brandy Miller, LCSW	
Wednesday:			Wednesday	:		
Thursday:			Thursday:			
Friday:	12:00 p - 3:30 p	Diana L. Boyle, CFNP	Friday:	12:00 p - 3:30 p	Brandy Miller, LCSW	
-		, , ,	-		,	
Staff/agen	icy who provide ORA	L HEALTH services				
Day of Week	Hours of Operation	Staff Name with Credentials	Types of o	oral health services p	rovided at your site.	
Monday:			☐ Oual has	alth advantion		
Tuesday:			☐ Oral health education ☐ Screenings			
Wednesday:				ive (Cleanings,Fluoride,Se	alants)	
Thursday:			☐ Restorat	tive (Fillings, Extractions)		
Friday:						
11144).						
Staff/agen	ncy who provide NUR	SING services.	Staff/ager	ncy who provide CLE	RICAL/CARE COORDINAT	
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials	
Monday:			Monday:			
Tuesday:	12:00 p - 3:30 p	Rebecca J. Phillips, LPN	Tuesday:	12:00 p - 3:30 p	Era D. Ford, MA	
Wednesday:			Wednesday	:		
Thursday:			Thursday:			
Friday:	12:00 p - 3:30 p	Rebecca J. Phillips, LPN	Friday:	12:00 p - 3:30 p	Era D. Ford, MA	
Other HF	'AITH SERVICES n	rovided at your SBHC.	Staff/agei	ncy who provide OTH	IER HEALTH services.	
Other HE	EALTH SERVICES P		Day of	H (O (COMMITTED AND A STATE OF THE ST	
Other health	n services 1		Week	Hours of Operation	Staff Name with Credentials	
Other health	n services 2		Monday:			
Other health	n services 3		Tuesday:			
Other in	formation provide	d	Wednesday	:		
			Thursday:			
			Friday:			

(Last Updated: 9/23/2019) County in which SBHC is located: Taylor Name of School-Based Health Center West Taylor Elementary Wellness Center School in which the SBHC is located West Taylor ES **School Population** 315 Address for this School-Based Health Center Physical Address 200 Morrow Cross Rd. Mailing Address **SBHC Contact Person** City Flemington First Name Diana State WV Last Name Boyle, CFNP Zip 26347 304 265 1288 Phone Phone 304 842 0490 Extension Extension 304 265 6558 Fax Fax Email Diana.L.Boyle@wv.gov Website http://www.taylorcountyboe.net/wtes Diana.L.Boyle@wv.gov Email **SBHC Sponsoring Agency** Name Grafton-Taylor County Health Department Mailing Address 718 West Main St. Grafton City WV State 26354 Zip Boyd K. Vanhorn **Executive Director** Phone 304 265 1288 Fax 304 265 6558 Email Boyd.K.Vanhorn@wv.gov SBHC Medical Director Diana L Boyle, CFNP This SBHC is located Other(please specify) ☑ in a school building □on school property, but not in a school building Other schools served 1: Population: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\square PK$ $\square 1$ $\square 2$ $\square 3$ **□**4 Other(please specify) Grades served by this SBHC $\Box 5$ $\Box 6$ $\Box 7$ $\square 8$ □9

□10

	vho can receive can	•			
		s not located on campus	Funding sources for your SBHC		
☑ School			Funding Source 1 Self-funded		
-	of students in the community		Funding Source 2 Health Department		
	•	year) for your SBHC	Funding Source 3		
	Month August	year) for year spire	Funding Source 4		
Opening					
Opening	2013				
Clinic sch	edule and staff name	s for MEDICAL services	Day and time that you provide MENTAL HEALTH services		
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week Hours of Operation Staff Name with Credentials		
Monday:			Monday:		
Tuesday:			Tuesday:		
Wednesday:	7:30 a - 11:30 a	Diana L. Boyle, CFNP	Wednesday: 7:30 a - 11:30 a Brandy Miller, LCSW		
Thursday:			Thursday:		
Friday:			Friday:		
Staff/agen	ncy who provide ORA	AL HEALTH services			
Df					
Day of Week	Hours of Operation	Staff Name with Credentials	Types of oral health services provided at your site.		
Monday:			☐ Oral health education		
Tuesday:			☐ Screenings		
Wednesday:			☐ Preventive (Cleanings,Fluoride,Sealants) ☐ Restorative (Fillings, Extractions)		
Thursday:			Restorative (Finnigs, Extractions)		
Friday:					
Stoff/ogen	ıcy who provide NUF	SINC sarvices	Staff/agency who provide CLERICAL/CARE COORDINAT		
Stall/agell	icy who provide NOP	ASING SELVICES.	Standagency who provide CLERICAL/CARE COORDINAL		
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week Hours of Operation Staff Name with Credentials		
Monday:			Monday:		
Tuesday:			Tuesday:		
Wednesday:	7:30 a - 11:30 a	Rebecca J. Phillips, LPN	Wednesday: 7:30 a - 11:30 a Era D. Ford, MA		
Thursday:			Thursday:		
Friday:			Friday:		
			Staff/agency who provide OTHER HEALTH services.		
Other HE	CALTH SERVICES p	rovided at your SBHC.			
Other health	n services 1		Day of Week Hours of Operation Staff Name with Credentials		
Other health			Monday:		
Other health			Tuesday:		
	formation provide	ed	Wednesday:		
	F		Thursday		

(Last Updated: 10/1/20	019)					
County in which SBHC is located: Tucker						
Name of School-Base	d Health Center	Tucker Valley	ES/MS SB	ВНС		
School in which th	ne SBHC is located	Tucker Valley	ES/MS			
School Population	1	477				
Address for this Scho	ol-Based Health Center					
Physical Address	138 Crestview Dr.					
Mailing Address	138 Crestview Dr.		CDIIC	4 4 D		
City	Hambleton		SBHC Con First Name		rson	
State	WV		Last Name		01/	
Zip	26269		Phone		78 3339	
Phone	304 478 6000		Extension	304 4	76 3339	
Extension			Fax	304 4	78 3331	
Fax	304 478 6007		Email			orgeclinic.org
Website			Lillali	Symcat	umm@sigec	ngecinic.org
Email	sgmcadmin@stgeorge	clinic.org				
SBHC Sponsoring Ag	gency					
Name			St. George	e Medica	al Clinic	
Mailing Address			8591 Holly	/ Meado	ws Road	
City			Parsons			
State			WV			
Zip			26287			
Executive Director			Paul Wam	sley		
Phone			304 478	3339		
Fax			304 478	3331		
Email						
SBHC Medical Director	or					
This SBHC is located	I	O41(1	C-)		
□in a school building			please specit Il Clinic nex		HC:	
☑on school property,	but not in a school buildir	ng	ii Oiiiiic iicx	it to ODI	10	
		Other sch	nools served 1:		Population:	
			nools served 2:		Population:	
Other schools served	by this SBHC	Other sch	nools served 3:		Population:]
	Other scl	nools served 4:		Population:]	
		□ PK	□ 1 □ 2	☑ 3	 4	04 (1 (2)
Grades served by this	s SBHC	□ 5 □ 10	□6□11□11	_	□9	Other(please specify)

