DRAFT-Cohort 2

# 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	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.

	Date Client	Section A Completed By:		
Today's	found ineligible			
Date	(mm/dd/yyyy)	Name	Organization	Job Title
				<u>(dropdown menu: admin</u>
				<u>staff, program staff,</u>
				<mark>project manager, program</mark>
				<u>manager, -other [Specify])</u>

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
- $\Box$  Applicant did not own the home they wanted to enroll in the program
- $\Box$  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:\_\_\_\_\_

<sup>&</sup>lt;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 client was fully enrolled in the OAHM grant program but lost to follow-up before the program period ended.

Today's	Date client was	Section B Completed By:		
Date	de-enrolled	Name	Organization	Job Title
				(dropdown menu: admin staff,
				<u>program staff, project</u>
				<u>manager, program</u>
				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
  - $\Box$  Relocated to a relative's home
  - □ Relocated to a location other than those listed above. Specify\_\_\_\_\_

List reason for relocation, if known: