

Appendix G

Lost-to-Project Form

Older Adults Home Modification Program Lost-to-Project Form¹

| | | |
|--|---------------|-----------|
| Study ID: <i>(auto-filled by REDCap)</i> | | |
| 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 |
| | | | | <i>(dropdown menu: admin staff, program staff, project manager, program manager, -other [Specify])</i> |

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: _____

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: _____