

*Approved OMB Control No: [to be inserted]*

*Expiration Date [to be inserted]*

## **Appendix G**

### **Lost-to-Project Form**

## Older Adults Home Modification Program Lost-to-Project Form<sup>1</sup>

Study ID: (auto-filled by REDCap)	
Site ID	Client ID

OMB Control No. 2528-XXXX, expiration date XX/XX/2024. This form is designed to provide HUD with information about how effective its Older Adults Home Modification Grant Program is. Your participation in the Evaluation as a grantee is mandatory as a condition of the grant. The Public reporting burden for your collection of information is estimated to be 5 minutes per response. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

Home (choose only one):

- ☐ Has not been enrolled in the OAHM Program and is ineligible for the program *Go to Section A (REDCap: Do not allow Section B to be completed).*
- ☐ Needs to be de-enrolled after being enrolled in the OAHM Program *Go to Section B (REDCap: Do not allow Section A to be completed.)*

### Section A. Home Ineligibility Documentation

*Fill out this section if the home was found to be ineligible before enrollment.*

Date Client was found ineligible (mm/dd/yyyy)	Section A Completed By:		
	Name	Organization	Job Title
			(dropdown menu: administrative staff, program staff, project manager, program manager, other [Specify])

Home was found ineligible for OAHM Program due to: (REDCap: Allow grantee to check all that apply)

- ☐ Homeowner(s) was/were less than 62 years old
- ☐ Applicant did not own the home they wanted to enroll in the program
- ☐ Applicant did not live in the home they wanted to enroll in the program
- ☐ Annual household income was above 80% AMI
- ☐ Home structure was not a good fit for the OAHM Program Why not? \_\_\_\_\_
- ☐ Work estimate exceeded \$5,000, and HUD did not approve
- ☐ Other reason. Specify: \_\_\_\_\_

<sup>1</sup> Code for this document: Black font=Question asked of the grantee; *Blue italics* = Instruction for the grantee; *yellow highlighted italics*: Instruction for REDCap programmer.

## Section B. De-Enrollment Documentation

Fill out this section if the home was fully enrolled in the OAHM grant program but lost to follow-up before the program period ended.

Date client was de-enrolled (mm/dd/yyyy)	Section B Completed By:		
	Name	Organization	Job Title
			(dropdown menu: administrative staff, program staff, project manager, program manager, other [Specify])

Reason the home/client was lost to follow-up: *Check one box.*

- ☐ Client no longer wishes to participate in the OAHM Program (or by association, the Evaluation)
  - ☐ Client declined to sign the Informed Consent.
  - ☐ Client signed the Informed Consent and is still in the OAHM Program, but no longer wishes to participate in the Evaluation. *Check this box if the person declines further participation in the Evaluation (e.g., 6- to 9-month follow-up visit) but stays in the OAHM Program.*
  - ☐ Unable to contact client after repeated attempts
  - ☐ Client became ill or was injured in a manner which prevented further participation
  - ☐ Client died. Approximate date of death, if known: \_\_\_\_\_
  - ☐ Client moved out of home (check only one below): Approximate date of move, if known: \_\_\_\_\_
    - ☐ Relocated to assisted living or other facility offering medical services
    - ☐ Relocated to a relative's home
    - ☐ Relocated to a location other than those listed above. (Specify) \_\_\_\_\_
- List reason for relocation, if known: \_\_\_\_\_
- ☐ Other reason for de-enrollment not listed above.  
(Specify): \_\_\_\_\_