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| RWHAP Part B Supplemental Grant Award Amount | |
| RWHAP Part B Supplemental Approved Carryover Amount | |
| Total RWHAP Part B Supplemental Funds | |

| | Total | | | |
|--|-----------|-------|-------|---------|
| | Carryover | Award | Total | Percent |
| 1. RWHAP Part B Supplemental AIDS Drug Assistance Program Subtotal | | | | |
| a. ADAP Services | | | | |
| b. Health Insurance to Provide Medications | | | | |
| c. ADAP Access/Adherence/Monitoring Services | | | | |
| 2. RWHAP Part B Supplemental Health Insurance Premium & Cost Sharing Assistance | | | | |
| 3. RWHAP Part B Supplemental Home and Community-based Health Services | | | | |
| 4a. RWHAP Part B Supplemental HIV Care Consortia | | | | |
| 4b. RWHAP Part B Supplemental HIV Care Consortia/Administration | | | | |
| 5. RWHAP Part B Supplemental State Direct Services | | | | |
| 6. RWHAP Part B Supplemental Clinical Quality Management | | | | |
| 7. RWHAP Part B Supplemental Recipient Planning & Evaluation Activities | | | | |
| 8. Recipient Administration | | | | |
| 9. Column Totals | | | | |

| | Consortia | | | | Direct Services | | | |
|---|-----------|--------|-------|---------|-----------------|--------|-------|---------|
| | Carryover | Amount | Total | Percent | Carryover | Amount | Total | Percent |
| Core Medical Services | | | | | | | | |
| a. AIDS Drug Assistance Program (ADAP) Treatments | | | | | | | | |
| b. AIDS Pharmaceutical Assistance (LPAP) | | | | -- | | | | -- |
| c. Early Intervention Services | | | | -- | | | | -- |
| d. Health Insurance Premium & Cost Sharing Assistance | | | | -- | | | | |
| e. Home and Community-based Health Services | | | | -- | | | | |
| f. Home Health Care | | | | -- | | | | -- |

| | | | | | | | | |
|---|--|--|--|----|--|--|--|----|
| g. Hospice | | | | -- | | | | -- |
| h. Medical Case Management (including Treatment Adherence Services) | | | | -- | | | | -- |
| i. Medical Nutrition Therapy | | | | -- | | | | -- |
| j. Mental Health Services | | | | -- | | | | -- |
| k. Oral Health Care | | | | -- | | | | -- |
| l. Outpatient /Ambulatory Health Services | | | | -- | | | | -- |
| m. Substance Abuse Outpatient Care | | | | -- | | | | -- |
| 1. Core Medical Services Total | | | | | | | | |
| Support Services | | | | | | | | |
| a. Child Care Services | | | | | | | | |
| b. Emergency Financial Assistance | | | | | | | | |
| c. Food Bank/Home-Delivered Meals | | | | | | | | |
| d. Health Education/Risk Reduction | | | | | | | | |
| e. Housing | | | | | | | | |
| f. Linguistics Services | | | | | | | | |
| g. Medical Transportation Services | | | | | | | | |
| h. Non-Medical Case Management Services | | | | | | | | |
| i. Other Professional Services | | | | | | | | |
| j. Outreach Services | | | | | | | | |
| k. Psychosocial Support Services | | | | | | | | |
| l. Referral for Health Care and Support Services | | | | | | | | |
| m. Rehabilitation Services | | | | | | | | |
| n. Respite Care | | | | | | | | |
| o. Substance Abuse Residential Services | | | | | | | | |
| 2. Support Services Total | | | | | | | | |
| 3. Total Service Expenditures | | | | | | | | |

| Core Medical Services Expenditures | Amount | Percentage (Amount / Total Service Expenditures) |
|---|---------------|---|
| ADAP | | |

| | | |
|---|---------------|----------------|
| Health Insurance Premium & Cost Sharing Assistance | | |
| Home-and Community-based Health Services | | |
| State-Direct Services: Core Medical Services | | |
| Total Core Medical Services Expenditures | | |
| Support Services Expenditures | Amount | Percent |
| Consortia Services | | |
| State-Direct Services: Support Services | | |
| Total Support Services Expenditures | | |
| Total RWHAP Part B Supplemental Core Medical & Support Services Expenditures | | |

Public Burden Statement: The purpose of this data collection system is to collect expenditures information regarding Ryan White HIV/AIDS Program (RWHAP) Parts A, B, C, D grant funding. HAB will use these data to show the impact of RWHAP funding on the care and treatment of people with HIV in the United States. 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. The OMB control number for this information collection is 0915-0390 and it is valid until 7/31/2026. This information collection is mandatory (through increased Authority under the Public Health Service Act, Section 311(c) (42 USC 243(c)) and title XXVI (42 U.S.C. §§ 300ff-11 et seq.). Public reporting burden for this collection of information is estimated to average 4.2 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.