Others who can receive care at your SHBC

- ☑ Students from area schools not located on campus
- ☐ Family of students
- ☑ Others in the community

Opening date (month and year) for your SBHC

		•	_
Opening Month	October		
Opening Year	2015		

Clinic schedule and staff names for MEDICAL services

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 8:00 p	A Hile, PA-C/H Eye, PA-C
Tuesday:	7:30 a - 8:00 p	A Hile, PA-C/H Eye, PA-C
Wednesday	7:30 a - 8:00 p	A Hile, PA-C/H Eye, PA-C
Thursday:	7:30 a - 8:00 p	A Hile, PA-C/H Eye, PA-C
Friday:	7:30 a - 8:00 p	A Hile, PA-C/H Eye, PA-C

Staff/agency who provide ORAL HEALTH services

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 4:00 p	Amber Eakle, DDS
Tuesday:	7:30 a - 4:00 p	Amber Eakle, DDS
Wednesday	7:30 a - 4:00 p	Amber Eakle, DDS
Thursday:	7:30 a - 4:00 p	Amber Eakle, DDS
Friday:	7:30 a - 4:00 p	Amber Eakle, DDS

Staff/agency who provide NURSING services.

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:00 a - 8:00 p	S Sponaugle RN
Tuesday:	7:00 a - 8:00 p	S Sponaugle RN
Wednesday:	7:00 a - 8:00 p	S Sponaugle RN
Thursday:	7:00 a - 8:00 p	S Sponaugle RN
Friday:	7:30 a - 8:00 p	S Sponaugle RN

Other HEALTH SERVICES provided at your SBHC.

Other health services 1	
Other health services 2	
Other health services 3	

Other information provided

Funding sources for your SBHC

Funding Source 1	Sisters of St. Joseph
Funding Source 2	
Funding Source 3	
Funding Source 4	

Day and time that you provide MENTAL HEALTH services

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	Referred	
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

Types of oral health services provided at your site.

- ☑ Oral health education
- ☐ Screenings
- ☑ Preventive (Cleanings,Fluoride,Sealants)
- ☑ Restorative (Fillings, Extractions)

Staff/agency who provide CLERICAL/CARE COORDINAT

Day of Week	Hours of Operation	Staff Name with Credentials	
Monday:	7:00 a - 8:00 p	Erin Smith/V Nestor	
Tuesday:	7:00 a - 8:00 p	Erin Smith/V Nestor	
Wednesday:	7:00 a - 8:00 p	Erin Smith/V Nestor	
Thursday:	7:00 a - 8:00 p	Erin Smith/V Nestor	
Friday:	7:00 a - 8:00 p	Erin Smith/V Nestor	

Staff/agency who provide OTHER HEALTH services.

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday		
Thursday:		
Friday:		

(Last Updated: 9/16/2019) County in which SBHC is located: Upshur Name of School-Based Health Center Buckhannon Academy SBHC School in which the SBHC is located Buckhannon Academy ES **School Population** 576 Address for this School-Based Health Center Physical Address 16 College Avenue Mailing Address 16 College Avenue **SBHC Contact Person** City Buckhannon First Name | Patricia State WV Last Name Collett Zip 26201 304 473 5600 Phone Phone 304 473 1728 Extension Extension Fax 304 473 1441 Fax Email trish.collett@ccwv.org Website ccwv.org Email **SBHC Sponsoring Agency** Name Community Care of WV Inc. Mailing Address P.O. Box 217 Rock Cave City WV State 26234 Zip **Executive Director** Rick Simon Phone 304 924 6262 Fax Email Sarah Chouinard, M.D. SBHC Medical Director This SBHC is located Other(please specify) ☑ in a school building □on school property, but not in a school building Population: Other schools served 1: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\square PK$ $\square 1$ $\square 2$ $\square 3$ **⊿**4 Other(please specify) Grades served by this SBHC $\Box 7$ □9 $\square 5$ $\Box 6$ $\square 8$

□10

Others v	who can receive ca	are at your SHBC		
☑ Students from area schools not located on campus			Funding sources for yo	our SBHC
⊠ Schoo			Funding Source 1	
	y of students in the community		Funding Source 2	
	•	year) for your SBHC	Funding Source 3	
-	Month October	year) for your Shire	Funding Source 4	
Opening				
Opening	2012			
Clinic sch	nedule and staff nam	es for MEDICAL services	Day and time that you pro	ovide MENTAL HEALTH services
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 3:30 p	Cynthia Hurst, PA-C	Monday: 8:00 a - 4:00	p Abbie Williams, LPC
Tuesday:			Tuesday: 8:00 a - 4:00	p Abbie Williams, LPC
Wednesday	7:30 a - 3:30 p	Cynthia Hurst, PA-C	Wednesday:	
Thursday:			Thursday:	
Friday:			Friday:	
Staff/ager	•	AL HEALTH services		
Week	Hours of Operation	Staff Name with Credentials	Types of oral health servi	ces provided at your site.
Monday:			☐ Oral health education	
Tuesday:			☐ Screenings	
Wednesday	:		☐ Preventive (Cleanings,Fluor☐ Restorative (Fillings, Extrac	
Thursday:				
Friday:				
Staff/ager	ncy who provide NU	RSING services.	Staff/agency who provide	CLERICAL/CARE COORDINAT
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 3:30 p	Kim Rohr, RN	Monday:	
Tuesday:			Tuesday:	
Wednesday	7:30 a - 3:30 p	Kim Rohr, RN	Wednesday:	
Thursday:			Thursday:	
Friday:			Friday:	
Other HE	EALTH SERVICES	provided at your SBHC.	Staff/agency who provide	OTHER HEALTH services.
Other health	h services 1		Day of Week Hours of Operation	Staff Name with Credentials
Other health			Monday:	
Other health	h services 3		Tuesday:	
Other in	formation provid	ed	Wednesday:	
			Thursday:	

