# Community Health Worker Stipend Final Report due May 18, 2026

Organization’s legal name (the "recipient"):

Person completing the report

Name and credentials:  
Title:

Email:

Phone number:

Progress Report

1. Has the community health worker candidate completed their education and earned their certificate? If so, through what training program and when did the CHW receive their certificate? If not, please explain the barriers.
2. Has your organization created a job description for a hospital-based CHW? If so, please attach.
3. How has your organization educated leadership and staff about the role of CHWs in a hospital/healthcare system?
4. Has your organization hired/is your organization planning to hire the community health worker candidate following the completion of their training and education? If yes, please explain how the CHW is being deployed in your community. If not, please identify the barriers you experienced.
5. How has this stipend program informed your thinking about the potential for scale and spread of CHWs within your organization in the future?

Attestation

By signing below, I am attesting that, to the best of my knowledge and belief, all written information and data included in the report is accurate and complete.

Recipient organization name:

Report completed by:

Title:

Date:

Additional information:

Important: Please submit this report to your HANYS project manager by May 18, 2026.

For any questions or support with the final report, please contact your HANYS Project Manager, or email Rachael Brust, community health worker stipend program lead, at [rbrust@hanys.org](mailto:rbrust@hanys.org).