**Appendix G**

**Lost-to-Project Form**

**Older Adults Home Modification Program**

**Lost-to-Project Form[[1]](#footnote-2)**

|  |
| --- |
|  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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Code for this document: Black font=Question asked of the grantee; *Blue italics* = Instruction for the grantee; *yellow highlighted italics*: Instruction for REDCap programmer. [↑](#footnote-ref-2)