**Instructions for all tables:** [FPAR Instructions (Nov 2021)](https://opa.hhs.gov/sites/default/files/2021-11/fpar-forms-instructions-reissued-nov-2021.pdf)

**Please email** **FamilyPlanning@ky.gov** **for any questions**

**Agency Profile Cover Sheet**

|  |  |
| --- | --- |
| **Agency Legal Name** | Name |
| **Address of Agency Administrative Offices** | Street |
| City |
| State | ZIP + 4 – |
| **Kentucky Title X Project Director** | Name: Shelley Wood, MSN, RN |
| Title: Kentucky Family Planning/Title X Director |
| Street: 275 East Main St |
| City: Frankfort |
| State: KY | ZIP + 4 40601–2321 |
| Phone 502-564-5105 |
| Fax |
| E-Mail: FamilyPlanning@ky.gov |
| **Agency Contact (Person completing FPAR)** | Name |
| Title |
| Street |
| City |
| State | ZIP + 4 – |
| Phone |
| Fax |
| E-Mail |
| **How many clinic sites are you reporting numbers for FPAR on this report?** | Number of clinic sites \_\_\_\_\_\_ |
| **Number of Subrecipients (Delegates or Subcontractors) Supported by the Title X Grant** | ONE |

**Table 1**

**Unduplicated Number of Family Planning Users by Age Group and Sex**

|  |  |  |  |
| --- | --- | --- | --- |
| **Age Group (Years)** | **Female Users (A)** | **Male Users****(B)** | **Total Users** **(Sum Cols A + B)** **(C)** |
| 1 Under 15 |  |  |  |
| 2 15 to 17 |  |  |  |
| 3 18 to 19 |  |  |  |
| 4 20 to 24 |  |  |  |
| 5 25 to 29 |  |  |  |
| 6 30 to 34 |  |  |  |
| 7 35 to 39 |  |  |  |
| 8 40 to 44 |  |  |  |
| 9 Over 44 |  |  |  |
| **10 Total Users** **(sum rows 1 to 9)** |  |  |  |
|  | **Checkpoint Reference AA** | **Checkpoint Reference BB** | **Checkpoint Reference CC** |

|  |  |  |  |
| --- | --- | --- | --- |
|  **NOTE:** | **All Checkpoint AAs should match.** The cells to match Checkpoint AA are highlighted in yellow.  | **All Checkpoint BBs should match.**The cells to match Checkpoint BB are highlighted in blue/teal.  | **All Checkpoint CCs should match.**The cells to match Checkpoint CC are highlighted in bright green. |

**Table 2**

 **Unduplicated Number of Female Family Planning Users by Race and Ethnicity**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Race** | **Hispanic****or Latino****(A)** | **Not Hispanic or Latino****(B)** | **Unknown/ Not Reported (C)** | **Total Female Users****(Sum A, B, C, D)** |
| 1 American Indian or Alaska Native |  |  |  |  |
| 2 Asian |  |  |  |  |
| 3 Black or African American |  |  |  |  |
| 4 Native Hawaiian or Other Pacific Islander |  |  |  |  |
| 5 White |  |  |  |  |
| 6 More than one race |  |  |  |  |
| 7 Unknown/not reported |  |  |  |  |
| **8 Total Female Users (sum rows 1 to 7)** |  |  |  |  |
|  | **Checkpoint Reference AA** |

The number should match Checkpoint AA on Table 1.

**Table 3**

**Unduplicated Number of Male Family Planning Users by Race and Ethnicity**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Race** | **Hispanic****or Latino****(A)** | **Not Hispanic****or Latino****(B)** | **Unknown/ Not Reported****(C)** | **Total Male Users****(Sum A,B,C,D)** |
| 1 American Indian or Alaska Native |  |  |  |  |
| 2 Asian |  |  |  |  |
| 3 Black or African American |  |  |  |  |
| 4 Native Hawaiian or Other Pacific Islander |  |  |  |  |
| 5 White |  |  |  |  |
| 6 More than one race |  |  |  |  |
| 7 Unknown/not reported |  |  |  |  |
| **8 Total Male Users**  **(sum rows 1 to 7)** |  |  |  |  |
|  | **Checkpoint Reference BB** |

The number should match Checkpoint BB on Table 1.

**Table 4**

**Unduplicated Number of Family Planning Users by Income Level**

|  |  |
| --- | --- |
| **Income Level as a Percentage of the HHS Poverty Guidelines** | **Number of Users****(A)** |
| 1 100% and below |  |
| 2 101% to 150% |  |
| 3 151% to 200% |  |
| 4 201% to 250% |  |
| 5 Over 250% |  |
| 6 Unknown/not reported |  |
| **7 Total Users (sum rows 1 to 6)** |  |
|  | **Checkpoint Reference CC** |

The number should match Checkpoint CC on Table 1.

