

## Lawrence Memorial Hospital - FY2004

### Summary Narratives

#### Community Benefits Mission Statement

(SEE REPORT FOR HALLMARK HEALTH SYSTEM)

#### Program Organization and Management

Not Specified

#### Key Collaborations and Partnerships

Not Specified

#### [Community Health Needs Assessment](#)

Not Specified

#### [Community Benefits Plan](#)

Not Specified

#### Key Accomplishments of Reporting Year

Not Specified

#### Plans for Next Reporting Year

Not Specified

### Select Community Benefits Programs

(SEE REPORT FOR HALLMARK HEALTH SYSTEM)

#### Brief Description or Objective

(SEE REPORT FOR HALLMARK HEALTH SYSTEM)

#### Program Type

Not Specified

#### Target Population

- **Regions Served:**Not Specified
- **Health Indicator:**Not Specified
- **Sex:**Not Specified
- **Age Group:**Not Specified
- **Ethnic Group:**Not Specified
- **Language:**Not Specified

#### Partners

Not Specified

#### Contact Information

Not Specified

#### Detailed Description

Not Specified

Program Type	Estimated Total Expenditures for FY2004	Approved Program Budget for 2005
Community Benefits	<a href="#">Direct Expenses</a> Not Specified	Not Specified

Programs	<a href="#">Associated Expenses</a> <a href="#">Determination of Need Expenditures</a> <a href="#">Employee Volunteerism</a> <a href="#">Other Leveraged Resources</a>	Not Specified Not Specified Not Specified Not Specified	* Excluding expenditures that cannot be projected at the time of the report.
Community Service Programs	<a href="#">Direct Expenses</a> <a href="#">Associated Expenses</a> <a href="#">Determination of Need Expenditures</a> <a href="#">Employee Volunteerism</a> <a href="#">Other Leveraged Resources</a>	Not Specified Not Specified Not Specified Not Specified Not Specified	
Net Charity Care		Not Specified	
Corporate Sponsorships		Not Specified	
	<b>Total Expenditures</b>	Not Specified	
<b>Total Patient Care-Related Expenses for FY2004</b>			Not Specified
Comments: (See Report For Hallmark Health System)			