Appendix G

Lost-to-Project Form

Older Adults Home Modification Program
Lost-to-Project Form[1]

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:_____

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[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.

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:_____