**University Health Vida**

**Partner Interest Form**

University Health invites community organizations to join us at Vida. Please refer to the Partnership Opportunities Overview and Instructions Guide for additional information.

We offer three types of partnership pathways.

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| **Partnership Pathway\*** | **Referral Network** | **Mobile Services and Events in Vida Community Spaces** | **Co-location at Vida Community Commons** |
| **Description** | Join University Health’s referral network to receive and respond to patient referrals for services that address non-medical drivers of health. | Offer educational classes, workshops, mobile services, meetings or other events in Vida’s dedicated community spaces. | Maintain a part-time or full-time physical presence in the Community Commons office suite to collaborate on public health initiatives. |
| **Instructions** | Complete **Section A** of the Partner Interest Form | Complete **Section B** of the Partner Interest Form | Complete **Section C** of the Partner Interest Form |

\**Organizations may complete more than one section if interested in multiple partnership options.*

**Community organizations must submit Partner Interest Forms by Thursday, June 5, 2025, at 5:00 p.m. to be considered for opening day partnership with University Health Vida. Please submit only one interest form per organization. Organizations are welcome to include supporting documents that help convey their interest in partnering—such as, but not limited to, previous event flyers, logic models, annual reports or other materials. Email completed forms and questions to** [**Public.Health@uhtx.com**](mailto:Public.Health@uhtx.com)**.**

**Organization Information**

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| **Organization name:** |  |
| **Website address (if available):** |  |
| **Classification / tax status (select all that apply):** | Non-Profit For-Profit  School District Higher Education  Government Entity  Foundation  Other (describe) |
| **EIN # (If applicable):** |  |
| **Year founded:** |  |

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| **What is your organization’s mission statement?** |
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| **Describe the services or activities provided by your organization and the community needs you address.** |
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| **Describe your service area and target population.** |
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| **In what languages do you offer your services?** |
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| **Describe how your organization currently partners with University Health. For example, do you receive referrals from University Health or host events in our facilities?** |
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| **Provide a high-level executive summary of your proposal detailed in Sections A, B and/or C.** |
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| **Describe how your proposal furthers, either directly or indirectly, and aligns with:**   * **University Health’s public purpose to provide medical care to the needy and indigent of Bexar County;** * **The American Rescue Plan Act (ARPA) to address Bexar County population health needs highlighted by the COVID-19 pandemic.** |
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**Contact Information**

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| **Primary contact person name:** |  |
| **Title/role:** |  |
| **Telephone number(s):** |  |
| **Email address(es):** |  |
| **Full physical address (include city, state and ZIP code):** |  |
| **Is your mailing address different from your physical address?** | **Yes** – please provide your mailing address below  **No** – your physical address will be used |
| **Full mailing address (include city, state and ZIP code):** |  |

**Section A – Referral Network**

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| **Are you interested in joining University Health’s Referral Network?** |
| **Yes** – Complete Section A  **No** – Continue to Section B |

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| **A1. Describe the services you can provide to referred patients.** |
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| **A2. How does your organization receive and process referrals (e.g., online platform like FindHelp or Unite Us, email, phone, fax)?** |
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| **A3. What criteria do you consider when determining whether a referral is accepted or declined?** |
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| **A4. How quickly are referrals processed? How many attempts do you make to contact a client?** |
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| **A5. How do you track and report the number of referrals received and their outcomes?** |
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| **A6. How do you provide updates to the referring organization on the status of referrals?** |
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| **A7. Would you be interested in using the Vida navigation rooms for onsite client meetings? Describe your preferred frequency of use (for example, specify days or hours per week).** | | | |
| **No** – Continue to Section B  **Unsure** – Continue to Section B  **Yes** – Complete the schedule information below. Check all that apply. | | | |
| **Day** | **Morning (8 a.m. – 12 p.m.)** | **Afternoon (12 – 5 p.m.)** | **Evening (5 – 8 p.m.)** |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |
| Saturday |  |  |  |
| Sunday |  |  |  |
| ***If you are not sure when you prefer to use the navigation rooms, please check one of the following options.***  One–two times per week  One–two times per month | | | |

**Section B – Mobile Services and Events at Vida Community Spaces**

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| **Are you interested in providing a service or hosting events in the community spaces at University Health Vida?** |
| **Yes** – Complete Section B  **No** – Continue to Section C |

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| **B1. Describe the service(s) or event(s) you can offer at Vida, including topics, format, duration and target audience.** |
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| **B2. Identify the community space(s) most appropriate for your service(s) or event(s):** |
| Clinic foyer  Teaching kitchen  Multi-purpose room/conference room/classroom  Navigation room  Outdoor lawn  Mobile unit drive-through  Other (please describe): |

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| **B3. What days, times and frequency do you prefer to use the space? Check all that apply.** | | | |
| **Day** | **Morning (8 a.m. – 12 p.m.)** | **Afternoon (12 – 5 p.m.)** | **Evening (5 – 8 p.m.)** |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |
| Saturday |  |  |  |
| Sunday |  |  |  |
| ***If you are not sure when you prefer to use the space, please check one of the following options.***  One–two times per week  One–two times per month | | | |

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| **B4. Does your service(s) or event(s) have a minimum or maximum attendance requirement? Please describe.** |
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| **B5. Will you be charging participants a fee, or are your service(s) or event(s) free of charge?** |
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| **B6. How do you promote your service(s) and event(s)? How might University Health support your promotional efforts?** |
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| **B7. What process and outcome measures do you track? How do you use the data to evaluate and improve your program?** |
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| **B8. Would you also be interested in offering service(s) or event(s) at any of the following University Health locations?** |
| **Check all that apply:**  Texas Diabetes Institute (78207)  Robert B. Green Campus (78207)  Dr. Robert L.M. Hilliard Center (78208)  University Health Wheatley (78219) |

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| **B9. Where do you currently hold community events? Would you continue to do so?** |
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**Section C – Co-location at Vida Community Commons**

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| **Are you interested in co-locating in University Health Vida Community Commons?** |
| **Yes** – Complete Section C  **No** – Submit your completed form to [Public.Health@uhtx.com](mailto:Public.Health@uhtx.com) by June 5, 2025, at 5:00 p.m. |

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| **C1. Describe how your organization would like to use the Community Commons co-working space. (e.g., daily operations, client meetings, collaborative work, research, grant opportunities, community programming, etc.)** |
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| **C2. What days and hours per week would your organization propose to be onsite in Community Commons?** | | |
| **Day** | **Morning (8 a.m. – 12 p.m.)** | **Afternoon (12 – 5 p.m.)** |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |
| ***If you are not sure when you prefer to be at Community Commons, please check one of the following options.***  One–two times per week  Three–five times per week | | |

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| **C3. How many staff members would need access to Community Commons?** |
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| **C4. What process and outcome measures do you track? How will you use the data to evaluate and improve the work conducted at Community Commons?** |
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| **C5. What barriers do you anticipate when co-locating, and how can University Health support you in overcoming them?** |
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| **C6. Describe any additional ideas, suggestions or accommodations for collaboration with University Health and other co-located partners within Community Commons.** |
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**Please submit your completed form to** [**Public.Health@uhtx.com**](mailto:Public.Health@uhtx.com) **by June 5, 2025, at 5:00 p.m.**