



North Carolina Association of Free & Charitable Clinics

While the North Carolina Association of Free & Charitable Clinics (NCAFCC) can provide resources and advice in starting a free clinic, NCAFCC cannot create a free & charitable clinic in a community – we cannot ‘make’ a clinic be there. The ONLY way a free & charitable clinic happens in a community is when the community wants to make it happen – a driven, compassionate group of leaders with a desire to help the uninsured.

There are several key factors that must be identified before you consider opening a free clinic; please take into consideration the following by filling out the form. These questions are just a starting point for you. Please feel free to reach out to the Association and your community leaders with questions that arise as you contemplate starting a free & charitable clinic.

Needs Assessment

Does the community need a free & charitable clinic, if so why?

Are there other resources in place, such as a federal or state health center or a health department that already serves the uninsured?

Have you approached similar organization with ideas to collaborate and provide services?

Community Support

Will the community support the clinic (i.e., will they volunteer their time, donate their money, advocate for the clinic, etc.)?

Almost all successful free clinics have a clinic “champion,” someone who is passionate about serving the uninsured. Typically, this person is a medical provider – but it doesn’t have to be.

Starting a free clinic cannot be planned and implemented by one person.

Is there a group of people willing to work together and start a free clinic?

Hospital Support

Additionally, successful clinics have the active support of their local hospital, including serving on the clinic board, providing in-kind lab work and other services, encouraging medical providers to volunteer and providing financial support.

Have you approached your local hospital and asked for their support?

A Diverse, Active Board

Successful clinics have boards that represent a cross-section of the community, and are active boards – they volunteer, participate and donate – 100%.

Do you have a group of champions who will serve on the board, participate and donate?

Are others concerned about those without access to health care, and will they insist on such a service being developed?

Does the medical community share your concern?

Would retired people, both medical and non-medical, be willing to volunteer in the clinic?