(Last Updated: 9/16/20	019)	
County in which SBHC is located:		Upshur
Name of School-Based Health Center		Buckhannon-Upshur High SBHC
School in which the SBHC is located		Buckhannon-Upshur HS
School Population	1	1,020
Address for this Scho	ool-Based Health Center	r
Physical Address	50 B-U Drive	
Mailing Address	50 B-U Drive	CDVIC C D
City	Buckhannon	SBHC Contact Person First Name Patricia
State	WV	Last Name Collett
Zip	26201	Phone 304 473 5600
Phone	304 472 8333	Extension South
Extension		Fax
Fax	304 473 1441	Email trish.collett@ccwv.org
Website	ccwv.org	Ellian thisn.conett@ccwv.org
Email		
SBHC Sponsoring Ag	gency	
Name		Community Care of WV Inc.
Mailing Address		P.O. Box 217
City		Rock Cave
State		WV
Zip		26234
Executive Director		Rick Simon
Phone		304 924 6262
Fax		
Email		
SBHC Medical Direct	or	Sarah Chouinard, M.D.
This SBHC is located □ in a school building □ on school property,		Other(please specify)
		Other schools served 1: Population:
Other schools served by this SBHC		Other schools served 2: Population:
		Other schools served 3: Population:
		Other schools served 4: Population:
Grades served by thi	s SBHC	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$

 $\square 10$ $\square 11$ $\square 12$

Others who can receive care at your SHBC ☑ Students from area schools not located on campus **Funding sources for your SBHC** ☑ School Staff Funding Source 1 ☐ Family of students Funding Source 2 □ Others in the community Funding Source 3 Opening date (month and year) for your SBHC Funding Source 4 Opening Month January Opening Year 2013 Day and time that you provide MENTAL HEALTH services Clinic schedule and staff names for MEDICAL services Day of Day of Hours of Operation Staff Name with Credentials Hours of Operation Staff Name with Credentials Week Week 8:00 a - 12:00 p Lori Thompson, MA, LPC Monday: Monday: 8:00 a - 12:00 p Lori Thompson, MA, LPC 7:30 a - 11:15 a Cindy Hurst, PA-C Tuesday: Tuesday: Wednesday Wednesday: 8:00 a - 12:00 p Lori Thompson, MA, LPC 7:30 a - 3:30 p Cindy Hurst, PA-C 8:00 a - 12:00 p Lori Thompson, MA, LPC Thursday: Thursday: Friday: 7:30 a - 11:15 a Cindy Hurst, PA-C Friday: Staff/agency who provide ORAL HEALTH services Day of Staff Name with Credentials Hours of Operation Week Types of oral health services provided at your site. Monday: ☐ Oral health education Tuesday: ☐ Screenings ☐ Preventive (Cleanings,Fluoride,Sealants) Wednesday: ☐ Restorative (Fillings, Extractions) Thursday: Friday: Staff/agency who provide NURSING services. Staff/agency who provide CLERICAL/CARE COORDINAT Day of Day of Hours of Operation Staff Name with Credentials Hours of Operation Staff Name with Credentials Week Week Monday: Monday: Tuesday: 7:30 a - 3:30 p Kim Rohr, RN Tuesday: Wednesday: Wednesday: Thursday: Thursday: 7:30 a - 3:30 p Kim Rohr, RN 7:30 a - 11:15 a Kim Rohr, RN Friday: Friday: Staff/agency who provide OTHER HEALTH services. Other HEALTH SERVICES provided at your SBHC. Day of Hours of Operation Staff Name with Credentials Other health services 1 Week Monday: Other health services 2 Tuesday: Other health services 3 Wednesday: Other information provided Thursday:

(Last Updated: 9/16/2019) County in which SBHC is located: Upshur Name of School-Based Health Center Buckhannon Upshur Middle SBHC School in which the SBHC is located Buckhannon Upshur MS **School Population** 813 Address for this School-Based Health Center Physical Address 553 Route 20 South Road Mailing Address **SBHC Contact Person** City Buckhannon First Name | Patricia WV State Last Name Collett Zip 26201 304 473 5600 Phone Phone 304 473 7039 Extension Extension Fax 304 473 1441 Fax Email trish.collett@ccwv.org Website ccwv.org Email **SBHC Sponsoring Agency** Name Community Care of WV, Inc. PO Box 217 Mailing Address Rock Cave City WV State 26234 Zip **Executive Director** Rick Simon Phone 304 924 6262 Fax Email Sarah Chouinard, MD SBHC Medical Director This SBHC is located Other(please specify) ☑ in a school building □on school property, but not in a school building Population: Other schools served 1: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\Box PK$ $\Box 1$ $\Box 2$ $\Box 3$ $\Box 4$ Other(please specify) Grades served by this SBHC $\square 7$ □9 $\Box 5$ **□** 6 $\square 8$

□10

Others who can receive care at your SHBC ☑ Students from area schools not located on campus **Funding sources for your SBHC** ☑ School Staff Funding Source 1 ☐ Family of students Funding Source 2 □ Others in the community Funding Source 3 Opening date (month and year) for your SBHC Funding Source 4 Opening Month January Opening Year 2014 Clinic schedule and staff names for MEDICAL services Day and time that you provide MENTAL HEALTH services Day of Day of Hours of Operation Staff Name with Credentials Hours of Operation Staff Name with Credentials Week Week Monday: 7:30 a - 3:30 p Jina Roy, FNP Monday: Tuesday: Tuesday: Wednesday: 7:30 a - 3:30 p Jina Roy, FNP Wednesday: 8:00 a - 4:00 p Abbie Williams, LPC 8:00 a - 4:00 p Abbie Williams, LPC Thursday: Thursday: Friday: 7:30 a - 3:30 p Jina Roy, FNP Friday: 8:00 a - 4:00 p Abbie Williams, LPC Staff/agency who provide ORAL HEALTH services Day of Staff Name with Credentials Hours of Operation Week Types of oral health services provided at your site. Monday: ☐ Oral health education Tuesday: ☐ Screenings ☐ Preventive (Cleanings,Fluoride,Sealants) Wednesday: ☐ Restorative (Fillings, Extractions) Thursday: Friday: Staff/agency who provide NURSING services. Staff/agency who provide CLERICAL/CARE COORDINAT Day of Day of Hours of Operation Staff Name with Credentials Hours of Operation Staff Name with Credentials Week Week 7:30 a - 3:30 p Kristy O'Loughlin, LPN & Autu Monday: Monday: Tuesday: Tuesday: Wednesday: 7:30 a - 3:30 p Kristy O'Loughlin, LPN & Autu Wednesday: Thursday: Thursday: 7:30 a - 3:30 p Kristy O'Loughlin, LPN & Autu Friday: Friday: Staff/agency who provide OTHER HEALTH services. Other HEALTH SERVICES provided at your SBHC. Day of Hours of Operation Staff Name with Credentials Other health services 1 Week Monday: Other health services 2 Tuesday: Other health services 3 Wednesday: Other information provided Thursday:

(Last Updated: 9/16/2019) County in which SBHC is located: Upshur Name of School-Based Health Center French Creek Elementary SBHC School in which the SBHC is located French Creek ES **School Population** 246 Address for this School-Based Health Center Physical Address 7619 Route 20 South Road Mailing Address 7619 Route 20 South Road **SBHC Contact Person** City French Creek First Name Patricia WV State Last Name Collett Zip 26218 304 473 5600 Phone Phone 304 924 5247 Extension Extension Fax 304 473 1441 Fax Email trish.collett@ccwv.org Website ccwv.org Email **SBHC Sponsoring Agency** Name Community Care of WV Inc. Mailing Address P.O. Box 217 Rock Cave City WV State 26234 Zip **Executive Director** Rick Simon Phone 304 924 6262 Fax Email Sarah Chouinard, M.D. SBHC Medical Director This SBHC is located Other(please specify) ☑ in a school building □on school property, but not in a school building Population: Other schools served 1: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\square PK$ $\square 1$ $\square 2$ $\square 3$ **⊿**4 Other(please specify) Grades served by this SBHC $\Box 7$ $\square 5$ $\Box 6$ $\square 8$ $\Box 9$

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□11 □12

Others	who can rece	eive car	e at y	our SHBC					
		schools	not l	located on campus	Funding sources for your SBHC				
⊠ Schoo					Funding				
	y of students s in the comn	nunity,			Funding Source 2				
		-	(agr)	for your SBHC	-	Funding Source 3			
-	Month Octo		carj	or your Shire	Č	Source 4			
Opening					1 wilding				
Opening	2012								
Clinic sch	nedule and sta	ff names	for N	MEDICAL services	Day and	time that you provide	e MENTAL HEALTH services		
Day of Week	Hours of Operat	tion	Staff N	Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:	7:30 a - 3:3	30 p	Yvo	nne Staschiak, FNP	Monday:	8:00a - 12:00 a	Abbie Williams, LPC		
Tuesday:					Tuesday:				
Wednesday	:				Wednesday	:			
Thursday:					Thursday:				
Friday:					Friday:				
Staff/agei	ncy who provi	de ORA	L HE	ALTH services					
Day of Week	Hours of Operat	tion	Staff N	Name with Credentials	Types of	oral health services p	rovided at your site.		
Monday:					☐ Oral be	alth education			
Tuesday:					☐ Screeni	ngs			
Wednesday	:				☐ Prevent	ive (Cleanings,Fluoride,Stive (Fillings, Extractions)	ealants)		
Thursday:						ave (1 mings, Emuleitens,			
Friday:									
Staff/age	ncy who provi	ide NUR	SING	services.	Staff/age	ncy who provide CLI	ERICAL/CARE COORDINAT		
Day of Week	Hours of Operat	tion	Staff N	Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials		
Monday:	7:30a -3:30	0p	Lisa	Coffman, LPN	Monday:				
Tuesday:					Tuesday:				
Wednesday	:				Wednesday	:			
Thursday:					Thursday:				
Friday:					Friday:				
Other HI	EALTH SERV	TCES pr	ovide	ed at your SBHC.	Staff/age	ncy who provide OT	HER HEALTH services.		
Other healt	h services 1				Day of Week	Hours of Operation	Staff Name with Credentials		
	h services 2				Monday:				
Other healt	h services 3				Tuesday:				
Other in	nformation p	rovide	d		Wednesday	:			
					Thursday:				

Friday:

(Last Updated: 8/22/20	019)					
County in which SBHC is located: Wayne						
Name of School-Base	d Health Center	VHS Spring Valley HS				
School in which th	ne SBHC is located	Spring Vall	ey HS			
School Population	ı	1,004	-			
Address for this Scho	ool-Based Health Center					
Physical Address	#1 Timberwolf Drive					
Mailing Address	#1 Timberwolf Drive		CDII C	4 4 D		
City	Huntington		SBHC Cor First Name			
State	WV		Last Name	_	y	
Zip	25704		Phone	304 78	31 5112	
Phone	304 429 1764		Extension	304 /6	3112	
Extension			Fax	304 52	25 3338	
Fax	304 429 1746		Email		@valleyhe	alth ara
Website	valleyhealth.org		Lillali	Cilleese	wvalleyrie	aitii.org
Email						
SBHC Sponsoring Ag	gency					
Name			Valley He			1
Mailing Address			3377 US	Route 60		
City			Huntingto	n		
State			WV			
Zip			25705			
Executive Director			Steve Sha	attls		
Phone			304 525	3334		
Fax			304 525	3338		
Email			shattls@v	/alleyhea	lth.org	
SBHC Medical Director	or		Matthew \	Weimer, I	MD	
This SBHC is located ☑ in a school building ☐ on school property,			er(please speci	fy)		
		Othe	r schools served 1:		Population:	
		Othe	r schools served 2:		Population:]
Other schools served	by this SBHC	Othe	r schools served 3:		Population:	
		Othe	r schools served 4:		Population:	
Grades served by this	s SBHC	□P □5			□4 ☑9	Other(please specify)

 $\square 10 \quad \square 11 \quad \square 12$

Others v	vho can receive ca	re at your SHBC			
Studer	nts from area schoo	ls not located on campus	Funding	sources for your S	SBHC
Schoo Schoo			Funding		
•	y of students		Č		
	in the community		Funding		
Opening	g date (month and	year) for your SBHC	Funding		
Opening	Month October		Funding	Source 4	
Opening	Year 1998				
Clinic sch	edule and staff name	es for MEDICAL services	Day and	time that you provide	e MENTAL HEALTH services
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 3:30 p	Jenny Wellman, FNP	Monday:		
Tuesday:			Tuesday:		
Wednesday	7:30 a - 3:30 p	Jenny Wellman, FNP	Wednesday	:	
Thursday:			Thursday:		
Friday:	7:30 a - 3:30 p	Jenny Wellman, FNP	Friday:		
Staff/ager	ncy who provide OR	AL HEALTH services			
Day of Week	Hours of Operation	Staff Name with Credentials	Types of	oral health services p	rovided at your site.
Monday:			☐ Oral he	alth education	
Tuesday:			☐ Screeni	ngs	
Wednesday				ive (Cleanings,Fluoride,Setive (Fillings, Extractions)	
Thursday:			□ Restora	tive (Fillings, Extractions))
Friday:					
Staff/ager	ncy who provide NUI	RSING services.	Staff/age	ncy who provide CLI	ERICAL/CARE COORDINAT
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 3:30 p	Candace Nance, RN	Monday:	7:30 a - 3:30 p	Susan Dotson
Tuesday:			Tuesday:		
Wednesday:	7:30 a - 3:30 p	Candace Nance, RN	Wednesday	7:30 a - 3:30 p	Susan Dotson
Thursday:			Thursday:		
Friday:	7:30 a - 3:30 p	Joni Ely, RN	Friday:	7:30 a - 3:30 p	Susan Dotson
Other HE	CALTH SERVICES I	provided at your SBHC.	Staff/age	ncy who provide OTI	HER HEALTH services.
Other health	n services 1		Day of Week	Hours of Operation	Staff Name with Credentials
Other health			Monday:	varies	Jenna Rose, Dietician
Other health	n services 3		Tuesday:		
Other in	formation provide	ed	Wednesday	:	
			Thursday:		
			Friday:		
			i iiday.		

(Last Updated: 8/22/20	019)					
County in which SBI	HC is located:	Wayne				
Name of School-Base	ed Health Center	VHS Wayne High				
School in which the	he SBHC is located	Wayne MS/HS				
School Population	1	1,073				
Address for this Scho	ool-Based Health Cente	er				
Physical Address	100 Pioneer Rd Rm 6					
Mailing Address	100 Pioneer Rd Rm 6	601 SPHC C . 4 . 4 P				
City	Wayne	SBHC Contact Person First Name Courtney				
State	WV	Last Name Meese				
Zip	25570	Phone 304 781 5112				
Phone	304 272 3783	Extension S112				
Extension		Fax 304 525 3338				
Fax	304 272 3807	Email cmeese@valleyhealth.org				
Website	valleyhealth.org	Email cinesse@valleynealth.org				
Email						
SBHC Sponsoring A	gency					
Name	·	Valley Health				
Mailing Address		3377 US Route 60				
City		Huntington				
State		WV				
Zip		25705				
Executive Director		Steve Shattls				
Phone		304 525 3334				
Fax		304 525 3338				
Email		shattls@valleyhealth.org				
SBHC Medical Direct	or	Matthew Weimer, MD				
This SBHC is located ☑ in a school building ☐ on school property,		Other(please specify)				
		Other schools served 1: Population:				
		Other schools served 2: Population:				
Other schools served	by this SBHC	Other schools served 3: Population:				
		Other schools served 4: Population:				
Grades served by thi	s SBHC	\square PK \square 1 \square 2 \square 3 \square 4 \square 5 \square 6 \square 7 \square 8 \square 9 Other(please specify	y)			

 $\square 10$ $\square 11$ $\square 12$

Others v	who can receive ca	re at your SHBC				
Studer	nts from area school	ls not located on campus	Funding	Funding sources for your SBHC		
Schoo Schoo			Funding			
	y of students		Funding			
	s in the community		_	_		
-	· `	year) for your SBHC	Funding			
Opening	Month November	·	Funding	Source 4		
Opening	Year 1999					
Clinic sch	nedule and staff name	es for MEDICAL services	Day and	time that you provide	e MENTAL HEALTH services	
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials	
Monday:	7:30 a - 3:30 p	Gail Moore, NP	Monday:	Varies	Prestera	
Tuesday:	7:30 a - 3:30 p	Jenny Wellman, FNP	Tuesday:			
Wednesday	:		Wednesday	:		
Thursday:	7:30 a - 3:30 p	Jenny Wellman, FNP	Thursday:			
Friday:			Friday:			
Staff/ager	ncy who provide ORA	AL HEALTH services Staff Name with Credentials				
Week	Hours of Operation	Stan Name with Credentials	Types of o	oral health services p	provided at your site.	
Monday:			☐ Oral hea	alth education		
Tuesday:			☐ Screenii		1 ()	
Wednesday	:			ive (Cleanings,Fluoride,S tive (Fillings, Extractions		
Thursday:						
Friday:						
Staff/ager	ncy who provide NUI	RSING services.	Staff/age	ncy who provide CL	ERICAL/CARE COORDINAT	
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials	
Monday:	7:30 a - 3:30 p	Heather Coffey, LPN	Monday:	7:30 a - 3:30 p	Danelle Roy	
Tuesday:	7:30 a - 3:30 p	Michelle Linville, RN, BSN	Tuesday:	7:30 a - 3:30 p	Susan Dotson	
Wednesday	:		Wednesday	:		
Thursday:	7:30 a - 3:30 p	Michelle Linville, RN, BSN	Thursday:	7:30 a - 3:30 p	Susan Dotson	
Friday:			Friday:			
Other HE	EALTH SERVICES [provided at your SBHC.	Staff/ager	ncy who provide OT	HER HEALTH services.	
Other health	h services 1		Day of Week	Hours of Operation	Staff Name with Credentials	
Other health	h services 2		Monday:	varies	Jenna Rose, Dietician	
Other health	h services 3		Tuesday:			
	iformation provide	ed	Wednesday	:		
			Thursday:			
			Friday:			
			, -			

County in which SBHC is located: Webster Name of School-Based Health Center Camden Family Health Glade ES/MS School in which the SBHC is located Glade ES/MS **School Population** 397 Address for this School-Based Health Center Physical Address 56 Park Street Mailing Address 56 Park Street **SBHC Contact Person** City Cowen First Name | Melissa WV State Last Name Rogers Zip 26206 304 226 5725 Phone Phone 304 226 5527 Extension 117 Extension Fax 304 226 3274 304 226 5531 Fax Email mrogers@cog-wv.org Website camdenfamilyhealth.com mrogers@cog-wv.org Email **SBHC Sponsoring Agency** Name Camden Family Health Mailing Address 10003 Webster Road Camden on Gaule City WV State 26208 Zip **Executive Director** Margart Hickey Phone 304 226 5725 Fax 304 226 3274 Email meg@cog-wv.org SBHC Medical Director Dr. Kathy Gunter This SBHC is located Other(please specify) □ in a school building ☑ on school property, but not in a school building Population: Other schools served 1: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\square PK$ $\square 1$ $\square 2$ $\square 3$ **□**4 Other(please specify) Grades served by this SBHC $\square 5$ **□** 6 $\Box 7$ $\square 8$ $\Box 9$ □10 □11 □12

(Last Updated: 9/13/2019)

