

Rural Home Hospital Accelerator

Application Form

Instructions

Please complete this application form and submit along with your letter of commitment via e-mail to Annie Rushman (arushman@bwh.harvard.edu).

Priority Submissions for Cycle 1: February 13th, 2026. Applications will continue to be accepted on a rolling basis.

Financial Attestation:

We confirm leadership approval and commitment to the required participation funding of **\$1,500,000 per hospital (\$1,000,000 to the hospital; \$500,000 to Ariadne Labs)**.

☐ Yes

☐ No

Contact Information

State:

Primary Point of Contact

Name:

Role:

E-mail:

Phone Number:

Secondary Point of Contact

Name:

Role:

E-mail:

Phone Number:



Background

Please share your state's interest and need for Rural Home Hospital:

In 400 words or less, share why you are interested in rural home hospital and how rural home hospital will drive key outcomes for your state.

Tell us about your State Rural Hospitals:

Tell us about the rural hospitals in your state – where are they located, what communities/populations do they serve, level of rurality, and as you are able – what is their average daily census, types of services, etc.

How many rural hospitals do you want to participate in the accelerator?

Rural Hospitals

Optional: please share with us the hospital(s) you are seeking to participate in the accelerator.

Hospital #1:

Discussed ☐ Yes
Accelerator? ☐ No

Primary Hospital Point of Contact, if known

Name: _____
Role: _____
E-mail: _____

Hospital #2:

Discussed ☐ Yes
Accelerator? ☐ No

Primary Hospital Point of Contact, if known

Name: _____
Role: _____
E-mail: _____

Hospital #3:

Discussed ☐ Yes
Accelerator? ☐ No

Primary Hospital Point of Contact, if known

Name: _____
Role: _____
E-mail: _____

Accelerator Cycle

Which Accelerator Cycle is your state applying for?

- ☐ Cycle 1: Start Date – April 2026
☐ Cycle 2: Start Date – January 2027
☐ Other: Preferred Start Date: _____