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Background

The chart abstraction will be conducted by the Abt Team - JSI staff on a sample of clients at each of the participating sites. The information will primarily be abstracted from the site's electronic health record (EHR) and billing systems and recorded in an online data collection system developed by Abt.

The review period for the chart abstraction will be from July 1, 2013 through June 30, 2016 to allow for adequate data to support the analysis. We will abstract information from each service provided to the sampled client during this time period (medical visits, core and support services, tests). When the chart review is completed, the client's information will be uploaded on Abt's secure server. The system will automatically generate the eUCI using information from: the first and third letters of the client's first name, the first and third letters of the client's last name, the full date of birth (DOB) and gender. Once entered, this information will automatically be converted to the eUCI - and the DOB will be transformed to age. The data entry program will simultaneously delete the name and DOB. Therefore, no personally identifying information will be transferred or saved in this upload (e.g., initials of client and date of birth). The client ID will allow us to link chart abstraction data to the site's RSR data since the same algorithm to create the unique client ID was applied to both chart abstraction and RSR extract.

This document provides draft screens for Abt's online data collection system. The system will include seven tabs and a brief overview of each tab is provided below. In general, after completing a screen, abstractors can click "save" to save the information in the system and "continue" to continue to the next screen or tab.

- Client information/demographics: This information is entered one time (static). The information is used to create the unique client ID and document gender, race, ethnicity, HIV risk, date first tested positive and entered care at the site, date of AIDS diagnosis (if applicable), date of ART initiation, Hepatitis status, and gaps in care.
- HIV medical visits: The information shown in this screen will be collected for each visit that occurs during the review period, including those where the client is considered a "no show." The abstractor will only include visits where a HIV medical provider with prescribing privileges was seen.
- Laboratory testing: The information shown in this screen will be collected for each test that occurs during the review period. The abstractor will enter test information (type of test and date of test) and then to enter another test will click the button "add another test". The tests will be able to be matched to corresponding HIV medical visits by date.
- Hospitalizations: The information shown in this screen will be collected for each inpatient and emergency department (ED) admission that occurs during the review period. The abstractor will enter dates of visit and reason for the visits. Multiple hospitalizations can be entered by using the button "add another hospitalization" or "add another ED visit".
- Billing/insurance: Given that billing and insurance information may be collected in a separate system (billing system) from the clinical information (EHR), we have included billing information on a separate screen. This screen includes information on: payers (primary and secondary), type of service, ICD-9/10 codes for service, use of ADAP and client's poverty level. The billing/coverage information for the service can be linked to the medical visits, etc. by date of service.
- RWHAP core service use: The information shown in this screen will be collected for each core service received during the review period. The abstractor will enter dates of service for the type of service. Multiple visits for the same service can be entered by using the button "add another date".
- RWHAP support service use: The information shown in this screen will be collected for each support service received during the review period. The abstractor will enter dates of service for the type of service. Multiple visits for the same service can be entered by using the button "add another date".

DRAFT

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| CLIENT INFORMATION/ DEMOGRAPHICS | HIV MEDICAL VISITS | LABORATORY TESTING | HOSPITALIZATIONS | BILLING/ INSURANCE | RWHAP CORE SERVICE USE | RWHAP SUPPORT SERVICE USE |
|---|-------------------------------|-------------------------------|-------------------------|-------------------------------|-----------------------------------|--------------------------------------|

Unique Client ID: *[Generated by system]*

Review period is July 1, 2013 through June 30, 2016

| | | | |
|---|--|---|---|
| Site ID: | Initials of Reviewer: | Date of Review: ____/____/____ | Start & end time of chart review (in mins): Start: ____:____ End: ____:____ |
| First and third letters of first name: ____ | Date of birth: ____/____/____ <i>Enter January 1 if month and date are unknown</i> | Current Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender (man to woman) <input type="checkbox"/> Transgender (woman to man) | Country of birth: <input type="checkbox"/> US <input type="checkbox"/> US territory: _____ <input type="checkbox"/> Outside the US: _____ <input type="checkbox"/> Not available |
| First and third letters of last name: ____ | State of residence: ____ | | |
| Race (check all that apply): <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/other Pacific Islander <input type="checkbox"/> Native American/Alaska Native <input type="checkbox"/> Other: _____ | | Hispanic ethnicity: <input type="checkbox"/> Yes <input type="checkbox"/> No | HIV risk (check all that apply): <input type="checkbox"/> Male who has sex with males (MSM) <input type="checkbox"/> Injecting Drug Use (IDU) <input type="checkbox"/> Hemophilia/coagulation disorder <input type="checkbox"/> Heterosexual contact <input type="checkbox"/> Receipt of blood transfusion, blood components or tissue <input type="checkbox"/> Mother with/at risk for HIV (perinatal transmission) <input type="checkbox"/> Risk factor not reported/not identified |
| Date 1st tested HIV positive: ____/____/____ <input type="checkbox"/> Date unknown <i>Enter January if month unknown</i> | Date 1st HIV medical visit at site: ____/____/____ <input type="checkbox"/> Date unknown <i>Enter January if month unknown</i> | AIDS diagnosis: <input type="checkbox"/> Yes → Date diagnosed: ____/____/____ <i>Enter January if month unknown</i> <input type="checkbox"/> Date unknown <input type="checkbox"/> No | Date ART initiated: Date initiated: ____/____/____ <input type="checkbox"/> Date unknown <i>Enter January if month unknown</i> <input type="checkbox"/> No record of ever being on ART |
| Gaps in care during the review period: | | | |
| Is there documentation that the patient had a period of greater than six months between medical visits at this site during the review period? <input type="checkbox"/> Yes <input type="checkbox"/> No → If yes: Date of last visit at this site before gap: ____/____/____ <i>Enter January if month unknown</i> Reason for gap in care: <input type="checkbox"/> Lost to follow up <input type="checkbox"/> Transferred care <input type="checkbox"/> Died <input type="checkbox"/> Moved <input type="checkbox"/> Incarcerated <input type="checkbox"/> No documentation <input type="checkbox"/> Other. Describe: _____ | | | |
| Add another gap in care | | | |
| Death during the review period: | | | |
| Is there documentation that the patient died during review period? <input type="checkbox"/> Yes <input type="checkbox"/> No → If yes: Date of death: ____/____/____ <i>Enter January if month unknown</i> Cause of death: _____ | | | |
| Remarks: | | | |

| | | | | | | |
|---|---|-------------------------------|-------------------------|-------------------------------|-----------------------------------|--------------------------------------|
| Save | Continue to HIV visits | | | | | |
| CLIENT INFORMATION/ DEMOGRAPHICS | HIV MEDICAL VISITS | LABORATORY TESTING | HOSPITALIZATIONS | BILLING/ INSURANCE | RWHAP CORE SERVICE USE | RWHAP SUPPORT SERVICE USE |

Unique Client ID: *[Generated by system]*

Review period is July 1, 2013 through June 30, 2016

| | | | |
|---|--|--|--|
| Date of visit with HIV medical provider with prescribing privileges: ___/___/___ Enter 1 in place of day for the 1 st visit in the month, 2 nd visit, etc. Check if client did not show up for the visit: <input type="checkbox"/> | | If Female, Pregnancy at visit: <input type="checkbox"/> Yes → On ART: <input type="checkbox"/> Yes <input type="checkbox"/> No, refused <input type="checkbox"/> No <input type="checkbox"/> No, not offered <input type="checkbox"/> No, other | |
| On ART at visit: <input type="checkbox"/> Yes → <input type="button" value="Enter ART regimen"/> <input type="checkbox"/> No | | Documented ART adherence issue at visit: <input type="checkbox"/> Yes → if yes: <input type="checkbox"/> Coverage related lapse <input type="checkbox"/> Other adherence issue (specify): _____ <input type="checkbox"/> No | |
| Blood pressure readings at visit: Systolic: _____ Diastolic: _____ | | | |
| Preventive service delivery during the visit: | | | |
| Influenza vaccination: <input type="checkbox"/> Yes <input type="checkbox"/> No | | Pneumococcal vaccination: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Vaccination up to date | |
| Hepatitis B vaccination: <input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 2 <input type="checkbox"/> Dose 3 <input type="checkbox"/> Vaccination up to date <input type="checkbox"/> No | | | |
| Preventive screening during the visit: | | | |
| STI screening Chlamydia: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sexually inactive Gonorrhea: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sexually inactive Syphilis: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sexually inactive | | Hepatitis C screen: <input type="checkbox"/> Yes <input type="checkbox"/> No Hepatitis B screen: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Cervical/anal cancer screening: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Behavioral Health screening during the visit: <input type="checkbox"/> Mental health screening <input type="checkbox"/> Substance use (alcohol/drugs) screening | | | |
| Conditions indicated in the condition list during visit: (check all that apply) | | | |
| <input type="checkbox"/> Diabetes <input type="checkbox"/> Hypertension <input type="checkbox"/> Hyperlipidemia | | <input type="checkbox"/> Other cardiovascular disease <input type="checkbox"/> Hepatitis C <input type="checkbox"/> Hepatitis B | |
| <input type="checkbox"/> Mental disorder <input type="checkbox"/> Substance use disorder <input type="checkbox"/> AIDS defining opportunistic infection (OI), describe: | | | |
| Medications to treat conditions indicated during visit: (check all that apply) | | | |
| <input type="checkbox"/> Anti-hypertensives <input type="checkbox"/> Lipid lowering drugs <input type="checkbox"/> Insulin <input type="checkbox"/> Oral medications to treat diabetes | | <input type="checkbox"/> STI treatment <input type="checkbox"/> Hepatitis C treatment <input type="checkbox"/> Hepatitis B treatment | |
| <input type="checkbox"/> PCP prophylaxis <input type="checkbox"/> MAI prophylaxis <input type="checkbox"/> Anti-depressants/psychotics <input type="checkbox"/> Withdrawal management (alcohol, substance use) | | | |

Save

Add another visit

Continue to Lab Testing

| CLIENT INFORMATION/ DEMOGRAPHICS | HIV MEDICAL VISITS | LABORATORY TESTING | HOSPITALIZATIONS | BILLING/ INSURANCE | RWHAP CORE SERVICE USE | RWHAP SUPPORT SERVICE USE |
|-------------------------------------|-----------------------|-----------------------|------------------|-----------------------|---------------------------|------------------------------|
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Unique Client ID: *[Generated by system]*

Review period is July 1, 2013 through June 30, 2016

ART regimen (check all that apply)

- | | | |
|--|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Abacavir (ABC, Ziagen) <input type="checkbox"/> Amprenavir (APV, Agenerase) <input type="checkbox"/> Atazanavir (ATV, Reyataz) <input type="checkbox"/> Atripla (EFV/FTC/TDF) <input type="checkbox"/> Cobicistat (COBI, Tybost) <input type="checkbox"/> Combivir (AZT/3TC) <input type="checkbox"/> Complera (FTC/RPV/TDF) <input type="checkbox"/> Darunavir (DRV, TMC 114, Prezista) <input type="checkbox"/> Delavirdine (DLV, Rescriptor) <input type="checkbox"/> Didanosine (ddI, Videx) <input type="checkbox"/> Dolutegravir (DTG, Tivicay) <input type="checkbox"/> Efavirenz (EFV, Sustiva) <input type="checkbox"/> Elvitegravir (EVG, Vitekta) <input type="checkbox"/> Emtricitabine (FTC, Emtriva) | <ul style="list-style-type: none"> <input type="checkbox"/> Enfuvirtide (ENF, T-20, Fuzeon) <input type="checkbox"/> Epzicom (ABC/3TC) <input type="checkbox"/> Etravirine (ETR, Intelence, formerly TMC125) <input type="checkbox"/> Evotaz (ATV/COBI) <input type="checkbox"/> Fosamprenavir (FPV, Lexiva) <input type="checkbox"/> Genvoya (EVG/COBI/FTC/TDF) <input type="checkbox"/> Indinavir (IDV, Crixivan) <input type="checkbox"/> Lamivudine (3TC, Epivir) <input type="checkbox"/> Lopinavir/Ritonavir (LPV/RTV, Kaletra, Meltrex) <input type="checkbox"/> Maraviroc (MRC, Selzentry) <input type="checkbox"/> Nelfinavir (NFV, Viracept) <input type="checkbox"/> Nevirapine (NVP, Viramune) <input type="checkbox"/> Odefsey (FTC/RPV/TAF) <input type="checkbox"/> Prezcobix (DRV/COBI) <input type="checkbox"/> Raltegravir (RAL, Isentress, formerly MK-0518) | <ul style="list-style-type: none"> <input type="checkbox"/> Rilpivirine (RPV, Edurant) <input type="checkbox"/> Ritonavir (RTV, Norvir) <input type="checkbox"/> Saquinavir (SQV-HGC, Invirase, Fortovase) <input type="checkbox"/> Stavudine (d4T, Zerit) <input type="checkbox"/> Stribild (EVG/COBI/FTC/TDF) <input type="checkbox"/> Tenofovir (TDF, Viread) <input type="checkbox"/> Tipranavir (TPV, Aptivus) <input type="checkbox"/> Trimeq (ABC/DTG/3TC) <input type="checkbox"/> Trizivir (ABC/3TC/AZT) <input type="checkbox"/> Truvada (FTC/TDF) <input type="checkbox"/> Zalcitabine (ddC, Hivid) <input type="checkbox"/> Zidovudine (AZT, Retrovir) <input type="checkbox"/> Other. Specify: _____ <input type="checkbox"/> Not documented |
|--|--|---|