Others who can receive ca	re at your SHBC		
Students from area school	ls not located on campus	Funding sources for you	ır SBHC
School Staff		Funding Source 1 Sisters	
			-
☐ Others in the community		Funding Source 2 HRSA	
Opening date (month and	year) for your SBHC	Funding Source 3 WV B	PH
Opening Month June		Funding Source 4	
Opening Year 2013			
Clinic schedule and staff name	es for MEDICAL services	Day and time that you pro	vide MENTAL HEALTH services
Day of Week Hours of Operation	Staff Name with Credentials	Day of Week Hours of Operation	Staff Name with Credentials
Monday:		Monday:	
Tuesday: 8:00 a - 6:00 p	Anna Bobbitt, PA-C	Tuesday:	
Wednesday: 8:00 a - 6:00 p	Anna Bobbitt, PA-C	Wednesday:	
Thursday:		Thursday:	
Friday:		Friday:	
Staff/agency who provide ORA	AL HEALTH services		
Day of Week Hours of Operation	Staff Name with Credentials	Types of oral health servic	es provided at your site.
Monday:		☐ Oral health education	
Tuesday:		☐ Screenings	
Wednesday:		☐ Preventive (Cleanings,Fluoric ☐ Restorative (Fillings, Extract)	
Thursday:		☐ Restorative (Finnings, Extract)	ions)
Friday:			
Staff/agency who provide NUI	RSING services.	Staff/agency who provide (CLERICAL/CARE COORDINAT
Day of Week Hours of Operation	Staff Name with Credentials	Day of Week Hours of Operation	Staff Name with Credentials
Monday:		Monday:	
Tuesday: 8:00 a - 6:00 p	Lynn McCoy, LPN	Tuesday:	
Wednesday: 8:00 a - 6:00 p	Lynn McCoy, LPN	Wednesday:	
Thursday:		Thursday:	
Friday:		Friday:	
Other HEALTH SERVICES p	provided at your SRHC	Staff/agency who provide 0	OTHER HEALTH services.
	novided at your SDITE.		
Other health services 1	novided at your Shire.	Day of Week Hours of Operation	Staff Name with Credentials
Other health services 1 Other health services 2	Novided at your Shire.		Staff Name with Credentials
	Novided at your Shire.	Week Hours of Operation	Staff Name with Credentials
Other health services 2		Week Monday:	Staff Name with Credentials
Other health services 2 Other health services 3		Week Monday: Tuesday:	Staff Name with Credentials

(Last Updated: 9/13/20)19)							
County in which SBHC is located:		Webster						
Name of School-Base	ed Health Center	Camde	Camden Family Health Webster Cnty HS					
School in which th	he SBHC is located	Webste	er Cour	nty HS				
School Population	1	556						
Address for this Scho	ool-Based Health Center							
Physical Address	1 Highlander Dr							
Mailing Address	1 Highlander Dr			SBHC	C	44 D-		
City	Upperglade			First Na				
State	WV			Last Na				
Zip	26266			Phone	illic	304 Z		
Phone	304 226 3993			Extensi	on	117	3723	
Extension				Fax	.011		226 3274	
Fax	304 226 5003			Email			rs@cog-wv.	org
Website	camdenfamilyhealth.co	om		Lillali		iiioge	15@COG-WV.	org
Email	mrogers@cog-wv.org							
SBHC Sponsoring Ag	gency							
Name	9 *			Camde	en F	amily F	Health	
Mailing Address				10003	We	bster R	ld	
City				Camde	en o	n Gaul	е	
State				WV				
Zip				26208				
Executive Director				Meg H	icke	y		
Phone				304 2	226	5725		
Fax				304 2	226	3274		
Email				meg@	cog	-wv.org]	
SBHC Medical Direct	or			Dr. Ka	thy l	Hamon		
This SBHC is located	I		0.1 (1	٠,	• \		
☑in a school building			Otner(p	olease sp	oec11	(y)		
□on school property,	but not in a school building	ng						
			Other sch	ools serve	d 1:		Population:	٦
			Other sch	ools serve	d 2:		Population:	
04 1 1 1	1 41' CDHC							
Other schools served	Dy this SBHC		Other sch	ools serve	d 3:		Population:	
			Other sch	ools serve	d 4:		Population:	
Grades served by this	s SRHC		□PK □5	□1 □6	$\square 2$	□3 □8	□4 □9	Other(please specify)

□ 10 □ 11 □ 12

	who can receive ca	ls not located on campus			
⊠ Schoo		is not located on earnpus	_	sources for your S	
	y of students		_	Source 1 Sisters of	St. Joseph
	s in the community		C	Source 2 WV BPH	
Opening	g date (month and	year) for your SBHC	_	Source 3 HRSA	
Opening	Month March		Funding	Source 4	
Opening	Year 2008				
Clinic sch	nedule and staff name	es for MEDICAL services	Day and t	ime that you provide	MENTAL HEALTH services
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00 a - 4:00 p	Tonya Young, FNP-BC	Monday:		
Tuesday:	8:00 a - 4:00 p	Tonya Young, FNP-BC	Tuesday:		
Wednesday	8:00 a - 4:00 p	Tonya Young, FNP-BC	Wednesday:	8:00 a - 4:00 p	Linda Mealey, MA, ADC
Thursday:	8:00 a - 4:00 p	Tonya Young, FNP-BC	Thursday:		
Friday:	8:00 a - 4:00 p	Tonya Young, FNP-BC	Friday:		
Tuesday: Wednesday Thursday: Friday:	:			igs ve (Cleanings,Fluoride,Se ive (Fillings, Extractions)	
Staff/age	ncy who provide NUI	RSING services.	Staff/ager	cy who provide CLF	ERICAL/CARE COORDINAT
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00 a - 4:00 p	LPN	Monday:	8:00 a - 4:00 p	Charolette Mathes
T 1	8:00 a - 4:00 p	LPN	Tuesday:	8:00 a - 4:00 p	II
Tuesday:		LFIN	ruesuay.	оло а по р	Charolette Mathes
-	8:00 a - 4:00 p	LPN	-	8:00 a - 4:00 p	Charolette Mathes Charolette Mathes
-			Wednesday	-	
Wednesday	8:00 a - 4:00 p	LPN	Wednesday	8:00 a - 4:00 p	Charolette Mathes
Wednesday Thursday: Friday: Other HI	8:00 a - 4:00 p 8:00 a - 4:00 p 8:00 a - 4:00 p	LPN LPN	Wednesday: Thursday: Friday:	8:00 a - 4:00 p 8:00 a - 4:00 p 8:00 a - 4:00 p	Charolette Mathes Charolette Mathes
Wednesday Thursday: Friday: Other HI	8:00 a - 4:00 p 8:00 a - 4:00 p 8:00 a - 4:00 p EALTH SERVICES p	LPN LPN LPN	Wednesday: Thursday: Friday: Staff/ager Day of	8:00 a - 4:00 p 8:00 a - 4:00 p 8:00 a - 4:00 p	Charolette Mathes Charolette Mathes Charolette Mathes HER HEALTH services.
Wednesday Thursday: Friday: Other HI	8:00 a - 4:00 p 8:00 a - 4:00 p 8:00 a - 4:00 p EALTH SERVICES p	LPN LPN LPN	Wednesday: Thursday: Friday: Staff/ager Day of Week	8:00 a - 4:00 p 8:00 a - 4:00 p 8:00 a - 4:00 p	Charolette Mathes Charolette Mathes Charolette Mathes HER HEALTH services.
Wednesday Thursday: Friday: Other HH Other healt! Other healt!	8:00 a - 4:00 p 8:00 a - 4:00 p 8:00 a - 4:00 p EALTH SERVICES p	LPN LPN LPN orovided at your SBHC.	Wednesday: Thursday: Friday: Staff/ager Day of Week Monday:	8:00 a - 4:00 p 8:00 a - 4:00 p 8:00 a - 4:00 p Rey who provide OTH	Charolette Mathes Charolette Mathes Charolette Mathes HER HEALTH services.

