

**Partners Home Care - FY2003**

**Summary Narratives**

**Community Benefits Mission Statement**

\*SEE REPORT FOR PARTNERS CONTINUING CARE\*

**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 PARTNERS CONTINUING CARE\***

<b>Brief Description or Objective</b>	Not Specified
<b>Program Type</b>	Not Specified
<b>Target Population</b>	<ul style="list-style-type: none"> <li>• <b>Regions Served:</b>Not Specified</li> <li>• <b>Health Indicator:</b>Not Specified</li> <li>• <b>Sex:</b>Not Specified</li> <li>• <b>Age Group:</b>Not Specified</li> <li>• <b>Ethnic Group:</b>Not Specified</li> <li>• <b>Language:</b>Not Specified</li> </ul>
<b>Partners</b>	Not Specified
<b>Contact Information</b>	Not Specified
<b>Detailed Description</b>	Not Specified

<b>Program Type</b>	<b>Estimated Total Expenditures for FY2003</b>	<b>Approved Program Budget for 2004</b>
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	
		Not Specified	
Corporate Sponsorships		Not Specified	
Comments: *SEE REPORT FOR PARTNERS CONTINUING CARE*			