Save

Back to HIV medical visits

| | | | | | | |
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| CLIENT INFORMATION/ DEMOGRAPHICS | HIV MEDICAL VISITS | LABORATORY TESTING | HOSPITALIZATIONS | BILLING/ INSURANCE | RWHAP CORE SERVICE USE | RWHAP SUPPORT SERVICE USE |
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OMB Number (0906-XXXX)
Expiration Date: XX-XX-201X

Unique Client ID: *[Generated by system]* Review period is July 1, 2013 through June 30, 2016

CD4 counts during the review period: *Enter 1 in place of day for the 1st visit in the month, 2 for the 2nd visit, etc.*

Date: ___/___/___ Result: _____ mm³ or _____ % Not documented [Add another CD4 count](#)

Viral loads during the review period: *Enter 1 in place of day for the 1st visit in the month, 2 for the 2nd visit, etc.*

Date: ___/___/___ Result: _____ copies/mL Undetectable Not documented
→ Lower limit of detection for viral load test used: _____ [Add another viral load](#)

Glucose regulation tests during the review period: *Enter 1 in place of day for the 1st visit in the month, 2 for the 2nd visit, etc.*

Date: ___/___/___ Type: Fasting blood glucose Hemoglobin A1c
Result: _____ mg/dL _____ % Not documented [Add another glucose test](#)

Lipid level tests during the review period: *Enter 1 in place of day for the 1st visit in the month, 2 for the 2nd visit, etc.*

Date: ___/___/___ Type: Cholesterol HDL Cholesterol LDL Cholesterol Total Triglycerides
Result: _____ mg/dL _____ mg/dL _____ mg/dL _____ mg/dL Not documented [Add another lipid test](#)

HIV resistance (genotype/phenotype) test during the review period: *Enter 1 in place of day for the 1st visit in the month, 2 for the 2nd visit, etc.*

Date: ___/___/___ Result: Resistance reported Possible/intermediate resistance reported No resistance reported
 Indeterminate result Not documented [Add another test](#)

Hepatitis B screen during the review period: *Enter 1 in place of day for the 1st visit in the month, 2 for the 2nd visit, etc.*

Date: ___/___/___ Result: Positive Negative Not documented [Add another test](#)

Hepatitis C screen during the review period: *Enter 1 in place of day for the 1st visit in the month, 2 for the 2nd visit, etc.*

Date: ___/___/___ Result: Positive Negative Not documented [Add another test](#)

STI screen during the review period: *Enter 1 in place of day for the 1st visit in the month, 2 for the 2nd visit, etc.*

Date: ___/___/___ Type: Chlamydia Gonorrhea Syphilis Result: Positive Negative Not documented [Add another test](#)

[Save](#)

[Continue to Hospitalizations](#)

| CLIENT INFORMATION/ DEMOGRAPHICS | HIV MEDICAL VISITS | LABORATORY TESTING | HOSPITALIZATIONS | BILLING/ INSURANCE | RWHAP CORE SERVICE USE | RWHAP SUPPORT SERVICE USE |
|---|-----------------------|---------------------------------------|--|---|---------------------------|------------------------------------|
| Unique Client ID: [Generated by system] | | | Review period is July 1, 2013 through June 30, 2016 | | | |
| Inpatient hospitalizations during the review period: <i>Enter 1 in place of day for the 1st visit etc.</i> | | | | | | |
| Intake Date: ___/___/___ | | Principal diagnosis (ICD code): _____ | | ICD version: <input type="checkbox"/> v9 <input type="checkbox"/> v10 | | Add another hospitalization |
| Discharge Date: ___/___/___ | | Secondary diagnosis (ICD code): _____ | | ICD version: <input type="checkbox"/> v9 <input type="checkbox"/> v10 | | |
| Emergency department admissions during the review period: <i>Enter 1 in place of day for the 1st visit etc.</i> | | | | | | |
| Admission Date: ___/___/___ | | Principal diagnosis (ICD code): _____ | | ICD version: <input type="checkbox"/> v9 <input type="checkbox"/> v10 | | Add another ED visit |
| | | Secondary diagnosis (ICD code): _____ | | ICD version: <input type="checkbox"/> v9 <input type="checkbox"/> v10 | | |
| Save | | | Continue to Billing/Insurance | | | |

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| CLIENT INFORMATION/ DEMOGRAPHICS | HIV MEDICAL VISITS | LABORATORY TESTING | HOSPITALIZATIONS | BILLING/ INSURANCE | RWHAP CORE SERVICE USE | RWHAP SUPPORT SERVICE USE |
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Unique Client ID: *[Generated by system]*

Review period is July 1, 2013 through June 30, 2016

Payers during the review period:

Date of service: ___ / ___ / ___ Enter 1 in place of day for the 1st visit etc.

Service type: OAMC Hospitalization Core Support

Primary payer for this service:

- Medicaid
- Private. Specify carrier/plan: _____
→ check if known to be QHP/marketplace
- Medicare
- Other public (VA, Tricare, etc.)
- Other plan. Specify: _____
- Ryan White HIV/AIDS Program (no other coverage)

Secondary payer for this service:

- Medicaid
- Private. Specify carrier/plan: _____
→ check if known to be QHP/marketplace
- Medicare
- Other public (VA, Tricare, etc.)
- Other plan. Specify: _____
- Ryan White HIV/AIDS Program (no other coverage)

Add payer for another date of service

Diagnostic codes reported during date of service:

ICD code: _____ ICD version: v9 v10

Add another ICD code

Poverty level during the review period:

Date reported: ___ / ___

Add poverty information for another date

Federal Poverty level (FPL):

- Less than 100% FPL
- 101-138% FPL
- 139-200% FPL
- 201-250% FPL
- 251-400% FPL
- 401-500% FPL
- More than 500% FPL
- Not documented

ADAP or local health insurance program assistance during the review period:

- ADAP → Date of eligibility determination: ___ / ___
- Local health insurance program → Date enrolled: ___ / ___

Add additional coverage assistance information

Type of assistance:

- Drug assistance (direct purchase, reimbursement): ADAP Local health insurance program
- Premium assistance: ADAP Local health insurance program
- Cost sharing support: ADAP Local health insurance program
- Other: ADAP Local health insurance program → Specify: _____

Save

Continue to Core Services

| CLIENT INFORMATION/ DEMOGRAPHICS | HIV MEDICAL VISITS | LABORATORY TESTING | HOSPITALIZATIONS | BILLING/ INSURANCE | RWHAP CORE SERVICE USE | RWHAP SUPPORT SERVICE USE |
|-------------------------------------|-----------------------|-----------------------|------------------|-----------------------|---------------------------|------------------------------|
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Unique Client ID: *[Generated by system]*

Review period is July 1, 2013 through June 30, 2016

Core service use during the review period: *Enter 1 in place of day for the 1st visit etc.*