Friday:

Name of School-Base	ed Health Center	Wirt County Schools Wellness Center
School in which th	he SBHC is located	Wirt PC/MS/HS
School Population	1	1,009
Address for this Scho	ool-Based Health Center	er
Physical Address	461 Schoolview Street	et
Mailing Address	PO Box 400	SBHC Contact Person
City	Elizabeth	First Name Jackie
State	WV	Last Name Johnson
Zip	26143	Phone 304 275 3117
Phone	304 275 3117	Extension
Extension		Fax 304 275 7255
Fax	304 275 7255	Email jjohnson@wchsa.com
Website		Ellian jjohnson@wchsa.com
Email		
SBHC Sponsoring Ag	gency	
Name		Coplin Health Systems
Mailing Address		PO Box 609
City		Elizabeth
State		WV
Zip		26143
Executive Director		TBA
Phone		304 275 3301
Fax		304 275 4798
Email		
SBHC Medical Direct	or	Jennifer Huffman, FNP
This SBHC is located □ in a school building □ on school property,		Other(please specify)
		Other schools served 1: Population:
	L di opus	Other schools served 2: Population:
Other schools served	by this SBHC	Other schools served 3: Population:
		Other schools served 4: Population:
Grades served by this	s SBHC	 □ PK □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 □ 9 □ 10 □ 11 □ 12 Other(please specify) □ 1

Wirt

(Last Updated: 8/28/2019)

County in which SBHC is located:

Others	who can receive ca	re at your SHBC			
		ls not located on campus	Funding	sources for your	SBHC
⊠ Schoo			_	Source 1 Sisters of	
	y of students s in the community		Funding	Source 2 Wirt Co	Board of Ed
	•	year) for your SBHC	_	Source 3 Wirt Co	
- '	Month April	year) for your SDITE	Funding		
Opening			8		
Opening	, 1cai 2009				
Clinic sch	nedule and staff name	es for MEDICAL services	Day and t	ime that you provid	e MENTAL HEALTH services
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:45 a - 4:15 p	Jennifer Huffman, FNP	Monday:	Varies	Rotating Psychologists
Tuesday:	7:45 a - 4:15 p	Jennifer Huffman, FNP	Tuesday:		
Wednesday	7:45 a - 4:15 p	Jennifer Huffman, FNP	Wednesday		
Thursday:	7:45 a - 4:15 p	Jennifer Huffman, FNP	Thursday:		
Friday:	7:45 a - 4:15 p	Jennifer Huffman, FNP	Friday:		
Day of Week	Hours of Operation	Staff Name with Credentials	Types of o	oral health services	provided at your site.
Monday:	Varies	Rotating DDS	☑ Oral hea	llth education	
Tuesday:			✓ Screenir	ngs ve (Cleanings,Fluoride,S	Caplants)
Wednesday	:			ive (Fillings, Extractions	
Thursday:					
Friday:					
Staff/ager	ncy who provide NUI	RSING services.	Staff/ager	ncy who provide CL	ERICAL/CARE COORDINAT
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:45 a - 4:15 p	Jackie Johnson, LPN	Monday:	7:45 a - 4:15 p	Theresa Means
Tuesday:	7:45 a - 4:15 p	Jackie Johnson, LPN	Tuesday:	7:45 a - 4:15 p	Theresa Means
Wednesday	7:45 a - 4:15 p	Jackie Johnson, LPN	Wednesday	7:45 a - 4:15 p	Theresa Means
Thursday:	7:45 a - 4:15 p	Jackie Johnson, LPN	Thursday:	7:45 a - 4:15 p	Theresa Means
Friday:	7:45 a - 4:15 p	Jackie Johnson, LPN	Friday:	7:45 a - 4:15 p	Theresa Means
Other HI	EALTH SERVICES I	provided at your SBHC.	Staff/ager		HER HEALTH services.
Other healt	h services 1		Week	Hours of Operation	Staff Name with Credentials
Other health	h services 2		Monday:		
Other health	h services 3		Tuesday:		
Other in	ıformation provid	ed	Wednesday		

Thursday: Friday:

(Last Updated: 9/17/2019) County in which SBHC is located: Wood Name of School-Based Health Center Jefferson Wellness Center School in which the SBHC is located Jefferson Elementary Center **School Population** 387 Address for this School-Based Health Center Physical Address 1200 Stephenson Avenue Mailing Address 1200 Stephenson Avenue **SBHC Contact Person** City Parkersburg First Name | Sandy State WV Last Name Swisher, FNP Zip 26101 304 699 0506 Phone Phone 304 699 0506 Extension 504 Extension 304 | 422 | 8850 Fax Fax 304 | 423 | 8850 Email sswisher@ritchieregional.org Website ritchieregional.org Email **SBHC Sponsoring Agency** Name Ritchie Regional Health Center Mailing Address 135 South Penn Avenue Harrisville City WV State 26362 Zip **Executive Director** Mary Beth McDougal Phone 304 643 4005 Fax 304 643 4177 Email mmcdougal@ritchieregional.org SBHC Medical Director Sandra Swisher, APRN This SBHC is located Other(please specify) □ in a school building ☑ on school property, but not in a school building Other schools served 1: Population: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\square PK$ $\square 1$ $\square 2$ $\square 3$ **□**4 Other(please specify) Grades served by this SBHC $\square 5$ $\Box 6$ $\Box 7$ $\square 8$ □9

