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### SI 6: Deliverable A

**SI 6: Palliative Care**

Due: Quarter 2 Template

(Due for IPA, Clinic-Based RBO, and Academic Medical Center participants only)

**Palliative Care Resources Available Within Your Network**

Please complete the table below with an assessment of the palliative care services or resources available within your network. (Please add rows, as needed.)

|  |  |  |
| --- | --- | --- |
| **Name of Palliative Care Service or Resource** | **Where is this service offered?**  **(e.g. organization name or location)** | **Other information you can provide about this service/resource (e.g. contact information, hours of service, or other)** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |