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**Local Health Department Annual Narrative Report Evaluation Form**

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Note: This evaluation is based on the information submitted by the Local Health Department in the FY 2012 Annual Narrative Report.

Name of Local Health Department: \_\_\_\_\_

Date of Report Submission: \_\_\_\_\_

Evaluation Period: 10/01/2011-09/30/2012

1. Were the Annual Narrative Report components completed?

- Summary of CSHCS successes and challenges
- Technical assistance needs the LHD is requesting the State to address
- The duplicated number of clients referred for diagnostic evaluations
- The unduplicated number of CSHCS eligible clients assisted with CSHCS enrollment
- The unduplicated number of CSHCS clients in the CSHCS renewal process
- Brief description of how any local MCH funds allocated to CSHCS were used (e.g., CSHCS salaries, outreach materials, mailing costs, etc.) **(if applicable)**

2. Please list three or more strengths of the Annual Narrative Report Submitted.

3. Please list three or more areas of improvement.

4. Additional comments or questions.

5. How are technical assistance issues being addressed by MDCH?

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Name of Reviewer

\_\_\_\_\_  
Date of Review