

HIV/AIDS & Employment ePolicyWorks eWorkgroup Tracking Tool and Participant Survey Form

Introduction

HIV/AIDS & Employment eWorkgroup members are highly encouraged to track their efforts to improve employment opportunities and outcomes and reducing stigma and discrimination for people living with HIV/AIDS that either arise from or are enhanced by their participation/collaboration in the HIV/AIDS & Employment eWorkgroup. Examples of efforts may include policy development, partnerships, effective practices, technical assistance, outreach and research. ODEP is also interested in receiving feedback on how the HIV/AIDS & Employment eWorkgroup can improve. Thus, on a monthly basis, ODEP will ask each participant to fill out a 1) tracking tool input form and 2) participant survey form detailed below. The tracking tool input form will be accessible by ePolicyWorks members through the online workspace and the participant survey will be distributed using a third-party tool in order to preserve anonymity. Information gathered from participations about new and enhanced HIV/AIDS employment activities will be made available to eWorkgroup members so that they may learn from others' experiences. Feedback gathered from participants from the "participant survey" will be taken into consideration to improve the overall eWorkgroup experience.

OMB Information Collection No 1225-0086, Expires 01/31/2013.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Your response is voluntary. Public reporting burden for this collection of information is estimated to average 7 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments about the burden estimated or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, to the attention of the Departmental Clearance Officer, 200 Constitution Avenue NW, Room N1301, Washington, DC 20210. Comments may also be emailed to DOL_PRA_PUBLIC@dol.gov. PLEASE DO NOT RETURN THE COMPLETED FORM TO THIS ADDRESS. SUBMIT AS SPECIFIED IN THIS FORM.

Tracking Tool Input Form

Lead Organization and/or Individual*:	<i>Name of lead organization and/or individual.</i>
Partner Organization(s):	<i>List partner organizations (formal and informal), if appropriate.</i>

Project Description* (200 character limit):	
Please provide a brief description of the effort.	
Targeted Audience(s), if applicable* (select all that apply):	<ul style="list-style-type: none"> – Employer(s) – Individual(s) living with HIV/AIDS – Service Provider(s) – Policymaker(s) – Researcher(s) – Other (please specify _____)
Benefiting Population(s)* (select all that apply):	<ul style="list-style-type: none"> – HIV/AIDS – Individuals with disabilities – Low Income – Homeless – Other (please specify _____)
Type of Activity* (select all that apply):	<ul style="list-style-type: none"> – Policy (Output recommending or establishing a significant policy change, or an interpretation of existing policy related to the employment of people living with HIV/AIDS.) <ul style="list-style-type: none"> – Legislation – Regulation(s) – Policy Guidance – Executive Order – Executive Memoranda – Other (please specify _____) – Effective Practice(s) (Developed strategies, models or theories that lead directly to an identifiable outcome and have a documented record of success or validated effectiveness for the employment of people living with HIV/AIDS.)

- **Formal Agreement** (*Formally documented partnership between federal, state, local, private, or community-based entities intended to lead to policy or practice outcomes in support of employment for people living with HIV/AIDS.*)

- **Informal Partnership/Collaborative Relationship**
(*Partnerships/collaborations with federal, state, local, private, or community based entities not supported by formal agreements intended to lead to policy or practice outcomes in support of employment for people living with HIV/AIDS.*)

- **Technical Assistance** (*The provision of specific advice, assistance, or training that increases the target audience's capacity to adopt or implement employment strategies and practices that support the employment of people living with HIV/AIDS.*)
 - ___ Conference/Training/Workshop
 - Teleconference(s)
 - Webinar(s)
 - In-person meeting(s)
 - Other (please specify_____)

- **Outreach** (*The sharing or dissemination of information about employment for people living with HIV/AIDS*)
 - Publications (including journal articles, books and reports)
 - Technical Assistance materials (including curriculum, informal guidance, or program models)
 - Project evaluations
 - News releases
 - Updates/translations of existing policy documents
 - Other (please specify_____)

- **Research**
 - Expanded/Enhanced Current Study
 - Request for Proposal submission
 - Other (please specify_____)

	<ul style="list-style-type: none"> – Other (please specify _____)
Type of Outcome Intended or Achieved* (select all that apply):	<ul style="list-style-type: none"> – Policy Outcome <ul style="list-style-type: none"> – Adoption (The commitment by an entity, such as an employer/service provider, etc., to implement a policy strategy or effective practice.) – Implementation (The effectuation of a policy strategy or effective practice by an entity or organization.) – Employment Outcome <ul style="list-style-type: none"> – Direct hire(s) (full time, part time, or temporary) – Indirect hire(s) (full time, part time, or temporary) – Partnership/Collaborative Relationship <ul style="list-style-type: none"> – New – Ongoing – New Employment Services/Programs Implemented – Research <ul style="list-style-type: none"> – Expanded/Enhanced Current Study <ul style="list-style-type: none"> – Funding – New research request/New Study initiated – Other (please specify_____) – Other (please specify _____)
Was outcome achieved?	<ul style="list-style-type: none"> – Yes – No
Supportive Materials (if applicable) (please attach):	<ul style="list-style-type: none"> 📎 Policy document 📎 Fact sheet/brochure 📎 Photo 📎 Video 📎 Other (Please specify_____)
Contact Information*:	Name, title, organization, phone, email
Permission to Publicize or Share this Information* (select one of the following):	<ul style="list-style-type: none"> – Yes – No
Permission to contact you for follow-up information* (select one of the following):	<ul style="list-style-type: none"> – Yes – No

***Required fields**

Anonymous Participant Survey

Have you found your participation with the HIV/AIDS & Employment eWorkgroup to be beneficial to the goal of improving employment opportunities and outcomes and reducing stigma and discrimination for people living with HIV/AIDS*?	<ul style="list-style-type: none">– Yes– No
Is there anything you would recommend changing or improving about the HIV/AIDS & Employment eWorkgroup? (500 character limit):	
<i>Please describe.</i>	

***Required fields**

Responses to this survey are anonymous; therefore, please do not include any names or other identifying information.

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