**Table 5**

**Unduplicated Number of Family Planning Users by Principal Health Insurance Coverage Status**

|  |  |
| --- | --- |
| **Principal Health Insurance Covering Primary Medical Care** | **Number of Users (A)** |
| 1 Public health insurance covering primary medical care |  |
| 2 Private health insurance covering primary medical care |  |
| 3 Uninsured (no public or private health insurance) |  |
| 4 Unknown/not reported |  |
| **5 Total Users (sum rows 1 to 4)** |  |
|  | **Checkpoint Reference CC** |

The number should match Checkpoint CC on Table 1.

**Table 6**

**Unduplicated Number of Family Planning Users with Limited English Proficiency (LEP)**

|  |  |
| --- | --- |
|  | **Number of Users****(A)** |
| 1 LEP users |  |
| 2 Not LEP users |  |
| 3 Unknown/not reported |  |
| **4 Total Users (sum rows 1 to 3)** |  |
|  | **Checkpoint Reference CC** |

The number should match Checkpoint CC on Table 1.

**Table 7**

**Unduplicated Number of Female Family Planning Users by Primary Method and Age Group**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Primary Method** | **Under 15 (A)** | **15 to 17 (B)** | **18 to 19 (C)** | **20 to 24 (D)** | **25 to 29 (E)** | **30 to 34 (F)** | **35 to 39 (G)** | **40 to 44 (H)** | **Over 44 (I)** | **Total Female Users****(Sum Cols A to I)****(J)** |
| 1 Female sterilization |  |  |  |  |  |  |  |  |  |  |
| 2 IUD or IUS |  |  |  |  |  |  |  |  |  |  |
| 3 Hormonal implant |  |  |  |  |  |  |  |  |  |  |
| 4 1-Month hormonal injection |  |  |  |  |  |  |  |  |  |  |
| 5 3-Month hormonal injection |  |  |  |  |  |  |  |  |  |  |
| 6 Oral contraceptive |  |  |  |  |  |  |  |  |  |  |
| 7 Contraceptive patch |  |  |  |  |  |  |  |  |  |  |
| 8 Vaginal ring |  |  |  |  |  |  |  |  |  |  |
| 9 Cervical cap or diaphragm |  |  |  |  |  |  |  |  |  |  |
| 10 Contraceptive sponge |  |  |  |  |  |  |  |  |  |  |
| 11 Female condom |  |  |  |  |  |  |  |  |  |  |
| 12 Any spermicide or non- spermicidal gel (used alone) |  |  |  |  |  |  |  |  |  |  |
| 13 FAM or LAM |  |  |  |  |  |  |  |  |  |  |
| 14 Abstinence |  |  |  |  |  |  |  |  |  |  |
| 15 Withdrawal or other method |  |  |  |  |  |  |  |  |  |  |
| **Rely on Male Method**16 Vasectomy |  |  |  |  |  |  |  |  |  |  |
| 17 Male condom |  |  |  |  |  |  |  |  |  |  |
| **No Method**18 Pregnant/seeking pregnancy |  |  |  |  |  |  |  |  |  |  |
| 19 Other reason |  |  |  |  |  |  |  |  |  |  |
| **Unknown/Not Reported**20 Unknown/not reported |  |  |  |  |  |  |  |  |  |  |
| **21 TOTAL FEMALE USERS (SUM ROWS 1 TO 20)** |  |  |  |  |  |  |  |  |  |  |

**Note: IUD=**Intrauterine Device. **IUS=**Intrauterine System. **FAM=**Fertility Awareness Method.

**See Checkpoint Reference AA**

**LAM**=Lactational Amenorrhea Method.

The number should match Checkpoint AA on Table 1.

**Table 8**

**Unduplicated Number of Male Family Planning Users by Primary Method and Age Group**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Primary Method** | **Under 15 (A)** | **15 to 17 (B)** | **18 to 19 (C)** | **20 to 24 (D)** | **25 to 29 (E)** | **30 to 34 (F)** | **35 to 39 (G)** | **40 to 44 (H)** | **Over 44 (I)** | **Total Male Users (Sum Cols A to I)****(j)** |
| 1 Vasectomy |  |  |  |  |  |  |  |  |  |  |
| 2 Male condom |  |  |  |  |  |  |  |  |  |  |
| 3 FAM |  |  |  |  |  |  |  |  |  |  |
| 4 Abstinence |  |  |  |  |  |  |  |  |  |  |
| 5 Withdrawal or other method |  |  |  |  |  |  |  |  |  |  |
| **Rely on Female Method** |  |  |  |  |  |  |  |  |  |  |
| 6 Rely on female method(s) |
| **No Method** |  |  |  |  |  |  |  |  |  |  |
| 7 Partner pregnant/seeking pregnancy |
| 8 Other reason |  |  |  |  |  |  |  |  |  |  |
| **Unknown/Not Reported** |  |  |  |  |  |  |  |  |  |  |
| 9 Unknown/not reported |
| **10 TOTAL MALE USERS (SUM ROWS 1 TO 9)** |  |  |  |  |  |  |  |  | **See Checkpoint Reference BB** |  |

**Note: FAM=**Fertility Awareness Method.

The number should match Checkpoint BB on Table 1.

