



## Annual Nonprofit Hospital Community Benefit Statement

State Form 50654 (10-01)  
 Indiana State Department of Health  
 Indiana Code 16-21-9

### I. Identification of Nonprofit Hospital

*Hospital Name:* ST. VINCENT JENNINGS HOSPITAL

*City of Hospital:* North Vernon

*Name of Charity Benefit Rep:* Kelly Peisker

*Telephone Number:* (317) 338-8455 x\_\_\_\_\_

*Year of Statement:* 2009

Eligibility Statement Has the CEO identified your hospital as a "Nonprofit Hospital"?  Yes  No

### II. Documentation of Previously Filed Information

Name of Document	Date Filed With ISDH	Any Changes
Community Benefit Plan	05/07/2010	<input type="radio"/> Yes <input type="radio"/> No
Original long-range hospital objectives for charity care	05/07/2010	<input type="radio"/> Yes <input type="radio"/> No
Hospital Mission Statement	05/07/2010	<input type="radio"/> Yes <input type="radio"/> No
List of Communities Served	05/07/2010	<input type="radio"/> Yes <input type="radio"/> No
Needs Assessment	05/07/2010	<input type="radio"/> Yes <input type="radio"/> No
Copy of Charity Care Policy	05/07/2010	<input type="radio"/> Yes <input type="radio"/> No
Statement of Public Notice	05/07/2010	<input type="radio"/> Yes <input type="radio"/> No

### III. Identification of New Objectives (optional)

### IV. Allocation of Dollars and Person Served Under Adopted Charity Policy

List Last Three Years	2007	2008	2009
Person Served in twelve-month period	48,323	5,122	39,904
Charity Care Allocation	\$3,195,548	\$4,094,677	\$3,334,040

### V. Annual Community Benefit Programs and Net Cost of Operation

Name of Program	Net Cost Of Program
1.)	

Health Access	\$38,400
2.) Health Fairs	\$25,828
3.) Back Pack Program	\$8,000
4.) United Way	\$4,900
5.) All Other Initiatives	\$19,487

Will hospital file additional paper document to provide more details or descriptions of projects that were funded to support community services?

Yes  No

If applicable, address of hospital web site that contains information on community benefits. [www.stvincent.org](http://www.stvincent.org)

### VI. Identification of Additional Non-Hospital Charity Costs

Organization Providing Charity Care	Street Address	Net Costs of Charity Care
		\$0
		\$0

Comments

