Form Approved:

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**Local Needs Assessment of Program Collaboration and Service Integration Among Infectious Disease Prevention Providers for Persons Who Use Drugs Illicitly**

**Attachment 1A**

**Study Screener**

Public reporting burden of this collection of information is estimated to average 1 minute per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-0840)

Good Morning/Afternoon,

My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_ and I am calling from the National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention at the CDC. We are interested in prevention, care and treatment options for individuals who use drugs illicitly in Atlanta, GA. We are specifically interested in finding out more about program collaboration and service integration for this population. We would like to meet with organizations that currently provide services for HIV, Viral Hepatitis, STDs, TB, substance abuse or mental health to find out more about the services that are currently available in Atlanta.

*If Applicable*: We previously met with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, at the Georgia Department of Public Health, and they recommended that we speak with you.

Would it be possible to set up a meeting with someone from your organization during the week of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_? We anticipate each meeting may take up to one and a half hours.

Do you have any questions?

Someone from our team will contact you on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to confirm our appointment. If you have any additional questions or if anything changes in your schedule, please feel free to contact me at \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Thank you for your time. We look forward to meeting with \_\_\_\_\_\_\_\_\_\_\_!