**Table 9**

**Cervical Cancer Screening Activities**

|  |  |
| --- | --- |
| **Screening Activity** | **Number of Female Users or Number of Tests (A)** |
| 1 | Unduplicated number of female users who obtained a Pap test |  |
| 2 | Number of Pap tests performed |  |
| 3 | Number of Pap tests with an ASC or higher result |  |
| 4 | Number of Pap tests with an HSIL or higher result |  |

**Table 10 *Clinical Breast Exam* is obsolete. No data necessary.**

**Table 11**

**Unduplicated Number of Family Planning Users Tested for Chlamydia by Age Group and Sex**

|  |  |  |
| --- | --- | --- |
| **Age Group (Years)** | **Female Users (A)** | **Male Users (B)** |
| 1 Under 15 |  |  |
| 2 15 to 17 |  |  |
| 3 18 to 19 |  |  |
| 4 20 to 24 |  |  |
| 5 25 and over |  |  |
| **6 TOTAL USERS****(SUM ROWS 1 TO 5)** |  |  |

**Table 12**

**Number of Tests for Gonorrhea, Syphilis, and HIV and Number of Positive Confidential HIV Tests**

|  |  |  |  |
| --- | --- | --- | --- |
| **Test Type** | **Female Tests (A)** | **Male Tests (B)** | **Total Tests (Sum of A and B)** **(C)** |
| 1 | Gonorrhea |  |  |  |
| 2 | Syphilis |  |  |  |
| 3 | HIV – All confidential tests |  |  |  |
| 4 | HIV – Positive confidential tests | Not applicable |  |
| 5 | HIV – Anonymous tests |  |

**Table 13**

**Number of Full-Time Equivalent Clinical Services Providers and**

 **Family Planning Encounters by Type of Provider**

|  |  |  |  |
| --- | --- | --- | --- |
| **Provider Type** | **Number of FTEs****(A)** | **Number of Family Planning Encounters****(B)** | **How many of the reported encounters were telehealth encounters** |
| **1 Clinical Services Providers** | Not applicable |  |  |
| 1a Physicians |  | Not applicable |  |
| 1b Physician assistants/nurse practitioners/ certified nurse midwives |  |  |
| 1c Registered nurses with an expanded scope of practice who are trained and permitted by state-specific regulations to perform all aspects of the user physical assessment |  |  |
| **2 Other Services Providers** | Not applicable |  |  |
| **3 Total Family Planning Encounters****(sum rows 1 + 2)** |  |  |

**Table 14**

**Revenue Report**

|  |  |
| --- | --- |
| **Revenue Source** | **Amount** |
| **Title X** |
| **1** | **Title X grant** (Section 1001: family planning services) |  |
| **Payment for Services** |
| **2** | **Total client collections/self-pay** |  |
| **3** | **Third-party payers** | **Amount Prepaid (A)** | **Amount Not Pre-paid****(B)** |
| 3a | Medicaid (Title XIX) |  |  |
| 3b | Medicare (Title XVIII) |  |  |
| 3c | Children’s Health Insurance Program (CHIP) |  |  |
| 3d | Other public health insurance |  |  |
| 3e | Private health insurance |  |  |
| **4** | **Total – Third-Party Payers (sum rows 3a to 3e)** |  |  |
| **5** | **Total – Payment for Services (sum row 2 + cell 4a + cell 4b)** |  |
| **Other Revenue** |
| 6 | Title V (MCH Block Grant) |  |
| 7 | Title XX (Social Services Block Grant) |  |
| 8 | Temporary Assistance for Needy Families (TANF) |  |
| 9 | Local government revenue |  |
| 10 | State government revenue |  |
| 11 | Bureau of Primary Health Care (BPHC) |  |
| 12 | Other (Specify: Donations \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) |  |
| 13 | Other (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) |  |
| 14 | Other (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) |  |
| 15 | Other (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) |  |
| 16 | Other (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) |  |
| **17** | **Total Other Revenue (sum rows 6 to 16)** |  |
| **18** | **Total Revenue (sum rows 1 + 5 + 17)** |  |