

CIVIL RIGHTS IMPACT ANALYSIS

A Civil Rights Impact Analysis is required before closing or relocating a local clinic site. This template needs to be provided to the State Office at least 60 days prior to closure or relocation. Additional pages may be included if needed.

Local Agency/Clinic Name:				
Current Location				
New Location Address:				
1.	Wh	nen will the move occur?		
2.	Dis	tance from the old clinic to the new clinic?		
3.	Me	thod and timing of notice to participants?		
4.	Wil	Il the clinic remain non-smoking? Provide		
	ass	urance		
5.	Demographic assessment comparing old and			
	new locations. Include available information.			
	Demographic Map			
	Racial composition of affected neighborhoods			
	Cer	nsus data		
	6.	Is the new location in an area where at		
		risk population or low-income housing		
		are located?		
	7.	Is the new location accessible for clients		
		with disabilities?		
		Is public transportation available?		
	8.	Participation by Category:		
		Women		
		Infants		
		Children		
		Participation by race/ethnicity:		
		White		
		American Indian/Alaska Native		
		Hispanic/Latino		
		Asian		
		Black/African American		
		Native Hawaiian Pacific Islander		
		Average participation for last six months		



CIVIL RIGHTS IMPACT ANALYSIS

9.	Availability of other community resources	
	including other local agencies	
10.	Consideration of Affirmative Action Plan	
	Information	
	The relative position of the area or	
	special population served in the	
	Affirmative Action Plan	
	/ I I I I I I I I I I I I I I I I I I I	
	How much of the current need is met at	
	each priority level and participant	
	category?	
	The potentially eligible individuals in the	
	area	
11.	Public Notification	
	What methods are being used (such as	
	radio, phone calls, text messages, flyers,	
	etc.)?	
12.	Cost effectiveness	
13.	Participant Access:	
	Are there access issues for the new clinic	
	location?	
	Are there access issues for the availability	
	of authorized vendors such as geographic	
	barriers?	
State A	gency Use Only	
Signatu	re and Title of Reviewer:	
Date:		