**Appendix G**

**Lost-to-Project Form**

**Older Adults Home Modification Program**

**Lost-to-Project Form[[1]](#footnote-3)**

|  |  |  |
| --- | --- | --- |
| **Study ID:** *(auto-filled by REDCap)* | | |
| **Site ID** | **Field Team ID** | **Client ID** |
|  |  |  |

*OMB Control No. 2528-0335, expiration date 5/31/2025. This form is designed to provide HUD with information about the effectiveness of its Older Adults Home Modification Grant Program. 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.*

Client (REDCap: *Only allow one to be selected)*:

□ 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 from the evaluation after being enrolled in the OAHM Program *Go to Section B (REDCap: Do not allow Section A to be completed.)*

**Section A. Client Ineligibility Documentation**

*Fill out this section if the client or home was found ineligible before enrollment into the OAHM Program.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Today’s Date** | **Date Client found ineligible (mm/dd/yyyy)** | **Section A Completed By:** | | |
| **Name** | **Organization** | **Job Title** |
|  |  |  |  | *(dropdown menu: admin 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

*Describe 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 client was fully enrolled in the OAHM grant program but lost to follow-up before the program period ended.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Today’s Date** | **Date client was de-enrolled** | **Section B Completed By:** | | |
| **Name** | **Organization** | **Job Title** |
|  |  |  |  | *(dropdown menu: admin staff, program staff, project manager, program manager, other [Specify])* |

Reason the home/client was lost to follow-up: *Check one box(REDCap: allow only one option to be checked)*: *.*

□ 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 *(REDCap: allow only one option to be checked)*:

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-3)