| | | | |
|--|------------------------------|---|----------------------------------|
| <input type="checkbox"/> Outpatient ambulatory health services | Date of service: ___/___/___ | <input type="checkbox"/> Not documented | Add another date |
| <input type="checkbox"/> Oral health care | Date of service: ___/___/___ | <input type="checkbox"/> Not documented | Add another date |
| <input type="checkbox"/> Early intervention services | Date of service: ___/___/___ | <input type="checkbox"/> Not documented | Add another date |
| <input type="checkbox"/> Home health care | Date of service: ___/___/___ | <input type="checkbox"/> Not documented | Add another date |
| <input type="checkbox"/> Home and community-based health services | Date of service: ___/___/___ | <input type="checkbox"/> Not documented | Add another date |
| <input type="checkbox"/> Hospice services | Date of service: ___/___/___ | <input type="checkbox"/> Not documented | Add another date |
| <input type="checkbox"/> Mental health services | Date of service: ___/___/___ | <input type="checkbox"/> Not documented | Add another date |
| <input type="checkbox"/> Medical nutrition therapy | Date of service: ___/___/___ | <input type="checkbox"/> Not documented | Add another date |
| <input type="checkbox"/> Medical case management (including treatment adherence) | Date of service: ___/___/___ | <input type="checkbox"/> Not documented | Add another date |
| <input type="checkbox"/> Substance abuse services – outpatient | Date of service: ___/___/___ | <input type="checkbox"/> Not documented | Add another date |
| <input type="checkbox"/> Local AIDS Pharmaceutical Assistance (APA) | Date of service: ___/___/___ | <input type="checkbox"/> Not documented | Add another date |
| <input type="checkbox"/> Health Insurance Program (HIP) | Date of service: ___/___/___ | <input type="checkbox"/> Not documented | Add another date |

[Save](#)

[Continue to Support Services](#)

| CLIENT INFORMATION/ DEMOGRAPHICS | HIV MEDICAL VISITS | LABORATORY TESTING | HOSPITALIZATIONS | BILLING/ INSURANCE | RWHAP CORE SERVICE USE | RWHAP SUPPORT SERVICE USE |
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Unique Client ID: [Generated by system] **Review period is July 1, 2013 through June 30, 2016**

Support service use during the review period: *Enter 1 in place of day for the 1st visit etc.*

| | | | |
|---|----------------------------------|---|----------------------------------|
| <input type="checkbox"/> Case management services – non-medical | Date of service: ___ / ___ / ___ | <input type="checkbox"/> Not documented | Add another date |
| <input type="checkbox"/> Child care services | Date of service: ___ / ___ / ___ | <input type="checkbox"/> Not documented | Add another date |
| <input type="checkbox"/> Developmental assessment/early intervention services | Date of service: ___ / ___ / ___ | <input type="checkbox"/> Not documented | Add another date |
| <input type="checkbox"/> Emergency financial assistance | Date of service: ___ / ___ / ___ | <input type="checkbox"/> Not documented | Add another date |
| <input type="checkbox"/> Food bank/home-delivered meals | Date of service: ___ / ___ / ___ | <input type="checkbox"/> Not documented | Add another date |
| <input type="checkbox"/> Health education/risk reduction | Date of service: ___ / ___ / ___ | <input type="checkbox"/> Not documented | Add another date |
| <input type="checkbox"/> Housing services | Date of service: ___ / ___ / ___ | <input type="checkbox"/> Not documented | Add another date |
| <input type="checkbox"/> Legal services | Date of service: ___ / ___ / ___ | <input type="checkbox"/> Not documented | Add another date |
| <input type="checkbox"/> Linguistic services | Date of service: ___ / ___ / ___ | <input type="checkbox"/> Not documented | Add another date |
| <input type="checkbox"/> Transportation services | Date of service: ___ / ___ / ___ | <input type="checkbox"/> Not documented | Add another date |
| <input type="checkbox"/> Outreach services | Date of service: ___ / ___ / ___ | <input type="checkbox"/> Not documented | Add another date |
| <input type="checkbox"/> Permanency planning | Date of service: ___ / ___ / ___ | <input type="checkbox"/> Not documented | Add another date |
| <input type="checkbox"/> Psychosocial support services | Date of service: ___ / ___ / ___ | <input type="checkbox"/> Not documented | Add another date |
| <input type="checkbox"/> Referral for health care/supportive services | Date of service: ___ / ___ / ___ | <input type="checkbox"/> Not documented | Add another date |
| <input type="checkbox"/> Rehabilitation services | Date of service: ___ / ___ / ___ | <input type="checkbox"/> Not documented | Add another date |
| <input type="checkbox"/> Respite services | Date of service: ___ / ___ / ___ | <input type="checkbox"/> Not documented | Add another date |
| <input type="checkbox"/> Substance abuse services – residential | Date of service: ___ / ___ / ___ | <input type="checkbox"/> Not documented | Add another date |
| <input type="checkbox"/> Treatment adherence counseling | Date of service: ___ / ___ / ___ | <input type="checkbox"/> Not documented | Add another date |

[Save](#)

[Continue to Review and Submit](#)