

# Utilization of Unused Medications Annual Reporting Form

Qualifying community health centers, mental health centers, and indigent health care clinics are required to submit this form by March 31 of each year unless the facility receives Kansas Community-Based Primary Care Clinic Program funding. Clinics that receive this funding provide the required information through the online clinic data reporting process and do not need to submit this form.

Clinic name and address: \_\_\_\_\_

Data provided for year: 20\_\_\_\_

\_\_\_\_\_

Person completing form (name/title)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1. Total number of patients who received donated medications? This number may reflect duplicated patients. \_\_\_\_\_

2. Total amount of donated medications provided to patients in number of prescriptions.

\_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

**Please return to:** Utilization of Unused Medications Program  
Kansas Department of Health and Environment Community Health Systems  
1000 SW Jackson Street Suite 340  
Topeka, KS 66612  
PHONE: 660-200-5642  
FAX: 785-296-1231