□10

□11 □12

		s not located on campus	Funding	sources for your S	ВНС
☑ Schoo			Funding	Source 1 Sisters of	St. Joseph
	y of students s in the community		Funding	Source 2	
	•	year) for your SBHC	Funding	Source 3	
	Month August		Funding	Source 4	
Opening			_		
Clinic sch	nedule and staff name	s for MEDICAL services	Day and t	ime that you provide	MENTAL HEALTH services
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 4:00 p	Sandra Swisher, APRN	Monday:		
Tuesday:	7:30 a - 4:00 p	S Swisher, APRN/Dr Estrada	Tuesday:	Varies	Brenda Tebay, MS Psych
Wednesday	7:30 a - 4:00 p	S Swisher, APRN/Dr Estrada	Wednesday		
Thursday:	7:30 a - 4:00 p	C Estrada MD	Thursday:		
Friday:	7:30 a - 4:00 p	Sandra Swisher, APRN	Friday:		
Staff/ager	ncy who provide ORA	AL HEALTH services			
Day of Week	Hours of Operation	Staff Name with Credentials	Types of o	oral health services p	rovided at your site.
Monday:			□ Oral hea	lth education	•
Tuesday:			☐ Screenir	igs	
Wednesday	:			ve (Cleanings,Fluoride,Se ive (Fillings, Extractions)	
Thursday:				(g-,)	
Friday:					
Staff/ager	ncy who provide NUF	RSING services.	Staff/ager	ncy who provide CLE	CRICAL/CARE COORDINAT
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 4:00 p	L Dye LPN; C Blasingame MA	Monday:	7:30 a - 4:00 p	Lisa Withee
Tuesday:	7:30 a - 4:00 p	L Dye LPN; C Blasingame MA	Tuesday:	7:30 a - 4:00 p	Lisa Withee
Wednesday	7:30 a - 4:00 p	L Dye LPN; C Blasingame MA	Wednesday:	7:30 a - 4:00 p	Lisa Withee
Thursday:	7:30 a - 4:00 p	L Dye LPN; C Blasingame MA	Thursday:	7:30 a - 4:00 p	Lisa Withee
Friday:	7:30 a - 4:00 p	L Dye LPN; C Blasingame MA	Friday:	7:30 a - 4:00 p	Lisa Withee
Other HE	EALTH SERVICES p	rovided at your SBHC.	Staff/ager	ncy who provide OTI	HER HEALTH services.
Other health	h services 1		Day of Week	Hours of Operation	Staff Name with Credentials
Other health	h services 2		Monday:		
Other health	h services 3		Tuesday:		
Other in	ıformation provide	ed	Wednesday:		
			Thursday:		
			Friday:		

Others who can receive care at your SHBC

(Last Updated: 9/17/2019) County in which SBHC is located: Wood Name of School-Based Health Center Parkersburg South SBHC School in which the SBHC is located Parkersburg South HS **School Population** 1,501 Address for this School-Based Health Center Physical Address 1513 Blizard Drive Mailing Address 1513 Blizard Drive **SBHC Contact Person** City Parkersburg First Name Sandy State WV Last Name Swisher, FNP Zip 26101 304 699 0809 Phone 304 | 699 | 0809 Phone Extension Extension 304 | 422 | 9188 Fax 304 | 422 | 9188 Fax Email sswisher@ritchieregional.org Website ritchieregional.org Email **SBHC Sponsoring Agency** Name Ritchie Regional Health Center Mailing Address 135 South Penn Ave. Harrisville City WV State 26362 Zip **Executive Director** Mary Beth McDougal Phone 304 643 4005 Fax 304 643 4177 Email mmcdougal@ritchieregional.org SBHC Medical Director Sandy Swisher, APRN This SBHC is located Other(please specify) □ in a school building ☑ on school property, but not in a school building Other schools served 1: Population: Other schools served 2: Population: Other schools served by this SBHC Other schools served 3: Population: Other schools served 4: Population: $\Box PK$ $\Box 1$ $\square 2$ $\Box 3$ $\Box 4$ Other(please specify) Grades served by this SBHC $\Box 5$ $\Box 6$ $\Box 7$ $\square 8$

□10

□11 □12

Others v	who can receive ca	re at your SHBC			
Studer	nts from area schoo	ls not located on campus	Funding	sources for your S	БВНС
Schoo Schoo			_	Source 1 Sisters of	
•	y of students		Funding		. С.: ОССОРП
	s in the community		Funding		
	`	year) for your SBHC	_		
	Month August		Funding	Source 4	
Opening	Year 2012				
Clinic sch	nedule and staff name	es for MEDICAL services	Day and t	ime that you provide	MENTAL HEALTH services
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 4:00 p	Dawn Barchett, APRN	Monday:		
Tuesday:	7:30 a - 4:00 p	Andrea Reed, APRN	Tuesday:		
Wednesday	7:30 a - 4:00 p	Sandy Swisher, APRN	Wednesday		
Thursday:	7:30 a - 4:00 p	Andrea Reed, APRN	Thursday:		
Friday:	7:30 a - 4:00 p	Dawn Barchett, APRN	Friday:		
Staff/agei	ncy who provide OR	AL HEALTH services			
Day of Week	Hours of Operation	Staff Name with Credentials	Types of o	oral health services p	rovided at your site.
Monday:			□ Oral bas	alth education	•
Tuesday:			☐ Screenir	ıgs	
Wednesday	:			ve (Cleanings,Fluoride,Seive (Fillings, Extractions)	
Thursday:			□ Restorat	ive (Fillings, Extractions)	
Friday:					
Staff/ager	ncy who provide NUI	RSING services.	Staff/ager	ncy who provide CLF	ERICAL/CARE COORDINAT
Day of Week	Hours of Operation	Staff Name with Credentials	Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 4:00 p	H White LPN/S Johnson MA	Monday:	7:30 a - 4:00 p	Amanda Parsons
Tuesday:	7:30 a - 4:00 p	T Hardbarger LPN/S Johnson	Tuesday:	7:30 a - 4:00 p	Amanda Parsons
Wednesday	7:30 a - 4:00 p	H White LPN/S Johnson MA	Wednesday	7:30 a - 4:00 p	Amanda Parsons
Thursday:	7:30 a - 4:00 p	T Hardbarger LPN/S Johnson	Thursday:	7:30 a - 4:00 p	Amanda Parsons
Friday:	7:30 a - 4:00 p	H White LPN/S Johnson MA	Friday:	7:30 a - 4:00 p	Amanda Parsons
Other HI	EALTH SERVICES I	provided at your SBHC.	Staff/ager	ncy who provide OTI	HER HEALTH services.
Other healtl	h services 1		Day of Week	Hours of Operation	Staff Name with Credentials
Other healtl	h services 2		Monday:		
Other healtl	h services 3		Tuesday:		
Other in	ıformation provide	ed	Wednesday		
			Thursday:		
			Friday:		
			,		

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