Form Approved

 OMB No. 0920 – New

 Expiration Date: XX/XX/XXXX

**Evaluation of TransLife Center (TLC): A Locally-Developed Combination Prevention**

**Intervention for Transgender Women at High Risk of HIV Infection**

**Attachment 4b**

**TLC Contact Information**

**Privacy Act Statement:**

This information is collected under the authority of the Public Health Service Act, Section 301, "Research and Investigation," (42 U.S.C. 241); and Sections 304, 306 and 308(d) which discuss authority to maintain data and provide assurances of confidentiality for health research and related activities (42 U.S.C. 242 b, k, and m(d)).  This information is also being collected in conjunction with the provisions of the Government Paperwork Elimination Act and the Paperwork Reduction Act (PRA). This information will only be used by the Centers for Disease Control and Prevention (CDC) staff to evaluate TransLife Center (TLC) as an HIV prevention intervention for transgender women.

Public reporting burden of this collection of information is estimated to average 4 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-New)

**Your Information**

|  |  |
| --- | --- |
| Preferred First Name:PreferredLast Name:Name used on medical records:Other name/Nickname:Preferred Pronoun: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Last name) (First name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Optional)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (she/her, he/him, they, ze, none, other) |
| Address: |  |
| City: |  | State: | Zip Code: |
|  | Ok to send mail? YES / NOPreferred name (if different from above):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Preferred pronoun (if different from above): she/her, he/him, they, ze, none, other:\_\_\_\_\_\_\_ |
| Phone: |  |
|  | Ok to leave voicemail? YES / NOPreferred name (if different from above):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Preferred pronoun (if different from above): she/her, he/him, they, ze, none, other:\_\_\_\_\_\_\_ |
| Alternate phone: |  |
|  | Ok to leave voicemail? YES / NOPreferred name (if different from above):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Preferred pronoun (if different from above): she/her, he/him, they, ze, none, other:\_\_\_\_\_\_\_ |
| Email: |  |
|  | Ok to mention the program name? YES / NOPreferred name (if different from above):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Preferred pronoun (if different from above): she/her, he/him, they, ze, none, other:\_\_\_\_\_\_\_ |
| Alternate email: |  |
|  | Ok to mention the program name? YES / NOPreferred name (if different from above):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Preferred pronoun (if different from above): she/her, he/him, they, ze, none, other:\_\_\_\_\_\_\_ |
| Facebook: |  |
|  | Ok to mention the program name? YES / NOPreferred name (if different from above):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Preferred pronoun (if different from above): she/her, he/him, they, ze, none, other:\_\_\_\_\_\_\_ |

When we contact you to remind you about an appointment which contact do you prefer?

□ Phone □ Alternate Phone □ Email

□ Alternate Email □ Facebook

**Additional Contact #1**

|  |  |
| --- | --- |
| Name: |  |
| Relationship: |  |
| Address:(Street address, City, State, zip) |  |
| Phone: |  |
|  | Ok to leave voicemail? YES / NOPreferred name (if different from above):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Preferred pronoun (if different from above): she/her, he/him, they, ze, none, other:\_\_\_\_\_\_\_ |
| Email: |  |
|  | Ok to mention the program? YES / NOPreferred name (if different from above):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Preferred pronoun (if different from above): she/her, he/him, they, ze, none, other:\_\_\_\_\_\_\_ |

**Additional Contact #2**

|  |  |
| --- | --- |
| Name: |  |
| Relationship: |  |
| Address:(Street address, City, State, zip) |  |
| Phone: |  |
|  | Ok to leave voicemail? YES / NOPreferred name (if different from above):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Preferred pronoun (if different from above): she/her, he/him, they, ze, none, other:\_\_\_\_\_\_\_ |
| Email: |  |
|  | Ok to mention the program? YES / NOPreferred name (if different from above):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Preferred pronoun (if different from above): she/her, he/him, they, ze, none, other:\_\_\_\_\_\_\_ |

**Additional Contact #3**

|  |  |
| --- | --- |
| Name: |  |
| Relationship: |  |
| Address:Address:(Street address, City, State, zip) |  |
| Phone: |  |
|  | Ok to leave voicemail? YES / NOPreferred name (if different from above):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Preferred pronoun (if different from above): she/her, he/him, they, ze, none, other:\_\_\_\_\_\_\_ |
| Email: |  |
|  | Ok to mention the program? YES / NOPreferred name (if different from above):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Preferred pronoun (if different from above): she/her, he/him, they, ze, none, other:\_\_\_\_\_\_\_ |